BRINGING INNOVATION INTO HEALTHCARE SYSTEMS: FROM PROMISING SCIENCE AND AI TO ROUTINE PATIENT BENEFIT

Establishing Frameworks, Governance, and System Capacity: Translating Health Innovation Into Sustainable Patient Benefit

During the United Nations General Assembly High-Level Week

New York, 24 September 2026
9:00 - 13:00

Italian Cultural Institute
686 Park Avenue, New York, NY

Overview:

Health innovation is moving at unprecedented speed. New medicines, diagnostics, digital technologies and artificial intelligence are creating possibilities that would have been difficult to imagine only a few years ago. Yet too many remain confined to research projects, pilots or specialist centres rather than becoming part of routine care.

AI makes the implementation gap particularly visible. The question is no longer simply what technology can do, but **what healthcare systems need it to do, and how innovation can be translated into measurable public value.**

The challenge is therefore not invention alone. Health systems must be able to identify priority needs, evaluate the right innovations, govern data responsibly, generate the evidence required for adoption, finance implementation, integrate technologies into clinical workflows and scale what works.

This is especially important for personalised medicine. AI may help interpret genomic, clinical and real-world data, identify disease earlier and determine which intervention is most likely to benefit which patient. But an algorithm capable of distinguishing between patients has limited value if the health system cannot act on that distinction.

Personalisation without access is simply better science describing the same inequality.

The objective must therefore be not simply technological progress, but a **public dividend from innovation**: better decisions, earlier diagnosis, more effective treatment, stronger health systems and wider patient access.

This high-level conference will bring together governments, health systems, patients, clinicians, regulators, payers, investors, innovators, industry, technology leaders and international organisations to examine the full innovation-to-care pathway and identify the conditions that turn promising ideas into safe, scalable, sustainable and equitable patient benefit.

Central question:

What must governments, healthcare systems, innovators and investors align from the outset so that AI and other promising innovations move beyond pilots and become safe, scalable, sustainable and equitable components of routine care?

Expected conference outcome:
The meeting will conclude with the New York Framework for Innovation-to-Care: a practical set of system-readiness tests and international principles for selecting, adopting, scaling and sustaining health innovation.

Target audience:
Ministers and government representatives; national and regional health-system leaders; international organisations and development partners; hospital executives; clinicians and implementation leaders; patients and civil-society organisations; regulators; HTA bodies, payers and procurement authorities; academic innovators and research institutions; incubators, accelerators and living laboratories; pharmaceutical, biotechnology, medical-technology, diagnostics and digital-health companies; investors, foundations and development-finance institutions; data, AI and infrastructure experts; and global-health and implementation partners.

Thursday, 24 September 2026

Conference Chair: Denis Horgan, *Secretary General, International Alliance for Personalised Medicine*

9:00-9:15: Welcome and Opening Remarks

- **Claudio Pagliara**, *Director, Istituto Italiano di Cultura*
- **Ruggero De Maria**, *President, Alliance Against Cancer; Board Member, IPM*

9:15-10:45: Session 1 – Start with the Need, Not the Algorithm: What Should Health Systems Innovate For?

Healthcare innovation too often begins with what technology can do rather than with what patients, clinicians and health systems actually need. The rapid rise of AI makes that distinction even more important.

A sophisticated algorithm, diagnostic or digital platform does not automatically create value. Innovation matters when it solves a defined clinical or operational problem, improves outcomes that matter to patients and can work within the realities of healthcare delivery.

This opening panel will therefore begin on the **demand side of innovation**. How should governments and health systems define the problems they want innovators to solve? How should patients and clinicians shape those priorities? What role should data, AI and real-world evidence play? And how can public and private investment be directed towards innovations that deliver measurable patient and system benefit?

The discussion will examine challenge-based innovation, co-design, health-system demand signals, real-world data, living laboratories and partnerships that connect innovators with genuine clinical environments.

The proposition is simple: start with the patient and the problem, not the algorithm. How can healthcare systems become active shapers of innovation, ensuring that AI and other technologies are developed around genuine patient need, implementation realities and public value?

Contributors:

- **Ann Kurth**, *President & Chief Executive Officer, New York Academy of Medicine*

- **Helmy Eltoukhy,** *Co-founder, Chairman, and co-Chief Executive Officer, Guardant Health*
- **Jarbas Barbosa,** *Director & Regional Director for the Americas, Pan American Health Organization (PAHO) & World Health Organization (WHO)*
- **Manmeet Ahluwalia,** *Deputy Director, Chief Scientific Officer and Chief of Medical Oncology, Miami Cancer Institute*
- **Ntobeko Ntusi,** *President & CEO, South African Medical Research Council (SAMRC)*
- **Kelly Saldana,** *Executive Director, ISPOR Institute for Healthcare Transformation*
- **Vivek Subbiah**, *Associate Director for Drug Development and Precision Oncology, Stanford Cancer Institute; Executive Medical Director for Cancer Novel Therapies and Clinical Trial Network Development, Stanford Health Care, USA*

10:45-11:15: Coffee and Networking Break

11:15-12.15: Session 2 – De-risking Adoption: Governing AI and Aligning Evidence, Regulation, HTA, Procurement and Financing

Promising health innovations frequently encounter a succession of disconnected hurdles. Evidence may be generated without sufficient understanding of regulatory or HTA expectations; regulatory approval may be achieved without a reimbursement or adoption pathway; procurement may begin only after implementation funding has ended; and healthcare systems may be asked to purchase technologies before their operational value, workforce implications or budget impact are sufficiently understood.

This session will examine how these sequential barriers can be replaced by an integrated **innovation-to-adoption pathway**.

Early and structured dialogue among regulators, HTA bodies, payers, procurement authorities, patients, clinicians, implementation teams and investors can clarify what evidence will ultimately be required, not only for safety and clinical benefit, but also for usability, economic value, workflow impact, interoperability, equity and real-world performance. Testing environments should therefore generate more than technical proof.

They should establish whether an innovation can function within real healthcare systems and whether there is a credible route to reimbursement, procurement, financing and sustained adoption.

AI adds a new dimension to these challenges. Evidence may evolve after deployment, algorithms may change, data quality can influence performance, and accountability may be distributed across developers, providers and health systems. Adoption therefore requires clarity not only on whether a technology works, but on how it will be validated, governed, monitored and financed over time.

The discussion will consider regulatory and reimbursement navigation, milestone-based funding, specialist infrastructure, independent validation, value-based procurement, risk-sharing arrangements and public-private investment. The objective is not to lower standards, but to **reduce avoidable uncertainty earlier** and give strong innovations a credible route from validation to adoption.

How can evidence, regulation, HTA, reimbursement, procurement and financing be aligned early enough to create a credible and sustainable route to adoption?

Contributors:

- **Jennifer Dent**, *President & CEO, BIO Ventures for Global Health*
- **Michael Makanga,** *Executive Director, Global Health EDCTP3 Joint Undertaking*
- **John Longshore,** *Vice President, Scientific Affairs, Global Oncology Diagnostics, AstraZeneca*
- **Deborah Estrin**, *Associate Dean for Impact; Robert V. Tishman '37 Professor, Cornell Tech/Weill Cornell Medicine*
- **George Vradenburg**, *Chair, UsAgainstAlzheimer's; Founding Chairman, Davos Alzheimer's Collaborative*

12:15-12:45: Strategic Closing Roundtable – From Adoption to Scale: A Global Framework for Innovation-to-Care

The closing roundtable will examine what is required to move effective innovation from adoption into **routine, sustainable and equitable care**.

Successful adoption requires more than technical validation or a positive pilot. Innovation must fit clinical workflows, workforce capabilities, data systems and infrastructure; have sustainable financing and clear ownership; and demonstrate meaningful benefit for patients and health systems. Not every pilot should scale: systems also need clear criteria for deciding when an innovation should **stop, adapt, scale or transfer**.

The international dimension will also be central. Countries have different resources, institutions and implementation capacities, but can benefit from sharing evidence, regulatory and HTA learning, test-bed infrastructure, procurement experience and specialist expertise. The objective should be to accelerate adoption while preserving **local ownership, adaptability and equity**, rather than imposing a single model.

The discussion will feed directly into the **New York Framework for Innovation-to-Care**, built around six practical readiness questions:

- **Need**: Does the innovation address a clearly defined patient or health-system priority?
- **Evidence and Value**: Is there sufficient evidence of benefit, usability and system value?
- **Integration**: Can it fit clinical workflows, workforce and data systems?
- **Adoption and Financing**: Is there a credible route through regulation, HTA, reimbursement and procurement?
- **Scale and Sustainability**: Who will own, finance, operate and maintain it over time?
- **Equity and Trust**: Can it improve access while maintaining appropriate governance and patient confidence?

The Conference Chair will conclude the roundtable by identifying the principal areas of agreement and the practical actions to be taken forward through the **New York Framework for Innovation-to-Care**.

How can healthcare systems move from promising innovation to sustainable scale while sharing capabilities internationally and ensuring that patient benefit, equity and local ownership remain at the centre?

Contributors:

- **Toyin Ojora Saraki,** *Founder, The Wellbeing Foundation Africa*
- **Werner Obermeyer,** *Director, WHO Office at the United Nations, New York*

- **Vivek Subbiah**, *Associate Director for Drug Development and Precision Oncology, Stanford Cancer Institute; Executive Medical Director for Cancer Novel Therapies and Clinical Trial Network Development, Stanford Health Care, USA*
- **Permanent Mission of Ireland to the United Nations, New York**