



Summary of 2020 web-based consultation on the WHO working document *Developing an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol*

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Executive summary

A web-based consultation was hosted by the World Health Organization (WHO) from 16 November 2020 to 13 December 2020 on a working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol. Stakeholders were invited to submit their comments and suggestions for consideration. The current report provides a summary of these submissions with respect to GAPA's key advocacy points.

A total of 251 submissions was received from 73 jurisdictions, including 143 (57%) from civil society organizations, 22 (9%) from governmental institutions, 63 (25%) from industry organizations, and 23 (9%) from organizations with unknown affiliations. In comparison to the 2019 web-based consultation on implementation of the Global strategy to reduce the harmful use of alcohol and the way forward, entities representing the alcohol industry had substantially increased their number of submissions (from 43 to 63). While civil society organizations also saw an increase in submissions (from 113 to 143), governmental institutions showed a drop in submission numbers (from 33 to 22) despite the extended consultation period. However, further contributions by governmental institutions are expected at the regional technical consultations with Member States scheduled for early 2021. Notably, 21 submissions by organizations with unknown affiliations were think tanks belonging to the Atlas Network, which was funded by the tobacco industry and consistently opposed the alcohol policy "best buys". However, it was unclear whether these think tanks had any links to the alcohol industry as WHO did not require respondents to declare conflicts of interest in this consultation.

Overall, almost half (47%) of all submissions partially or fully mentioned the need to address conflicts of interest or the role of economic operators in the Global action plan, while 43% mentioned the need to focus on the SAFER initiative or the alcohol policy "best buys". Relatively few (28%) mentioned the need for more regular reporting on progress starting sooner and 16% mentioned the need to address equity or protect low to middle-income countries, highlighting areas where GAPA's advocacy efforts could be strengthened. On the other hand, requesting WHO to further acknowledge the positive role of economic operators in the reduction of harmful alcohol use was a prominent message in the submissions by the alcohol trade associations and producers.

Background

The WHO Global strategy to reduce the harmful use of alcohol was negotiated and agreed by Member States in 2010.¹ The 72nd World Health Assembly in 2019 requested the WHO Director-General to “report to the 73rd World Health Assembly in 2020, through the Executive Board (EB), on the implementation of WHO’s Global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward.”² To this end, the WHO Secretariat carried out a “broad consultative process”, which included a) discussions at the Second WHO Forum on alcohol, drugs and addictive behaviours with representatives from governments, academia and civil society (June 2019); b) regional technical consultations with Member States in all six WHO regions (September to October 2019); c) a web-based consultation on a discussion paper (dated 21 October 2019)³ open to Member States, United Nations (UN) entities and other intergovernmental organizations, and non-State actors (24 October to 4 November 2019); and d) an informal consultation with Member States (November 2019).⁴

In February 2020, the WHO EB called for a) the development of “an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the 75th World Health Assembly through the 150th session of the WHO EB in 2022”; b) “to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including targeting youth and adolescents, before the 150th session of the WHO EB, which could contribute to the development of the action plan”; as well as c) “to adequately resource the work on the harmful use of alcohol”. In response to the above WHO EB decision, the WHO Secretariat conducted a second web-based consultation from 16 November 2020 to 13 December 2020 on a working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol (dated 14 November 2020).⁵

¹ World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010. Available at: <https://www.who.int/publications/i/item/9789241599931> (accessed 16 March 2021)

² World Health Organization. Seventy-second World Health Assembly. Agenda item 11.8. Available at: [https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf) (accessed 16 March 2021)

³ World Health Organization. Discussion paper on implementation of the WHO Global strategy to reduce the harmful use of alcohol since its endorsement, and the way forward, 21 October 2019. Available at: https://www.who.int/docs/default-source/alcohol/2010-strategy/discussion-paper.pdf?sfvrsn=a171471c_2 (accessed 16 March 2021)

⁴ World Health Organization. Executive Board 146th session. Provisional agenda item 7.2. Available at: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7-en.pdf (accessed 16 March 2021)

⁵ World Health Organization. Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14 November 2020. Available at: https://cdn.who.int/media/docs/default-source/alcohol/action-plan/for-web-working-document-for-action-plan.pdf?sfvrsn=1754d27a_4 (accessed 16 March 2021)

Methods

The web-based consultation was open to Member States, UN organizations and other international organizations, and non-State actors. The consultation began on 16 November 2020 and was extended by 7 days to end on 13 December 2020 instead of 6 December 2020 as originally planned. Respondents were asked to indicate the name and country of their organization, but not their type of organization or to declare any potential conflicts of interest. The consultation only asked for a response to the following statement:

“We have read the working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol and have the following comments and suggestions for consideration:”

Responses were submitted to a WHO website, with the options to either submit the full response online or an abstract online with the full submission attached as a pdf or doc file. All relevant feedback was published in February 2021 in two volumes on the WHO website.⁶ According to WHO, the published submissions were not edited, except any attachments not produced directly for the consultation or those containing general information, webpages or public documents had been removed.

For the purposes of the current summary, responses were categorized by a) type of organization (civil society, government, industry or unknown), and b) location of organization. “Civil society” included nongovernmental and academic institutions. “Government” included Member States, governmental and UN or intergovernmental institutions. “Industry” was defined as entities or economic operators with known ties to the alcohol industry.

Responses not in English were translated using Google Translate. Responses were also summarized by the extent to which the following key GAPA advocacy points were mentioned, coded as “no”, “partially” and “fully”:

1. Addressing conflicts of interest or the role of economic operators
2. Focusing on the SAFER initiative or “best buys”
3. More regular reporting on progress of the action plan starting sooner
4. Protecting equity or low to middle-income countries

⁶ World Health Organization. Developing a Global action plan to reduce the harmful use of alcohol. 2020 web-based consultation on a working document. Available at: <https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol> (accessed 17 March 2021)

Results

Summary of submissions by type of organization

Table 1 shows the number of submissions by type of organization to the WHO web-based consultation in 2020. Corresponding figures for the first web-based consultation in 2019 are also shown for comparison. The current consultation received a total of 251 submissions, including 143 (57%) from civil society organizations, 22 (9%) from governmental institutions, 63 (25%) from industry organizations, and 23 (9%) from organizations with unclear affiliations. Although the WHO website shows that 253 submissions were received,⁶ the two pdf files on the website contained only 251 submissions. Similarly, while a WHO report⁴ showed that 191 submissions were received in the first web-based consultation (including 44 submissions from private sector entities), its website listed only 189 submissions (including 42 submissions from private sector entities).⁷

It should be noted that social aspects organizations with known ties to the alcohol industry were classified as “industry” submissions in this report. Twenty-three submissions categorized as “unknown” were made by organizations with unclear affiliations as respondents were not required to declare potential conflicts of interest in the second web-based consultation. This was a point of concern as the interests of non-State actors with possible links to the alcohol industry may be obscured. In particular, the 21 think tanks that submitted pro-industry responses were all part of the Atlas Network, which had known links to the tobacco industry.⁸ This was also in contrast to the first web-based consultation, where respondents were specifically asked to indicate their organization type (Member States and governmental institutions, UN system and other intergovernmental organizations, academic institutions, NGOs and private sector entities); and for academic, nongovernmental and private sector institutions, whether their organization was an economic operator in the alcohol industry or received funding from such parties. As a result, one NGO that reported funding by the alcohol industry was categorized as “industry” instead of “civil society” in the first web-based consultation.

Compared to the first web-based consultation, the second consultation saw an increase in submissions by 33% (from 189 to 251), most notably from the alcohol industry (47% increase from 43 to 63), followed by civil society organizations (27% increase from 113 to 143). There was a 33% drop in the number of submissions from governmental organizations (from 33 to 22), which accounted for only 9% of submissions in the second web-based consultation. However, further input from governmental institutions are expected at the regional technical consultations with Member States scheduled for early 2021. There was a notable increase of 23 in the number of submissions by organizations with unknown affiliations, 21 of which were pro-industry think tanks.

The subsequent sections of this report will focus on submissions to the second web-based consultation in 2020.

⁷ World Health Organization. Web-based consultation on the implementation of the WHO global strategy to reduce the harmful use of alcohol since its endorsement, and the way forward. Available at: <https://www.who.int/health-topics/alcohol/online-consultation> (accessed 17 March 2021)

⁸Smith J, Thompson S, Lee K. The atlas network: a "strategic ally" of the tobacco industry. *Int J Health Plann Manage.* 2017;32(4):433-48.

Table 1. Submissions by type of organization to the first and second web-based consultations

Type of organization	First consultation (2019)		Second consultation (2020)		Submissions to second consultation cf. first consultation
	No. of submissions	% total submissions	No. of submissions	% total submissions	
Civil society	113	60.3	143	57.0	+30 (+26.5%)
Government	33	17.5	22	8.8	-11 (-33.3%)
Industry	43	22.2	63	25.1	+20 (+46.5%)
Unknown	0	0	23	9.2	+23 (NA)
Grand total	189	100.0	251	100.0	+62 (+32.8%)

Summary of submissions by location of organization

Table 2 shows the number of submissions by location of the organization as reported by respondents. A total of 73 jurisdictions was represented. Countries with more than 10 submissions each included the United Kingdom (25 submissions), United States (16 submissions), New Zealand (13 submissions), Belgium (12 submissions) and Spain (11 submissions).

Table 2. Number of submissions by location of organization

Location of organization	No. of submissions	% total submissions
Argentina	2	0.8
Australia	10	4.0
Austria	2	0.8
Bangladesh	2	0.8
Barbados	2	0.8
Belgium	12	4.8
Botswana	1	0.4
Brazil	5	2.0
Bulgaria	1	0.4
Burundi	1	0.4
Cambodia	1	0.4
Cameroon	1	0.4
Canada	5	2.0
Chile	2	0.8
Colombia	2	0.8
Czechia	1	0.4
Democratic Republic of the Congo	1	0.4
Dominican Republic	2	0.8
Estonia	1	0.4
Finland	4	1.6
France	6	2.4
Germany	2	0.8
Greece	1	0.4
Hong Kong SAR, China	2	0.8
Hungary	1	0.4
Iceland	2	0.8
India	2	0.8
Indonesia	1	0.4
Ireland	4	1.6
Israel	1	0.4
Italy	8	3.2
Japan	2	0.8
Kenya	4	1.6
Latvia	1	0.4
Lesotho	2	0.8
Lithuania	1	0.4
Luxembourg	1	0.4
Malaysia	1	0.4
Malta	1	0.4
Mexico	9	3.6
Mongolia	1	0.4
Namibia	1	0.4
Nepal	2	0.8
Netherlands	4	1.6
New Zealand	13	5.2
Nigeria	6	2.4
North Macedonia	1	0.4
Norway	4	1.6
Panama	1	0.4

Location of organization (cont'd)	No. of submissions	% total submissions
Peru	1	0.4
Poland	4	1.6
Portugal	1	0.4
Romania	1	0.4
Rwanda	2	0.8
Sierra Leone	2	0.8
Singapore	1	0.4
Slovakia	3	1.2
Slovenia	3	1.2
South Africa	5	2.0
Spain	11	4.4
Sri Lanka	4	1.6
Sweden	8	3.2
Switzerland	7	2.8
Tanzania	3	1.2
Thailand	2	0.8
Trinidad and Tobago	1	0.4
Turkey	3	1.2
United Kingdom	25	10.0
Ukraine	1	0.4
United States of America	16	6.4
Vietnam	1	0.4
Zambia	1	0.4
Zimbabwe	2	0.8
Grand total	251	100.0

Table 3 shows the number of submissions by WHO region and type of organization. Europe (EUR) accounted for half (50%) of all submissions, followed by the Americas (AMR) (20%), Western Pacific (WPR) and Africa (AFR) (both 13%), and Southeast Asia (SEAR) (5%). There were no submissions from the Eastern Mediterranean Region. The government, industry and unknown submissions were predominantly from EUR, while civil society had broader representation by different regions.

Table 3. Number of submissions by WHO region and type of organization

Region of organization	Submissions by type of organization				Grand total	% total submissions
	Civil society	Government	Industry	Unknown		
African region (AFR)	28	0	1	3	32	12.7
Region for the Americas (AMR)	21	5	23	0	49	19.5
European region (EUR)	59	13	34	19	125	49.8
Southeast Asia region (SEAR)	11	1	0	1	13	5.2
Western Pacific region (WPR)	24	3	5	0	32	12.7
Grand total	143	22	63	23	251	100.0

Summary of coverage of GAPA key advocacy points

Table 4 provides an overall summary of coverage of the four GAPA key advocacy points. Almost half (47%) of all submissions partially or fully mentioned the need to address conflicts of interest or the role of economic operators in the Global action plan, while 43% mentioned the need to focus on the SAFER initiative or the alcohol policy “best buys”. Only 28% mentioned the need for more regular reporting on progress starting sooner, while 16% mentioned the need to address equity or protect low to middle-income countries.

The following sections will summarize the contributions by type of organization.

Table 4. Overall summary of coverage of GAPA key advocacy points

GAPA key advocacy points	Coverage of advocacy points							
	No		Partially		Fully		Total	
	n	%	n	%	n	%	n	%
Addressing conflicts of interest or the role of economic operators	132	52.6	9	3.6	110	43.8	251	100.0
Focusing on the SAFER initiative or “best buys”	144	57.4	20	8.0	87	34.7	251	100.0
More regular reporting on progress of the action plan starting sooner	181	72.1	14	5.6	56	22.3	251	100.0
Protecting equity or low to middle-income countries	211	84.1	11	4.4	29	11.6	251	100.0

Submissions by civil society organizations

A total of 143 submissions was received, of which 26 were identical submissions representing the views of Movendi International. Of the 143 civil society organizations represented, 59 were based in EUR, followed by 28 in AFR, 24 in WPR, 21 in AMR and 11 in SEAR.

Table 5 summarizes the extent to which the four GAPA advocacy points were mentioned in the submissions by civil society organizations. The majority (73%) of submissions partially or fully mentioned addressing conflicts of interest or the role of economic operators, while 66% partially or fully mentioned focusing on the SAFER initiative or “best buys”. About half (47%) mentioned more regular reporting on progress starting sooner, while 26% mentioned protecting equity or low to middle-income countries.

Table 5. Coverage of GAPA key advocacy points in submissions by civil society organizations

GAPA key advocacy points	Coverage of advocacy points							
	No		Partially		Fully		Total	
	n	%	n	%	n	%	n	%
Addressing conflicts of interest or the role of economic operators	39	27.3	6	4.2	98	68.5	143	100.0
Focusing on the SAFER initiative or “best buys”	48	33.6	15	10.5	80	55.9	143	100.0
More regular reporting on progress of the action plan starting sooner	76	53.1	13	9.1	54	37.8	143	100.0
Protecting equity or low to middle-income countries	106	74.1	10	7.0	27	18.9	143	100.0

Table 6 lists the civil society organizations that partially or fully mentioned all four advocacy points.

Table 6. Civil society organization submissions that best align with GAPA key advocacy points

Name of organization	Location	GAPA key advocacy points			
		Addressing conflicts of interest or the role of economic operators	Focusing on the SAFER initiative or “best buys”	More regular reporting on progress of the action plan starting sooner	Protecting equity or low to middle-income countries
Alcohol Healthwatch	New Zealand	Fully	Fully	Fully	Fully
Asia Pacific Alcohol Policy Alliance	Singapore	Fully	Fully	Fully	Fully
FORUT and partner organisations	Norway	Fully	Fully	Fully	Fully
Foundation for Innovative Social Development	Sri Lanka	Fully	Fully	Fully	Fully
Global Alcohol Policy Alliance	New Zealand	Fully	Fully	Fully	Fully
Health Coalition Aotearoa	New Zealand	Fully	Fully	Fully	Fully
Kookiri ki Taamakimakaurau Trust	New Zealand	Fully	Fully	Fully	Fully
Massey University	New Zealand	Fully	Fully	Fully	Fully
Nepal Alcohol Policy Alliance	Nepal	Fully	Fully	Partially	Partially
New Zealand College of Public Health Medicine	New Zealand	Fully	Fully	Fully	Fully
New Zealand Medical Association	New Zealand	Fully	Fully	Fully	Fully
Sri Lanka Alcohol Policy Alliance	Sri Lanka	Fully	Fully	Fully	Fully
Union for International Cancer Control	Switzerland	Fully	Fully	Partially	Partially
World Cancer Research Fund International	United Kingdom	Fully	Fully	Fully	Fully
World Medical Association	France	Fully	Fully	Fully	Fully

Submissions by governmental organizations

A total of 22 submissions representing 19 Member States or jurisdictions was received, as shown in Table 7. Finland, Spain and the United Kingdom each contributed 2 submissions. Thirteen submissions were from EUR, followed by 5 from AMR, 3 from WPR and 1 from SEAR. Of the 19 Member States or jurisdictions, 14 were high-income economies and 5 were upper-middle-income economies.

Table 7. Location of governmental organizations by number of submissions

Location of organization	No. of submissions
Argentina	1
Canada	1
Chile	1
Colombia	1
Dominican Republic	1
Finland	2
Hong Kong, China	1
Iceland	1
Ireland	1
Italy	1
Japan	1
Luxembourg	1
Malta	1
Netherlands	1
New Zealand	1
Spain	2
Thailand	1
Turkey	1
United Kingdom	2
Grand total	22

Table 8 summarizes the extent to which the four GAPA advocacy points were mentioned in the submissions by governmental organizations. Again, the majority (68%) partially or fully mentioned addressing conflicts of interest, and 50% partially or fully mentioned focusing on the SAFER initiative. However, relatively few submissions mentioned the other two advocacy points. Only the submission by Auckland Regional Public Health Service in New Zealand mentioned all four advocacy points.

Table 8. Coverage of GAPA key advocacy points in submissions by governmental organizations

GAPA key advocacy points	Coverage of advocacy points							
	No		Partially		Fully		Total	
	n	%	n	%	n	%	n	%
Addressing conflicts of interest or the role of economic operators	7	31.8	3	13.6	12	54.5	22	100.0
Focusing on the SAFER initiative or “best buys”	11	50.0	5	22.7	6	27.3	22	100.0
More regular reporting on progress of the action plan starting sooner	19	86.4	1	4.5	2	9.1	22	100.0
Protecting equity or low to middle-income countries	20	90.9	0	0.0	2	9.1	22	100.0

Submissions by industry organizations

A total of 63 submissions was received from a wide range of industry organizations, including 49 trade associations, 7 industry-funded NGOs or social aspects organizations, 3 advertising industry representatives, 2 alcohol producers and 2 alcohol retailers.

The majority (34) of submissions were from EUR, followed by 23 from AMR, 5 from WPR, and 1 from AFR.

Table 9 summarizes the extent to which the four GAPA advocacy points were mentioned in the submissions by industry organizations. As expected, almost none of the submissions mentioned any of GAPA’s key advocacy points. Only one submission by Systembolaget AB, the Swedish government-owned alcohol retailer, mentioned focusing on the SAFER initiative. One submission by Drinkaware (Ireland), an industry-funded social aspects organization, mentioned the need to address health inequities caused by alcohol harm.

Table 9. Coverage of GAPA key advocacy points in submissions by industry organizations

GAPA key advocacy points	Coverage of advocacy points							
	No		Partially		Fully		Total	
	n	%	n	%	n	%	n	%
Addressing conflicts of interest or the role of economic operators	63	100.0	0	0.0	0	0.0	63	100.0
Focusing on the SAFER initiative or “best buys”	62	98.4	0	0.0	1	1.6	63	100.0
More regular reporting on progress of the action plan starting sooner	63	100.0	0	0.0	0	0.0	63	100.0
Protecting equity or low to middle-income countries	62	98.4	1	1.6	0	0.0	63	100.0

Requesting WHO to further acknowledge the positive role of economic operators in the reduction of harmful alcohol use was a prominent message in the submissions by the alcohol trade associations and producers, frequently citing a whole-of-society approach and recognition by the UN. Examples of these submissions are highlighted in Box 1.

Box 1. Examples of industry submissions requesting further acknowledgement of economic operators in the Global action plan

Belgian Brewers (Belgium)

“The Working Document argues that there is an inherent conflict between the interests of the alcohol industry and the interests of public health. This presumed conflict is used to justify excluding the industry from all discussions on public health policy and demand that the industry refrain from funding public health policy-related research. As a national federation, we feel we can have an added value in the discussion and we do not believe there is an inherent conflict of interest between the brewers’ interests and those of public health. Therefore there is no justification to de facto exclude brewers from public policy discussions.”

FIVS (United States of America)

*“As currently drafted, the working document questions the commitment of economic operators to public health, contradicting the United Nations Political Declaration’s statement that economic operators have a role to play in producing positive health outcomes. **We encourage the WHO Secretariat to recognise the positive contributions of economic operators in reducing the harmful use of alcohol and to include economic operators within a whole-of-society approach at all levels – multilateral, regional, and national.**”*

Japan Spirits & Liqueurs Makers Association (Japan)

“The working document describes how economic operators in the area of alcohol beverage production and trade to be engaged in various Action areas. Some of them are very restrictive and limiting our engagement in context of whole of society approaches, which is not the case working effectively in Japan. It also describes conceptually the commercial interests as barriers against progress.

To be consistent with GAS and UNPD the future action plan should keep encouraging whole of society approaches where the role and contribution of private sectors to be recognized properly.”

Pernod Ricard (France)

“We do believe companies like ours have a positive role to play, as it has been recognized in UN SDG, notably under SDG #17 on partnerships. We hope such a role will be recognized in the future WHO action plan.”

SpiritsEUROPE (Belgium)

“Our sector has worked extensively, also in dialogue with the WHO, to further evolve, refine and adapt standards for advertising and marketing so as to reduce the exposure of certain vulnerable groups (minors, problem drinkers) to alcohol advertising. For such efforts to be successful, a close, ongoing dialogue with the private sector and relevant stakeholders is fundamental – therefore policy approaches that seek the exclusion of alcohol producers and other economic operators would be counter-productive in that regard, and need to be reconsidered.”

Submissions by organizations with unknown affiliations

A total of 23 submissions by organizations with unknown affiliations was received. Of these, 21 were think tanks that belonged to the Atlas Network, which claims to be “a non-profit organization connecting a global network of more than 475 free-market organizations in over 90 countries to the ideas and resources needed to advance the cause of liberty”.⁹ The organization’s sources of funding were unclear as its latest annual report no longer listed its donors.¹⁰ Atlas Network’s previous annual reports showed funding by British American Tobacco, but no clear link to the alcohol industry. The remaining 2 submissions were by consultancies that provided no information on funding.

The vast majority (19) of these submissions was from EUR, followed by 3 from AFR and 1 from SEAR. Table 10 shows that none of the submissions mentioned any of GAPA’s key advocacy points.

Notably, the think tanks consistently argued for less government interventions, questioning the “best buys”, especially increasing alcohol taxation, as being “prohibitionist”, not focused on “harmful consumption” and responsible for growth in illicit alcohol.

Table 10. Coverage of GAPA key advocacy points in submissions by organizations with unknown affiliations

GAPA key advocacy points	Coverage of advocacy points							
	No		Partially		Fully		Total	
	n	%	n	%	n	%	n	%
Addressing conflicts of interest or the role of economic operators	23	100.0	0	0.0	0	0.0	23	100.0
Focusing on the SAFER initiative or “best buys”	23	100.0	0	0.0	0	0.0	23	100.0
More regular reporting on progress of the action plan starting sooner	23	100.0	0	0.0	0	0.0	23	100.0
Protecting equity or low to middle-income countries	23	100.0	0	0.0	0	0.0	23	100.0

⁹ Atlas Network. About Atlas Network. Available at: <https://www.atlasnetwork.org/> (accessed 29 March 2021)

¹⁰ Atlas Network. 2019 Annual Report. Available at: https://www.atlasnetwork.org/assets/uploads/annual-reports/AR_2019_Revised.pdf (accessed 29 March 2021)