International Challenges in Primary Care

Why Nursing Leadership Matters Now

International Conference “Community Health Nursing 2026”
July 7, 2026, at the Robert-Bosch-Foundation in Berlin, Germany

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A personal preface: because I care

Professor
Board member
Entrepreneur

→

Daughter and carer

→

Advocate for a holistic and human view

> I have held many roles. But the role that has taught me most about primary care is being a daughter and carer for my terminally ill father.

> During our preparatory call, I felt the same passion among all speakers: we care about what really matters to patients.

Primary care is personal before it is institutional.

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A family reminder: care came before systems

Juliane Janus 1806-1892

In the late 19th century, my great-great-grand-aunt was a community activist, carer, founder and primary care leader.

The medical revolution brought enormous progress - and specialization, distance, and fragmentation.

Today, with ageing, chronic illness, frailty, dementia, loneliness, and end-of-life realities, we may need to return to the human infrastructure of care.

Source: Personal/family example of Prof. Janus.

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WHO frame: primary health care is broader than clinical care

Primary care is a system function, not only a consultation.

1

Integrated services

Care across prevention, treatment, rehabilitation, palliation, and long-term needs.

2

Multisectoral action

Health is shaped by housing, work, transport, social connection, education, and poverty.

3

Empowered people

People, families, and communities are not passive recipients. They are part of the care system.

Primary health care is/should be where health systems meet everyday life.

Source: WHO & UNICEF, Operational Framework for Primary Health Care: Transforming Vision into Action, 2020.

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The core distinction: primary medicine vs. primary care

Primary medicine

- Diagnosis
- Prescription
- Guideline adherence
- Discrete visits
- Professional silos / specialist intervention

Necessary - but incomplete

Primary care

- Responsibility
- Continuity
- Coordination
- Realism in daily life – “good sense”
- Family and community

The promise of the words

For older and seriously ill people, the question is often not only
“What does the guideline say?” but
“What makes sense for this person right now?”

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Primary care is now asked to hold the whole system together

Ageing & frailty

more long-term, home-based, end-of-life needs

Chronic disease

continuous care, not episodic intervention

Social needs

loneliness, poverty, transport, housing, caregivers

Workforce pressure

WHO projects an 11M health worker shortfall by 2030

Primary health care is a system function - not just a front door.

Source: WHO, Health workforce topic page, accessed 2026; WHO/UNICEF, Operational framework for primary health care, 2020.

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The workforce reality

The international challenge is not abstract:

11 million

projected global shortfall of health workers by 2030

The shortage is only one part of the story.

- Education and deployment do not match population needs.
- Retention depends on working conditions and meaning.
- Rural, remote, and underserved areas are hit hardest.
- Continuity cannot be built on exhausted professionals.

Nursing leadership is therefore not a workforce "nice-to-have." It is a system necessity.

Source: WHO, Health workforce topic page, accessed 2026.

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Nursing: the operating system of primary care

From “supporting role” to system-critical role

Nurses are the largest occupational group in the health workforce.

Continuity

Follow-up, trust, patient memory

Coordination

Across physicians, hospitals, home care, and families

Prevention

Screening, vaccination, education, early intervention

Community

Caregivers, neighbours, associations, social needs

Dignity

What makes sense for this person now

The question is not whether nurses can contribute more.
The question is whether systems will allow them to contribute fully.
The answer is to redesign roles, teams, authority, and relationships.

Source: WHO, State of the World’s Nursing Report 2025.

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Texas: more expectations, less alignment

The Commonwealth Fund

Rethinking Primary Care Through a Texas-Shaped Lens

July 2, 2026

Primary care touches more of our lives than ever, with services ranging from managing chronic disease to responding to the social and economic factors that shape health. But the system that delivers and pays for primary care is still structured around discrete visits.

On *To the Point*, Texas Health Institute Executive Director Ankit Sanghavi looks at the broader national primary care crisis through the lens of Texas, which faces rapid population growth and a wide diversity of health needs, resources, and infrastructure, among other challenges.

The author describes the broader patterns — like administrative complexity that reduces clinicians' time and capacity for care — and suggests solutions that involve policymakers, payers, employers, and community leaders.

What goes wrong?

- Primary care is expected to manage chronic disease, behavioural health, and social needs.
- Financing, measurement, and administration remain oriented toward discrete visits and short-term transactions.
- Administrative burden, fragmented coverage, and workforce pressure reduce real capacity.

The result: "primary medicine" under pressure - not yet a coherent care function.

Source: Commonwealth Fund blog / Texas Health Institute, "What Texas Can Teach Us About the Crisis in Primary Care," 2026.

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Texas lesson: isolated reforms are not enough

1

Reduce administrative complexity

Administrative burden directly affects access and shrinks functional capacity.

2

Align financing with care

Payment must support prevention, coordination, and long-term relationships.

3

Create a sustained coordinating function

Transformation needs alignment across policy, payment, delivery, and community priorities.

The challenge is not a shortage of pilots. The challenge is alignment.

Source: Commonwealth Fund blog / Texas Health Institute, “What Texas Can Teach Us About the Crisis in Primary Care,” 2026.

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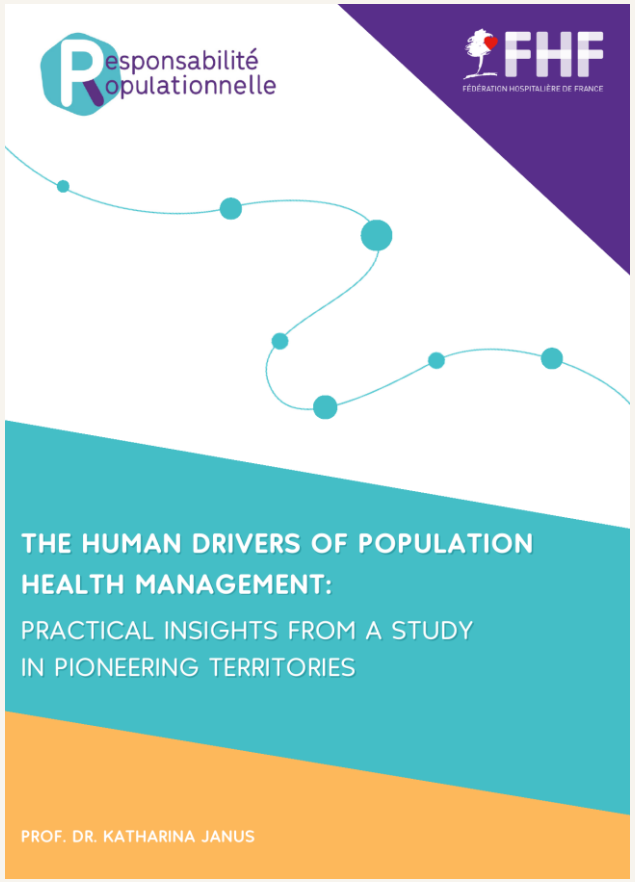
France: what relationship-based care can achieve

The FHF population health management pilot in five territories



Five pioneer territories

Aube-et-Sézannais · Cornouaille · Deux-Sèvres · Douaisis · Haute-Saône

1,100+
outreach actions

22,000
people made aware

17,000
screenings performed

6,500+
patients followed in care pathways

50%
reduction in emergency admissions and long stays among diabetic patients

6%
lower average hospitalization costs for diabetic patients vs. national average

Relationship-based care is not “soft.” It is measurable, scalable, and efficient. It changes outcomes.

Source: Janus, The Human Drivers of Population Health Management, 2025.

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The human driver: meaning, trust, communication

> *I'm picking up the phone to coordinate care for a patient. I am not paid extra money for doing it, but I do it because it is the right thing to do. For the patient.*

Meaning

Professionals act justly for the right patients at the right time.

Trust

Teams solve previously unsolvable problems together.

Communication

Human interaction is the glue that holds PHM together.

Tools matter. Data matter. But people make population health management live.

Source: Janus, The Human Drivers of Population Health Management, 2025.

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Relationship-based care: the missing infrastructure in today's systems

Patient

relationship with the person

Providers

relationships across the team

Care that connects

Community

relationships with caregivers, neighbours, services

Self

provider's relationship to self

Source: Janus, The Human Drivers of Population Health Management, 2025.

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What must change: from guidelines alone to guided humanity

Clinical guidelines remain essential.

But on the shop floor, teams also need practical guidance for humane realism.

How to speak up
How to coordinate
How to question safely
How to act across hierarchy

If the people closest to the patient are not authorized to act, coordinate, and decide for the sake of the patient - who will?

Source: Janus, The Human Drivers of Population Health Management, 2025, recommendations on management guides, interprofessional coordination, and unified platforms.

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Lessons from international models

What appears repeatedly across stronger primary care approaches

1 Move care closer to people

Home, community, digital support, and proactive outreach.

2 Build teams, not heroic individuals

Nurses, physicians, pharmacists, social care, community roles.

3 Fund coordination and prevention

Payment must reward continuity, not only activity.

4 Create enabling regulation

Scope, education, reimbursement, and accountability must align.

No country has solved this completely. The common direction is clear: integrated, team-based, community-oriented care.

Source: WHO & UNICEF, Operational Framework for Primary Health Care, 2020; WHO Integrated people-centred care; OECD APN working paper 2024.

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Leadership agenda for nursing and care

What leaders should demand and design

01	**Team models around people**	Start with population needs, then design roles.
02	**Advanced nursing pathways**	Education, regulation, career progression, reimbursement.
03	**Visible community nursing**	Home care, caregiver support, prevention, long-term care.
04	**Data on nursing impact**	Continuity, avoided admissions, equity, patient experience.
05	**Nurses in policy leadership**	Representation in governance, financing, and reform decisions.

Nursing leadership in primary care is not a professional ambition. It is a system necessity.

Source: WHO, State of the World's Nursing Report 2025; WHO Health workforce; OECD Health at a Glance: Europe 2024; OECD APN working paper 2024.

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What nursing leadership must now demand

From goodwill to authorized, financed, coordinated care

Authority	to coordinate, question, decide and escalate
Reimbursement	for coordination, not only activity
Platforms	easy-to-use shared tools for interprofessional work
Education	relationship-based care, dialogue, and system navigation
Governance	nurses at the table where care models are designed

The future of primary care is not more heroic improvisation. It is designed responsibility.

Source: Synthesized from WHO nursing and health workforce guidance; FHF / Janus 2025; Commonwealth Fund / Texas Health Institute 2026.

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Five leadership messages for nursing and care leaders

1. **Shift from primary medicine to primary care**
2. **Give nurses authority to coordinate**
3. **Build systems around relationships**
4. **Finance continuity, not only activity**
5. **Treat social connection as health infrastructure**

The future of primary care is not more of the same. It is redesign - with nursing at the center.

Source: Sources: WHO health workforce; WHO State of the world's nursing 2025; FHF report 2025; U.S. Surgeon General advisory on social connection, 2023.

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Primary care must not become primary medicine.

It must become what the words promise:

Care close to life, families, communities,
and WHAT MATTERS RIGHT NOW.

The question is not only: do we have evidence?
The question is: do we care enough to act on what we already know?

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