

RESEARCH ARTICLE

The Role of Global Civil Society in Challenging the Hegemony of Pharmaceutical Corporations

Mutiara Anugerah Pekerti
*Department of International Relations,
Universitas Airlangga*

mutiara.anugerah.pekerti@fisip.unair.ac.id

Abstract

This research examines how global civil society groups challenge the power of richer countries and drug companies under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Most research has focused on TRIPS's legal and health impacts, with less attention to civil society's efforts to push back against the dominance of developed countries and big pharmaceutical companies. Using Hegemony Theory, this research examines examples through document analysis of WTO agreements, reports, campaign materials, and academic writing. It focuses on efforts to make generic drugs more available and civil society actions during the COVID-19 pandemic. Results show that civil society has shifted access to medicine to a global justice and human rights issue. They did this through legal work, public action, and cross-border cooperation. However, initiatives such as the Doha Declaration and the TRIPS waiver have been limited by persistent power imbalances. These findings underscore both the potential and the limitations of civil society in advancing more equitable global governance.

Keywords: TRIPS, Global Civil Society, Global Governance, Pharmaceutical Corporations

I. Introduction

Recent developments in global governance have expanded the influence of non-state actors, particularly global civil society, in international policymaking

processes. This trend is particularly evident in debates over intellectual property rights and access to medicines, where civil society organizations have become increasingly active in transnational advocacy networks and global policy discussions. Within the framework of neoliberal globalization, international economic rules are often negotiated by states, multinational corporations, and other influential actors whose bargaining power is far from equal. These power asymmetries have fueled ongoing debates about the fairness and legitimacy of global regulatory frameworks, particularly in the field of public health. Against this backdrop, global civil society has emerged as an important force in shaping international norms, mobilizing public opinion, and advocating for greater consideration of social justice in global governance. Its influence has been especially evident in debates surrounding the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), particularly regarding its impact on access to essential medicines in developing countries.

One example of this inequality is evident in the management of global intellectual property rights protection, primarily through the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which was adopted under the auspices of the World Trade Organization and entered into force on 1 January 1995. The TRIPS Agreement introduced a comprehensive system of patent protection that extended to pharmaceutical products, fundamentally reshaping the global regulation of medicines. For many developing countries, this marked a significant shift, making it more difficult to ensure affordable access to generic medicines. By strengthening patent rights over essential drugs, TRIPS has limited the policy options



available to governments seeking to expand access to healthcare and has reinforced existing inequalities in the global health system. Many developing countries have faced legal and economic barriers to producing or importing low-cost generic medicines, with important consequences for public health (Karlsbakk, 2005). These tensions became particularly visible during the HIV/AIDS epidemic, when strict patent protections often conflicted with the urgent need to provide life-saving antiretroviral treatment to millions of people. Rejection of the use of TRIPS flexibilities, such as compulsory licensing, is often accompanied by diplomatic pressure and threats of economic retaliation from developed countries and global pharmaceutical corporations (Joseph, 2003).

Existing scholarship has largely focused on the technical dimensions of the TRIPS Agreement and global health advocacy. Yet it has devoted comparatively little attention to the structural and ideological power relations that shape the possibilities—and limits—of resistance in global governance. Most studies focus on how civil society campaigns function, but often miss the deeper Gramscian ideas of engineered consent and structural dependency that keep developing countries tied to unequal trade systems. This study aims to fill that gap by asking two main questions. First, how do industrialized countries and pharmaceutical companies use their power within the World Trade Organization (WTO) to weaken resistance and control information? Second, can global civil society truly act as a force for change, or does it end up supporting the current trade system? This research applies Hegemony Theory to the post-COVID-19 intellectual property debate, moving beyond legal details to show how

economic elites design global justice systems to absorb opposition and to highlight the limits of reforming the system from within.

II. Methods

This research employs a qualitative descriptive-critical approach to examine the dynamics of power within the TRIPS regime and the strategies of resistance pursued by global civil society actors. A qualitative method particularly well-suited to exploring meanings, narratives, social interactions, and power relations among states, pharmaceutical corporations, international organizations, and civil society groups as they relate to intellectual property rights and access to medicines.

The research is guided by Hegemony Theory, which explains how dominant actors maintain and reproduce power within international systems not only through coercion but also through the construction of norms, institutions, and ideas that become widely accepted as legitimate. From this perspective, global governance arrangements often reflect the interests of powerful states and economic actors while appearing neutral and universally beneficial. Hegemony is therefore sustained through a combination of material capabilities, institutional influence, and ideological consent. The study relies on secondary data collected from academic journals, books, institutional reports, civil society publications, official documents from international organizations, and credible online news sources. Data collection was conducted through a systematic literature review of scholarly and policy discussions on TRIPS, access to generic medicines, pharmaceutical patents, and civil society activism in global health governance.



The collected data were analyzed using qualitative content analysis. This technique enables the identification of recurring themes, patterns of argumentation, and representations of power across various sources. Particular attention is given to narratives concerning intellectual property rights, access to essential medicines, and the role of civil society in advocating policy change. Through this analytical process, the study critically evaluates the extent to which global civil society can challenge structural inequalities within the international intellectual property regime and contribute to greater global health justice.

III. Discussion

a. Inequality in TRIPS Governance

The TRIPS regime at the WTO represents a form of global knowledge hegemony, in which the interests of developed countries and multinational pharmaceutical corporations are institutionalized into international rules. Drahos and Braithwaite (2004) demonstrate that a small group of US elites in the 1980s successfully established US-style intellectual property standards as a global norm through the WTO. The result is "information feudalism": a global IP regime that effectively binds other countries to U.S. patent standards. The TRIPS Agreement's mandatory provisions require all WTO members to adopt high standards (many of which are modeled on US domestic law) and enforce them through trade mechanisms. Since its birth in 1994, the WTO has been the institution that enforces US IP standards globally. In this context, patent rules (e.g.,

antiretroviral drugs) become a "matter of life and death" for developing countries, as patents determine whether cheap generic drugs can be produced or imported (Drahos & Braithwaite, 2004).

Institutionally, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) is administered by the WTO Council for TRIPS, which monitors its implementation and operation (World Trade Organization [WTO], n.d.). However, many scholars argue that the TRIPS regime has been shaped largely by the interests of developed countries, especially the United States, the European Union, and Japan, working closely with major pharmaceutical companies. Historical studies show that a small group of U.S. corporations, led by Pfizer and other pharmaceutical firms, played a key role in pushing intellectual property protection onto the multilateral trade agenda during the 1980s (Drahos & Braithwaite, 2004; Sell, 2003). According to Drahos and Braithwaite (2004), Pfizer viewed weak patent regimes in countries such as India as a threat to its long-term commercial interests and therefore actively promoted stronger international patent standards. The United States subsequently persuaded the European Communities and Japan to support the incorporation of intellectual property rules into the GATT negotiations, thereby consolidating a powerful coalition of developed states and corporate actors (Correa, 2025).

During the Uruguay Round, developing countries initially opposed the inclusion of intellectual property in the trade regime, arguing that it would restrict industrial development and access to technology. However, under strong political and economic



pressure from developed countries, they eventually accepted the TRIPS Agreement (Winanti & Young, 2009). The United States reinforced this pressure through Section 301 of the U.S. Trade Act, threatening trade sanctions against countries with weaker patent laws. Brazil, for example, faced retaliation for refusing to recognize pharmaceutical product patents. Former negotiators also acknowledge that developing countries had limited influence over the final agreement because of unequal political power, technical expertise, and negotiating capacity (Correa, 2025).

Pharmaceutical companies have continued to shape global intellectual property rules since the adoption of TRIPS. Drahos and Braithwaite (2004) argue that the industry built strong alliances with business groups, policymakers, and advocacy organizations to promote stricter patent protection. This influence was also evident during the WTO negotiations on the COVID-19 TRIPS waiver. Between 2021 and 2024, over 500 lobbyists participated in the debate, nearly 90 percent of whom opposed the waiver. In 2022, opponents outnumbered supporters by about 32 to 1, highlighting the pharmaceutical industry's far greater lobbying power than civil society groups advocating wider access to medicines (Public Citizen, 2024).

This structural hegemony is also evident in WTO law, although formally, each member state has an equal position (one vote), negotiation by consensus allows strong dominance by developed countries. Small countries often lack the capacity to negotiate and fear sanctions, so the interests of powerful states outweigh theirs. In hegemonic terms, the TRIPS regime reinforces the view of knowledge as a private commodity to be

controlled, supporting the industrialization (patent-based) of developed countries while curbing independent innovation in developing countries. As a result, developed countries and pharmaceutical corporations are based there (Drahos & Braithwaite, 2004; Oxfam America, n.d.). As a result, developed countries and pharmaceutical corporations based there maintain their structural dominance under the umbrella of the WTO's TRIPS. The interests of major industrialized countries, particularly the United States, the member states of the European Union, Japan, and Switzerland, have historically played a dominant role in shaping international intellectual property rules. From a hegemonic perspective, the TRIPS regime reinforces the conception of knowledge and innovation as private commodities subject to proprietary control. This framework primarily reflects the interests of developed countries with advanced pharmaceutical and technology sectors, while restricting developing countries' ability to expand access to medicines and to support domestic innovation. Large pharmaceutical companies such as Pfizer, Merck & Co., Johnson & Johnson, Novartis, Roche, GlaxoSmithKline (GSK), and Sanofi have significantly influenced global intellectual property rules, benefiting from stronger patent protection and longer market exclusivity that reinforce their market dominance.

b. TRIPS and Its Impact on Developing Countries

The implementation of TRIPS has a heavy impact on many developing countries. High minimum standards obligations (20-year patents, protection of industrial formulas, etc.) limit public policy options in poor countries and add to the economic burden. Oxfam notes



that more than 2 billion people in developing countries currently lack access to affordable medicines. The main factor is the high price of new generic drugs that are protected by patents (Oxfam America, n.d.). The high level of IP protection in developing countries can exacerbate the problem of access to cheap drugs, because the longer patent protection lasts, the longer the delay in the entry of much more affordable generic drugs. For example, research shows that granting compulsory licensing (the TRIPS flexibility mechanism) can dramatically lower drug prices – case studies in Taiwan and India found price drops of 73–97% after CL was granted (Tenni, et al., 2022). However, many developing countries are unable or reluctant to utilize these flexibilities due to political, economic, and legal pressures from developed countries. Although the TRIPS Agreement allows measures such as compulsory licensing, many governments hesitate to use them for fear of trade retaliation, diplomatic pressure, or reduced foreign investment. Many developing countries also lack the technical and institutional capacity to use these flexibilities fully.

The continued compliance of developing countries with the TRIPS regime can also be understood through the lens of structural dependence and institutional legitimacy. Despite growing criticism of the WTO and attempts by some actors to question its legitimacy, WTO membership remains closely linked to access to global markets and participation in international trade. As a result, many developing countries perceive compliance with TRIPS as less costly than confronting the economic and political risks associated with non-compliance. From a hegemonic perspective, this situation reflects

not only coercion but also the internalization of intellectual property norms that portray strong patent protection as a prerequisite for innovation and economic development. Consequently, even when TRIPS may constrain access to affordable medicines, many developing countries continue to operate within its framework rather than openly challenging it. Meanwhile, generic medicines remain the most effective and sustainable mechanism for reducing drug prices and expanding access to essential treatments (Oxfam America, n.d.; Vawda & Shozi, 2022).

Overall, the IP rules strengthened by TRIPS have negative economic consequences for developing countries. The "TRIPS-plus" patent rules (often adopted in free trade agreements by developed countries) are generally associated with rising drug prices, delays in drug availability, and increased costs for consumers and governments. While the flexibility of TRIPS (such as compulsory licensing and parallel imports) is, on paper, intended to help access, in practice, their use remains rare (Tenni, et al., 2022). Many developing countries also face technical and financial difficulties in meeting these obligations (e.g., building strong patent institutions and enforcement systems), despite limited resources. As a result, while developed countries pursue strengthening IP rights, developing countries often bear the high costs (royalties, patent prices) without receiving technology transfers. In fact, the United Nations Development Program (UNDP) once estimated that if patent royalties that had not been paid to developing countries were returned, they would receive around US\$5.4 billion per year (Fauziah, 2020).



In other words, TRIPS prevents the flow of wealth from IP production centers to all corners of the world. The agreement also affects other sectors, such as plant patents, which fuel biopiracy. It concentrates global research on medicines that benefit rich markets, while poor, endemic diseases are ignored. The impact of this system has been particularly evident in the treatment of HIV/AIDS. During the late 1990s and early 2000s, patented antiretroviral medicines were priced at more than US\$10,000 per patient per year in many developing countries, making treatment inaccessible for the vast majority of affected populations (Wirtz, Forsythe, Mendoza, & Arredondo, 2009). The introduction of generic alternatives dramatically reduced prices to less than US\$100 per patient per year in some cases, demonstrating the critical role of generic competition in expanding access to life-saving medicines (Love, 2007). Similar concerns have emerged regarding treatments for hepatitis C, cancer, and other serious diseases, where patent-protected medicines often remain beyond the financial reach of poor households (Assefa, Hill, Ulikpan, & Williams, 2017).

The impact of this inequality is evident in the health sector, and although TRIPS includes a general health clause, the protections it affords are often insufficient to overcome structural barriers. Data shows that the cost of medicines remains a heavy burden for poor countries. For example, a Peruvian government study (2010) found that the cost of a specific patented cancer drug was 880 times the minimum daily wage, making it clearly unaffordable. Similar conditions are found in many developing countries, where most people pay for medicines out of their own pockets (Oxfam America, n.d.). In short,

TRIPS strengthens the dominance of the drug market by U.S./European corporations, while forcing developing countries to sacrifice the policy independence of their pharmaceutical industries.

c. Global Civil Society Resistance Strategy

Given the injustice of TRIPS, global civil society (NGOs, people's movements, human rights advocates) has pursued various strategies of resistance and advocacy. Since the onset of the HIV/AIDS crisis, a consortium of health activists (such as the Treatment Action Campaign in South Africa, Médecins Sans Frontières, Public Citizen, Third World Network, etc.) has raised the narrative of the right to health and the right to medicine, countering the idea that medicine is just a commodity. In its early stages (1990-2000s), the movement successfully used TRIPS' flexibility strategically: threatening and implementing mandatory licensing, fighting for paragraph 6 of the Doha Declaration, and conducting litigation. Their actions prompted a drop in ARV prices in countries such as Brazil and Thailand, so that millions of AIDS patients could be saved (Tenni, et al., 2022). At this point, civil society is blending human rights arguments, legal advocacy, and transnational solidarity to challenge patent monopolies.

However, the current position of CSOs is changing as new challenges, such as the COVID-19 pandemic, increase. Sekalala & Rawson (2022) note that while traditional TRIPS-based approaches (focusing on waivers and flexibility) have been successful in expanding access to antiretroviral medicines (ARVs) used to treat HIV/AIDS, similar strategies have been less successful in improving access to COVID-19 vaccines.



Therefore, civil society adapted the strategy: they highlighted "vaccine apartheid" and advocated radically. For example, the health rights movement demanded the removal of copyright barriers, rejected the framing of "charity" that burdened the South, and encouraged the scale of vaccine production in developing countries to improve health sovereignty. Global alliances have also protested against distribution inequality, encouraged open-tech initiatives (such as the WHO mRNA Hub), and mobilized public opinion against monopoly pricing. In addition, CSOs use legal channels (human rights litigation, WTO, or domestic court cases) and public diplomacy. For example, the WHO's raising of human rights awareness (through its proposal for a pandemic treaty) is supported by activists as a way of instilling the principle of "right to treatment" in an internationally binding manner.

In this case, the resistance strategy pursued by civil society is fragmented and adaptive, ranging from the use of TRIPS flexibilities (e.g., compulsory licensing and parallel imports) to global campaigns (e.g., media advocacy and political lobbying for TRIPS waivers). Despite facing the power of developed countries and corporations, the civil sector has reframed the problem not only as an IP law issue but also as a matter of global justice and human rights. Movements such as the *Access to Medicine Campaign*, *People's Vaccine Alliance*, *Health Justice Initiative*, as well as active regional activist networks demanding transparency, technology transfer, and accountability. For example, petitions and public lobbying have successfully persuaded many developing countries to apply for IP waivers at the WTO and have pressured some Western governments (such as the Biden

administration in 2021) to first support the temporary waiver of vaccine rights (PIH, n.d.). Alternative multilateral efforts were also initiated, such as the establishment of the Medicines Patent Pool (WHO/UN) to facilitate the voluntary licensing of essential medicines. These approaches represent a shift from the old strategy: instead of relying on unequal WTO mechanisms, CSOs are now rallying South-South solidarity and creating global public pressure to address health inequalities.

c. Evaluation of Justice Mechanisms in Global Governance

Various remedial instruments have emerged within the global regime to address access inequality arising from TRIPS, but their effectiveness is limited. The 2001 Doha Declaration was an important political statement affirming that "TRIPS should not deter countries from taking steps to protect public health." (Tenni, et al., 2022). This declaration symbolically guarantees the right to exercise flexibility (e.g., licensing, patent limitations, time extensions for LDCs). However, an evaluation two decades later showed weaknesses in implementation. South Centre (2022) asserts that Doha's promise is "not realized": developed countries often erode the Declaration through FTAs that include stricter TRIPS-plus provisions, thereby weakening the space for developing countries. For example, the imposition of data exclusivity, the right to *Term Extension*, and *Patent Linkage* in TPPs and other FTAs reduces the effectiveness of compulsory licensing. When developing countries seek to take advantage of flexibility (e.g., Brazil 2007, India 2012, Thailand 2006), they are often confronted with intensive litigation by pharmaceutical companies and trade pressure (e.g., US 301



Watch List). As a result, such a balancing mechanism is primarily confined to paper.

Recent global initiatives, such as the TRIPS waiver for the COVID-19 pandemic, illustrate the dynamics of power politics. The India-South Africa waiver proposal (2020) received widespread support from developing countries, but developed countries withheld it for almost 2 years. Finally, the WTO compromise agreement (June 2022) only covers vaccines with country-specific implementation, which many activists criticize as too narrow. This process shows that formal mechanisms of global justice (temporary waivers, WTO consensus) can be politicized; Although small concessions were eventually reached, developed countries managed to keep almost the entire IP regime intact. The stems of this compromise – such as the technical subsidies in the Article 28 TRIPS patent exemption for COVID-19 vaccines – are appreciated but should be considered skeptically, given their temporary and limited nature (Cullinan, 2022; Hassan, 2022).

In general, global mechanisms for access to justice are passive. No international institution truly prioritizes the right to health over economic interests. The WTO, for example, does not recognize human rights priorities; The decision must be made through consensus negotiations. WTO dispute settlement is more often used by developed countries to sue for patent infringement than by developing countries. Recommendations from the World Health Organization (WHO) or the UN human rights body on access to medicines are non-binding. Even the UN SDGs and the principles of global justice are often ignored when DRR (politics) prioritizes market rhetoric. At first glance, the reform appears to

be the extension of the TRIPS transition period for LDC countries until 2033, which extends the time (formally) without pharmaceutical patent obligations, and the agreement in the US Congress (May 10 Agreement 2007) has delayed some TRIPS-plus obligations. However, these efforts are only a gesture; in the context of global power dynamics, their effect is minimal. This condition gives rise to a call for a new paradigm: for example, an invitation to approach *Decolonality* in IP, the mainstreaming of health rights in human rights forums, and the demands for profit-sharing in the pharmaceutical industry (Oxfam America, n.d.; Tenni, et al., 2022).

Gramscian hegemony theory suggests that dominant power is upheld not just through force, but by shaping ideas and convincing people that strict intellectual property rights are essential for economic growth. As a result, critics, developing countries, and global civil society groups often accept these basic beliefs and focus their efforts on limited reforms, such as negotiating TRIPS flexibilities, the Doha Declaration, or temporary COVID-19 waivers, rather than pushing for a complete overhaul of the system. This situation is reinforced by the influence of powerful states and large pharmaceutical companies, which use their financial, technical, and legal advantages to maintain their position and manage advocacy efforts. Developing countries, deeply involved in global production and reliant on the WTO system for market access and legal stability, face high economic risks if they try to break away, making a radical challenge unlikely. While international solidarity campaigns can change public debate and address short-term gaps, they do not have enough power to shift the overall balance. This shows that only a truly transformative



movement could break the dominance of states and corporations in global trade and create fairer global governance.

IV. Conclusion

The struggle of global civil society against the TRIPS system reveals fundamental inequalities in the current global governance framework. TRIPS does not function as an impartial legal structure. Instead, it has established a global information hegemony that puts the financial interests of transnational pharmaceutical corporations above the basic right to health in the Global South. The World Trade Organization (WTO) claims to operate based on democratic consensus. However, industrialized countries often exploit institutional procedures, a problem exacerbated by excessive corporate lobbying. The COVID-19 pandemic exposed this inconsistency. Business lobbyists delayed and restricted waivers of intellectual property rights for specific national agreements. In response to this information hierarchy, global civil society has changed from a reactive humanitarian actor into a dynamic, counter-hegemonic force. These networks use strategies such as domestic litigation, reframing human rights, and promoting alternative multilateral initiatives, such as the WHO mRNA Hub. They contest the idea that life-saving medicines are only market commodities. However, the 2001 Doha Declaration shows that civil society interventions remain limited. This is due to the passive nature of global justice mechanisms and the rise of bilateral "TRIPS-plus" agreements. Incremental reforms have eased some health inequalities but have not changed the distribution of power.

Achieving equity in global health governance needs structural and transformative policy changes. First, international organizations should establish a formal system within the WTO to automatically suspend patent enforcement during declared global health emergencies. This would replace case-by-case waiver talks with a predictable process. Second, developing countries should unite to reject "TRIPS-plus" rules in trade deals. By forming South-South coalitions, they can protect domestic policy options such as compulsory licensing and parallel importation. Third, global health governance should move away from voluntary licensing. Instead, fully funded, multilateral systems like the Medicines Patent Pool and regional production hubs should be adopted to promote health sovereignty in the Global South.

These challenges highlight future research directions in international political economy. Studies should examine how decolonial approaches to intellectual property rights are implemented. This includes testing alternative, non-proprietary models that separate drug development costs from final pricing. Further research should consider whether emerging economies can build self-sustaining generic manufacturing to lessen reliance on Western supply chains and markets. Using Hegemony Theory can deepen the analysis of the intellectual property regime. This approach suggests legal structures are crafted by economic elites to channel resistance into manageable reform. The role of global civil society is not only to win incremental legal exemptions but also to question the basic norms of neoliberal globalization. This study offers a framework for understanding how transnational solidarity



can challenge entrenched power and reshape global norms on human rights, equity, and survival.

Works Cited

- Assefa, Y., Hill, P. S., Ulikpan, A., & Williams, O. D. (2017). Access to medicines and hepatitis C in Africa: can tiered pricing and voluntary licensing assure universal access, health equity, and fairness? *Globalization and Health*, 1-11.
- Correa, C. (2025). *History of the Negotiations of the TRIPS Agreement*. South Centre.
- Cullinan, K. (2022, 05 03). *After Months of Deadlock, WTO's TRIPS Council Will Finally Discuss Intellectual Property Waiver Compromise*. Retrieved from Health Policy Watch: <https://healthpolicy-watch.news/trips-council-finally-to-discuss-waiver-compromise/>
- Downey, L., Lawrence, E., Pyles, M., & Lee, D. (2020). Power, Hegemony, and World Society Theory: A Critical Evaluation. *Socius: Sociological Research for a Dynamic World*, 1-22.
- Drahos, P., & Braithwaite, J. (2004). Hegemony Based on Knowledge: The Role of Intellectual Property. *Law in Context*, 204-223.
- Fauziah, A. S. (2020). *PERGERAKAN MASYARAKAT SIPIL INDIA DALAM MELAWAN BIOPIRACY BASMATI OLEH PERUSAHAAN RICETEC*. Universitas Islam Indonesia.
- Hassan, F. (2022, Juli 1). *A New and Weak WTO Deal on TRIPS is Not Fit for Purpose*. Retrieved from Think Global Health: <https://www.thinkglobalhealth.org/article/new-and-weak-wto-deal-trips-not-fit-purpose>
- Joseph, S. (2003). Pharmaceutical Corporations and Access to Drugs: The "Fourth Wave" of Corporate Human Rights Scrutiny. *Human Rights Quarterly*, 425-452.
- Karlsbakk, A. (2005). *Patents versus patients : global governance and the role of civil society in South Africa's quest for affordable drugs*. Stellenbosch : Stellenbosch University.
- Lanoszka, A. (2003). The Global Politics of Intellectual Property Rights and Pharmaceutical Drugs Policies in Developing Countries. *International Political Science Review*, 181-197.
- Love, R. (2007). Corporate wealth or public health? WTO/TRIPS flexibilities and access to HIV/AIDS antiretroviral drugs by developing countries. *Development in Practice*, 208-219.
- Oxfam America. (n.d.). *Intellectual Property and Access to Medicine*. Retrieved from Oxfam: <https://www.oxfamamerica.org/explore/issues/economic-well-being/intellectual-property-and-access-to-medicine/>
- PIH. (n.d.). *Statement on U.S. Support for TRIPS Waiver*. Retrieved from Partners in Health: <https://www.pih.org/press/statement-us-support-trips-waiver>
- Public Citizen. (2014, April 30). *U.S. Pressure Against Countries' Public Interest Policies*. Retrieved from Public Citizen Web site: <https://www.citizen.org/article/u-s-pressure-against-countries-public-interest-policies/>
- Public Citizen. (2024). *Industry Lobbyists Work to Influence U.S. Position in Critical Global Health Negotiations—Public Citizen*.
- Sekalala, S., & Rawson, B. (2022). The Role of Civil Society in Mobilizing Human Rights Struggles for Essential Medicines: A Critique from HIV/AIDS to COVID-19. *Health and Human Rights Journal*, 177-189.



- Sell, S. K. (2003). *Private Power, Public Law: The Globalization of Intellectual Property Rights*. Cambridge: Cambridge University Press.
- Tenni, B., Moir, H. V., Townsend, B., Kilic, B., Farrell, A.-M., Keegel, T., & Gleeson, D. (2022). What is the impact of intellectual property rules on access to medicines? A systematic review. *Globalization and Health*.
- Vawda, Y., & Shozi, B. (2022). *Doha Twenty Years On - Has The Promise Been Betrayed?* South Centre.
- Wirtz, V. J., Forsythe, S., Mendoza, A. V., & Arredondo, S. B. (2009). Factors influencing global antiretroviral procurement prices. *BMC Public Health*, 1-8.

