

U.S. Funding to the World Health Organization (WHO)

Luisa Blanchfield

Specialist in International Relations

Tiaji Salaam-Blyther

Specialist in Global Health

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On April 14, 2020, President Donald Trump [announced](#) that the United States would suspend funding to the World Health Organization (WHO), pending a 60- to 90-day review, because of WHO’s “role in severely mismanaging and covering up the spread of the coronavirus.” The United States, the largest government contributor to WHO, is currently assessed 22% of the organization’s core budget (an estimated \$122.6 million for FY2020). The United States also provides voluntary funding to WHO, with amounts varying per year depending on U.S. priorities and global health needs. U.S. voluntary contributions from FY2012 to FY2018 [averaged](#) \$254 million per year. Congressional views on the Administration decision to suspend funding are mixed. Some Members share the President’s concerns regarding WHO and [support](#) the decision, while others oppose the action and have [urged](#) the Administration to fully fund WHO and its ongoing Coronavirus Disease 2019 (COVID-19) efforts.

Background

Established in 1948, WHO is a United Nations (U.N.) specialized agency that directs and coordinates health efforts within the U.N. system, including engaging international partners on global health issues, shaping the international health research agenda, and establishing health-related norms and standards. The United States has historically supported WHO’s mandate and activities. It played a key role in the organization’s establishment and is a member of WHO’s plenary body, the World Health Assembly (WHA), and the 34-member WHO Executive Board. U.S. officials are also seconded to the organization and serve in a number of advisory capacities, including a [committee](#) related to COVID-19.

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WHO is funded through assessed and voluntary contributions from governments and other donors. Assessed contributions are required dues a government agrees to pay when it becomes a member. Voluntary contributions fluctuate annually and are often earmarked for specific projects. WHO's total proposed [program budget](#) for 2020-2021 is \$4.84 billion. Voluntary contributions represent more than 80% of the [budget](#). Top [assessed contributors](#) in 2020-2021 are the United States (22%), China (12%), and Japan (8.5%). Governments providing the largest [voluntary contributions](#) in 2019 were the United States, United Kingdom, and Germany.

In February 2020, WHO released and updated a \$675 million [Strategic Preparedness and Response Plan](#) to address COVID-19. The plan aims to provide international coordination and operational support; bolster country readiness and response capacity, particularly in low-resource countries; and accelerate research and innovation. As of April 29, private donors and over 20 countries had contributed [\\$405.7 million](#) to the plan, including \$30.3 million from the United States.

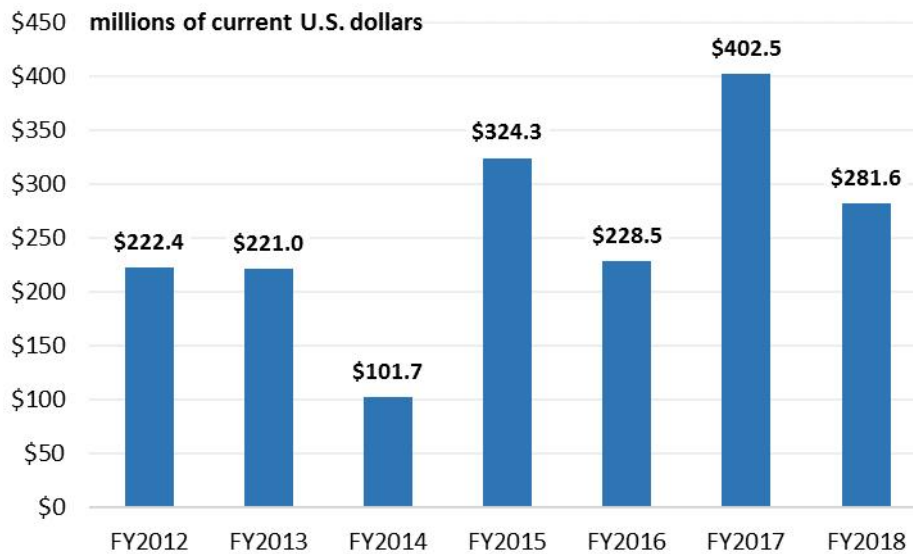
U.S. Assessed Funding

U.S. assessed contributions to the WHO are funded through the Contributions to International Organizations (CIO) account in annual Department of State, Foreign Operations, and Related Programs (SFOPS) appropriations acts. Congress appropriates a lump sum to CIO based on estimates of U.S. assessments to international organizations. Since FY2010, U.S. assessed contributions to WHO have remained relatively steady, ranging from \$106 million in FY2010 to \$122.6 million in FY2020. The President requested \$57.9 million for WHO in FY2021, about half the FY2020 funding level.

The process for authorizing and appropriating assessed funding to U.N. entities such as WHO is complicated by several factors, including the difference between the U.S. and WHO fiscal years (October 1 to September 30 versus January 1 to December 31, respectively), deferred payments from the 1980s (which cause some U.S. payments to be delayed by a year), and delays in State Department reporting requirements (which can affect the timing of obligations). As of April 16, 2020, the State Department reports that it paid 85% of the FY2019 assessment and 50% of the FY2020 assessment.

U.S. Voluntary Funding

The United States provides voluntary contributions to WHO for specific activities through several accounts, including USAID's Global Health Programs and International Disaster Assistance accounts, the Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention's Global Health account, and the State Department's Migration and Refugees account. Congress appropriates overall funding for each of these accounts, while the executive branch determines how the funds are allocated based on global health needs and U.S. policy priorities. In recent years, the majority of funding has been allocated through USAID and HHS-related accounts for activities focused on infectious disease control, malaria control, and emergency response, among others.

Figure 1. U.S. Voluntary Contributions to WHO, FY2012-FY2018

Source: Adapted by CRS from annual State Department *Contributions to International Organizations* reports.

Notes: U.S. contributions for FY2019 and FY2020 are not currently available. There is no one source that provides complete and comparable tracking of U.S. funding to U.N. entities; for example, data in this figure may differ from other sources such as [USAID Foreign Aid Explorer](#) and [WHO](#).

U.S. voluntary contributions fluctuate yearly (**Figure 1**). In FY2018 (latest data available), WHO voluntary contributions were \$281.6 million, compared with \$402.5 million in FY2017 and \$228.5 million in FY2016.

Selected Congressional Issues

Members of Congress might consider the following issues:

- **Executive branch allocation of WHO funding.** Because Congress does not appropriate funding specifically for WHO in appropriations acts, the executive branch has some flexibility to decide how and if funds are allocated to the organization. Some Members of Congress might support proceeding with the status quo, while others may consider legislative options such as directing how appropriations for WHO are allocated by agencies and Administrations.
- **Treaty obligations and possible loss of voting rights.** Some policymakers are concerned that suspending funding may violate U.S. obligations under the WHO [constitution](#). Some also debate the potential impact of the United States accumulating arrears and the possible loss of voting privileges. Congress might consider how such implications could affect U.S. efforts to advance its priorities and global health commitments in WHO fora.
- **Possible impact of funding suspension on WHO.** The impact of the suspension on WHO operations, including its efforts to address COVID-19 and other health issues, remains to be seen. The level and extent of the impact will likely depend on the type of funds being withheld (assessed or voluntary) and the duration of the funding suspension.
- **U.S. role and influence.** Some observers are concerned that the funding suspension could affect U.S. influence and leadership in WHO fora. Specifically, some have raised

- **concerns** that such actions might enable other countries, such as China, to gain greater influence in the organization. Supporters of the funding suspension **counter** that the United States is using its role as the WHO's largest financial contributor to express its concerns regarding the organization's handling of COVID-19, while at the same time funding other U.S. global health priorities. Some also suggest that the funding suspension might improve the overall efficiency and effectiveness of the organization and lead to substantive reform supported by the United States.

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