

Best Practice Policy Toolkit: Anaphylaxis Preparedness & Response

The **ACT Alliance** is a European multi-stakeholder platform that aims to bring together patients, parents/caregivers, healthcare professionals, relevant sectoral advocacy bodies (e.g. school/transport/hospitality sector representatives), policymakers, and industry partners with a shared commitment to improving emergency response systems for serious allergic reactions, e.g. anaphylaxis across Europe. The Alliance serves as a collaborative platform to identify key challenges, exchange best practices, generate evidence, and drive policy change that enhances the safety and quality of life of people at risk of anaphylaxis.

What is anaphylaxis and why rapid response matters

About 1 in 300 Europeans will experience anaphylaxis at some point in their lives which in some cases will result in fatal outcomes¹. Across Europe, serious allergic reactions, such as anaphylaxis, are becoming more common, and hospital admissions for food-induced anaphylaxis are increasing². While anaphylaxis can be triggered by many factors, children and younger people are at higher risk of food-induced reactions and the trend is increasing year by year³. Early recognition of anaphylaxis and timely administration of lifesaving epinephrine, including by lay people, can help reverse this growing trend.

Anaphylaxis is a sudden, life-threatening allergic reaction that can occur in anyone, often without a prior diagnosis, and can lead to fatal outcomes within minutes if not treated promptly. Adrenaline, otherwise known as epinephrine, is the gold-standard treatment recommended by international health authorities, reducing anaphylactic shock moments after administration. Swift action is key to surviving anaphylaxis, as any delay in administering epinephrine significantly increases the risk of morbidity and mortality. With emergency response times ranging between 10 to 30 minutes across the Union, bystander response to anaphylaxis is critical.

In adopting policies that support **anaphylaxis awareness, training, and access to treatment, countries can reduce the impact of serious allergic reactions among European citizens**. We aim to harmonise the preparedness and access to emergency treatment between and within

¹ Panesar, S. S., Javad, S., de Silva, D., Nwaru, B. I., Hickstein, L., Muraro, A., Roberts, G., Worm, M., Bilò, M. B., Cardona, V., Dubois, A. E. J., Dunn Galvin, A., Eigenmann, P., Fernandez-Rivas, M., Halken, S., Lack, G., Niggemann, B., Santos, A. F., Vlieg-Boerstra, B. J., Zolkipli, Z. Q., & Sheikh, A. (2013). *The epidemiology of anaphylaxis in Europe: A systematic review*. *Allergy*, 68(11), 1353–1361. <https://doi.org/10.1111/all.12272>

² Turner, P. J., Gowland, M. H., Sharma, V., Ierodiakonou, D., Harper, N., Garcez, T., & Boyle, R. J. (2015). *Increase in anaphylaxis-related hospitalizations but no increase in fatalities: An analysis of United Kingdom national anaphylaxis data, 1992–2012*. *Journal of Allergy and Clinical Immunology*, 135(4), 956–963.e1. <https://doi.org/10.1016/j.jaci.2014.10.021>

³ Bulut, İ., Yegin Katran, Z., & Yavuz, D. (2024). *Anaphylaxis in a country where Asia and Europe meet: Evaluation according to World Allergy Organization (WAO) and European Academy of Allergy and Clinical Immunology (EAACI) diagnostic criteria*. *World Allergy Organization Journal*, 17(9), 100962. <https://doi.org/10.1016/j.waojou.2024.100962>

Member States. The adoption of these anaphylaxis best practices will result in higher bystander response rate, faster response time, improved patient recovery time, and reduced anaphylaxis fatalities.

Training programmes enable the public to identify the signs of anaphylaxis and confidently administer treatment. In addition to training, countries must support making emergency epinephrine treatment accessible to bystanders and ensuring legal protection to administer this.

Preparedness policies are particularly transformative in at-risk settings, such as schools, restaurants, and transport systems. In food service sectors, individuals are more likely to be exposed to a food item triggering a serious allergic reaction. This risk is compounded with children, as they are more likely to be unaware of their allergies and lack prescribed treatment as a result. To combat this risk, Portugal and Ireland have begun implementing school-personnel training and stocking policies enabling anaphylaxis response, but these efforts remain fragmented.

This is precisely what the ACT Alliance is focusing on, we aim to identify key challenges, exchange best practices, generate evidence, and drive policy change that enhances the safety and quality of life of people at risk of anaphylaxis.

EU Action and Policy Context

As efforts continue to close the gap in anaphylaxis response, the EU can help Member States implement targeted actions in at-risk settings. From implementing legislation to facilitating best practice exchange or setting guidelines, the EU offers various instruments to ensure Europeans are prepared to act in case of anaphylaxis.

Similar to national approaches, the EU is able to incentivise allergy preparedness in schools. The **EU Child Guarantee**, for example, is an initiative designed to ensure that every child in need receives a healthy school meal each day. To ensure the safety of this meal, anaphylaxis training and treatment can be provided to staff. Enabling employees to access anaphylaxis treatment and training is another national best practice that can be replicated at the EU level. The **Quality Jobs Act** is looking to address ongoing occupational health risks and can be leveraged to improve anaphylaxis preparedness in workplaces.

EU policy also offers opportunities to harmonise disparities in preparedness for serious allergic reaction response across Member States. For example, the **EU Preparedness Strategy** aims to strengthen Member States capacity and collaboration in crisis resilience. Several initiatives engage healthcare professionals, citizens, teachers, and children in training in how to respond in case of a (medical) emergency. We aim to feature anaphylaxis training in this preparedness initiative to ensure more widespread access to training.

The EU offers funding mechanisms that can enable the effective implementation of anaphylaxis best practices across the EU. The **EU4Health Programme** can support prevention, preparedness, and workforce training actions, including anaphylaxis education in schools and improved access to epinephrine in public spaces. **Horizon Europe** can fund clinical and implementation research to strengthen the evidence base for best practices, while **Erasmus+** can facilitate the development and dissemination of anaphylaxis training within schools and

vocational education. Together with national investments supported through **EU Cohesion Policy Funds**, these instruments can promote more equitable and harmonised anaphylaxis preparedness across Member States.

Ahead of any advocacy, the ACT Alliance aims to take stock of existing national policies to prepare for serious allergic reactions. In identifying the best practices for training, treatment access, and response to anaphylaxis, this document assesses the policy development across the Union. The country analysis demonstrates where outreach can be most effective and which member states can offer a guiding example for others. The ACT Alliance aims to mobilise these findings at the EU-level to strengthen preparedness for anaphylaxis and prevent avoidable deaths.

Best Practices

Effective prevention and response to anaphylaxis rely on evidence-based approaches and lessons from existing policies across EU member states. Key recommendations highlight effective approaches in training, access to emergency treatment, and timely response, providing scalable measures to improve preparedness and save lives.

Training to recognise and respond to anaphylaxis

- **Mandate anaphylaxis training across healthcare professionals** (GPs, specialists, nurses, pharmacists) in line with EAACI, WAO, and European Resuscitation Council standards. By introducing this training through clinical guidelines, clinical education, or legislation, we equip all care providers to recognise serious allergy reactions and administer adrenaline as first-line treatment. This framework aims to close skill gaps regarding anaphylaxis response among care providers and ensure consistent competence in both hospital and community healthcare settings.
- **Provide mandatory training for non-healthcare staff in defined public settings**, particularly in schools and food service. The risk of anaphylaxis is higher in food settings, particularly for young people, who may encounter new foods and unfamiliar allergens. When lay people, such as teachers or canteen workers, receive formal training and clear emergency protocols, they can deliver lifesaving and timely adrenaline treatment.

Access to anaphylaxis emergency treatment

- **Establish minimum requirements for stocking epinephrine**, in the form of adrenaline treatments, **across all primary and secondary school settings**. Around 1 in 5 school-age individuals who die from allergic reactions are exposed to the triggering allergen at school. With the rising prevalence of serious allergic reactions among children, ensuring access to emergency treatment on-site is critical.⁴ Ensuring access to emergency treatment stocks protects both patients and those experiencing a first-time reaction.
- **Establish a sustainable, harmonised approach to protecting citizens from serious allergic reactions in critical public spaces**. Harmonised approaches ensure that

⁴ Deschildre A, Alvaro-Lozano M, Muraro A, et al. Towards a common approach for managing food allergy and serious allergic reactions (anaphylaxis) at school. GA²LEN and EFA consensus statement. *Clin Transl Allergy*. 2024;e70013. <https://doi.org/10.1002/ctt2.70013>

critical public environments have adequate stocks of emergency treatments for anaphylaxis, based on the maximum capacity of the venue. Access in environments such as transport hubs, workplaces, and leisure venues significantly improves response times and closes critical gaps in emergency care.

- **Mandate adequate funding and coordinated procurement of emergency response devices for schools and critical public environments** is fundamental to ensuring effective protection against life-threatening events, including anaphylaxis. Systemic funding allows epinephrine treatment to be maintained as a part of routine safety infrastructure, enabling rapid response by bystanders rather than relying on individual provisions.

Response and record anaphylaxis

- **Ensure clear authority for pharmacists and trained non-healthcare professionals** to deliver emergency anaphylaxis treatments. A legal framework with explicit authorisation for non-healthcare personnel to administer epinephrine avoids delays and hesitation in treatment.
- **Encourage widespread awareness among non-healthcare staff and the general population about recognising anaphylaxis and responding appropriately.** Dissemination of clear, consistent messages on the signs of anaphylaxis, the urgency of treatment, and the safe use of adrenaline auto-injectors improves emergency response rate.
- **Strengthen the collection, quality and interoperability of data on anaphylaxis** across Member States by supporting the development of standardised national registries and improving reporting of incidents, triggers, treatments and outcomes across healthcare and community settings. Enhanced surveillance and evidence generation will enable better monitoring of trends, support prevention strategies, and inform coordinated EU and national policies to improve patient safety and outcomes.

Common Obstacles

Despite clear best practices, barriers in training, access to emergency treatment, and timely response continue to limit effective anaphylaxis management.

Training to recognise and respond to anaphylaxis

- **Anaphylaxis training, in terms of prevention and management, is not consistently prioritised⁵** across healthcare professionals' education frameworks, reflecting its continued classification as a specialist or rare emergency rather than a core competency for all frontline healthcare professionals.

⁵ Muraro A, de Silva D, Podesta M, et al. 10 practical priorities to prevent and manage serious allergic reactions: GA²LEN ANACare and EFA Anaphylaxis Manifesto. *Clin Transl Allergy*. 2024;e70009. <https://doi.org/10.1002/ctlt2.70009>

- **Non-healthcare professional training is fragmented and voluntary**, with unclear institutional responsibility, leaving many public environments unprepared.⁶

Access to anaphylaxis emergency treatment

- **Emergency epinephrine is treated primarily as patient-specific therapy rather than public safety infrastructure**, leaving institutions unprepared for first-time reactions.⁷
- **Lack of centralised funding, procurement, and operational standards discourages stock maintenance** and creates inequities in access and safety.

Response to anaphylaxis

- **Legal ambiguity** prevents both healthcare and non-healthcare professionals from administering adrenaline to individuals without a prescribed condition, causing hesitation even when training exists.

Pathways to Adoption

The successful adoption of these best practices requires a combination of tailored policy solutions, engaged stakeholders, and adequate and sustainable funding.

Tailored Policy Solutions

The best practices for training, access, and response outlined above are baseline recommendations, however for its successful application the policies must build on the **existing legal frameworks**. Depending on the authorisation of non-healthcare personnel to provide anaphylaxis and the liability of bystanders, policy interventions will need to adapt. The existing clinical expertise of the **healthcare system** ought to be evaluated to tailor the level of necessary training. Finally, a **population risk assessment** should consider current at-risk settings in the local community, such as existing school canteens.

Engaged Stakeholders

Engaged stakeholders ensure that

interventions are practical, coordinated, and effective, with different groups contributing in ways that match their expertise and authority.

- **Health authorities and regulators:** guide training content and accreditation, and set standards for stocking and distributing epinephrine (training & access).
- **Schools and workplaces:** deliver training to staff, manage on-site epinephrine, and coordinate emergency responses when incidents occur (training & response).

⁶ Deschildre A, Alvaro-Lozano M, Muraro A, et al. Towards a common approach for managing food allergy and serious allergic reactions (anaphylaxis) at school. GA²LEN and EFA consensus statement. *Clin Transl Allergy*. 2024;e70013. <https://doi.org/10.1002/cla2.70013>

⁷ Deschildre A, Alvaro-Lozano M, Muraro A, et al. Towards a common approach for managing food allergy and serious allergic reactions (anaphylaxis) at school. GA²LEN and EFA consensus statement. *Clin Transl Allergy*. 2024;e70013. <https://doi.org/10.1002/cla2.70013>

- **Professional associations (doctors, nurses, pharmacists):** provide clinical guidance for training, advise on safe use of epinephrine, and support emergency response protocols (training & response).
- **Advocacy groups and civil society:** raise awareness, promote adoption of policies, and ensure equitable access to emergency treatment (training & access).

Adequate & Sustainable Funding

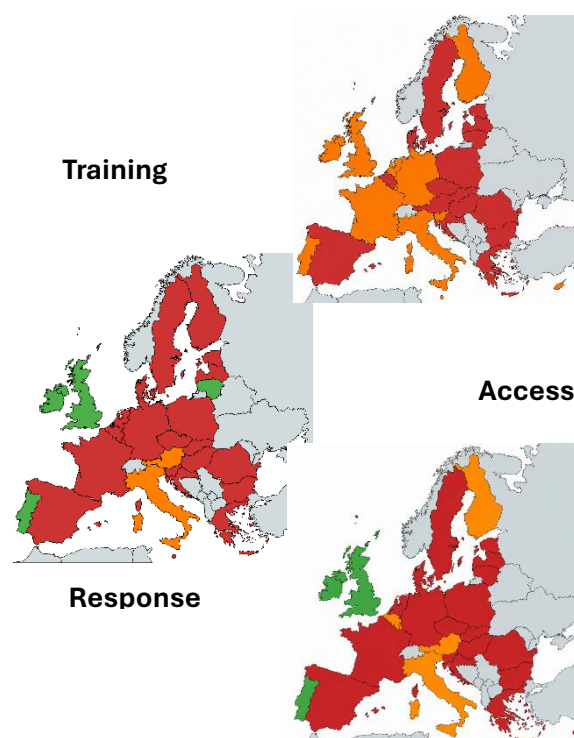
Funding is a decisive factor in translating anaphylaxis best practices from policy into action. Beyond simply covering costs, targeted investment shapes where interventions are prioritised, ensures equitable access to training and emergency treatment and allows systems to be sustained over time. This should include not only public funding, but also opportunities for targeted private investment should be leveraged, for example, these streams could come from private institutions that may be able to support the procurement of treatment devices. Without reliable funding, even well-designed protocols risk uneven implementation, gaps in epinephrine availability, and inconsistent emergency response.

- **National-level funding:** public health budgets, school and workplace grants, and private-sector incentives underpin procurement of AAI, operational readiness, and coordinated emergency response, supporting access and response.
- **EU-level funding:** EU4Health, Horizon Europe, Erasmus+, and Cohesion Funds enable standardised training programmes, research to strengthen evidence, and cross-border knowledge sharing, supporting both training and access.

National Overview

Member States have been assessed on their adherence to the best practices identified above.

	Training	Access	Response
Austria			
Belgium			
Bulgaria			
Croatia			
Cyprus			
Czechia			
Denmark			
Estonia			
Finland			
France			
Germany			
Greece			
Hungary			
Ireland			
Italy			
Latvia			
Lithuania			
Luxembourg			



Malta			
Netherlands			
Poland			
Portugal			
Romania			
Slovakia			
Slovenia			
Spain			
Sweden			
UK			

Country Highlights

The following section provides a Deep-Dive into countries with best practices in the training, access, and response to anaphylaxis.

Portugal

Portugal is a leading European example for school-based anaphylaxis preparedness, combining legislation, training and access to emergency treatment. The [2022 national regulation on food allergies in schools](#) mandates anaphylaxis training for teachers and designated staff, aligned with national health authority standards, and authorises staff to respond to emergencies. It also allows public schools to stock adrenaline autoinjectors, with additional requirements for larger schools, and explicitly permits their use by school staff during anaphylaxis.

- **Training** – Portugal represents a leading European model for non-healthcare mandatory training for teachers and designated staff. The training is aligned with national health authority standards, ensuring coherence with healthcare practice and systematic nationwide implementation.
- **Access** – All public schools with over 1,000 students are authorised to stock adrenaline autoinjectors⁸. Although this represent a very positive development, it is not applicable to private schools or schools with less than 1000 students.
- **Response** – Staff are explicitly authorised to administer AAls in emergency situations.⁹

Why this works:

Portugal's framework succeeds because it aligns three mutually reinforcing pillars: mandatory training, authorised access to stock AAls, and explicit legal protection for responders. This system avoids fragmentation by establishing a clear national rule rather than relying on regional discretion.

Ireland

Ireland has the most robust policy framework in the EU for anaphylaxis training, supporting effective response and enabling emergency management across different areas of expertise and sectors. National requirements on access and response are complemented by non-legislative training initiatives, creating a comprehensive approach to anaphylaxis response. A draft bill currently under discussion in the Irish Parliament seeks to empower the Minister for Education

⁸ Euractiv. (2023, June 21). *The threat of anaphylaxis in Europe, unmasked*. Euractiv.

https://www.euractiv.com/section/health-consumers/special_report/the-threat-of-anaphylaxis-in-europe-unmasked/

⁹ Viatris (2023) White Paper : Facilitating emergency access to Adrenaline Auto Injectors in Europe. *Equal & Timely Access to Emergency Treatment in case of anaphylaxis*.

and Youth to introduce measures that increase school staff participation in approved first aid training for medical emergencies. Once approved, the bill will strengthen Ireland's framework by promoting broader first aid training and expanding schools' authority to administer certain emergency medicines.

- *Training* – [National legislation](#) enables training and authorisation for healthcare and non-healthcare professionals to administer adrenaline in case of emergencies. There is, however, no legal requirement to train employees across schools, workplaces and public venues. When provided, training is standardised through oversight and accountability mechanisms, such as the course accreditation by the Pre-Hospital Emergency Care Council. This process is supported by accountability requirements and a national register, enabling rapid response to both known and first-time anaphylaxis cases.
- *Access* – Organisations such as colleges, workplaces and sports venues are allowed to hold emergency treatment (including AAls), but no requirement is in place. Additionally, staff must be trained in administering treatment. The Pre-Hospital Emergency Care Council, which accredits paramedics, has been given the role of accrediting courses for training on the use of such emergency medicines.¹⁰
- *Response* – In October 2015, [national law](#) was passed that allows both healthcare and non-healthcare professionals, as well as members of the public, to administer life-saving treatments in emergency situations.¹¹

Why this works:

Ireland's system provides a comprehensive system through legal protection, standardised training, and clear authority to use adrenaline, which helps responders act quickly, safely, and consistently in emergencies.

Sweden

In Sweden, policy developments for anaphylaxis response have been centred on mitigating allergy risk in educational settings. While this policy effectively addresses individual allergen risks for schoolchildren, it falls short of offering a comprehensive solution for serious allergic reactions in undiagnosed patients.

- *Training* – No mandatory training requirements.
- *Access* – In Sweden, schools and preschools are expected, but not mandated, to integrate individual allergy action plans. This includes ensuring adrenaline treatment is available when indicated and educating staff on recognising anaphylaxis and

¹⁰ Viatris (2023) White Paper: Facilitating emergency access to Adrenaline Auto Injectors in Europe. Equal & Timely Access to Emergency Treatment in case of anaphylaxis.

¹¹ Viatris (2023) White Paper: Facilitating emergency access to Adrenaline Auto Injectors in Europe. Equal & Timely Access to Emergency Treatment in case of anaphylaxis.

administering emergency epinephrine, including in cases where a child's allergy was previously undiagnosed¹².

- *Response* – No specific response protocols.

Why this works:

By embedding allergy awareness into routine school governance, the Swedish model increases preparedness in the most significant risk settings.

Italy

The national framework in Italy is characterised by significant gaps in terms of training and response to anaphylaxis emergencies, which translates into major barriers also in terms of access. Scattered regional implementation prevents adrenaline treatment from being stocked in schools across the country.

- *Training* – Italian healthcare system guidelines emphasise clinical governance and guideline adherence, but do not mandate anaphylaxis-specific training programmes.
- *Access* – In Italy, only the Veneto Region has established a [law](#) by which AAIs can be kept in schools with a medical certificate for the individual patient, but it is still not allowed to be held in stock for general emergency uses to avoid prosecution of school workers.¹³ Other local and regional health authorities are working towards integrating stronger guidelines on access to AAIs in schools.
- *Response* – No specific response protocols.

Why this works:

The example of Veneto shows the feasibility of local policy which embeds AAIs preparedness in schools for pupil with medical certificates when strong local actors collaborate on the issue.

Lithuania

The Lithuanian framework presents positive policy developments on access to treatment. An update to the first aid requirements in (pre-)schools enables swift and effective emergency response by mandating storage of epinephrine treatments in these environments. Significant gaps remain regarding the training and response to anaphylaxis emergencies, however.

¹² Socialstyrelsen. (2020). *Anafylaxi hos barn och ungdomar*. <https://www.socialstyrelsen.se/kunskapsstod-och-regler/utbildning/kursamnen/sok-kursamne/anafylaxi-hos-barn-och-ungdomar/>

¹³ Euractiv. (2023, June 21). The threat of anaphylaxis in Europe, unmasked. Euractiv. https://www.euractiv.com/section/health-consumers/special_report/the-threat-of-anaphylaxis-in-europe-unmasked/

- *Training* – While there are no mandatory training requirements, The Ministry of Health is working on a framework to embed a nationwide rollout of online training programmes, structured education and course quality assurance.
- *Access* – As of early 2026, the Lithuanian Ministry of Health requires every preschool, pre-primary setting, and school to maintain two adrenaline auto-injectors on site for emergency use. Effective from September 2026¹⁴, this provision ensures that epinephrine auto-injectors are included in first-aid kits and that kits containing epinephrine are clearly identified to support rapid access in an emergency.
- *Response* – No specific response protocols

Why this works:

The Lithuanian example ensures anaphylaxis treatment is accessible in (pre-) school first aid kits, providing tangible preparedness instruments in an at-risk setting for anaphylactic reactions supported by plans to rollout training programmes for school staff.

United Kingdom

The UK has progressively strengthened protections for school-aged children at risk of anaphylaxis, driven in part by advocacy and civil society mobilisation following several fatal allergy incidents. In 2026, the UK Government committed to introducing “Benedict’s Law” through amendments to the Children’s Wellbeing and Schools Bill, alongside new statutory guidance aimed at improving allergy safety in schools¹⁵.

- *Training* – There is no universal statutory requirement for all school staff to receive anaphylaxis training. However, under the *Children and Families Act 2014*, schools must ensure that staff are appropriately trained to support pupils with medical conditions where required. National guidance recommends that relevant staff are trained to recognise and respond to allergic emergencies. Under Benedict’s Law, staff are legally required to undergo training to recognise and respond to anaphylaxis.
- *Access* – In 2017, the UK improved access to emergency adrenaline auto-injectors (AAIs) in schools through the *Human Medicines (Amendment) Regulations 2017*, although adoption by schools remains limited. This regulation allows schools to purchase AAIs without a prescription and to hold treatment devices for emergency use in children known to be at risk of anaphylaxis if their prescribed device is unavailable or malfunctioning, provided parental consent and medical confirmation are in place.
- *Response* – Further policy development has been proposed through the *School Allergy Safety Bill* (“Benedict’s Law”), introduced in Parliament in 2025. The measures are expected to require schools to implement allergy safety policies, establish clear procedures for responding to severe allergic reactions, ensure appropriate staff training,

¹⁴ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.216308/asr>

¹⁵ <https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school?utm>

and maintain access to emergency adrenaline devices AAls¹⁶. Subject to parliamentary approval, these requirements are expected to come into force from September 2026, though there may be an interim “bedding in period” to allow schools time to react to this change in law.

Why this works:

The UK model combines legal legislative reform with strong civil society advocacy to improve allergy safety in schools. The *Children and Families Act 2014* requires schools to train staff to support pupils with medical conditions, while the *Human Medicines (Amendment) Regulations 2017* allows schools to stock emergency adrenaline auto-injectors.

United States of America

The United States has adopted a decentralised but supportive approach to anaphylaxis preparedness, enabling access to emergency treatment across schools and public venues. Federal initiatives have encouraged states to adopt legislation, and all U.S. states now allow schools to maintain stock AAls for emergency use.

- *Training* – No mandatory training requirements.
- *Access* – In 2013, the U.S. introduced the [School Access to Emergency Epinephrine Act](#), encouraging states to adopt laws allowing schools to have on hand a stock of adrenaline auto-injectors (AAls).¹⁷ So far, all States have passed legislation regarding stocking AAls in schools. The actual laws around access in schools or public places are passed at the state level, not federally, because of jurisdiction. Since 2015, the stock of AAI has moved beyond schools and 36 states passed “entity laws” which permit easier access to adrenaline, by allowing public venues to stock emergency supplies of AAI.
- *Response* – The Emergency Epinephrine Act, which provides a financial incentive for states to enact their own laws requiring schools to keep AAls in case of an emergency.¹⁸

Why this works:

The U.S. model combines federal incentives with state-level discretion, resulting in uneven but adaptable implementation. Expanding preparedness beyond schools into public venues broadens community capacity, partially offsetting the lack of uniform training mandates.

About the Alliance

¹⁶ <https://hansard.parliament.uk/commons/2026-03-09/debates/655E6B7C-4642-44D5-ABFE-236ADC69819A/Children%E2%80%99SWellbeingAndSchoolsBill?utm>

¹⁷ Viatrix (2023) *White Paper: Facilitating emergency access to Adrenaline Auto Injectors in Europe. Equal & Timely Access to Emergency Treatment in case of anaphylaxis.*

¹⁸ Viatrix (2023) *Q&A: Facilitating emergency access to Adrenaline Auto Injectors in Europe. Equal & Timely Access to Emergency Treatment in case of anaphylaxis.*

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Want to get involved or support the work, get in touch with Alliance via:

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 **ACT Alliance**