



**ANNUAL
REVIEW
2025**



WE ARE ACTIVISTS

**FROM SHOCK TO STRATEGY:
COMMUNITIES LEADING IN A TIME OF RUPTURE**



ACKNOWLEDGEMENTS

ITPC is grateful for the tireless efforts of our community partners, regional teams, global staff, members of our Board, executive leadership, and key collaborators. We express our particular thanks to the health workers and community activists who were involved in activities that ITPC implemented and supported in 2025.

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FROM SHOCK TO STRATEGY: COMMUNITIES LEADING IN A TIME OF RUPTURE



In 2024, we wrote about resilience. In 2025, we were forced to live it. The sudden withdrawal of U.S. government support through PEPFAR and USAID did not merely

create gaps; it triggered a rupture. Clinics closed. Viral load testing stopped. Data systems went dark. In South Africa alone, 15,000 health workers were furloughed in a single month. In Malawi, services for key populations disappeared.

And yet, as the official data systems dimmed, community data came online. Within weeks of the funding cuts, our Watch What Matters teams in Malawi and South Africa were documenting the crisis at facility level, producing some of the first **community-generated evidence** of what was collapsing, where, and for whom. Communities were not waiting to be studied. They were leading the analysis.

That is the story of 2025, and my main message: **communities are not the last mile of global health. They are its foundation.**

For too long, the global health architecture has treated community-led systems as supplementary: nice to have, worth mentioning, occasionally funded. The year 2025 made the cost of that assumption

visible. A system built on the goodwill of a single donor is a house of cards. And a system that treats the people closest to the epidemic as recipients rather than architects will keep rebuilding the same fragility, one funding cycle at a time.

“COMMUNITIES ARE NOT THE LAST MILE OF GLOBAL HEALTH. THEY ARE ITS FOUNDATION.”

The work ahead demands a fundamental repositioning. We must stop treating community-led systems as add-ons and start resourcing them as the essential core of any effective, equitable, and sustainable health response. *From Shock to Strategy* is a call to communicate the value of community differently, and more effectively, so that communities are resourced to do the work that *only* they can do. The barriers are political and ideological, rather than technical. They are about who we count as experts, whose data counts as evidence, and whose leadership we are willing to fund. Goodwill is not a funding strategy.

If the shock was the collapse of a donor-dependent system, the strategy is to build what replaces it on three fronts: **breaking** the monopolies and other barriers that make medicines unaffordable; **rewiring** how global health is financed so no single donor can pull the floor out again; and **embedding** community data and insights into the infrastructure of the next era, including the AI systems now being built.

This is the work ITPC carried into every room in 2025: from **GSIPA2M** in Marrakech, where we marked 30

years of TRIPS and the access crisis it produced; to Seville at the **Financing for Development Conference**, where we pressed for Global Public Investment and the democratization of global financing; to **IAS 2025** in Kigali, where we argued that AI in the HIV response will only amplify the inequities already baked into its data unless community-generated data, like community-led monitoring, becomes the grounding layer.

The thread is the same: the days of waiting for donors and governments to “do the right thing” are over. What replaces that era has to be built, with communities at the table and holding the pen.

“The days of waiting for donors and governments to ‘do the right thing’ are over.”

None of this work would have been possible without the extraordinary dedication of ITPC’s global team, our Board, our funders, our regional networks, and the thousands of community activists across more than 50 countries. In a year defined by rupture, you chose to rebuild. And you chose to rebuild differently.

The future is not something that will happen to us. It is something we will build, with communities at the core.

With determination and gratitude,

A handwritten signature in black ink, appearing to read 'Solange Baptiste'.

Solange Baptiste EXECUTIVE DIRECTOR

WHO WE ARE

ITPC is an issue-based global organization working to achieve health and social justice for all through robust community engagement.

ITPC was birthed in 2003 in Cape Town, South Africa, by a committed group of 125 HIV activists from 65 countries who refused to accept a world in which people living with HIV were denied access to life-saving medicine. **Today, we mark 23 years of advocacy, highlighting progress in the fight for equitable access to and affordability of treatment, amplifying community power, and building resilience within communities.**



OUR VISION

All people realize their right to a long, healthy and fulfilling life.



OUR MISSION

To achieve health and social justice through robust community engagement.



OUR VALUES

- Communities of people most affected by a particular issue are at the center of the response.
- We work in solidarity as a global movement.
- Equity and justice drive our solutions.
- We are transparent about our finances and how we work.
- We are accountable to communities.



GLOBAL ACTIVIST NETWORK

BUILDING RESILIENT COMMUNITIES

Burundi
Burkina Faso
Cameroon
Cote d'Ivoire
Colombia
DRC
Eswatini
Ethiopia
Ghana
India
Kenya
Lesotho
Liberia
Malawi
Morocco
Mozambique
Nigeria
Russia
Rwanda
Senegal
Sierra Leone
South Africa
South Sudan
Uganda
Vietnam
Zambia
Zimbabwe

MAKE MEDICINES AFFORDABLE

Argentina
Armenia
Belarus
Brazil
Colombia
El Salvador
Georgia
Guatemala
Honduras
India
Indonesia
Kenya
Kazakhstan
Kyrgyzstan
Malawi
Moldova
Morocco
Senegal
Thailand
Tunisia
Uganda
Ukraine
Uzbekistan
Viet Nam

WATCH WHAT MATTERS

Angola
Burkina Faso
Central African Republic
Democratic Republic of the Congo
Ethiopia
Kenya
Malawi
Namibia
Nigeria
Philippines
Rwanda
Senegal
Sierra Leone
South Africa
Uganda
Ukraine
Zambia
Zimbabwe

MPUMI GUMEDE: ROOTED IN PURPOSE, READY FOR CHANGE



Dr. Nompumelelo (Mpumi) Gumede served as ITPC Board Chair from 2022 to 2025, years defined by geopolitical turbulence and shrinking global health funding. As her term ends, she reflects on what it takes to keep communities at the center when the world keeps shifting.

As a South African, Mpumi Gumede felt a personal pull toward ITPC long before she joined its Board in 2016. “I saw this as a way of acknowledging the great contribution that ITPC made in focusing the world on our predicament during the era of AIDS denialism that prompted the establishment of ITPC in 2003,” she says. “I wanted to pay it forward.” Her background in corporate governance, participatory methodologies, and community development made her a natural fit for ITPC, which has always insisted that communities are not the audience for solutions, but their architects.

“The 20-year milestone came at a critical time as the world was coming out of the COVID-19 era. It was turbulent – but also an opportunity for ITPC to transform and fine-tune its offering as a technical expert on community engagement and health.”

Taking the chair in 2022 meant steering through immediate crises: the Russia-Ukraine conflict forced a difficult but principled decision to rebrand the Eastern Europe and Central Asia regional office, ensuring continuity of access to medicines for communities caught in the crossfire. Through it all, ITPC maintained clean audits, preserving the partner trust that underpins everything the organization does.

“The elevating of community-led data has gained traction over time. When COVID-19 restricted travel, it was community-based activists and leaders who stepped up. External experts had to rely on local community-based experts for implementation and execution. I believe this is the future, particularly with the rise of AI. It will be important to integrate AI into community-led monitoring and Citizen Science processes.”

On funding, Mpumi is direct: restricted grant cycles are not a sustainable base. She argues that ITPC needs to build a stronger case for non-restricted support and elevate its technical advisory work into a revenue-generating function, turning decades of community engagement expertise into something the sector pays for on its own terms.

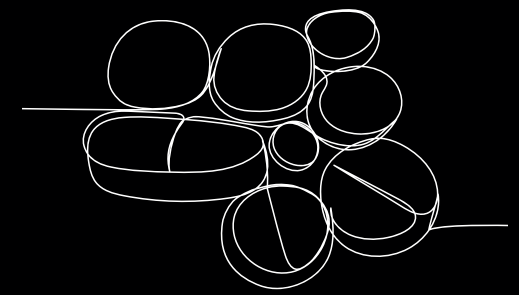
The 2024-2026 strategic plan (People, Planet, and Policy) required hard Board conversations about how far to expand without losing ITPC’s identity. The answer was calculated: pilot projects first, without compromising core operations.

“Shaping ITPC into a more agile and responsive organization has ensured its sustainability during these turbulent times, which all indications show are getting worse, not subsiding.”

She leaves behind an organization that is financially disciplined and strategically coherent. During her tenure, the Board navigated global changes, having intensive discussions about the new strategic direction of ITPC. Under her leadership, ITPC was able to evolve, informed by its rich history in HIV advocacy while recognizing the importance of aligning with global trends to remain relevant.

GSIPA2M 2025 – TRIPS@30

THE ACCESS CRISIS



The Global Summit on Intellectual Property and Access to Medicines (GSIPA2M) brought together over 100 advocates, policymakers, researchers, and community leaders from more than 30 countries across Africa, Asia, Eastern Europe, and Latin America and the Caribbean.

Participants gathered to reflect on 30 years of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and address the ongoing global crisis in access to medicines.

Under the theme, “TRIPS@30: The Struggle for Access to Medicines,” the summit explored how intellectual property rules continue to shape access to lifesaving treatments and highlighted strategies to strengthen community-led advocacy, government leadership, and global solidarity to advance health justice.

“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

KEY THEMES AND DISCUSSIONS

TRIPS at 30: Confronting the Access Crisis

Opening sessions reflected on three decades of the TRIPS Agreement and its impact on global health. Speakers underscored how intellectual property rules have often prioritized monopolies and profit over public health, leaving millions without access to essential medicines. Participants emphasized the need to center people, not patents, and to advance

reforms ensuring that innovation translates into equitable access to treatment.

Community Leadership and Advocacy

People living with HIV and community advocates shared frontline perspectives on the ongoing fight for treatment access. Discussions highlighted the impact of community-led strategies, including patent oppositions, advocacy for compulsory licenses, and mobilization against TRIPS-plus provisions in trade agreements. The impact of the Make Medicines Affordable campaign was highlighted, demonstrating the power of community-driven action. Community-based organizations across more than 20 countries have filed 137 patent oppositions, resulting in the removal of 50 patent barriers. These efforts contributed to price reductions for more than 14 medicines in 11 countries, with reductions ranging from 10% to 99%, significantly improving the affordability and accessibility of lifesaving treatments.

GSIPA2M 2025 – TRIPS@30: THE ACCESS CRISIS

“What could the community-based agenda be like? Firstly, center on people, not 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 a movement fighting for access. Lastly, the future is ours to take.”

— OTHOMAN MELLOUK, ITPC

The Role of Governments in Advancing Access

Government representatives from several regions shared concrete examples of how national policies and legal tools can be used to improve access to medicines. Experiences presented during the summit illustrated how patent examination reforms, procurement strategies, and the strategic use of TRIPS flexibilities – particularly compulsory licensing – can help governments prioritize public health.

A notable example came from Colombia, where coordinated action between government institutions and civil society led to the issuance of a compulsory license for dolutegravir, expanding access to HIV treatment. In recognition of this leadership, GSIPA2M presented a Leadership Award to the Government of Colombia, including the Ministry of Health, the Superintendence of Industry and Commerce, the Ministry of Commerce, Industry and Tourism, and the National Planning Department. The IFARMA Foundation was also honored for its critical advocacy supporting the process.

Responding to Emerging Global Challenges

Participants examined broader forces shaping access to medicines, including shrinking international health funding, evolving trade dynamics, and the growing importance of local pharmaceutical production to strengthen health sovereignty and reduce dependency on imports.

Honoring Leadership and Legacy

The summit paid a moving tribute to Professor Hakima Himmich, infectious disease specialist and founder of ALCS, the first HIV association in the Arab world. Recognized as a pioneer of the HIV response in Morocco and a long-standing champion for treatment access, Professor Himmich delivered a powerful reflection on decades of activism and resistance in the struggle for health justice. Participants also honored the legacy of Jon Ungphakorn, a pioneering Thai human rights activist and public health advocate whose work helped shape the global movement for access to medicines. His lifelong commitment to health equity continues to inspire activists around the world.

*“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.**”*

— **OPENING ADDRESS BY SOLANGE BAPTISTE, ITPC—A COLLECTIVE CALL TO ACTION**



Across three days of plenaries, workshops, and strategy sessions, participants shared experiences, built alliances, and developed advocacy strategies to confront emerging challenges – from biologics and new pharmaceutical technologies to the health impacts of conflict, climate change, and shrinking civic space.

The summit concluded with the launch of a collective declaration on the global access crisis, reaffirming the movement’s commitment to strengthening global solidarity, advancing policy reform, and ensuring affordable access to lifesaving medicines for all.

FINANCING FOR DEVELOPMENT CONFERENCE

INVESTING IN GLOBAL HEALTH AND HUMAN RIGHTS IS INVESTING IN A MORE STABLE, PROSPEROUS WORLD



When governments gather to negotiate global financing frameworks, the question of who is in the room and whose realities shape the outcome is never neutral. At the 4th International Conference on Financing for Development (FfD4) in Seville, Spain, in July 2025, ITPC showed up with communities at the center and a message that the halls of power cannot afford to ignore: investing in global health and human rights is investing in a more stable and prosperous world.

FfD4 was a once-in-a-decade opportunity to reshape how global development is financed, and the stakes could not have been higher. Official development assistance is in freefall, with the **OECD** projecting a further decline of 9% to 17% in 2025 alone, on top of cuts already devastating HIV, TB, and malaria services. Yet, the Outcome Document that emerged

in Seville was deeply inadequate. The word “health” appeared just twice in the final text – a staggering omission in a world where collapsing health systems are actively driving poverty, instability, and inequity.

“Predictable contributions mean health systems can plan, not plead.”

— SOLANGE BAPTISTE, ITPC

ITPC did not go to Seville merely to observe. Working alongside the Global Fund Advocates Network (GFAN) and as a co-lead of the Health ImPACT Coalition (which represents more than 300 civil society organizations worldwide), we brought our White Coat Campaign from the conference halls of the International AIDS Society into the streets and side events of Seville.

On the evening of 29 June, advocates gathered at Jardines de Cristina, decorated white coats with markers and slogans, and marched through the city behind a single demand: close funding gaps and let communities lead.

The message was unambiguous. The same communities doing the real work of the HIV response (gathering data, delivering services, and holding systems accountable) were once again being designed around, rather than designed with. ITPC and GFAN invited advocates around the world to join the digital campaign: wearing white lab coats, holding signs, sharing their voice under the hashtag #FfD4. It is a simple truth – financing decisions about who lives and who is left behind must be made with the people who know the systems best.

FINANCING FOR DEVELOPMENT CONFERENCE



“The real risk here is inaction.”

— SOLANGE BAPTISTE, ITPC

ITPC Executive Director Solange Baptiste delivered two interventions at the conference, both putting community data and Global Public Investment (GPI) at the heart of the financing debate. Speaking on a high-level panel on debt swaps (convened by the Global Fund, the Government of Indonesia, and the JLI Center for Global Health Diplomacy), Solange drew directly on ITPC’s community-led monitoring (CLM) data to make the human cost of underinvestment viscerally visible: clinics without medicines, health workers unpaid, prevention technologies stalled, and key populations pushed out of the very systems built to protect them. More than 48 of the countries signing the FfD4’s Final Outcome Document, the *Compromiso de Sevilla* (Commitment of Seville), spend more on servicing debt than on health or education. Every day, close

to 7,000 people die from HIV, TB, or malaria in communities that were promised they would not be left behind.

Solange argued that debt swaps, when designed with equity, transparency, and real community ownership, can be tools of justice, not just finance. Grounded in the *All Benefit, All Contribute, All Decide* principles of GPI, they offer a practical bridge from the punitive logic of the current debt system to a framework of shared accountability. “We don’t need to invent new programs,” she told the panel. “We can fund what is already approved but under-resourced.”

In a second session on strengthening principles for global cooperation, Solange outlined five ways that GPI can move the world from charity to justice:

- ➔ **Predictable, rules-based contributions that allow health systems to plan, rather than plead**
- ➔ **Equitable governance that gives the Global South a genuine seat at the decision-making table**
- ➔ **Formal recognition of community leaders as co-financers and co-owners of health solutions**
- ➔ **Mechanisms that balance national and global goals**
- ➔ **Institutional reform that makes the World Health Organization and the Global Fund more inclusive and more fit for purpose**

“Let’s stop asking for a seat at the table,” she said, “And start building the table we all deserve.”

The Health ImpACT Coalition’s civil society statement, signed by organizations across dozens of countries and published in English, French, Spanish, Italian, and Polish, made the case with precision and urgency: global security is inseparable from global health security. Reducing investment in community-led health responses does not save money; it allows diseases to return with devastating consequences. TB in one place is TB everywhere. HIV anywhere is HIV everywhere. A world that defunds its own health infrastructure is not cutting costs. It is accumulating risk.

The *Compromiso de Sevilla* fell well short of the ambition the moment demanded. Civil society left Seville with mixed emotions – disappointed but not defeated. The architecture of global financing will not be transformed in a single conference. But the frameworks for continued engagement are now in place, from the UN Convention on International Tax Cooperation to COP30 in Belém. ITPC will be in those rooms, too, white coats in hand, community data in hand, demanding that health be treated not as a line item to be cut, but as the foundation of everything else. The real risk is not complexity. It is not transaction costs. The real risk is inaction.

“We need bigger, bolder, transformative action, not small, ineffectual changes. We must cancel the debt. Many low-income countries are paying three times their health budget to service these debts, which are a holdover from their colonial past. If we are serious about transforming global health, we must cancel the debt.”

— SOLANGE BAPTISTE, ITPC

IAS 2025 KIGALI CONFRONTING THE STORM



Kigali, Rwanda, was a fitting place to ask the hardest question of 2025: are we facing a temporary storm or is this the new climate? ITPC arrived at IAS 2025 with that question at the center of our work and with an uncompromising argument: **the changes to the global health funding system are not reversible. We must stop sheltering and start adapting.**

The evidence was stark. A **Lancet** study published in March 2025 predicts that a 24% reduction in US funding could result in an additional 4 to 10 million new HIV acquisitions and 700,000 to 2 million HIV-related deaths in low- and middle-income countries between 2025 and 2030. ITPC’s community-led monitoring teams documented the human cost in real time – clients turned away without treatment, drop-in centers forced to close, and health workers managing crises without functional data systems.

Solange Baptiste featured in four sessions at IAS 2025: moderating the satellite session on HIV commodity access; sitting on the landmark special session panel on the future of the HIV response; moderating the session on AI in HIV vaccine R&D; and presenting at the big data science and

systems integration symposium. In each space, her message was consistent: this is not a storm we emerge from unchanged. It is a new climate that demands we rebuild differently.

At the big data symposium, Solange outlined the promise, the pitfalls, and the problem of AI in the HIV response. The promise is real: AI can process vast volumes of health data, identify patterns, predict outbreaks, and optimize supply chains. These are essential gains when resources are shrinking. But AI is only as good as the data it is trained on, and biases in data produce biases in care. Most community realities are underrepresented or absent from national datasets, meaning that predictions risk being both inaccurate and unjust.

The deeper problem is what Solange called *data poverty*: structural underinvestment in community data systems that renders entire populations invisible to AI tools. “No data does not mean no need,” she argued. “It means no one was paid to listen.” Without community intelligence, AI simply reproduces existing inequities, only faster. The solution is not to choose between programmatic data, AI, and CLM. It is to integrate all three. CLM is not a separate stream. It is the grounding layer that gives the whole system its intelligence.

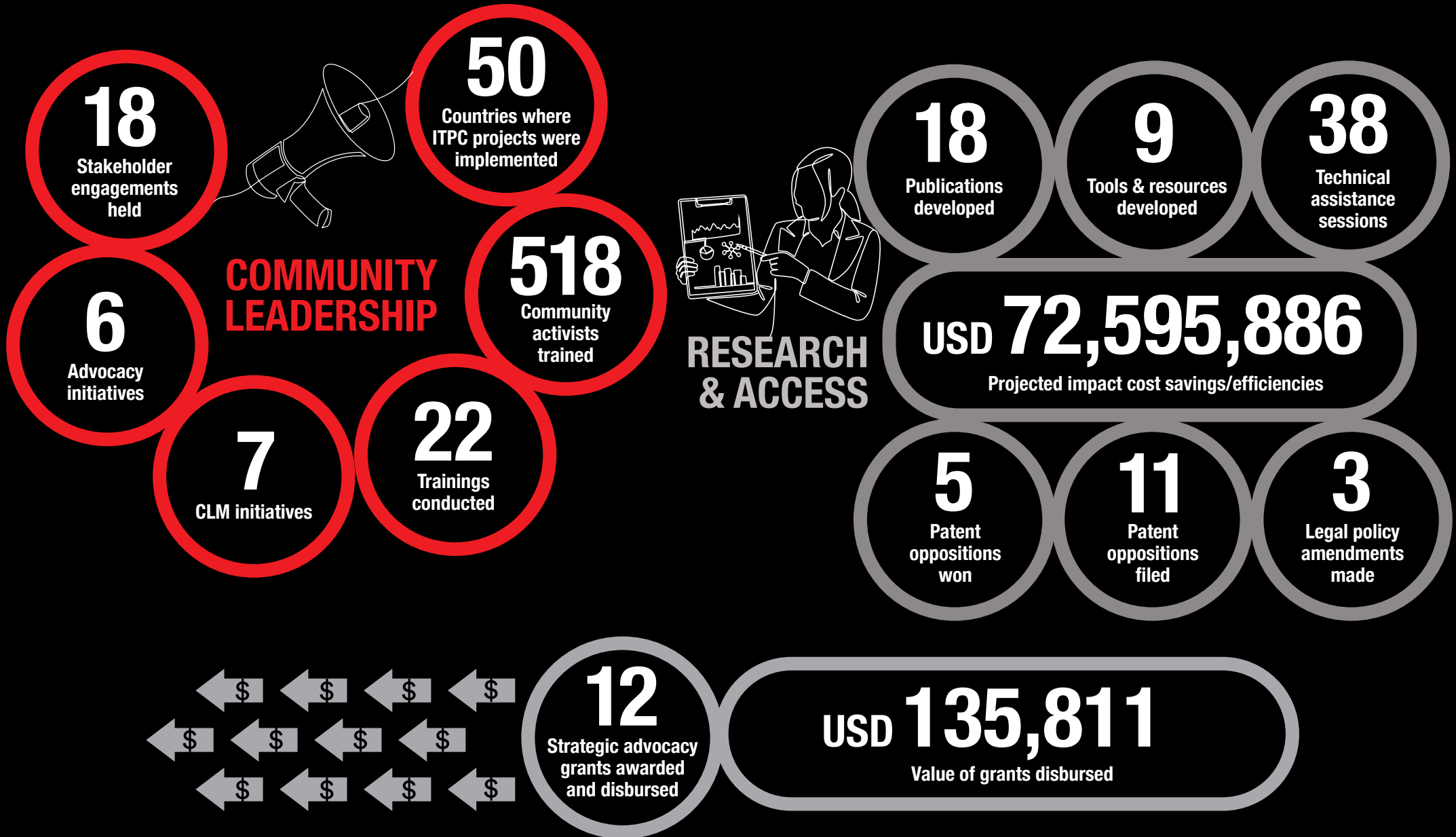


“No data does not mean no need. It means no one was paid to listen.”

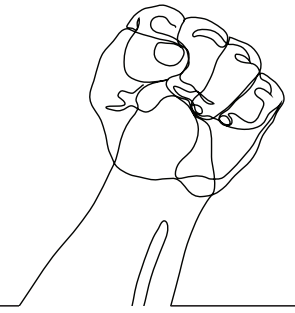
— SOLANGE BAPTISTE, ITPC

Woven through every session was the White Coat Campaign – ITPC’s insistence, carried from AIDS 2024 in Munich to FfD4 in Seville and now into Kigali, that communities are experts, not subjects. ITPC left Rwanda with renewed purpose. A new climate demands adaptation, imagination, and the courage to build differently, with communities leading the way.

IMPACT BY THE NUMBERS



BUILD RESILIENT COMMUNITIES



In 2025, ITPC strengthened the role of communities as frontline responders, advocates, and leaders shaping global health responses through its Build Resilient Communities (BRC) strategic area. BRC

equips communities with the tools, data, and platforms needed to anticipate disruptions, monitor services, and influence health system decisions. Across regions, community networks acted as early warning systems for gaps in HIV/TB service delivery, identifying disruptions in PrEP access, viral load testing, and closures of community-based services. By rapidly documenting these challenges, communities triggered early responses and led advocacy efforts – including calls to sustain

HIV services and strengthen domestic financing – ensuring that emerging threats were quickly elevated to national, regional, and global decision-makers.

Following the U.S. funding crisis, ITPC mobilized partners to conduct rapid community monitoring and assessments, generating real-time evidence on service disruptions and risks to HIV/TB programs. This evidence informed community-led advocacy alerts and crisis coordination with donors, agencies, and global partners to protect investments in community-led responses and essential HIV services. At the same time, communities drove adaptive, low-cost solutions, including multi-month dispensing and decentralized service models to sustain access to care.

At the global level, ITPC strengthened community influence in global health governance and financing debates. Through the [HEAR-CSO coalition](#) and other platforms, ITPC worked with partners from the HIV, non-communicable diseases, and broader global health communities to advocate for stronger recognition of community systems in global health architecture. Community perspectives supported by ITPC were elevated in major global policy discussions, including FfD4, UNGA80, IAS 2025, and other international forums addressing health financing, pandemic preparedness, and health equity. These efforts contributed to stronger recognition of community leadership and community-led initiatives within global policy debates and commitments.

BUILD RESILIENT COMMUNITIES



ITPC also advanced next-generation HIV literacy and community preparedness for emerging prevention technologies, including long-acting innovations, such as lenacapavir (LEN). The development of a Global HIV Literacy Guide, in collaboration with UNAIDS, and related educational tools strengthened community capacity to understand HIV innovations, engage policymakers, and advocate for equitable access. Complementary resources – including mpox fact sheets, webinars, and pandemic preparedness toolkits – supported communities to participate in health preparedness and policy discussions.

BRC EQUIPS COMMUNITIES WITH THE TOOLS, DATA, AND PLATFORMS NEEDED TO ANTICIPATE DISRUPTIONS, MONITOR SERVICES, AND INFLUENCE HEALTH SYSTEM DECISIONS.

Through the ReDi-HIV initiative, ITPC supported LGBTQ+ community organizations in Viet Nam, South Africa, and Colombia to implement digital campaigns via the Grindr platform to increase awareness and demand for HIV prevention tools, such as self-testing, PrEP, LEN, and DoxyPEP. These campaigns expanded the reach of community-led prevention efforts and strengthened the capacity of community organizations to use digital tools for advocacy and service linkages.

At country level, ITPC strengthened the use of community data for policy engagement through

the Community Advocacy Network (CAN), supporting partners across 22 countries in Africa to monitor levels of community engagement in HIV programs and advocate for stronger inclusion of communities in differentiated service delivery policies and program implementation. In addition, community partners in Burkina Faso, the Democratic Republic of Congo, and Sierra Leone implemented CLM of HIV diagnostic and laboratory services, generating evidence on service gaps and advocating for improved access to viral load testing, laboratory functionality, and HIV self-testing.

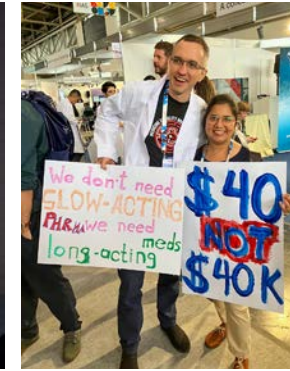
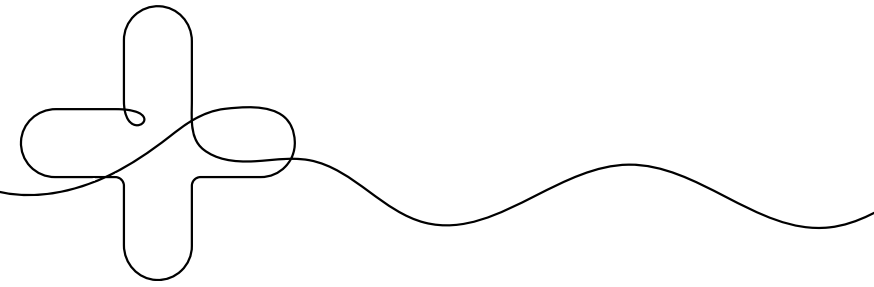
PROGRAM IMPACT

- **400+ civil society organizations mobilized through global coalitions.** ITPC helped position community perspectives in major global and regional policy debates on health financing, governance, funding crisis, and pandemic preparedness, including during FfD4 and other global health forums.
- **22 countries engaged in monitoring and advocacy on community engagement,** with the support of the ICAP Columbia/CQUIN network. Through the Community Advocacy Network, community partners generated evidence to advocate for stronger inclusion of communities in HIV program design and differentiated service delivery.
- **Community monitoring strengthened accountability in diagnostic services in three countries,** with the support of the African Society of Laboratory Medicine. Networks of people living with HIV in Burkina Faso, the Democratic Republic of Congo, and Sierra Leone implemented CLM of HIV

diagnostic and laboratory services, identifying barriers in viral load testing and laboratory functionality.

- **Digital community campaigns expanded prevention outreach,** with the support of Grindr for Equality. Community partners implemented digital campaigns promoting HIV prevention innovations and linking users to services, contributing to increased awareness and demand for new prevention tools.
- **Communities strengthened their capacity to advocate for HIV innovations.** The Global HIV Literacy Guide, developed with the support of UNAIDS, and related tools, developed with input from community representatives, donors, and technical partners, strengthened community knowledge and advocacy capacity around HIV prevention and treatment innovations.

MAKE MEDICINES AFFORDABLE



In 2025, against a backdrop of collapsing health aid, rising pharmaceutical monopolies, and the urgent rollout of transformative long-acting HIV prevention tools, the Make Medicines Affordable (MMA) campaign advanced a bold, coordinated agenda.

From the streets of Marrakech to the corridors of the United Nations General Assembly, ITPC and its global network of civil society partners deployed market intelligence, patent challenges, legal advocacy, and community mobilization to ensure that life-saving medicines reach the people who need them most, at prices they can actually afford.

1. GSIPA2M 2025: TRIPS@30 – THE STRUGGLE FOR ACCESS TO MEDICINES

In May 2025, the Make Medicines Affordable campaign convened the Global Summit on Intellectual Property and Access to Medicines (GSIPA2M) in Marrakech, the city where TRIPS was signed 30 years earlier. Over 100 advocates, policymakers, and community members gathered to confront what the summit called the Access Crisis – three decades of innovation without access, now compounded by collapsing aid, pharmaceutical monopolies, and shrinking civic space. Solange Baptiste delivered the opening keynote, framing the moment as one that demands resistance and community leadership. A 10-year milestone was celebrated: the MMA campaign has filed **161** patent oppositions across 20+

countries, removing **59** patent barriers, and achieving price reductions of up to 99% on 14 medicines in 11 countries, generating an estimated USD 547 million in public savings in Argentina alone. **A Leadership Award was presented to the Government of Colombia and IFARMA Foundation for issuing a compulsory license on dolutegravir, dropping its price from USD 94.32 to USD 3.75 per pack of 30 tablets – a 96% price reduction, which generated savings of USD 72 million from 2024 to 2025.**

PROGRAM IMPACT

The summit renewed global civil society's collective strategy on IP reform, local manufacturing, TRIPS flexibilities, and compulsory licensing, and launched a collective declaration on the access crisis.

MAKE MEDICINES AFFORDABLE



2. WORLD COMMUNITY ADVISORY BOARD MEETING, BARCELONA

In March 2025, ITPC convened the World Community Advisory Board (CAB) meeting in Barcelona, Spain, bringing together HIV activists from around the globe to meet directly with pharmaceutical company representatives and demand accountability.

- **Othoman Mellouk led the ITPC delegation, confronting big pharma with a stark challenge:** “It is shocking that the crisis facing the global HIV community has been met with such a resounding silence from big pharma after all the money it has made off HIV.”
- **Activists challenged Merck** on the withdrawal of HPV vaccine access following GAVI defunding, challenged ViiV on its three lawsuits against Colombia for using the legal compulsory license on dolutegravir, and challenged Gilead on lenacapavir’s exclusionary voluntary license.
- **Lorena Di Giano of Fundación GEP highlighted Argentina’s exclusion from Gilead’s lenacapavir license.** Hosting clinical trials while being denied access is, she argued, a direct violation of the Helsinki Declaration.

PROGRAM IMPACT

Pharmaceutical companies offered no concrete commitments. Civil society left Barcelona with renewed determination to hold pharma accountable through legal challenges, patent oppositions, and compulsory license campaigns.

3. AFFORDABLE LENACAPAVIR: THE ANDREW HILL ANALYSIS

In July 2025, a landmark study co-authored by Andrew Hill (University of Liverpool) and supported by the Make Medicines Affordable campaign was published in *The Lancet*. It demonstrated that lenacapavir, currently priced at over USD 28,000 per person per year in the United States, could be produced for as little as USD 25 per person per year at scale.

- **Key finding:** At a volume of 2 million treatments annually, generic production costs are estimated at USD 35-46 per person per year, falling to USD 25 at a scale of 5-10 million people.
- **Context:** Long-acting lenacapavir (LEN-LA), a twice-yearly injectable, showed 100% and 96% efficacy against acquiring HIV in the PURPOSE 1 and PURPOSE 2 trials. Yet, Gilead’s voluntary license excludes major regions, including most of Latin America and the Caribbean, Eastern Europe and Central Asia, and parts of North Africa and the Middle East, which cover more than one in four new HIV acquisitions globally.
- **Hill concluded:** “Scientifically, lenacapavir is the closest thing we have to a vaccine for HIV. But without affordable access, this breakthrough risks becoming a public health tragedy rather than a triumph.”

PROGRAM IMPACT

This analysis provided the evidential foundation for the global access campaign launched at the UN General Assembly in September 2025 and patent challenges filed across multiple jurisdictions.

4. UN GENERAL ASSEMBLY: LAUNCHING THE GLOBAL USD 40 LONG-ACTING PREP CAMPAIGN

In September 2025, health groups convening alongside the UN General Assembly in New York launched a global campaign to make the USD 40 generic price for long-acting lenacapavir PrEP available to all low- and middle-income countries. It challenged Gilead’s patents, pricing, and registration barriers through coordinated legal advocacy and community mobilization.

- **Context:** Two deals announced at UNGA, involving Indian generic manufacturers Dr. Reddy’s and Hetero, promised USD 40 pricing for 115 low- and middle-income countries and five territories from 2027. However, more than 26 countries and territories (including Argentina, Brazil, Mexico, and Peru) remained excluded from the license.
- **Othoman Mellouk stated:** “Science alone doesn’t end epidemics. Monopoly control, high prices, and slow registration are standing in the way of access. That’s why this meeting is urgent: so civil society and communities set the terms of access.”
- **Campaign actions:** Civil society organizations filed patent oppositions and compulsory license requests in key generic-producing countries and in countries excluded from Gilead’s voluntary license. ITPC and MMA consortium members have collectively coordinated nine patent oppositions against Gilead’s lenacapavir applications across India, Argentina, Indonesia, Thailand, and Viet Nam.



→ **PEPFAR blockade:** Activists also noted that approximately USD 2.3 billion already appropriated for PEPFAR in FY2026 – sufficient to procure LEN-LA at scale – was being withheld by the Trump administration, while the Global Fund and U.S. State Department planned to reach only 2 million people in nine to 12 countries over three years.

PROGRAM IMPACT

ITPC and its partners positioned the campaign as a matter of justice, not charity – clinical trial participants in excluded countries generated the data that secured FDA approval for lenacapavir. Denying them access is a breach of the Helsinki Declaration and the right to health.

5. PATENT OPPOSITIONS TO ADVANCE ACCESS TO HIV MEDICINES IN ARGENTINA

Argentina continued to be a critical frontline in the global fight against pharmaceutical evergreening in 2025. Fundación Grupo Efecto Positivo (FGEP), MMA's long-standing partner in Argentina, pressed forward with a systematic campaign of pre-grant patent oppositions – in a context where an evergreening study showed up to 80% of low-quality pharmaceutical patent applications in Argentina.

→ **FGEP documented a decade of impact:** 30 patent oppositions filed against abusive patent applications, resulting in 10 patent monopolies

rejected, six withdrawn, and one abandoned, generating an estimated USD 547 million in public cost savings over eight years in Argentina alone.

→ **Argentina's exclusion from Gilead's lenacapavir voluntary license made patent oppositions against every LEN patent application filed in Argentina a critical public health measure.** FGEP coordinated with ITPC and the global MMA network to mount a comprehensive challenge.

→ **Lorena Di Giano's statement at GSIPA2M:** “In Argentina, we believe that preventing the granting of patents is more efficient for ensuring access than fighting against already-granted patents later.” This approach – proactive, community-led, evidence-based – is the MMA model at its most effective.

→ **Colombia's compulsory license on dolutegravir, which dropped the price from USD 94.32 to USD 3.75 per pack of 30 tablets, was recognized as a regional milestone for Latin America,** demonstrating that legal TRIPS flexibilities can be exercised when governments have the political will and civil society has the evidence.

PROGRAM IMPACT

Argentina's patent opposition infrastructure represents one of the most mature and effective community-led access advocacy systems in the world and a model for the broader MMA network.

OVERALL IMPACT

In 2025, with funding for HIV programs under unprecedented pressure and pharmaceutical monopolies tightening their grip on the most promising new HIV prevention tools, the **Make Medicines Affordable** campaign responded with strategic clarity and relentless advocacy. From Marrakech to New York, from Barcelona to Buenos Aires, ITPC and its partners built the evidence, filed the challenges, and amplified the voices of communities who refuse to be priced out of their own survival. Over 10 years of this campaign, 161 patent oppositions have removed 59 patent barriers and produced price reductions across 14 medicines in 11 countries. In 2025, the stakes grew higher – and so did the ambition. **Innovation without access is injustice. And injustice is what we are here to dismantle.**

PUBLICATIONS

1. **Lenacapavir to Prevent HIV Infection: Updated Estimated Costs of Production for Generic Treatments** – Fortunak, Hill et al. Preprints with *The Lancet*, July 2025. Supported by the Make Medicines Affordable campaign
2. **Lessons for long-acting lenacapavir: catalysing equitable PrEP access in low-income and middle-income countries** – *The Lancet HIV*, 2025

WATCH WHAT MATTERS



1. EARLY WARNING CLM AND BIG DATA

In response to the vast, unforeseen cuts to foreign aid in early 2025, ITPC, alongside implementation partners JONEHA (Malawi) and NACOSA (South Africa), adapted our community-led monitoring model into a more nimble “early warning” framework. Partners collected some of the first data on the impact of the cuts, which were published in our [*Sounding the Alarm*](#) report.

The report drew on real-time community evidence of the funding cuts that began in early 2025 and showed their direct impact on the people most affected. It highlighted the strength of community-led early warning systems and confirmed key patterns in the data, including service delays, medicine stockouts, and rising vulnerability among specific groups.

In the second half of the year, this work led to the launch of **Community Monitoring and Engagement for Transformation (COMET)**, a two-year Gates Foundation-funded program for South Africa and Malawi, with planned expansion to Zimbabwe.

2. TECHNICAL ASSISTANCE ON CLM ACROSS EIGHT COUNTRIES

ITPC delivered technical assistance on community-led monitoring as one of just two designated expert providers appointed by the Global Fund to Fight AIDS, TB and Malaria under the “CLM+” program. Our work alongside national civil society partners to strengthen diverse national CLM systems began in March 2025 in Burkina Faso, the DRC, Malawi, and Nigeria. By October, we had added Angola,

Namibia, Ethiopia, and Rwanda to our roster of recipient countries. We work with Global Fund Country Teams and national partners to improve data quality, data use, and accountability.

The specific projects vary and are tailored to country needs. Examples of support in 2025 include: supporting the shift from paper to electronic tools and connecting CLM+ to DHIS2; assisting countries to build clear data flow, consistent feedback loops, and timely dissemination; and expanding CLM from HIV/TB to cover gender, climate, and Pandemic Preparedness and Response issues. This work continues in all eight countries through 2026 and links directly with the [**CLM monitoring, evaluation, accountability and learning \(MEAL\)**](#) framework developed by the International AIDS Society.



3. INTEGRATING COMMUNITY DATA INTO NATIONAL HEALTH INFORMATION SYSTEMS: Clinton Global Initiative Commitment to Action

ITPC, alongside our local partners in Malawi, launched a three-year Commitment to Action at the September 2025 Clinton Global Initiative meeting in New York City. Focused on integrating community-led monitoring into Malawi's national public health information system, the commitment strengthens our work on community intelligence and positions CLM as part of routine health governance. It brings new partners, more visibility, and resources that support system-level change. This launch [video](#) explains the commitment and the unique role of civil society in shaping national and global health policy through community-generated evidence.

4. RESEARCH ON CLM IN CHALLENGING CONTEXTS

This study explored the role of community intelligence in improving HIV-related outcomes in complex and challenging contexts across Africa. It systematically assessed CLM data and advocacy outcomes in five Centers of Excellence (COE) countries: Burkina Faso, the Democratic Republic of Congo, Guinea, Mali, and Nigeria.

The research examined how community-generated data and insights contribute to identifying service delivery gaps, strengthening accountability, and informing advocacy to improve HIV responses in difficult operating environments.

This research has been submitted for publication and will be shared once it becomes available.

5. STRENGTHENING THE USE OF COMMUNITY-LED MONITORING DATA IN THE HIV RESPONSE: Findings from an Operational Research Initiative in Ukraine and South Africa

This operational research initiative examines how CLM data can be better utilized to inform advocacy, improve service delivery, and strengthen accountability within national HIV responses. The study draws on implementation experiences from Ukraine and South Africa, highlighting practical approaches for translating community-generated data into programmatic and policy action. The research provides insights on strengthening systems for collecting, analyzing, and using CLM data to support evidence-informed decision-making and community-driven advocacy.

RESEARCH ARTICLE: <https://verixiv.org/articles/2-12/v1>

6. COPPER PROGRAM

ITPC implemented the Communities in Pandemic Preparedness and Response (COPPER) technical assistance (TA) initiative with the overall goal of strengthening the capacity of communities, civil society organizations, and CLM implementers to meaningfully engage in and influence in-country processes related to Pandemic Prevention, Preparedness, and Response (PPPR) in the

Democratic Republic of Congo, Senegal, Burkina Faso, the Central African Republic, and the Philippines. The initiative aimed to ensure that national PPPR policies, strategies, and programs incorporate principles of health equity, human rights, and gender equality while integrating CLM-generated data to strengthen community and health system readiness for future outbreaks and pandemics.

Under the COPPER TA, the following key achievements were realized:

- I. **Sub-grants for CLM research and documentation.**
Sub-grant awards were provided to implementers in four countries to support the development of CLM manuscripts. These efforts contributed to strengthening the evidence base and expanding available resources on community-led monitoring and its role in health system accountability.
- II. **Development of practical tools and resources.**
A series of resources were developed to support communities and civil society in using CLM data to inform PPPR advocacy and action. These include:
 - **Toolkit on Using Community-Led Monitoring Data for Pandemic Prevention, Preparedness, and Response Advocacy**
 - **Community Guide: Using Community-Led Monitoring Data for Pandemic Prevention, Preparedness, and Response Advocacy**
 - **Pandemic Preparedness, Prevention, and Response 101 Workshop Toolkit**



PEOPLE, PLANET, AND POLICY



At ITPC, our work is guided by a simple but powerful belief: that lasting change happens when people, the planet, and policy move forward together.

Our 3P framework (People, Planet, and Policy) is the heartbeat of everything we do. In 2025, we took meaningful strides in bringing this vision to life, embedding sustainability deeper into our organizational DNA and expanding our impact in ways that will ripple far into the future by means of an ongoing development of an Environment, Social, and Governance Framework and Policy, to be launched in 2026.

PEOPLE

People have always been at the center of our work, and 2025 reaffirmed that communities come first in everything we do. We intentionally shaped our program work around community needs, ensuring that our interventions are grounded, relevant, and

truly empowering. This year, we widened our lens to embrace the next generation. By participating in the Afrika Tikkun Career Expo for high school learners in Cape Town, South Africa, we opened doors for young people to discover the world of social good and economic empowerment, planting seeds for a future generation of changemakers.

PLANET

We believe that awareness is the first step toward action. So, we invested in climate awareness training for our team, equipping them with the knowledge and tools to be agents of environmental responsibility. We also launched a climate action pilot aimed at reducing our CO₂ emissions, a concrete step toward walking the talk when it comes to our planetary commitments. Read more about our contribution as a strategic partner to Unitaid's **Climate action roadmap to 2035: Our pathway to net zero.**

The climate action pilot outcomes will be shared as part of our 2026 accomplishments. Watch this space.

Our dedicated Climate Champions:

- Charlene Omrawo
- Jelena Bozinovski
- Pragashnee Murugan
- Morgane Ahmar
- Nadia Rafif

POLICY

Strong, inclusive governance underpins all our impact. ITPC is proud to be governed by a women-led Board of Directors and Executive Director, a reflection of our values in action. Our Board is diverse and purposeful, bringing together voices that represent the communities and causes at the heart of our mission. This kind of governance is a statement about the world we are working to build.

MAKE YOUR MONEY COUNT

ITPC delivers real impact in people’s lives, backed by solid financial management and continued strong resource mobilization. We deliver genuine value for money.

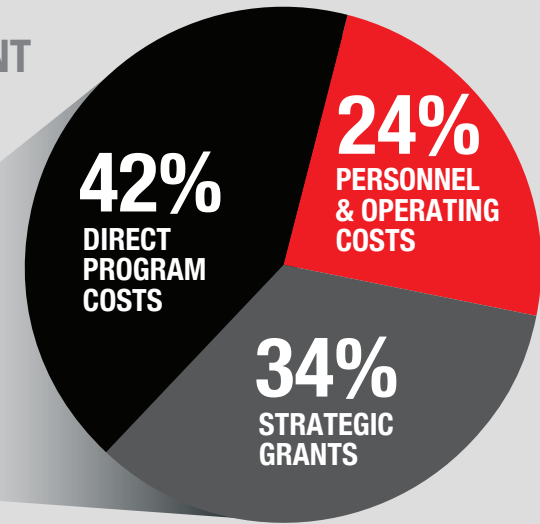
Despite a significant global downturn in the nonprofit sector, ITPC’s financial operations continued on a path of controlled growth, at least in part because of our commitment to enabling communities to build resilience and hold systems accountable.

The year 2025 brought profound challenges to the global health and humanitarian funding landscape. Many governments and international funders cut budgets for humanitarian work. Ongoing conflicts in Ukraine and the Middle East, rising costs of fuel, energy, and food, and a shifting global order created existential pressures on the environments in which we operate. We anticipated significant budget uncertainty and revenue shortfalls.

And yet, because of the sustained commitment of our staff, our Global Activist Network, business partners, Board, and management team, ITPC remains financially sound. Through prudent and responsive fundraising and financial management, we closed the year with an operating surplus.

HOW WE SPENT OUR MONEY

76%
PROGRAMS



USE OF FUNDS

In 2025, personnel and overhead expenses accounted for 24% of ITPC’s overall spending. The remaining 76% went directly to program delivery and strategic granting – to the communities and coalitions doing the work on the ground.

“For every dollar donated, only 24 cents went toward overheads, making ITPC a high-impact investment in community-led health and social justice.”

— LEONARD MOYO, SENIOR FINANCE MANAGER

When you invest in ITPC, you invest in the communities leading their own responses to health and social challenges, and you invest in a world where access to affordable healthcare is recognized as a human right.

THANK YOU

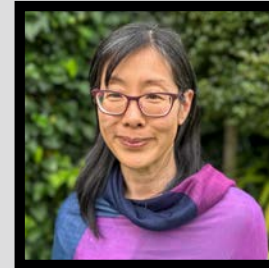
FUNDERS

Addie Guttag — AJG Foundation
Anglo American Foundation
ASLM-LabCoP
The Gates Foundation
The Global Fund to fight AIDS,
Tuberculosis and Malaria
ICAP at Columbia University’s
Mailman School of Public Health
Open Society Foundations
Robert Carr Civil Society Networks
Fund
Tides
UNAIDS
UNITAID
ViiV Healthcare
WACI Health

BOARD



Nompumelelo Gumede
Board Chair
SOUTH AFRICA



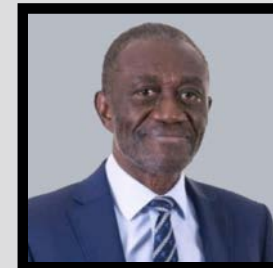
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Vice Chair
UNITED STATES OF AMERICA



Nathaniel Wong
Treasurer
UNITED STATES OF AMERICA



Nikhil Bumb
UNITED STATES OF AMERICA



Alex Darko
GHANA



Cindy Kelemi
BOTSWANA



Graham King
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GLOBAL TEAM



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Executive Director
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Charlene Omrawo
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Nadia Rafif
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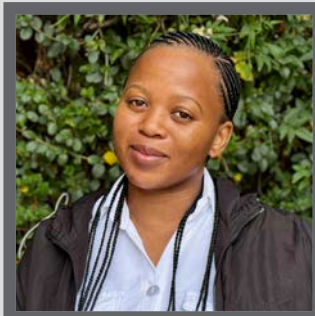
Othoman Mellouk
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Leonard Moyo
Senior Finance Manager
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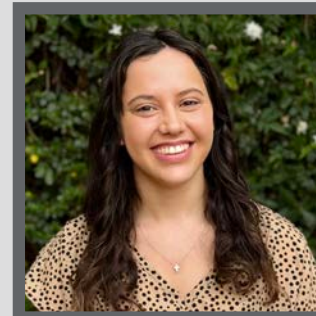
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Candice Oberholzer
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Coordinator**
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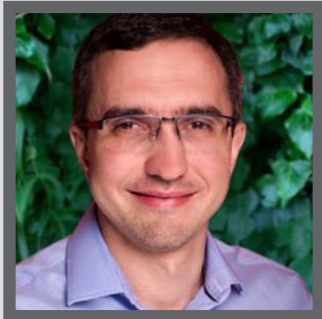


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Vuyokazi Lwana
**Procurement &
Contracts Officer**
EAST LONDON,
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GLOBAL TEAM



Sergiy Kondratyuk
MMA Senior Project
Manager
KYIV, UKRAINE



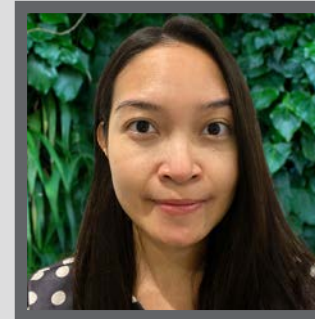
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Strategic Communication
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Jelena Bozinovski
Citizen Science
Program Manager
LILONGWE, MALAWI



Gloriah Moses
Citizen Science
Program Officer
NAIROBI, KENYA

PUBLICATIONS



ITPC GLOBAL
We are researchers:
ITPC Annual Review 2024



ITPC GLOBAL
Strengthening The
Use of Community-led
Monitoring Data in the
HIV Response: Findings
from an Operational
Research Initiative in
Malawi and South Africa



ITPC GLOBAL
Announcing the
Lancet Global Health
Commission on artificial
intelligence (AI) and
HIV: leveraging AI for
equitable and sustainable
impact



ITPC GLOBAL
Service-level effects
of HIV funding cuts in
Southern Africa: Findings
from a community-led
early warning system



ITPC GLOBAL
Reimagining HIV
prevention with artificial
intelligence



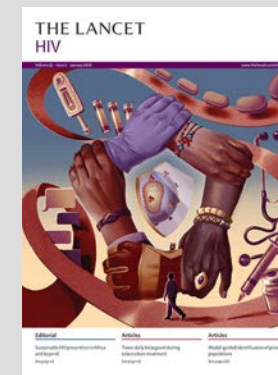
ITPC GLOBAL
Global HIV targets: a
roadmap to 2030 and
beyond



ITPC GLOBAL
Community-Led
Evaluation of Health
Services



ITPC GLOBAL
Unpacking the Role,
Nature, and Need
to Sustain Robust
Community Responses in
Global Systems



ITPC GLOBAL
Enhancing HIV prevention
through systematic
community engagement,
learning, and response

PUBLICATIONS



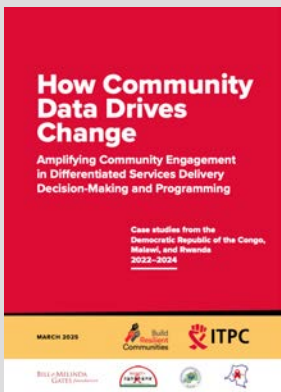
BRC
Mpox Frequently Asked Questions



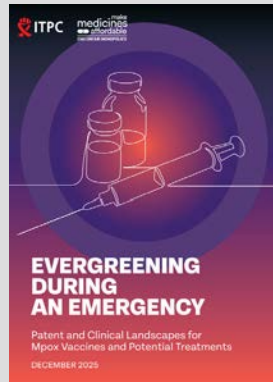
BRC
How Data Drives Advocacy: Sustaining Community Engagement & Response in DSD Programs



BRC
Health IMPACT Coalition Statement



BRC
How Community Data Drives Change: Amplifying Community Engagement in Differentiated Services Delivery Decision-Making and Programming: Case studies from the Democratic Republic of Congo, Malawi, and Rwanda 2022–2024



MMA
Evergreening During an Emergency



MMA
Could reduced dosing maintain more people on antiretrovirals after the sudden cuts in USAID funding? A crisis response



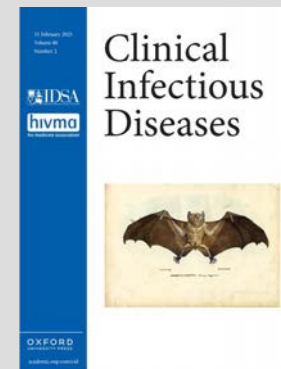
MMA
Effects of test-and-treat versus preexposure prophylaxis on elimination of HIV transmission: analysis of 24 HIV prevention trials



MMA
The Need for Lenacapavir Compulsory Licences in Ending the HIV Epidemic

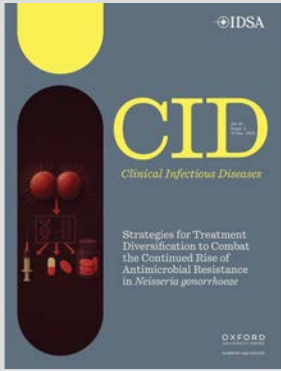


MMA
Safety and efficacy of long-acting cabotegravir/rilpivirine versus standard oral antiretroviral therapy: a systematic review and meta-analysis



MMA
Challenges for Novel Antiretroviral Development in an Era of Widespread tenofovir-disoproxil/lamivudine (or emtricitabine)/dolutegravir availability (TLD) Availability

PUBLICATIONS



MMA
Is it time to reassess the target age of HPV vaccination globally?



MMA
Lenacapavir to Prevent HIV Infection: Updated Estimated Costs of Production for Generic Treatments



WWM
Community-Led Monitoring for TB Pediatrics: Piloting a CLM Framework in India & South Africa



WWM
“Life mapping” exploring the lived experiences of COVID-19 on access to HIV treatment and care in Malawi



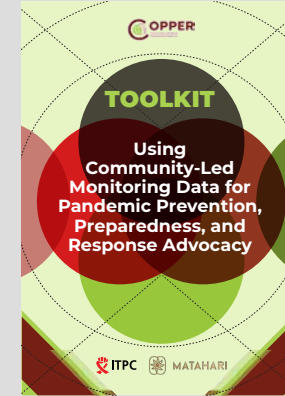
WWM
White Coat Toolkit



WWM
Sounding the Alarm: Service-level effects of HIV funding cuts in Malawi and South Africa



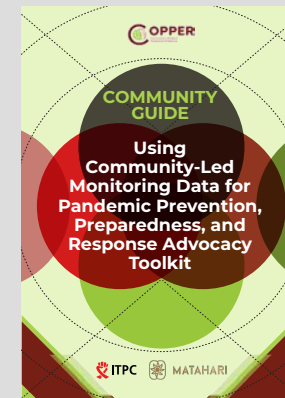
WWM
ITPC CLM Summit Report



WWM
Toolkit: Using Community-Led Monitoring Data for Pandemic Prevention, Preparedness, and Response Advocacy



WWM
A Pandemic Preparedness, Prevention and Response (PPP) 101 Workshop Toolkit



WWM
Community Guide: Using Community-Led Monitoring Data for Pandemic Prevention, Preparedness, and Response Advocacy

2025 IN PICTURES



2025 IN PICTURES



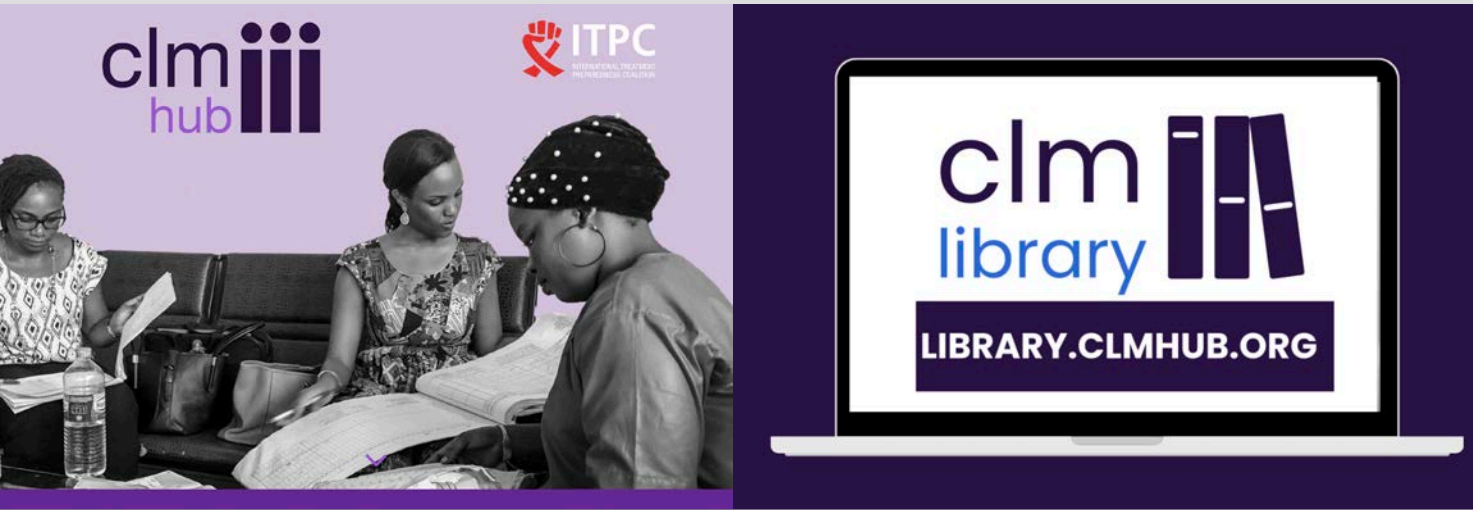
2025 IN PICTURES



2025 IN PICTURES



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Learn more about CLM
at clmhub.org.



makemedicinesaffordable.org

Learn more
about [MMA](https://makemedicinesaffordable.org).

Join ITPC in the fight to create a world of better health.
Donate now at itpcglobal.org/join-the-fight/donate.



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