

Republic of Singapore

Agenda No. 29.1

Reform of the global health architecture and the UN80 initiative

Written Statement

Singapore thanks the Secretariat for its comprehensive report on reform of the global health architecture and the UN80 Initiative, and welcomes the opportunity for Member States to provide guidance at this important juncture.

2 The current moment presents both strain and opportunity. A contraction in official development assistance, heightened geopolitical uncertainty, and growing demands on global public goods have brought long-standing challenges in coordination, financing, and accountability into sharper focus. At the same time, these pressures have created impetus to review roles, mandates, and ways of working across the global health ecosystem, including within the United Nations system.

3 In light of this, Singapore supports reforms of the global health architecture which are necessary to ensure limited resources are deployed in a more coherent, efficient, and impact-driven manner, and that institutional mandates, financing flows, and delivery mechanisms are better aligned with countries' evolving needs. WHO's normative, standard-setting, and convening roles remain foundational and should be reinforced. Mission-critical global functions should be clearly assigned to institutions with the appropriate mandate and capacity, with due regard to effectiveness and sustainability.

4 From the Asia-Pacific perspective, reform is most likely to succeed when it is grounded in national priorities, supported by regional coordination, and aligned globally. Countries in the region operate across diverse political, economic, and health system contexts, yet face shared challenges, including preparedness for health emergencies, transitions in health financing, and climate-related health risks. Regional mechanisms can play a constructive role in aggregating demand, facilitating peer learning, and supporting the application of global guidance in ways that are responsive to local contexts, while avoiding the proliferation of parallel structures.

5 Singapore's own experience demonstrates how regional cooperation can effectively operationalise global health objectives. During the recent pandemic, the region collaborated through experience sharing initiatives convened by the WHO Western Pacific Regional Office, enabling countries to learn from each other's responses and coordinate public health measures. Countries can maintain national sovereignty while building collective capabilities that strengthen the broader global health architecture.

6 Across the region, there is broad convergence around the need for clearer differentiation of mandates across global, regional, and national levels; accountability that applies across all actors; and financing arrangements that align with nationally determined priorities and support sustainable transitions. At the same time, reform efforts should remain focused, coherent, and mindful of implementation capacity.

7 Singapore therefore welcomes WHO's proposal to host a joint, inclusive process to bring together ongoing discussions on global health architecture reform and UN80. Such a process should be transparent, evidence-based, and Member State guided, with appropriate engagement of regional organisations, development banks, civil society, academia, and the private sector. The process should build on the ongoing discussions and reform streams (including outcome documents) cited in the Secretariat's report rather than duplicate outreach to stakeholders that have already given inputs. Alignment across these reform streams will be important to sustain momentum and ensure that reform efforts translate into practical outcomes.

8 Singapore looks forward to working with WHO and fellow Member States to advance a global health architecture that is fit for purpose in a more constrained and complex environment, and that continues to deliver global public goods, support countries effectively, and uphold solidarity.