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

Issue 144, 2026, May

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

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

Equity

Smoking, health and social justice
"The report examines the structural factors that contribute to smoking inequality, including the social determinants of health and the substantial influence of the tobacco industry. It reviews trends in smoking behaviour across numerous indicators of social disadvantage and protected characteristics, setting out over 30 recommendations for change. While national and regional differences in smoking prevalence across the UK have narrowed significantly over the past decade, substantial differences remain between the most and the least advantaged areas. For example, smoking prevalence in Blackpool, one of the most deprived towns in the UK, is almost 20%, while in affluent Woking, only 4% of people smoke. There is an estimated 'hidden population' of around 1.9 million adults in England who have a smoking prevalence of between 58% and 66%, representing

over 1 million additional people who smoke, skewing official UK prevalence estimates. The report examines policy options to reduce the gap in smoking-related inequality and identifies ways in which the government can limit the financial cost of smoking to people and society by realising a 'smoke-free dividend'." *Source: Royal College of Physicians*

What's the emergency when prisoners go to A&E? A&E attendances by people in prisons in England
"There are huge pressures facing prison health services. This new report is the first to offer an in-depth assessment of A&E use by people in prison and adds to mounting evidence that health care is harder for prisoners to access. It finds a higher-than-expected number of A&E attendances by prisoners due to paracetamol overdose, seizures, and acute coronary syndrome, with opportunities for targeted intervention in these areas to avoid health crises." *Source: Nuffield Trust*

Back to top

Health Systems, Costs, & Transformation

A World on the Edge: Priorities for a Pandemic-Resilient Future
"The 2026 GPMB report, A World on the Edge: Priorities for a Pandemic-Resilient Future, finds that as infectious disease outbreaks become more frequent they are also becoming more damaging, with widening health, economic, political and social impacts, and less capacity to recover from them. This report uses the GPMB Monitoring Framework to assess how the impacts of the six new Public Health Emergencies of International Concern (PHEICs) of the past decade have evolved and identifies the areas where they are now most acute. To rebuild trust and advance equity, the world requires independent pandemic risk monitoring, equitable access to countermeasures, and sustainable financing, enabled by sustained political attention." *Source: Global Preparedness Monitoring Board*

Incentivising patient pathways in outpatient care: A review of gatekeeping and cost-sharing policies across the OECD
"Improving the efficient use of scarce resources is a key priority in many OECD countries to ensure the long-term sustainability of health spending. One option is to address the demand side by incentivising patients' care-seeking behaviour. In this context, gatekeeping – a policy tool through which general practitioners (GPs) or other primary care physicians control access to specialist care, and cost-sharing – arrangements requiring patients to contribute financially to the cost of care, are two instruments frequently discussed. Both policy tools are widely applied across the OECD and may also pursue objectives beyond improving efficiency. Focusing on the outpatient sector, this Working Paper provides a stocktake of which OECD countries have these policies in place and how they are designed. It also reviews evidence on how these policies affect health care spending, efficiency and health outcomes. This is complemented by six country case studies that describe the implementation of gatekeeping and cost-sharing arrangements in detail and identify factors that can influence their impact on health system performance. These include the availability of GPs, how GPs are incentivised to deliver services, and whether patients can bypass gatekeeping pathways." *Source: OECD*

Measurement of self-reported forgone health care and its reasons: towards tackling unmet health care need
"Access to needed health services remains a central challenge for achieving universal health coverage, with unmet health care need reflecting gaps in service delivery, equity and health system performance. This working paper examines the measurement of self-reported forgone health care and its underlying reasons, contributing to WHO's efforts to standardize approaches to measuring unmet health care need, in response to World Health Assembly resolution WHA76.4 and within the

framework of the Fourteenth General Programme of Work (2025–2028). The document reviews conceptual definitions and existing measurement frameworks, and analyses survey questions used to capture self-reported forgone care across multiple countries and data sources. It explores variations in question wording, response categories and disaggregation approaches, and assesses their implications for comparability and interpretation. The paper also examines the range of barriers influencing forgone care, drawing on the Tanahashi framework to categorize factors related to availability, accessibility, acceptability and effective coverage. A proposed survey module and question set are presented for further testing and refinement. The report highlights methodological and analytical challenges, identifies research gaps and outlines priorities for future work. Intended for policymakers, researchers and technical experts, it supports the development of standardized, evidence-informed approaches to strengthen universal health coverage monitoring and equity analysis." *Source: WHO*

Lessons from a global review of health system resilience

"This policy brief explores the evolving concept of health system resilience, emphasizing its critical role in managing both acute shocks – such as pandemics, economic crises and conflicts – and chronic stressors like ageing populations and multimorbidity. Building on previous work, it highlights that resilience involves not only responding to shocks but also preparing for, recovering and learning from them. It outlines strategies across governance, financing, resource generation and service delivery, and expands these considering recent global challenges, including COVID-19 and geopolitical tensions. The brief synthesizes conceptual insights and practical approaches to guide policy-makers in strengthening health systems to withstand complex, multilayered crises and ensure equity and sustainability in an increasingly uncertain world. Its sections address two important issues: i) what the current state of knowledge on health system resilience globally is, and ii) taking stock of the existing evidence, what we can do to strengthen health system resilience further." *Source: European Observatory on Health Systems and Policies*

OECD Economic Surveys: New Zealand 2026

"New Zealand's economy has entered the early stages of a cyclical recovery, supported by easing monetary policy, resilient exports and a rebound in tourism. However, the outlook has become more uncertain. A renewed global energy shock linked to conflict in the Middle East is weighing on confidence, slowing the recovery and putting renewed upward pressure on inflation, underscoring the importance of keeping inflation expectations firmly anchored. Sustaining growth will require continued progress on a small number of high-impact structural priorities. Strengthening the affordability, security and sustainability of the electricity system, and accelerating electrification, will support competitiveness, investment and resilience to foreign energy shocks. Scaling up digital and AI-enabled tools in the health system can help moderate ageing-related spending and workforce pressures by improving productivity and service delivery. Deepening capital markets, including by mobilising household savings and improving access to equity and long-term finance, will support firm growth, economic diversification and productivity." *Source: OECD*

Improving public health in health systems: guidance for country-level policies and actions

"This WHO guidance provides an evidence-informed framework to strengthen the integration of public health within health systems at country level. It responds to persistent gaps in the prioritization of public health functions, highlighted by increasing global health challenges such as pandemics, noncommunicable diseases and environmental threats. Drawing on a structured review of 91 peer-reviewed and grey literature sources and expert consultations, the report examines how public health services are currently embedded across the six health system building blocks and identifies systemic barriers, including fragmentation, underinvestment and limited integration of essential public health functions. The document outlines key actions and entry points to reorient health systems towards comprehensive, integrated delivery of promotive, preventive, protective and

emergency public health services. It emphasizes the importance of strengthened governance, sustainable financing, workforce development, interoperable information systems, equitable access to essential products, and integrated service delivery grounded in primary health care. The guidance highlights the need to rebalance health systems from reactive, emergency-driven approaches towards sustained investment in prevention and health promotion, with the aim of improving resilience, equity and population health outcomes." *Source: WHO*

Back to top

Mental Health & Wellbeing

What matters for mental wellbeing: analysis of factors related to mental wellbeing for tāngata whaiora
"In this new report we have sought to identify the factors that are associated with improved mental wellbeing outcomes for people who interact with mental health and addiction services. The analysis shows that good self-reported health, a bundle of social connection factors and material wellbeing had a very strong relationship with mental wellbeing. From a Te Ao Māori perspective, whānau-related indicators complement other indicators of social connection. Building on insights from our two Wellbeing assessments of people who interact with mental health and addiction services, we have considered where to target cross-government action and effort toward tangible improvements. In doing this work, it will help us prioritise our future assessments, reporting, recommendations and advocacy – and will help government agencies and other bodies to prioritise their own efforts." *Source: Te Hiringa Mahara: Mental Health and Wellbeing Commission*

Adverse childhood experiences, resilience and mental health in Australian men
"This research snapshot explores how childhood adversity is linked to adult mental health among Australian men, highlighting patterns of adversity, resilience, and implications for policy and practice. The findings highlight the urgent need for population-based approaches to preventing adverse childhood experiences to be a core component of the primary prevention of mental ill-health in adulthood. Ten to Men: The Australian Longitudinal Study on Male Health (TTM) is a nationwide longitudinal study on the health and wellbeing of Australian boys and men. This snapshot is part of a series of research focused on male health and wellbeing over the life course." *Source: Australian Institute of Family Studies*

Back to top

Women's Health

The Women's Health Innovation Radar: Revealing Gaps and Opportunities Across the Science-to-Patient Journey
"Advancing women's health requires not only scientific progress but an innovation ecosystem capable of translating discovery into evidence, technologies and scalable solutions that improve outcomes for women globally. Yet, despite growing attention, the landscape remains fragmented, and many high-impact conditions continue to receive insufficient targeted innovation. The Women's Health Innovation Radar insight report provides a comprehensive view of innovation across the full science-to-patient journey" *Source: World Economic Forum*

CARE for Women: Investing in Care Delivery to Improve Women's Lives and Livelihoods

"This new report – from the World Economic Forum in collaboration with the McKinsey Health Institute – presents a practical roadmap to close critical gaps in women's care delivery. Women spend 25% more of their lives in poor health than men, with one-third of this gap caused by preventable failures in care, such as underscreening, underdiagnosis and undertreatment. Addressing these issues could help each woman reclaim 2.5 days of healthy life annually, avert tens of thousands of adverse medical events and generate a 3–6x return on investment through preventive care. This is not only a moral imperative but also a strategic investment in the health systems." *Source: World Economic Forum*

Back to top

Cancer

Valuing a reduction in the risk of non-fatal cancer: A large-scale multi-country stated preference approach

"Cancer can result from exposure to various environmental contaminants and chemicals, including heavy metals, pesticides and pathogens. In addition to the risk of mortality, cancer can also lead to non-fatal health effects that degrade patients' quality of life. However, no comprehensive study to-date has assessed the morbidity burden of cancer, making it difficult to quantify its true economic impact. This paper seeks to fill that gap. It presents findings from a new stated preference study examining individuals' willingness-to-pay to avoid the physical, emotional and economic burdens of surviving cancer across 10 countries (Canada, Denmark, Estonia, Japan, Mexico, Norway, Slovenia, Spain, the United Kingdom and the United States). It serves as a component of a broader project on Surveys on Willingness-to-Pay to Avoid Negative Chemicals-Related Health Effects (SWACHE) seeking to establish internationally comparable values for the willingness-to-pay to avoid negative health effects due to chemicals exposure. The findings presented herein can be used in cost-benefit analyses of policies that affect exposure to known or suspected carcinogens, contributing to more effective and equitable public health protection." *Source: OECD*

Measuring survival, driving change: advancing equity through the WHO Global Initiative for Childhood Cancer

"Marked disparities in childhood cancer survival reflect one of the most significant global health inequities, with outcomes closely linked to the strength of health systems and access to quality care. This report examines progress under the WHO Global Initiative for Childhood Cancer, established to address these gaps and improve survival worldwide. It describes the epidemiology and distinctive characteristics of childhood cancers, outlines the global burden, and analyses persistent inequalities through a scoping review and newly developed country-comparable five-year survival estimates for lymphoid leukaemia across 194 Member States. The document highlights critical challenges, including limited availability of high-quality population-based data and systemic barriers affecting timely diagnosis, treatment access and continuity of care. It outlines the CureAll framework as a structured approach to strengthening health systems, supporting national planning, and guiding implementation, monitoring and evaluation. By linking improved data availability with policy action, it illustrates how countries can better assess performance and target interventions. The report underscores the importance of sustained investment, strengthened surveillance systems and coordinated multisectoral action to support progress towards the global target of increasing childhood cancer survival to at least 60% by 2030 while reducing inequities in outcomes." *Source: WHO*

Back to top

Workforce

The 'tipping point': when unpaid carers can no longer combine work and care
"This report, based on new Carers UK research conducted in 2025-26, examines the 'tipping point' at which unpaid carers feel they can no longer combine caring with paid employment. It provides a rich picture of lived experience and the intersecting pressures that can push carers out of the labour market, as well as exploring the practical support that can prevent carers from reaching a tipping point." *Source: Carers UK*

Moving towards a resilient health and care workforce: How to institutionalize health workforce planning and forecasting
"Using planning and forecasting to respond to future health and care workforce (HCWF) needs is central to a health system's ability to meet the challenges of population ageing and workforce shortages. This brief is part of a three-part series developed under the Joint Action HEROES project, which focuses on how institutionalizing forecasting and planning can make them sustainable, effective and actionable. The other briefs address how countries can move towards new models of care and how countries can strengthen the data and tools required to do so." *Source: European Observatory on Health Systems and Policies*

Implementing innovative care models in European countries: What are the implications for health and care workforce planning and training?
"Europe's health and care systems are under intensifying strain due to population ageing, rising multimorbidity and growing chronic disease burdens that are coinciding with widening workforce shortages and tightening budgets. Many countries are already having trouble in maintaining equitable access to quality care, particularly in primary care and community settings. To sustain universal, person-centred health systems, countries must redesign how care is organized and delivered. This means developing and implementing innovative care models that strengthen prevention, integration and digitalization, while reconfiguring the health care workforce (HCWF) to deliver them. Forecasting and planning are central to this transformation. They allow policy-makers to anticipate future service needs, identify workforce implications and ensure that education, training and governance adapt in time." *Source: European Observatory on Health Systems and Policies*

Aligning health workforce forecasting and planning with changing care models: the role of integrated data, mixed methods and professional registers
"Health and care workforce planning is central to the capacity of health systems to deliver accessible, high-quality and integrated care. Building on the system transformation perspective set out in Policy brief 1, and taking into considerations the governance focus of Policy brief 3, this brief emphasizes that workforce planning must be explicitly linked to population health needs, evolving models of care and the competencies required to deliver them. Planning for a normative future remains important, but demographic change, epidemiological transitions, technological developments and fiscal and labour market constraints demand a dynamic and adaptive approach." *Source: European Observatory on Health Systems and Policies*

Back to top

Environment and Health

Extreme weather impacts: research report exploring the impacts of extreme weather events on frontline staff across care and community services

"Extreme weather events are increasing in both frequency and severity across Australia, significantly impacting the way Australians live and work. These impacts are often experienced most acutely by people who rely on care and community services, and by the frontline workers who support them. As climate risks intensify, there is a growing need to understand how extreme weather events are affecting this critical workforce to inform actions to better resource and protect both frontline staff and the communities they serve. This report outlines findings from an online survey of 829 frontline staff working in organisations in the UnitingCare Network in Australia, conducted between January 27 and February 23, 2026. The examples of extreme weather events used in this research included heatwaves, bushfires, floods, severe storms and cyclones." *Source: UnitingCare Australia*

Impact of microplastics and other toxics on human health

"Recent trends in Australia's health statistics have been cause for concern. While researchers grapple with the causes behind these alarming trends, increasing attention has been paid to the potential influence of environmental factors, including substances such as microplastics, forever chemicals and toxics. Microplastics are a widespread and persistent form of pollution that are now ubiquitous in the environment. Alongside microplastics, Australians are also exposed to toxics and forever chemicals through their diet and the environment. It is recognised that there are knowledge gaps and limitations in research about the impacts that these substances have on human health. The inquiry was referred to explore the potential actions, policies and investments needed to ensure that Australians are protected, in line with evidence standards, from the potential harms that microplastics, toxics and forever chemicals may pose to health." *Source: Parliament of Australia*

Pesticide residues in food: report 2025: Joint FAO/WHO Meeting on Pesticide Residues

"This report presents the outcomes of the 2025 Joint FAO/WHO Meeting on Pesticide Residues (JMPR), including evaluations of pesticide residues in food, toxicological assessments and dietary exposure analyses conducted to support international food safety standards and Codex maximum residue levels. The publication documents the review of 38 pesticides, including new compounds and substances under periodic review, covering toxicology, metabolism, residue behaviour, analytical methods and dietary risk assessment. It provides recommendations for acceptable daily intakes, acute reference doses, maximum residue levels, supervised trials median residue values and highest residue estimates for plant and animal commodities. The publication also addresses methodological and regulatory issues relevant to pesticide risk assessment, including dietary exposure methodologies, integration of new approach methodologies, updates to guidance documents, residue definitions, storage stability studies and transparency of dietary burden calculations. Chronic and acute dietary exposure assessments were performed using international dietary intake models to evaluate potential risks to consumers. Annexes include detailed intake estimates, livestock dietary burden calculations, lists of evaluated compounds and supporting technical information intended to assist Codex Alimentarius activities and national regulatory authorities in the assessment and management of pesticide residues in food." *Source: WHO*

Back to top

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