

GSIPA2M

GLOBAL SUMMIT ON INTELLECTUAL PROPERTY & ACCESS TO MEDICINES

13-15 MAY
2025

MARRAKECH, MOROCCO

OPENING PLENARY: TRIPS@30 THE STRUGGLE FOR ACCESS TO MEDICINES

The GSIPA2M 2025 Summit kicked off with a powerful opening session, bringing together a diverse group of advocates, policymakers, and community leaders to reflect on three decades of the TRIPS Agreement. The theme, TRIPS@30: The Access Crisis, set the tone for the day, emphasizing the urgent need for coordinated global action to ensure equitable access to medicines.

Welcome Address: Mohammed Zniber (ITPC MENA), Dr. Houssine El Rhilani (UNAIDS Morocco), and Solange Baptiste (ITPC Global) opened the summit, highlighting the critical challenges faced by communities in the face of shrinking civic spaces, funding crises, and ongoing health inequities.



SOLANGE BAPTISTE'S KEYNOTE ADDRESS

We gather today at a time of deep, intersecting crisis:

- A **funding crisis** threatening treatment and prevention across the Global South — not just for HIV, but also TB, hepatitis, harm reduction, SRHR, and primary care.
- A **climate crisis** fueling pandemics, driving displacement, and straining already fragile health systems.
- And a **geopolitical crisis** — wars, authoritarianism, and shrinking civic space — putting activists and communities at constant risk.

And it's here we meet the pharmaceutical system: the sick one, the one that is addicted to monopoly and profit, clinging to patents like life rafts while people drown, a system where "innovation" too often means exclusion — and "solidarity" vanishes the moment markets shift.

For millions, "access" is still just a slogan. Somewhere today, a mother is literally choosing between food and medicine — making this not a policy gap, but a moral failure.

Thirty years of TRIPS have made one thing painfully clear: innovation without access is injustice. How can you have stuff to save lives but people can't get it?

We're still living in a world where life-saving medicines are treated like luxury goods — locked behind walls of monopoly, price, and power. Where your treatment depends on your income, your location, your passport.

And that is exactly why we're here.

When access becomes a privilege ... resistance IS OUR duty.

Read the full keynote here:

<https://itpcglobal.org/2025/05/13/GSIPA2M-2025-keynote-address>



What TRIPS didn't anticipate was us - Communities. Movements. Activists. Governments with courage. Lawyers with grit. Scientists with conscience. People who refuse to be silent when health becomes a privilege.

Solange Baptiste
ITPC Global

OPENING PANEL

Moderated by Solange Baptiste, this session featured impactful interventions from Sibongile Tshabalala (TAC, South Africa), Loon Gangte (DNP+, India), Alma de Leon (ITPC LATCA, Guatemala), and Yelena Rastokina (Answer, Kazakhstan), who shared community perspectives as people living with HIV on the ongoing fight for access.



Our goal is life.
Human life! We should not
give in to the pressure that
we get from the powers that
be. We need to stand up
and fight back.

Loon Gangte, DNP+, India

We need to have
a plan, a good plan, to make sure
that our people have treatment... If
we use TRIPS flexibilities we can
change it. We can make our lives
better. Not only for HIV. We must be
ready for other diseases and
challenges.

*Yelena Rastokina, Answer,
Kazakhstan*



TRIPS@30: THE STRUGGLE FOR ACCESS TO MEDICINES

This plenary, moderated by Boyan Konstantinov (UNDP), revisited the impact of TRIPS over the past 30 years. Key speakers included Yuanqiong Hu (MSF Access) on treatment access, and Othoman Mellouk (ITPC Global) who laid out a community-driven reform agenda.

We started fighting FTAs in 2002, we had US FTA, then EU FTA, CPTPP, RCEP, EFTA... and process is ongoing, they change and add TRIPS plus provisions in texts and it gets more complicated. Moreover, under big pharma pressure Thai government initiated patent law amendment that contains provisions that will cause access barriers in Thailand. And another thing, although Thailand is added to voluntary licenses lately, we have a problem with voluntary licenses as they contain certain clauses blocking access for all.

Chalerm Sak Kittitrakul, TNP+, Thailand



It goes down to national level. All changes will have to come nationally from grassroots level. Countries should use creative interpretation and implementation of flexibilities. And we have to be strategic, we have to select battles we can take, to become more realistic and we will have big results at the end.

Mohammed El-Said, UCLan, UK



TRIPS@30: THE STRUGGLE FOR ACCESS TO MEDICINES

We did an evergreening study in Argentina that showed there are up to 80% of low quality patent applications. So there is a lot of evergreening in Argentina. We started to file pre-grant patent oppositions in Argentina – we started doing that against monopolies for HIV drugs, then HCV drugs, remdesivir and Pfizer COVID vaccine, trastuzumab for cancer...

We filed oppositions against 30 patent applications and as a result 10 patent monopolies were rejected, 6 – withdrawn and one patent was abandoned.

All this resulting in estimated US\$ 547 million savings of public costs in Argentina over 8 years.

*Lorena di Giano, Fundacion
GEP, Argentina*



What could the community-based agenda be like? Firstly, center on people, not on patents.

Second, law reform from the ground up, as TRIPS flexibilities don't fall from the sky.

Third, South-South cooperation. We also should be calling out injustices. And we should be growing community movement fighting for access. Lastly, the future is ours to take.

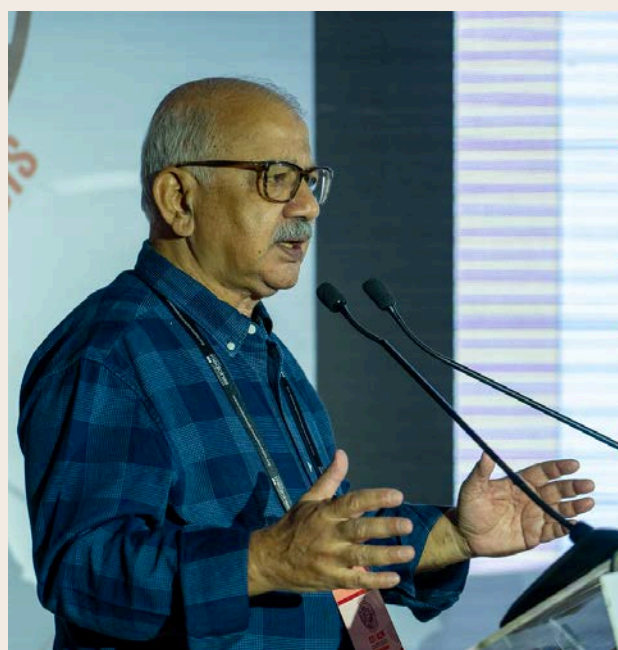
Othoman Mellouk, ITPC

TRIPS@30: NATIONAL & REGIONAL PERSPECTIVES

Moderated by Anne Lumbasi (CEHURD, Uganda), this session zoomed in on the regional impact of TRIPS, with speakers like Sudip Chaudhuri (India), Veriano Terto (Brazil), Allan Maleche (Kenya), and Sibongile Tshabalala (South Africa) reflecting on their national experiences.

Countries should unitedly take forward the proposal of Colombia for TRIPS review. Now is a time for the global south to unitedly do something. I would suggest that many things happened after TRIPS, and more despite the TRIPS. We need to really highlight what are the costs and what are the benefits from TRIPS. And I believe if civil society takes it seriously, despite the funding crisis, and advocates the change – we will have a brighter future.

**Sudip Chaudhuri, Professor (Retd)
Indian Institute of Management
Calcutta, India**



I was working on access issues since 1989, but founding of ABIA/GTPI was a systematic solution to advocacy for use of TRIPS flexibilities, for example by filing patent oppositions, which we filed a lot over past years for many HIV, HCV and TB medicines.

Veriano Terto, ABIA, Brazil

TRIPS@30: NATIONAL & REGIONAL PERSPECTIVES



In EECA region, 23 patent applications and pharmaceutical patents were contested by community-based organizations in administrative or judicial processes from 2015 to mid-2024. Six cases were successful - that in one way or another contributed to the cancellation of a patent, refusal to grant it, or modification of the original patent claim, included oppositions: on sofosbuvir, bedaquiline and tocilizumab in Ukraine, sofosbuvir and molnupiravir in Russia, and islatravir in the EAPO.

Mariya Shibayeva, ITPC EECA

As TAC, we are still fighting for treatment and justice, we are involved beyond HIV in healthcare treatment and we continue to fight against IP rules to ensure access to medicines, not only in HIV by in other fields, for example for insulin pens. So there is no time to rest as we continue to fight.

Sibongile Tshabalala, TAC, South Africa



Parallel workshops

Participants broke into focused groups to tackle TRIPS flexibilities, international law reform, and the threat of TRIPS-plus provisions, and reflected on the way forward for law reform and advocacy.

Regional Strategy Sessions

Activists from different regions gathered to strategize, share experiences, and strengthen cross-regional collaboration for the road ahead.



A TRIBUTE TO COURAGE AND JUSTICE: HONORING PROFESSOR HAKIMA HIMMICH

On the opening day of the Global Summit on Intellectual Property and Access to Medicines (GSIPA2M) in Marrakech, the room fell silent for a deeply moving tribute to one of the most respected figures in the fight for health justice in Morocco: Professor Hakima Himmich.

With emotion palpable in the air, Moroccan journalist Amine Boushaba opened the tribute by recalling his personal journey as an activist mentored by Professor Himmich. *"We are not only celebrating a remarkable figure,"* he said *"we are honoring a life guided by extraordinary courage, a radical love for justice, and unwavering commitment to human dignity."*

The tribute continued with heartfelt interventions from Othman Mellouk and Nadia Rafif, Senior Leads at ITPC Global, and young Moroccan activist Othmane Marrakchi from ITPC-MENA. Each spoke to a different facet of Professor Himmich's impact—as a fearless voice against repression, a pioneer in HIV care, a visionary who understood the lethal consequences of intellectual property rules long before it was mainstream, and a compassionate mentor to generations of activists.

Professor Himmich, an infectious disease specialist and founder of ALCS (the first HIV association in the Arab world), has played a defining role in the national, regional and global movement for access to HIV treatment. Her personal lecture, titled *"Remembering to Resist"*, offered a rare and powerful reflection on decades of struggle—from the darkest days of the AIDS epidemic in Morocco to battles against trade agreements that prioritized patents over lives.

In her speech, she recounted the pain of seeing her patients die without access to treatment, the early grassroots campaigns for antiretroviral therapy, and the



groundbreaking efforts to eliminate taxes on HIV medicines in Morocco.

She spoke of the coalitions built across sectors—from health to culture—to resist harmful trade deals, and the international mobilization that ultimately led to free treatment for all people living with HIV in Morocco, including migrants.

But beyond the policy wins and strategic victories, what resonated most was the profound humanity of her words. *"Hakima's love,"* said Rafif, *"is a political act. An act of resistance."*

Professor Himmich concluded her address with a passionate call to the next generation: *"Do not let anyone tell you that you are too young, too idealistic, or too radical. Stay angry. Stay hopeful. Stay true to what outrages you. That is what will guide you."*

The standing ovation that followed was not just an acknowledgment of a lifetime of achievements, but a collective promise to carry forward her legacy. At ITPC Global and Make Medicines Affordable Campaign, we are proud to count Professor Hakima Himmich among our fiercest allies and inspirations. Her life's work embodies everything we believe in: that access to treatment is a matter of justice, and that resistance is not only possible—but necessary.

2025-05-13

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DAY 1



PLENARY II: THE ACCESS CRISIS

The second day of GSIPA2M 2025 focused on the escalating access crisis, examining the intersections of global health funding collapses and community resilience. Allan Maleche (KELIN, Kenya) moderated a thought-provoking morning plenary that brought urgent voices to the forefront.



PANEL 1 - THE COLLAPSE OF INTERNATIONAL AID

The morning opened with stark reflections on the dwindling international health funding landscape, featuring Nadia Rafif (ITPC Global), Umunyana Rugege (UNAIDS, South Africa), and Tracy Swan (MMA). They emphasized the critical need for innovative funding solutions and community-centered resilience.



I've been a treatment activist since 1990. The background I got before there was effective treatment, which I never thought I'd have to look back on, has been super helpful now as we develop practical strategies to manage the treatment funding crisis, focusing on the things that people living with HIV might need right now, crucially - information about how to deal with our art shortages and stock outs - how they can make their supplies last longer.

Tracy Swan

PANEL 2 – TARIFF WARS AND HEALTH



This segment connected the dots between trade policies, tariffs, and their direct impact on access to medicines. Speakers like K.M. Gopakumar (Third World Network, India) and Juliana Veras (MDM, France) underscored the growing challenges posed by shifting global trade priorities.



A lot of those concluded with LMICs FTAs included financial packages of aid. And now all that aid was suspended. Some of those aid was for education for example, it is not only health issues, and also development aid. And the biggest issue is that what is happening is undermining trading partners credibility and this will raise critical questions for negotiators in future. It will be a cycle of even more and more concessions for countries that already concluded FTAs. These countries now had lost tariffs concessions and lost financial aid and they will be ending up with WTO plus commitments only.

Mohammed El-Said, UCLan



SESSION II: COMMUNITIES IN THE FIGHT FOR ACCESS

Decoding Pharma's Profit Playbook:

Moderated by Harry Prabowo (APN+, Thailand), this session highlighted the power of community-driven advocacy. Speakers included Tracy Swan (MMA) on "Pharma Trick\$", Andrew Hill (Liverpool University) on price challenges, and Morgane Ahmar (ITPC Global) celebrating a decade of the Make Medicines Affordable campaign.



We will be having 5 million dying, over 10 million new infections due to aid cuts. And we have a deafening silence from pharma companies this time, precisely those companies who has made billions of dollars on selling ARV treatments.

Andrew Hill, Liverpool University

SESSION III: THE ROLE OF GOVERNMENTS

In this session, government representatives and advocates from five countries shared concrete examples of how public institutions are advancing access to medicines through national policy reforms, strategic procurement, and the use of legal flexibilities under international trade rules. A key theme was the critical balance between intellectual property obligations and public health priorities.



Egypt, represented by Mrs Menna-tallah El-Kotamy, Executive Secretary to the Chairman of the Egyptian Intellectual Property Authority (EGIPA), presented Egypt's experience in strengthening patent examination systems to improve the quality of pharmaceutical patents and curb evergreening practices that delay access to generics.



Senegal/OAPI, presented by Mr El Hadji Talla Samb from the Senegalese Agency for Industrial Property and Technology Innovation (ASPIT), highlighted ongoing regional efforts through OAPI to promote patent quality and foster innovation while protecting public health, including the revision of examination guidelines and capacity-building for national examiners.



Uganda emphasized the need to strengthen pharmaceutical systems tailored to local needs. Dr Martha Grace Ajulong, from the Department of Pharmaceuticals and Natural Medicines, Ministry of Health, Uganda, underlined the importance of public health-centered pharmaceutical governance. She described how the ministry is consulting civil society on a weekly basis, particularly in light of funding cuts and limited drug stocks.



Moldova focused on aligning procurement systems with IP legislation to guarantee access to quality-assured medicines. Mrs. Lidia Sircu, Chemist at the the Center for Centralized Public Procurement in Health, highlighted the importance of efficient and transparent procurement processes in supporting public health goals and ensuring the availability of essential medicines.

Honduras, represented by Dr. Flavia Girón, Technical Consultant at the Logistics Unit for Medicines, Ministry of Health, shared issues related to procurement challenges and efforts to ensure medicine availability despite limited resources. She discussed how the country is adapting its procurement strategies to maintain access to essential medicines in a context of financial constraints.



Kyrgyz Republic presented its IP legal framework supporting compulsory licensing. Mr. Mirbek Nyshanbaev, Head of the Evidence-Based Medicine and Medical Technology Assessment Department at the Center for Health Development and Medical Technology, detailed how legal provisions allow the country to secure access to treatment through the use of compulsory licensing.

Colombia shared the impactful example of its compulsory license for dolutegravir. Juliana López from IFARMA described the coordination between the health and trade ministries and the essential role of civil society in initiating and defending this significant public health measure. In addition, Rene Alejandro Bustos Mendoza, Director of the Superintendence of Industry and Commerce of Colombia, presented online about the legal and regulatory steps in the compulsory licensing process. His intervention emphasized the importance of political will ensuring access to medicines.

Collectively, these cases highlighted how governments, when equipped with political will and supported by civil society, can play a transformative role in reshaping IP governance to prioritize public health. The session underscored the value of cross-sector collaboration and the strategic use of policy tools to uphold the right to health globally.

ROUNDTABLES & STRATEGY SESSIONS

Parallel Roundtables

Participants shared experiences on critical TRIPS flexibilities, including Patent Oppositions and Compulsory Licenses (CLs). Discussions spanned topics like MPOX vaccine patents and the challenges of navigating voluntary licenses, setting the stage for future advocacy.

Evening Strategy Sessions: Emerging Challenges

Experts explored next-generation access issues, from the rise of biologics and AI in pharma to climate-sensitive diseases.



In response to our patent invalidation lawsuit with scientific arguments against the validity of the pharmaceutical patent, the big pharma company was only saying that we as civil society has no legal standing, essentially saying civil society has no right to speak up against the monopoly, and they never addressed any actual arguments against the validity of the patent itself.

***Othmane Marrakchi, ITPC
MENA***

Over 10 years within MMA Campaign 137 oppositions have been filed by community-based organizations across over 20 countries. As a result, 50 patent barriers were removed, leading to price reductions on more than 14 medicines in 11 countries, with price reductions ranging from 10% to 99%.

Morgane Ahmar, ITPC



LEADERSHIP AWARDS

Day 2 of GSIPA2M 2025 featured a special moment of recognition and celebration: A Leadership Award was presented to the Ministry of Health of Colombia, the Superintendency of Industry and Commerce, the Ministry of Commerce, Industry and Tourism, and the National Planning Department of Colombia for their outstanding commitment to ensuring access to treatment.

The award recognizes their collective action in issuing a compulsory license for the dolutegravir patent — a decision grounded in the principles of public health, the right to health, and the optimal use of public resources in Colombia.

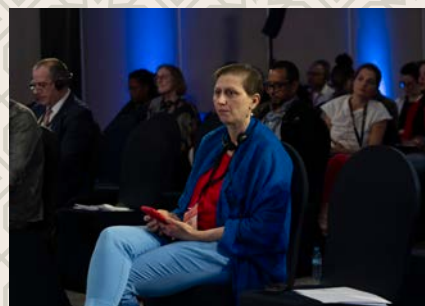
A second Leadership Award was presented to the IFARMA Foundation, a member of the Make Medicines Affordable consortium, for their crucial role in promoting the issuance of the compulsory license and their long-standing advocacy to expand access to lifesaving treatment in the country and region.



2025-05-14

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DAY 2



PLENARY III: LOCAL PRODUCTION – POTENTIAL AND PLANS

Day 3 of the summit spotlighted the critical role of **local manufacturing** in reducing dependency and ensuring long-term health security. **Gabriela Chaves** (Consultant, ITPC Global) led a challenging plenary session that explored the opportunities and obstacles facing regional production initiatives.



The many problems of affordability in the African continent and COVID-19 challenges were attributed to problems with local manufacturing because Africa imports 70% of the health products it needs. Almost 27 countries - which is half of the African continent - has no local manufacturing, not even basic manufacturing. All the conversations in Uganda on local pharmaceutical production are about basic manufacturing issues: infrastructure issues, importation, etc. For example, in Uganda it is cheaper to bring a container from China to Uganda than from Mombasa to Kampala. Discussions about infrastructure are very basic. The high cost of production remains the key issue for local manufacturing. One pharmaceutical plant in Uganda even started producing grease instead of medicines, due to high cost of manufacturing and the market situation. As long as we don't have solid policy alignment and very concrete plans addressing basic industrial production, pharmaceutical production will remain an unattainable dream for Africa.

Mulumba Moses, Afya na Haki, Uganda

SCALING LOCAL PRODUCTION



Dr. Piyaporn Prayakprom (Director of Regulatory Affairs & Intellectual Property Department, Government Pharmaceutical Organization (GPO), Thailand) provided a compelling case for the critical role of national drug security and the power of state-led production to reduce reliance on imports and ensure long-term access.

I will tell you that the biggest problem for uptake of local manufacturing in LMICs is not the high cost of production - **the biggest problem is pessimism and negativism.** The governments need to intervene and plan for pharmaceutical local manufacturing for it to succeed. ***Sudip Chaudhuri, Indian Institute of Management Calcutta, India***



We believe that public pharma should have fully state-owned infrastructure, work in all health technologies, have different approach to traditional knowledge unlike big pharma. Public pharma should not be limited to market failure approach, public pharma should work in regional and global cooperation, and by this it will differentiate public pharma against logic 'my needs first' or 'my country first'. We also believe that public pharma should work on premise that knowledge and science are collective and it should not go into privatizing knowledge strategy, but act in the opposite manner, including by seeking compulsory licensing - that could be an interesting for public pharma to access strategic knowledge and know how to build capacity.

Sara Gasper, Peoples Health Movement



REGIONAL COLLABORATION

Germán Velásquez (South Centre) emphasized the importance of cross-border cooperation to strengthen local manufacturing, reduce dependency, and ensure medicine affordability.



Matthew Herder (Dalhousie University, Canada) reflected on the evolving landscape for mRNA hubs and the hurdles that must be addressed by its architects to ensure more just and effective tech transfer.



We can no longer accept the rules imposed by big pharma. We need to have inside of our hearts the willingness to change. Public production may not do everything but it will do things to address access. To make public health production happen, we need to believe and I believe in the new generation of activists. If we are unified, we can fight imperialism.

Eloan Pinheiro, Brazil

INTERSECTING CRISES, EXPANDING SOLIDARITIES

The afternoon moved into a powerful exploration of the intersecting crises that shape today's access challenges. This session, moderated by **Solange Baptiste** (ITPC Global), brought voices from conflict zones and frontline communities, including **Dr. Houda Langar** (WHO EMRO) on the impact of war in the Middle-East, **Dmytro Tyhach** (100% Life, Ukraine) on the health consequences of the war in Ukraine, and **Veriano Terto** (ABIA, Brazil) on the connections between climate justice and health justice.



On the last six years Brazil faced three big climatic catastrophes: a severe drought in the Amazon region, fires in the southern Midwest (Pantanal) and the floods in the South. Those disasters impacted strongly the public health system and deepened inequities and social exclusion. It also reproduced stigma and violation of human rights.

Those tragedies showed how unprepared the health system is to confront such adversities,

At the same time, these tragedies showed how urgent it is to find and implement preparedness strategies to face the more and more frequent climatic crisis.

Veriano Terto, ABIA, Brazil



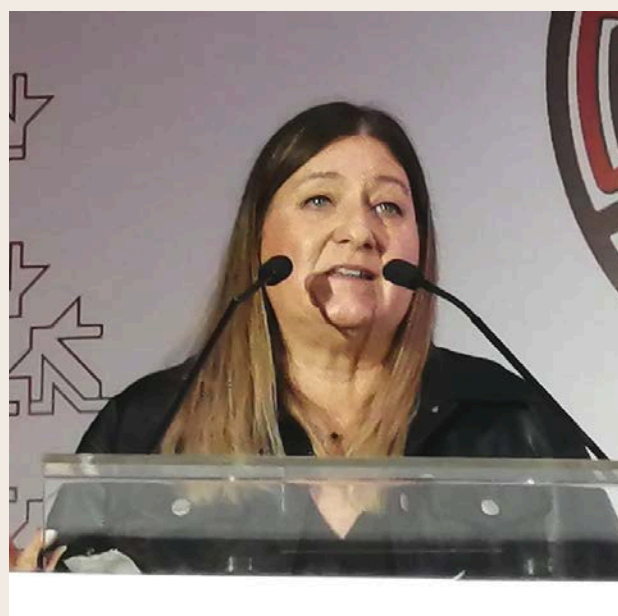
RIGHTS UNDER PRESSURE



Speakers highlighted the profound effects of conflict, migration, and inequality on access to medicines, while stressing the need for cross-movement solidarity to resist shrinking civic spaces and growing repression. **Boyan Konstantinov** (UNDP) underscored the importance of defending LGBTQI+ rights in times of crisis, while **Marisabel Colorado** (El Salvador) described the daily challenges faced by activists in repressive contexts.

In Argentina, we believe that preventing granting of patents is more efficient for ensuring access, than fighting against already grant patent later.

Lorena di Giano, FGEP



'The presidency banned the use of the acronym LGBTI+ in documents and programmes of the 16 ministries and an order was issued for health facilities to collect and send to the Ministry of Health all HIV-related publications. Simultaneously, they removed the STI/HIV Programme first on the web and then formally.'

Marisabel Colorado, El Salvador



HONORING LEGACY, INSPIRING RESISTANCE

The day included a moving tribute to **Jon Ungphakorn**, a pioneering Thai human rights activist and public health advocate. His fight for health justice inspired generations of Thai activists and was recognized as a profound loss for the global health movement.

He passed away peacefully at home in Bangkok on 13 May 2025.



HUMAN RIGHTS PANEL: A CALL FOR RENEWED ACTION



The final human rights panel, moderated by **Umunyana Rugege** (UNAIDS), revisited rights-based frameworks as critical tools for resistance and collective action. The session called for renewed energy in the struggle for social justice, with powerful interventions from **Allan Maleche** (KELIN, Kenya) on the responsibilities of human rights defenders, **Loon Gangte** (DNP+, India) on revitalizing communities, and **Mark Heywood** (Justice & Activism Hub, South Africa) urging the movement to resist despair in the face of adversity.

You never know how strong you are until it's your only option.

Mari Chokheli, TB People



We must be very clear about the rights agenda. We won in the past in Kenya the counterfeit case, but now we have to deal with bad UAE FTA signed... We must start by holding the line, and we need as activists to decide what our future is. And anything that can work should be used. Lastly, we need to reconnect with the local communities and build alliances beyond health.

Allan Maleche, KELIN

FINAL REFLECTIONS AND CALL TO ACTION

Closing Session: The summit concluded with report-backs from regional and thematic strategy sessions, reflections on the way forward, and the launch of a collective declaration on the access crisis drafted by a working group during the Summit, reinforcing the urgent need for solidarity and coordinated action in the months and years ahead.



2025-05-15

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DAY 3

