

Working Group - Terms of Reference

Access to Quality Medicines (WG-AQM)

Draft December 2025

1. Background and Rational

The Working Group on Access to Quality Medicines (WG-AQM) brings together members of the Be-cause health network who work or have an interest in improving access to quality-assured medicines.

After a period of limited activity, a consultation was carried out in September–October 2025 to redefine the WG's focus and working modalities in line with members' expectations, followed by a workshop with participation of some of the members willing to actively contribute to this WG AQM.

The survey results show a diverse and engaged group of prospective members, including a significant share based outside Belgium. Respondents show balanced motivation across sharing, learning, and influencing, with sharing emerging as the most common objective and learning about international initiatives rated highest overall. Interest across thematic areas is also evenly distributed, although policy and systems level topics attract the greatest attention alongside pricing policies, programmatic access challenges, and issues related to substandard and falsified medicines.

Taken together, the results point to strong interest in topics that link global health with access to medicines and offer clear but broad guidance for setting priorities without indicating any area of low relevance.

2. Objectives of the Working Group

The WG-AQM aims to maintain a balanced approach across the three main Be-cause Health objectives: Sharing, Learning, and Influencing.

This would translate into the following specific objectives:

Objective	Expected added value
Sharing	<ul style="list-style-type: none">• Share needs and requests for support from members of the group.• Share knowledge and resources, e.g. training, information fiches, etc. amongst members• Share our network as a resource
Learning	<ul style="list-style-type: none">• Learn by inviting external experts but also learning from each other through the sharing of knowledge

- Join each other's learning activities

Influencing

- Highlight the current issues and prioritize thematics that might be missed in the current discourse.
- Influence other working groups and Belgian Development Cooperation
- Connect with other civil society organization

3. Proposed Working Modalities (for discussion)

3.1. Coordination

The overall coordination of the WG-AQM will be ensured by two people. As of December 2025, the coordinator is Belén Tarrafeta and sub-coordinator Laura Moreno.

Specific roles and responsibilities include:

- Ensure the liaison between the members, including update of contact lists.
- Ensure liaison between the WG AQM and the BCH platform.
- Ensure the participatory development of the annual workplan, including the budget
- Assist in the preparation of the logistics and content of activities (as requested by the leader of the activity).
- Update the WG AQM webpage as needed, following the BCH platform rules.

These responsibilities could be modified according to the evolution of the WG AQM.

3.2. Membership and Participation

The Working Group will remain open and inclusive. Within this broad membership, a distinction will be made between:

- Active contributors, who engage regularly and help shape the agenda and content of activities; and
- Interested members, who prefer not to take an active role, but would like to be informed on activities, could be invited to specifically participate in an event, and could participate in events organized by the active members.

There will be two distributions lists, one for active members and another for informal members.

3.3. Annual activities

The WG-AQM will plan at the end of each year the activities to be conducted during the following year. As much as possible, this planning will take place through a hybrid workshop, allowing members to review the past year's activities, identify lessons learned, and jointly design the work plan for the upcoming year.

Active members commit to being involved in the organization of at least one activity in the next calendar year, ensuring that responsibilities are shared across the group. There is no minimum number of activities that must be organized during the year, as involvement in the WG is voluntary and depends on the availability and capacity of its members.

The annual list of activities should include:

- Activities or events organized directly by the WG, including technical sessions, share-and-learn events, and other initiatives.
- Activities linked to the broader Be-Cause Health platform, such as participation in the General Assembly, conferences, and any additional events organized throughout the year.

3.4. Other Outputs

The WB AQM members can initiate other activities not included in the workplan, as far as there is sufficient engagement and availability. This can involve:

- the participation in conferences or events, representing the WG,
- advocacy letters
- policy briefs
- participation in activities organized by members of the larger network – for example of Enabel, ITM, etc.

3.5. Communication, Linkages and Collaboration

a. Internal communication

Active WG members may use the internal mailing list to communicate among themselves, including to request or share information, exchange documents, or circulate draft work. These communications will follow a set of internal rules (to be agreed) to prevent excessive email traffic.

Communication with the broader group of interested members will be handled exclusively by the coordinators, using blind copy (bcc), in order to limit the number of messages received by the wider audience.

b. Communication with other WG of BCH

The coordinators serve as the main focal point for communication with the broader Be-Cause Health platform and with other Working Groups. They participate at least once per year in the BCH Steering Committee, where they share updates on the work conducted by the WG-AQM.

The coordinators will relay information received through the platform to the active members of the WG. Interested (non-active) members will receive only the relevant information necessary for their engagement.

c. Collaboration and communication with other WG of BCH

There is a possibility of collaboration with other Be-Cause Health Working Groups. This may include:

- Individual involvement of WG AQM members when their specific expertise is requested by other WGs (e.g. SRHR, mental health, planetary health).
- Joint workshops or activities in areas of mutual interest.
- Mutual invitations to events, whereby WG AQM members may participate in activities organized by other WGs, and vice versa.
- Collaborative participation in conferences, including co-developed sessions or thematic contributions.
- Collaborative involvement in internal BCH events, such as the General Assembly or the annual conference.
- Other collaborative formats to be explored depending on evolving needs and opportunities

4. Thematic Focus

Based on the survey findings, the following themes are proposed as general guidance and axes for discussion (to be reviewed annually).

- Sharing news and insights on global developments relevant to access to and quality of medicines (e.g. new programs, policy changes, conferences, funding decisions)
- Learning about international initiatives and policies in relation to access and quality of medicines (such as WHO prequalification, Global Fund QA policies, donor requirements for procurement, regional regulatory harmonization initiatives)
- Influencing and advocating for better practices in the field of access to and quality of medicine
- National pharmaceutical policies to improve access to and quality of medicines, including medicine selection, pricing and financing policies, supply chain and procurement strategies, and pharmaceutical governance and regulation
- National and international initiatives to promote equity in access, such as the use of TRIPS flexibilities, pooled procurement mechanisms, regulatory harmonization efforts, and the work of initiatives like DNDi and the Medicines Patent Pool (MPP)
- Addressing substandard and falsified medical products
- Medicines' pricing policies, including price transparency initiatives, international price referencing, tiered pricing, and strategies to address high-cost medicines
- Programmatic challenges in ensuring medicines quality, including adoption of quality assurance procedures, navigating supply chains, and addressing substandard and falsified products

5. Activities for 2026

Activities to be discussed in January 2026 for adoption or modification – these would be included in the workplan if adopted.

- a. Develop a list of technical reference documents for organizations working on access and quality of medicines. (Pre-volunteer: Alliance Hoyep)
- b. Develop an e-learning module based on the Quality Charter, to help organizations understand regulatory and quality risks and support charter implementation. The Charter will be redistributed prior to next session.
- c. Organize two “share and learn” sessions (virtual or hybrid), linked to international days:
 - Tuberculosis – around March 24 (world day)
 - A topic on Non-Communicable Diseases (NCDs), possibly diabetes (November 14) or other NCDs (September 25)
 - Sessions would focus on technical or policy questions affecting access and/or quality of medicines, including advocacy, research, regulation, financing, etc. Good practices could also be shared.
- d. Internal Be-Cause Health Agenda for 2026
 - Submission of the annual Working Plan with budget (especially relevant for the e-learning). Deadline in January–February 2026.
 - Participation in the BCH General Assembly (April), potentially presenting the e-learning proposal and reviving advocacy around the Quality Charter.
 - Possible submission of a session proposal for the BCH annual conference “Do We Care?”. To be discussed.

6. Calendar of events

Period	PROPOSED ACTIVITY
Dec 2025	Workshop to define the ToR and identification of priority themes – Dissemination of the documents
15 th Jan 2026	Kick-off meeting of the renewed WG-AQM
March / April 2026	1 st webinar on International TB Day (invite members to lead the session)
Oct / Nov 2026	2 nd webinar on diabetes (invite members to lead the session)
Oct 2026	Because Health Conference: “Do we care” => Mars/Avril deadline to respond to abstracts.
Nov / Dec 2026	Annual review and planning for 2027.