

The World Health Organization (WHO): Background and U.S. Withdrawal

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Overview and Current Status

The [World Health Organization](#) (WHO) is a United Nations (UN) specialized agency charged with addressing global health. The United States played a key role in WHO's establishment in 1948 and has historically been the organization's largest financial contributor. On January 20, 2025, President Trump issued an [executive order](#) (EO) announcing that the United States intends to withdraw from WHO, citing what he views as the "mishandling" of the COVID-19 pandemic, failure to adopt reforms, inappropriate political influence from some members, and "unfair funding practices." The EO pauses the future transfer of any U.S. funding, support, or resources to WHO; recalls and reassigns U.S. governmental personnel and contractors working at WHO; and calls for the identification of credible and transparent U.S. and international partners to assume activities undertaken by the organization. WHO [stated](#) that it "regrets" the U.S. decision to withdraw and is [reportedly](#) taking steps to cut costs and reprioritize its programs.

In his first term, President Trump [sought](#) to withdraw the United States from WHO in 2020 over its handling of COVID-19. In January 2021, President Biden [retracted](#) the withdrawal, reaffirmed U.S. support for the organization, and praised what he viewed as its "crucial role" in fighting COVID-19 and other global health threats.

WHO and the United States

WHO is responsible for directing and coordinating global health efforts within the UN system. It engages with international partners on global health; shapes the international health research agenda; establishes global health norms and standards; provides technical support to countries; and monitors and assesses global health trends. Membership in WHO is extended to all U.N. members that accept the WHO Constitution. Key parts of the organization include

- the 194-member World Health Assembly (WHA), which authorizes funding for the implementation of WHO programs;
- the Director-General, currently Tedros Adhanom Ghebreyesus, who is the chief administrative officer of the organization and heads the WHO Secretariat; and

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- the 34-member Executive Board, composed of health experts who advise the WHA.

WHO is [funded](#) through assessed and voluntary contributions from governments and other donors. Assessed contributions, which cover less than 20% of WHO's budget, are dues each government is required to pay under Article 56 of the WHO Constitution, and are calculated according to a country's wealth and population. Voluntary contributions fluctuate annually and are often earmarked by donors for specific projects. WHO's approved [2024-2025 biennium budget](#) is \$6.83 billion.

Prior to 2020, the United States generally supported WHO's mandate and activities. In 1948, Congress enacted a joint resolution ([P.L. 80-643](#), as amended; 22 U.S.C. §§ 290-290e) authorizing the President to complete acceptance of WHO membership and outlining the U.S. withdrawal process (see below). President Truman signed the joint resolution into law on June 14, 1948, and it was accepted by the WHA. Since that time, the United States has served as a member of both the WHA and Executive Board. U.S. officials have also been seconded to WHO and have served in a range of advisory capacities.

The United States has provided both assessed (core) and voluntary contributions to WHO; it is assessed 22% of WHO's core budget (\$134.58 million for FY2025) and has provided an average of \$237 million in annual voluntary funding from FY2012 through FY2024. Congress has not specifically appropriated funding to WHO in annual appropriations acts. Instead, it has appropriated a lump sum to specific UN and humanitarian-related accounts, and the executive branch has allocated funding to WHO based on UN assessment levels and U.S. global health and foreign policy priorities. This has provided Administrations with some flexibility in determining U.S. funding to WHO.

U.S. Withdrawal Process

The [WHO Constitution](#) does not contain a withdrawal provision. In authorizing U.S. participation in the WHO, however, Congress enacted a U.S. right to [withdraw](#) from the WHO Constitution upon one year's notice. The full WHO membership [accepted](#) this condition on U.S. participation. While domestic law authorizes U.S. withdrawal, it is less clear about whether the President has the authority to make the decision to withdraw without congressional approval. U.S. law also requires the United States to [continue paying](#) WHO assessed contributions after making the decision to withdraw through the end of the WHO's fiscal year, calling into question whether President Trump's [decision](#) to suspend funding comports with legislative requirements.

Because the notification of withdrawal and withdrawal itself would occur in two separate years, there is also uncertainty about whether the United States is required to pay assessments through 2025, the year it gave notice of withdrawal, or 2026, the year in which the withdrawal would become effective. As occurred in 2021, the United States is free to [retract](#) its notification of withdrawal at any time prior to withdrawal becoming effective, to remain a WHO member.

Congressional Considerations

Selected issues for Congress include the following:

- **Legislative action to condition presidential withdrawal.** After President Trump moved to withdraw from WHO in 2020, some Members introduced measures to [constrain](#) unilateral presidential withdrawal, including [requiring](#) specific legislative authorization for withdrawal, and to [mandate](#) continued U.S. funding to WHO for certain purposes. Congress might take legislative action to enact provisions that specifically either limit or enable presidential action on withdrawal.
- **Possible impact on domestic and global health activities.** Some policymakers may consider the domestic and global health effects of the U.S. withdrawal, which may at

times overlap. For example, the U.S. withdrawal may affect WHO's ability address immediate global health priorities such as pandemic preparedness and health care in humanitarian emergencies. Domestically, the United States might lose access to global health information, including the collection of virus samples and data on the spread of infectious diseases.

- **U.S. funding to WHO.** Some Members disagree on whether (and how) to fund and participate in WHO. In the context of the U.S. withdrawal, Members may consider how, if at all, funding appropriated and/or allocated to WHO or UN-related appropriations accounts might be used to pay the assessed dues required under law.
- **WHO alternatives.** The EO states that the Secretary of State and Director of the Office of Management and Budget should identify alternative partners to WHO that are "credible and transparent." Members of Congress may consider possible WHO alternatives and monitor U.S. engagement with and funding of partners identified by the executive branch.
- **WHO withdrawal and possible reacceptance.** Because effective U.S. withdrawal cannot legally occur until a year from the date the Trump Administration notifies the UN Secretary-General, the Administration could retract the U.S. notification of withdrawal before that date and the United States would remain a WHO member. If withdrawal becomes effective and the United States later wants to rejoin WHO, Congress might exercise its constitutional prerogatives concerning treaties, either through the advice-and-consent procedures of the Senate or new authorizing legislation.
- **U.S. role and influence.** Some observers are concerned that the U.S. withdrawal might enable other countries, such as China, to gain greater influence in WHO and negatively affect U.S. influence on global health policies. Supporters of withdrawal argue that the United States is using its role as WHO's largest financial contributor to express its concerns regarding the organization's handling of COVID-19 and other issues. Some also suggest that the U.S. withdrawal might improve the overall efficiency and effectiveness of WHO and prompt continued organizational [reform](#).

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