

Investing in Biomedical Innovation for Health and Economic Growth

Financial Times webinar, October 2026

AVAC's Executive Director, [Mitchell Warren](#) joined Gloria Ghéquière of Belgium's Ministry of Health and Nicole Kleinstreuer of the US National Institutes of Health for a *Financial Times* discussion moderated by Science Editor, Michael Peel exploring strategies to keep medical innovation moving ahead as the global health landscape evolves. Warren made the case that scientific breakthroughs alone do not save lives. Transforming biomedical innovation into public health impact requires sustained investment over decades, big science, global research networks and partnerships, meaningful community leadership and a commitment from the outset to delivering new technologies with speed, scale and equity.

Investing for the long term

Warren warned that today's research cuts can erase tomorrow's advances, even when the damage is not immediately visible. He used the example of injectable HIV prevention options to demonstrate the long arc of discovery and the importance of partnerships between the NIH and industry over many decades.

"If we think about the long arc of this work, we have to understand that many of the investments today are not going to result in a product tomorrow, or a life saved, or a disease prevented or treated tomorrow. Many of the great innovations we talk about sitting here in 2026 began with investments one or even two decades ago."

Big science and the importance of networks and country partnerships

Scientific discovery, clinical trials, manufacturing and regulation all depend on "cross-border" collaboration. Warren argued that partnerships among governments, academic researchers, industry, global institutions and national regulators are key to developing products AND ensuring they get delivered to the people and communities for whom they are intended.

"There are very few examples of a scientific advance that I can think of, at least in my world, that haven't benefited from grand partnerships of big science with global partnerships. And so that's true at the scientific level. It's true at the manufacturing level. It's true at the regulatory processes where the FDAs and the EMAs are working with the World Health Organization and national regulatory authorities in other countries. This can never happen in a single country because disease—whether it's epidemics or noncommunicable diseases—are not unique to any one country."

"No one government, no one company, no one country [is] going to develop any one of these next great technologies ... partnerships are not just a nice to have ... They are core to innovation and product development."

Community-centered research

Warren stressed that communities must help shape research questions, trial design and protocols. He challenged the old notion that communities serve only as trial participants or recruitment partners, highlighting the work of advocates in Eastern and Southern Africa, Latin America and the United States in helping design the next generation of HIV prevention trials, including efforts to generate evidence for pregnant and breastfeeding women earlier. Read more about the impact [AVAC's Clinical Trial Design Academy](#) members are having on HIV prevention research.

"Communities are being involved in creating research agendas, in looking at protocols ... actually involved in the protocol development. The protocol is better and stronger."

Delivery as part of R&D

Warren recalled the seven-year gap between the 1996 presentation of the safety and efficacy of antiretroviral therapy (ART) by [David Ho](#) of the Aaron Diamond AIDS Research Center and its broad availability in the regions most affected by HIV. "David and his work would be stuck in [Time Magazine](#) in perpetuity if it weren't the recognition that delivery was part of this broad partnership." Institutions such as the Global Fund and PEPFAR helped turn discovery into access. He called for delivery to be built into research planning from the outset, alongside affordable manufacturing, regulatory pathways and health-system innovation.

"Very often we think that the product is the end result, and of course it's not. ... We have to design the programs around the people. I like to think of R&D&D because if we don't think of that third part of delivery, then again these innovations just get stuck."

Equity

Warren warned that breakthroughs alone do not close health inequities. He called for equitable access and stronger systems to be central to biomedical innovation, and for AI developers and users to be held to clear standards established with funders, governments and communities.

"If we don't innovate on the systems, whether that's the regulatory pathways, whether that's lower cost manufacturing, whether that's the actual delivery in innovative ways in different health systems ... it's not going to deliver public health impact."

"I think having clear guiding principles to ensure that we get the best out of AI as a tool ... and making sure that equity is at the center of the list of principles."

Warren concluded by saying that every new product must have a clear pathway to delivery, "with speed, scale, and equity," ensuring that scientific progress translates into real and lasting public health impact.

[Watch the full discussion.](#)

[Read about communities and trial design.](#)

[Learn more about lenacapavir for HIV PrEP](#)