

# Principal Risks

As of 16 May 2024

**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 annual assessment went through a thorough review exercise to ensure that the Organization’s corporate risks reflect an updated view of potential uncertainties threatening WHO’s objectives. The 2024 review was completed with a particular attention to the challenges faced by the Organization in a complex Global environment with growing economic, social and political challenges, in light of the foreseen implementation of WHO’s 14<sup>th</sup> Global Programme of Work.

The annual identification of Principal Risks in 2024 is based on the “bottom-up” risk identification captured in WHO’s Risk Management Tool and the “top-down” review conducted by the Global Risk Management Committee following a robust process involving three level consultation, benchmarking and analysis of risk and internal oversight reports.

Following the identification process the Global Risk Management Committee rated the Principal Risks using a five-point scale (very high, high, medium, low and very low) aimed at measuring the impact on WHO’s Key Success Factors (as defined in its risk appetite framework) and the probability of seeing those risks materializing. This assessment process resulted in classifying the identified Principal Risks by level of criticality (i.e. a product of probability and impact). The below list presents the top ten Principal Risks with the highest criticality levels (out of 20 risks) that the Organization manages actively.

The annual Risk assessment is intended to help the Organization focus its communications and efforts with its different stakeholders (Member States, Partners, Staff etc.) on risks which would derail WHO’s objectives if they were to materialize. This helps aligning expectations, controls (through risk indicators) and therefore resources required to manage the top Principal Risks to acceptable levels in pursuit of Impact (in application of WHO’s risk appetite framework).

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 provides a snapshot of WHO risk profile, at the date of publication. The risks are discussed and updated regularly under the leadership of the Global Risk Management Committee, following changes in WHO’s internal and external environment.

The following list of risks is classified in alphabetical order. Risk identification numbers do not reflect the relative importance of the risks. They are used for ease of reference only.

<b>RISK ID</b>	<b>RISK SHORT NAME (in alphabetical order)</b>	<b>RISK DESCRIPTION</b>
1	<b>Abuse of power and harassment</b>	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.
2	<b>BMS Transition</b>	BMS falling short on delivering its expected operational and process efficiency results in disruption in operations and inefficiencies in the transition towards a new way of working, ultimately leading to falling behind in the quality and efficacy of supporting functions and processes.
3	<b>Cybersecurity breach</b>	Risk of a large 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 proceedings, or damaged reputation.
4	<b>Fraud and Corruption</b>	Fraud and corruption cases involve the misuse of funds by staff and non-staff 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.
5	<b>Inability to demonstrate results and impact</b>	Poor data or unavailability of data in health may affect the ability of the WHO and its partners to identify public health needs, respond to them effectively and demonstrate results and impact.
6	<b>Mistrust in science and WHO</b>	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.
7	<b>Sexual misconduct and harassment not prevented or addressed</b>	Inability to prevent, detect and manage cases of sexual exploitation, abuse and harassment and other forms of misconduct thereby harming people and affects the reputation of the Organization.
8	<b>Simultaneous Grade 3 emergencies</b>	Failure to adequately manage multiple, simultaneous or consecutive Grade 3 emergencies affecting the Organization's reputation.
9	<b>Strained workforce mental health and well-being</b>	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 as well as reputational damage as a United Nations health agency.

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**Unsustainable  
financing**

Core organizational mandate cannot be implemented because of key functions, projects or programmes being persistently underfunded, suffering sudden funding interruptions or funding in short-term cycles, with consequent impact on WHO's continuity of operations, the recruitment and retention of skilled staff and effective long-term planning and delivery.

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Office of Compliance, Risk Management and Ethics (CRE)

