

Leading in the current socio-political environment: Insights from the WHLNet Broadcast

On February 20, the World Health Leadership Network (WHLNet) hosted its first broadcast of 2025, exploring the theme of "Leading in the Current Socio-Political Environment." Supported by the Canadian Health Leadership Network (CHLNet), the event brought together experts to discuss how health leaders navigate both large P politics—decisions made by national and regional governments—and small p politics, which encompass workplace and community dynamics. Moderated by Bill Tholl, the session featured insights from Dr Mike Durkin (UK), Dr Susan Moffatt-Bruce (USA), and Dr Debashis Basu (South Africa), followed by interactive breakout discussions with global health leaders.

The Intersection of Politics and Health Leadership

Health care leadership does not exist in a vacuum, it is deeply intertwined with political systems, cultural expectations, and economic realities. National policy shifts—such as the United States' decision to withdraw from WHO—can have ripple effects across the globe, while local workplace politics dictate the daily challenges faced by leaders within their organizations.

Dr Mike Durkin: The Need for Ethical Leadership and Systemic Change

Dr Mike Durkin emphasized the importance of value, values and ethics when engaging with political forces. Reflecting on frameworks from quality improvement initiatives, he noted that transparency, honesty, and respect are essential in maintaining trust within health systems. Reflecting on the 2022 paper by Justin Waring et al 'Understanding the Political Skills and Behaviours for Leading the Implementation of Health Services Change: A Qualitative Interview Study', Dr Durkin warned against the dangers of organizational ego, advocating instead for collective leadership where collaboration, convening power, and networking to drive meaningful change.

Dr Durkin also pointed to the need for data-driven advocacy, recalling a successful UK initiative to reduce deaths from venous thromboembolism (VTE). By leveraging patient and political advocacy, this initiative overcame medical resistance, demonstrating how health leaders can use evidence and public pressure to create systemic improvements.

Dr Susan Moffatt-Bruce: Recognizing, Responding, and Rejoicing in Leadership

Dr Susan Moffatt-Bruce outlined a three-pronged approach to leadership in uncertain times: Recognize, Respond, and Rejoice. She stressed that leaders must first recognize the forces of change, including immigration policies, diversity and inclusion efforts, and shifts in health care financing. Responding effectively requires investment in tools (such as electronic medical records), training, time, and, most crucially, transparency.

Beyond managing change, Dr Moffatt-Bruce underscored the importance of celebrating small victories. With health care professionals often facing burnout and discouragement, she argued that finding moments of joy and purpose is essential for sustaining leadership and team morale.

Dr Debashis Basu: Balancing Patients, Public Health, and Politics

Dr Debashis Basu brought a public health perspective, discussing how health professionals must navigate the complex intersection of patient needs, community health priorities, and governmental policies. He cited South Africa's history of HIV/AIDS denialism as an example of how political leadership can either obstruct or facilitate health progress. The COVID-19 pandemic further illustrated how politics influences public health decisions, sometimes at the expense of evidence-based approaches.

Dr Basu also stressed the importance of ethical leadership, transparency and effective communication. Whether advocating for national health insurance or combatting misinformation, health leaders must engage with politicians, regulators, the public, and their own organizations to ensure that policy decisions align with public health needs.

Key Takeaways from the breakout discussions

Following the panel presentations, participants engaged in smaller discussions to reflect on their own experiences. Several key themes emerged:

1. Collective courage and collective leadership – Leaders must have the courage to challenge and to advocate for patient-centered care, even when facing political resistance.
2. The patient as the focal point – Amidst political dynamics, health leaders must keep patient well-being at the core of decision-making.
3. Building networks and partnerships – Collaboration across disciplines and regions strengthens leadership capacity and resilience.
4. Addressing misinformation – Transparency and effective communication are essential in counteracting misleading narratives that can influence health policies and public perceptions.
5. The importance of humility – Leaders must recognize that they do not have all the answers and must be willing to learn from others.

Moving Forward

As the session concluded, it was clear that to navigate the political landscape—both large P and small p—a health care leader requires a balance of systems and strategic thinking, ethical leadership, and resilience, as adapted to his or her unique national and local context. Health leaders must 'keep their eye on the ball'; i.e., continue to adapt, collaborate, and advocate for policies that support high quality and safe service to both patients and providers. The WHLNet broadcast served as a powerful reminder that leadership in health care is not just about managing resources but about shaping systems that serve the public good.

As WHLNet continues to foster dialogue among global health leaders, one message remains clear: in the face of political complexity, strong leadership is more essential than ever.

The event recording, biographies of speakers, the briefing note provided to participants and relevant pre-readings will be shared on [CHLNet's website](#).