

Principal Risks

(as of 9 May 2026)



Principal Risks are risks that:

- (i) may affect the achievement of WHO’s objectives (including GPW14 implementation), and**
- (ii) require alignment and coordination in their response and mitigation across the three levels of the Organization.**

The Principal Risks are the result of a “bottom-up” risk identification as captured in WHO’s corporate Risk Management Tool, complemented by a “top-down” review conducted by the Global Risk Management Committee, to ensure relevance of WHO’s risk universe.

The Principal Risks are presented below by criticality level further to the assessment by the Global Risk Management Committee.

Management will establish mitigation measures, and future risk response strategies will be outlined to reduce the residual risk to levels aligned with WHO’s risk appetite. The risks are discussed and updated regularly under the leadership of the Global Risk Management Committee.

As part of WHO’s risk management journey, risk descriptions and related action plans are continuously refined and discussed among networks within WHO, to facilitate the operationalization and monitoring of the residual risk exposure by Global risk owners.

The update of Principal Risks is therefore a dynamic and iterative process. As a result, the list below only provides a snapshot of WHO’s risk profile, at the date of publication.

RISK No.	RISK SHORT NAME (by criticality level)	RISK DESCRIPTION
1	Tightly earmarked, unpredictable and non-diversified financing, along with significant reductions in funding	Insufficient flexible and predictable financing and reliance on a limited number of donors increases the exposure to funding cuts impacting significantly key functions and programmes as well as continuity of operations.
2	Global health and WHO's legitimacy undermined	Global health and WHO's legitimacy (including recognition of its leadership/ coordination role in international health) is undermined due to geopolitical instability, a comparative advantage not recognized amongst other players and/or skepticism towards multilateralism, negatively impacting its ability to leverage consensus-based mechanisms and its resource mobilization efforts.
3	BMS transition	In the context of current organizational changes, BMS development falling short on delivering its expected operational and efficiency results, with system challenges thus failing to support the Organization in addressing today's global health needs.
4	Mistrust in science and WHO (incl. misinformation & disinformation)	Mistrust in science and in the positive impact of WHO's health activities, with misinformation and disinformation campaigns amplified by social media targeting health, may result in decreased effectiveness and reach of WHO's health policies and guidelines in certain communities and in loss of public and Member States trust.
5	Inability to attract, recruit and maintain a fit for purpose, qualified workforce	Difficulty in establishing high performing and fit for purpose workforce to sustain current and future WHO's activities which may hamper WHO's ability to fulfil its core mandate.
6	Cybersecurity breach	Cybersecurity attack significantly compromising critical HQ, Regional, and/or Country information systems, WHO digital assets or critical data leading to discontinuity of operations, financial losses, legal claims, and/or damaged reputation.
7	Strained workforce mental health and well-being	Strained WHO workforce well-being and mental health may result in lack of motivation, mental strain, physical health deterioration, and staff burnout which ultimately results in reduced organizational performance. Workplace psychosocial risk factors are a set of occupational hazards pertaining to the design and management of work, and its social and organizational contexts, that affects wellbeing, mental health and physical health of WHO workforce as well as the organizational ability to implement its mandate.
8	Business services disruptions (including security incidents)	Incidents (e.g. natural disasters, security-related threats, armed conflicts) with the potential of interrupting or halting the normal functioning of essential services within WHO, with staff unable to travel leading to less technical support in conflict areas, may lead to discontinuity of operations including major financial losses, inability to deliver programmes, harm to staff safety, and loss of data.

RISK No.	RISK SHORT NAME (by criticality level)	RISK DESCRIPTION
9	Vulnerable supply chain disruptions	With the current international trade landscape, failure to deliver quality health products timely and at budgeted costs in WHO programmes in response to country needs.
10	Inability to demonstrate results and impact	Inability to demonstrate WHO's results and impact with a fit for purpose results chain responding to the latest global health needs, affecting WHO's ability to maintain its comparative advantage in the Global Health architecture and to demonstrate implementation and reliability for donors.
11	Sexual misconduct and harassment not prevented or addressed	Inability to prevent, detect and manage cases of sexual misconduct, including, but not limited to sexual exploitation, sexual abuse and sexual harassment (SEAH) thereby harming people and affecting the reputation of the Organization.
12	Abuse of power and harassment	Abuse of power and harassment in WHO's workplace may lead to deterioration of WHO's staff well-being and the establishment of an environment of acceptance impacting the reputation of the Organization as a United Nations health agency.
13	Breach in data protection and privacy and leakage of WHO confidential information	Intentional or unintentional leakage and misuse of personal identifiable information and/or WHO confidential information (within WHO or as shared by Member States or third parties) perpetrated internally or by external actors or intentional and unintentional internal leakage of data, due to a lack of appropriate data protection mechanisms.
14	Ineffective partner engagement	Ineffective partner engagement might weaken WHO's ability to deliver as well as its reputation, especially during a time of higher competition amongst health agencies due to decreasing resources.
15	Inability to define a fit for purpose and aligned organizational structure to address priority public health needs and WHO's core mandate	Inability to design swiftly an operational structure delivering WHO's constitutional mandate in an evolving global context due to: <ul style="list-style-type: none"> • Challenges in prioritizing strategic technical areas with highest impact on Global Health and its architecture • The need to embrace innovation in health matters (e.g. e-health, Artificial Intelligence) • Cumbersome administrative and decision-making processes.
16	WHO's inability to adequately support Member States in the event of a rapid resurgence of infectious diseases or health emergencies	Failure to adequately support Member States and manage rapid resurgence of infectious diseases (including inability to interrupt wild Polio virus transmission) or multiple, simultaneous health emergencies affecting the Organization's reputation.
17a	Weak operational capacity of Implementing Partners	Dependency on implementing partners with limited operational capacity and funding (including Ministries of Health) may lead to incomplete execution of WHO's delivery of programmes.
17b	Weak technical capacity of Implementing Partners	Dependency on implementing partners with limited technical capacity and funding (including Ministries of Health) may lead to incomplete execution of WHO's delivery of programmes.
18	Quality and excellence of WHO's normative work compromised	WHO's normative and technical work compromised, negatively affecting WHO's ability to deliver GPW results and reputation.

RISK No.	RISK SHORT NAME (by criticality level)	RISK DESCRIPTION
19	Fraud and corruption	Fraud and corruption cases involve the misuse of funds by staff and non-staff, with increased fraud cases particularly with staff reduction imposed by the prioritization and restructure, potentially leading to inability to implement WHO activities in an effective, efficient and economical manner and to major donor and Member States outrage and loss of confidence in WHO's ability to manage funds.
20	Ineffective and fragmentation of Communications	Absence of a consistent and effective communication strategy across WHO may result in (i) WHO's unique value not being recognized by stakeholders, reducing political, technical, and financial support; and or (ii) declining trust in science-based health advice, leading to poorer health outcomes globally. Potential Impact: Reputational damage, Reduced stakeholder engagement and funding and Lower uptake of health guidance.
21	Climate, Environmental and Social Safeguards Risk	Inability to address the health impacts of climate change globally and within WHO health programmes, thus undermining (i) WHO's ability to act fully as the directing and co-ordinating authority on international health (as mandated by its Constitution) in this field, or (ii) inadvertently causing negative environmental and social impacts to the communities WHO serves.