PARIS 2024 PRE-GAMES REPORT

INTRODUCTION

The International Testing Agency (ITA) is an independent, non-profit organisation dedicated to advancing clean sport by managing anti-doping programs for International Federations and major sporting events, including the Olympic Games. In line with its mandate from the International Olympic Committee (IOC), the ITA managed the delivery of a comprehensive anti-doping program for the Olympic Games Paris 2024, ensuring an unbiased and expert-led approach to protect the integrity of the Games.

The Paris 2024 Pre-Games Anti-Doping Program represents a critical phase in the ITA's overarching strategy to ensure clean sport at the Olympics. Conducted in close collaboration with all summer Olympic International Federations (IFs) and National/Regional Anti-Doping Organizations (NADOs/RADOs), this program focused on testing athletes globally before the Games, particularly those competing in high-risk sports. By identifying and addressing potential testing gaps, the program aimed to create a level playing field through a strategic testing approach for all competitors well before they arrived in Paris.

This report outlines the strategic efforts and outcomes of the pre-Games anti-doping program, detailing how the ITA coordinated global testing recommendations and risk assessments in the months leading up to the Games. It highlights the extent of testing conducted, the collaborative efforts of anti-doping organisations worldwide, and the ITA's commitment to further enhance the Olympic anti-doping program during the crucial pre-Games phase.

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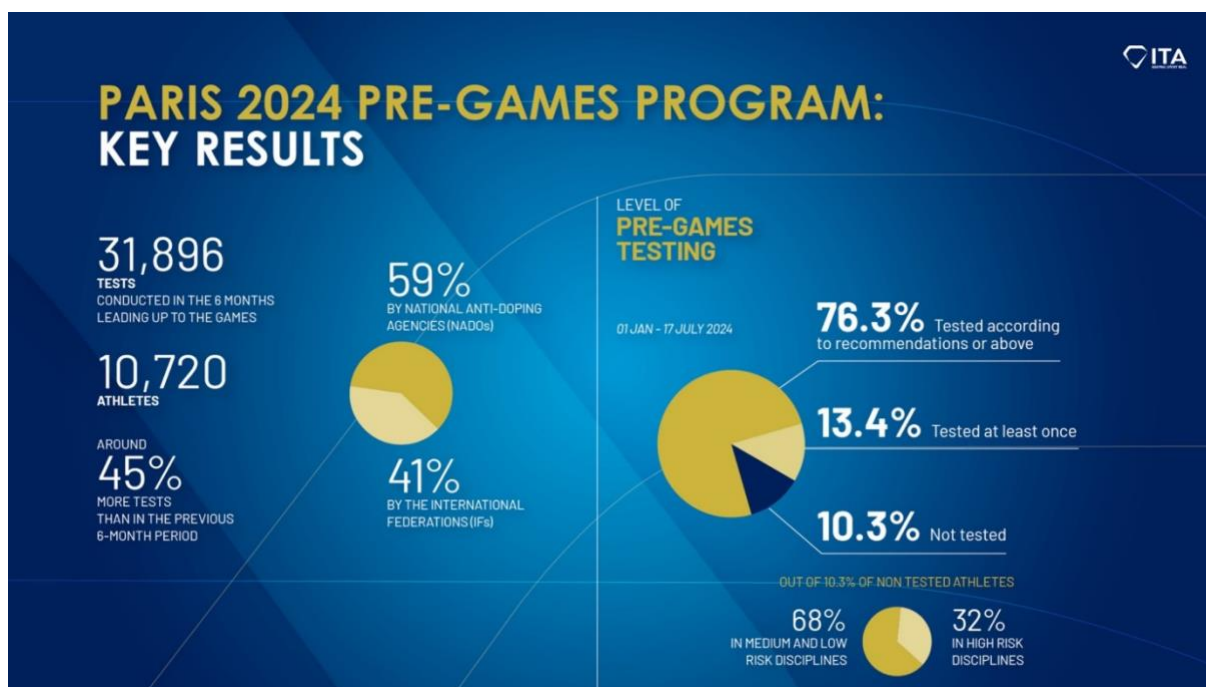
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BACKGROUND AND EXPERT GROUP COMPOSITION

Introduced in 2016 following a recommendation from the World Anti-Doping Agency's (WADA) Independent Observers program, pre-Games initiatives have been implemented for all editions of the Olympic Games since. In the context of the Olympic Games Paris 2024, the IOC delegated to the ITA the implementation of the anti-doping program and activities related to the Games, including a pre-Games program. After Tokyo 2020 and Beijing 2022, this is the third pre-Games initiative led by the ITA on behalf of the IOC, as demonstrated by the new and improved approach presented below, which stems from experience gained in the previous projects.

The aim of the ITA Pre-Games program is to ensure that potential participants are properly monitored and subject to robust and proportionate testing in the lead up to the Olympic Games. While it is the responsibility of both the respective International Federations (IFs) (or the ITA on their behalf) and National/Regional Anti-Doping Organisations (NADOs/RADOs) to implement risk-based doping control activities on potential participants, the ITA Pre-Games Expert Group aims at closing any identified gaps and offering additional perspectives and insights through the monitoring of testing activities before the Olympic Games. To that purpose, the ITA developed a data analysis framework to produce testing recommendations which had to be implemented in the six months period before the Games.

To support the analysis of the available anti-doping information and provide multiple perspectives to the project, the ITA appointed a **Paris 2024 Pre-Games Expert Group,** composed of specialised in-house ITA experts and four anti-doping specialists, namely Dr Laura Lewis (United States Anti-Doping Agency), Ms. Ling Lin (China Anti-Doping Agency), Mr. Alejandro Lozano (World Athletics' Integrity Unit) and Dr. Sabrina Schoeps (German National Anti-Doping Agency). Additionally, the ITA appointed a **Paris 2024 Pre-Games Supervisory Panel**, including athletes' representatives and members from eight IFs and NADOs, with the aim of promoting the transparency of the program through an advisory role. The Supervisory Panel was composed of Mr. Jamie Archer (World Rugby), Mr. Iñaki Gomez (WADA Athlete Council), Mr. Nick Paterson (Sport Integrity Commission, formerly Doping Free Sport New Zealand), Dr Francesca Rossi (AFLD, French National Anti-Doping Agency), Mr. Manuel Villalobos (Pan American Regional Anti-Doping Organisation), Ms. Maja Włoszczowska (IOC Athletes Commission), Mr. Mekonnen Yidersal Mulusew (Ethiopian National Anti-Doping Agency), with Mr. Tim Ricketts (WADA) acting as observer.

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KEY MESSAGES

- Testing recommendations were issued to Anti-doping Organisations (ADOs, that means the respective NADOs/RADOs and IFs) based on a retrospective analysis of the Tokyo 2020 pre-Games period, performance at the Games (incl. medals and final rankings) as well as disciplines and countries distributions according to their physiological risk and the size of their delegation respectively.

- A significant improvement of testing before the Games has been highlighted, with 90% of athletes tested at least once in the six months before the Olympic Games Paris 2024.

- Outcomes of pre-Games initiatives should be leveraged well in advance of the pre-Games period of the following Olympic Games, especially when major gaps were identified in the testing program of participants from specific National Olympic Committees (NOCs) or disciplines.

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PRODUCING THE RECOMMENDATIONS

The first phase of the project consisted of a thorough data analysis based on three main components:

a) A **retrospective analysis** of the Tokyo 2020 participants' level of testing during the 12 months before the event. This testing history was assessed through reports exported from the Anti-Doping Administration and Management System (ADAMS). Performance at the Games, including medal achievements, was also considered using the final ranking of each athlete as well as individual performance for team players.

b) A **classification of all disciplines** on the program of the Olympic Games in three categories (high, medium, low) based on their physiological risks. The classification aims at balancing testing efforts on disciplines considered to be at a higher risk of doping. The reasoning behind this classification is based on previous pre-Games initiatives and is supported by published research projects conducted by the ITA[1]. A minimum number of tests was then associated to each discipline according to its level of risk and type (i.e., individual or team). The resulting risk-based classification and the associated number of tests were shared[2] with all anti-doping organisations (ADOs).

c) A **categorisation of all National Olympic Committees (NOCs)** participating in the Games based on the size of their delegations and other parameters such as past Olympic results, historical risks of doping or the compliance status of the corresponding NADO.

Based on the above data analysis framework, a first round of testing recommendations was sent to all ADOs, with specific targeted comments on aspects to improve for more than 100 ADOs (e.g., implement a better distribution of tests in time to reduce their predictability, avoid limiting testing to training camps or over the two months period before the Games, increase in-competition testing while maintaining the level of out-of-competition testing). Webinars were also organised in February 2024 to explain the process and the meaning of the recommendations. More than 200 participants from a large group of ADOs attended the webinars.

In a second phase, a similar analysis was performed, based on the provisional list of participants for Paris 2024. Although the list was very broad (42'000 athletes as of mid-April), the detected trends were relevant to **monitor the implementation of the first round of recommendations.** This second analysis led to further recommendations for specific ADOs. The list of potential participants remained quite broad until the beginning of July 2024, when all sports entries were progressively finalised, and the delegation registration meetings (DRMs) took place.

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[1] Hayward *et al.* (2022), The athletic characteristics of Olympic sports to assist anti-doping strategies. *Drug Testing and Analysis* 14(9), 1599-1613.

[2] This document is available on the ITA website: https://ita.sport/uploads/2024/02/Pre-Games-Testing-Instructions-and-Guidelines_Paris2024.pdf

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MAIN RESULTS

1. Global level of testing for Paris 2024 participants

A total of 31,896[3] tests were implemented on the 10,720 athletes who participated in the Games. Out of these 10,720 athletes, 1'108 (10.3%) were not tested in the six months before the Games. This represents a significant improvement compared to the corresponding period before Tokyo 2020 where 14 to 15% of the athletes were not tested.

ATHLETES' LEVEL OF TESTING IN THE 6 MONTHS BEFORE THE GAMES

● **Not tested** ● **Tested below recommendations** ● **Tested according to recommendations or above**

1108 (10.3%)

1432 (13.4%)

8180 (76.3%)
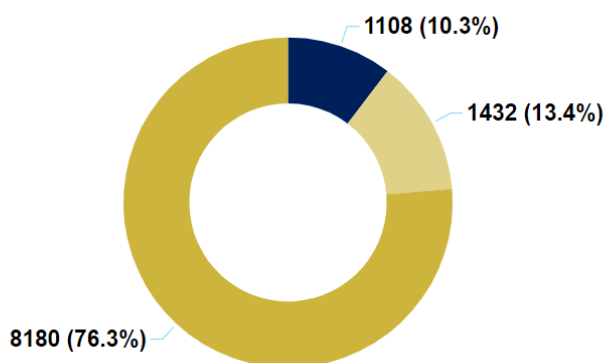
DISTRIBUTION OF TESTS ON PARTICIPANTS IN 2024 BY TESTING AUTHORITY

Tests between 01 January 2024 and 17 July 2024

● IF ● NADO/Other

	January	February	March	April	May	June	July
Total	3063	4023	3849	4292	5544	7199	3914
NADO/Other	1674	2020	2333	2436	3252	4530	2637
IF	1389	2003	1516	1856	2292	2669	1277

Globally, tests were well distributed between testing authorities, with 41% of them implemented by or on behalf of the IFs and 59% by or on behalf of the NADOs (and other ADOs). In terms of timing, testing activities follow the usual distribution between January and July, with a peak of tests in June and beginning of July.

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[3] Based on data available to the ITA on behalf of the IOC as of 09 October 2024 according to records of completed tests accessible to the ITA in ADAMS. Inaccuracies may exist due to delayed entries by the relevant ADOs or improper configuration of access to the tests.

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The following visuals provide different perspectives on the level of testing of the participants during the pre-Games period, between January 2024 and the Opening of the Olympic Village. Detailed values for all disciplines and NOCs are presented in tables, as well as a specific perspective for medallists. The presented data includes testing conducted by any ADO during the pre-Games period (01 January 2024 to 17 July 2024) on athletes from that discipline or NOC.

2. Level of testing by disciplines

ATHLETES' LEVEL OF TESTING IN INDIVIDUAL DISCIPLINES

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

680 (8.4%)
1311 (16.2%)
6098 (75.4%)
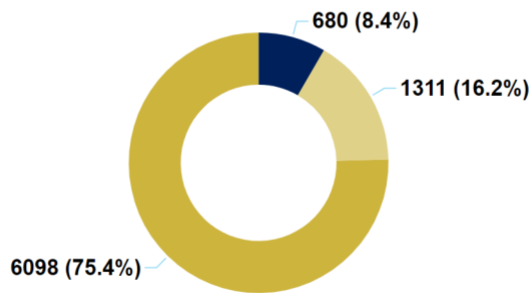
ATHLETES' LEVEL OF TESTING IN TEAM DISCIPLINES

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

428 (16.3%)
121 (4.6%)
2082 (79.1%)
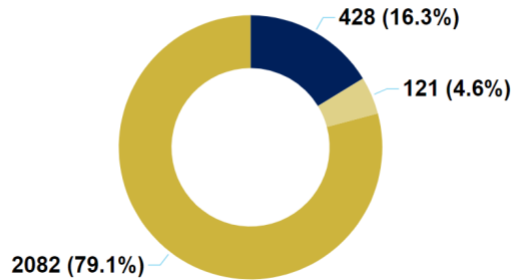
ATHLETES' LEVEL OF TESTING ACCORDING TO THE RISK OF THE DISCIPLINES

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

	Not tested	Tested below recommendations	Tested according to recommendations or above
High	7%	25%	69%
Medium	14%	5%	82%
Low	14%		86%

Detailed numbers for each level of risk are available in the next table.

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3. Detailed level of testing for each discipline

Status	Not tested		Tested below recommendations		Tested according to recommendations or above		Total
Risk	%	n	%	n	%	n	n
High	7%	356	25%	1273	69%	3552	**5181**
Individual	7%	354	24%	1152	69%	3387	**4893**
Athletics	8%	158	24%	467	68%	1340	**1965**
Boxing	2%	5	29%	70	69%	170	**245**
Canoe Slalom	4%	3	40%	34	56%	47	**84**
Canoe Sprint	3%	6	32%	77	65%	156	**239**
Cycling Mountain Bike			14%	10	86%	61	**71**
Cycling Road	4%	7	13%	24	83%	152	**183**
Cycling Track	2%	4	21%	41	77%	147	**192**
Marathon Swimming			4%	2	96%	50	**52**
Rowing	3%	14	34%	171	63%	318	**503**
Swimming	18%	152	20%	165	62%	520	**837**
Triathlon	1%	1	12%	13	87%	95	**109**
Weightlifting			2%	3	98%	119	**122**
Wrestling	1%	4	26%	75	73%	212	**291**
Team	1%	2	42%	121	57%	165	**288**
Rugby Sevens	1%	2	42%	121	57%	165	**288**
Medium	14%	475	5%	159	82%	2875	**3509**
Individual	4%	50	13%	159	83%	1053	**1262**
Artistic Gymnastics	4%	7	15%	28	81%	154	**189**
Badminton	4%	7	10%	17	86%	148	**172**
Cycling BMX Freestyle	4%	1	21%	5	75%	18	**24**
Cycling BMX Racing			10%	5	90%	43	**48**
Judo	6%	24	18%	69	75%	284	**377**
Modern Pentathlon	7%	5	19%	14	74%	53	**72**
Sport Climbing	1%	1	6%	4	93%	63	**68**
Taekwondo	3%	4	8%	11	89%	119	**134**
Tennis	1%	1	3%	6	96%	171	**178**
Team	19%	425			81%	1822	**2247**
3x3 Basketball	5%	3			95%	62	**65**
Basketball	13%	36			87%	251	**287**
Beach Volleyball	2%	2			98%	94	**96**
Football	36%	181			64%	323	**504**
Handball	21%	71			79%	265	**336**
Hockey	28%	106			72%	279	**385**
Volleyball	7%	19			93%	269	**288**
Water Polo	2%	7			98%	279	**286**
Low	14%	277			86%	1753	**2030**
Individual	14%	276			86%	1658	**1934**
Archery	7%	9			93%	119	**128**
Breaking	3%	1			97%	32	**33**
Diving	4%	5			96%	130	**135**
Equestrian	36%	72			64%	127	**199**
Fencing	6%	12			94%	201	**213**
Golf	2%	2			98%	118	**120**
Rhythmic Gymnastics	1%	1			99%	93	**94**
Sailing	30%	100			70%	230	**330**
Shooting	13%	45			87%	296	**341**
Skateboarding	6%	5			94%	83	**88**
Surfing					100%	48	**48**
Table Tennis	13%	23			87%	150	**173**
Trampoline Gymnastics	3%	1			97%	31	**32**
Team	1%	1			99%	95	**96**
Artistic Swimming	1%	1			99%	95	**96**
Total	**10%**	**1108**	**13%**	**1432**	**76%**	**8180**	**10720**

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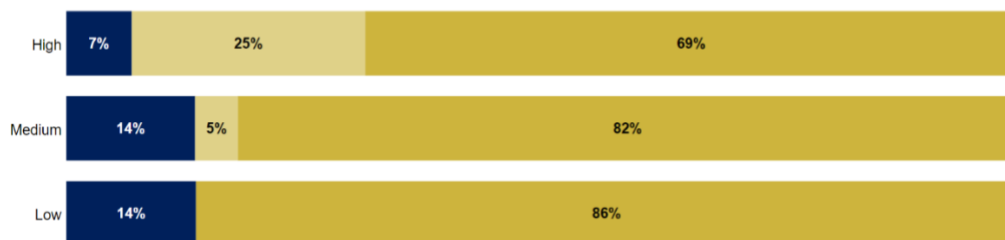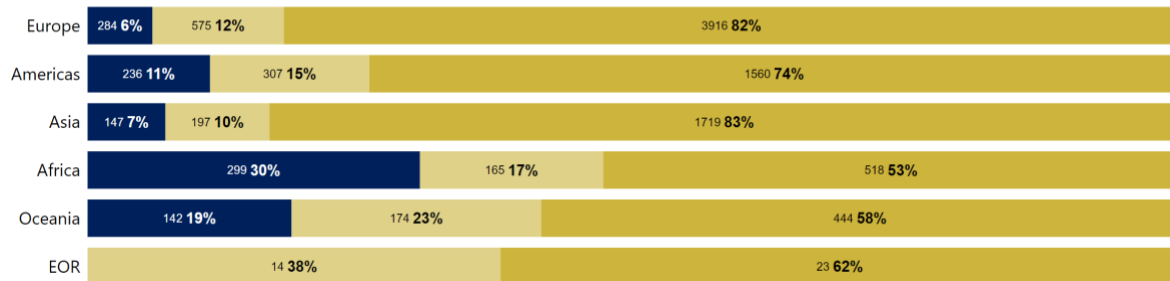**7** / 16

4. Level of testing by NOC

ATHLETES' LEVEL OF TESTING ACCORDING TO THE NOC'S CONTINENT

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

Continent	Not tested	Tested below recommendations	Tested according to recommendations or above
Europe	284 **6%**	575 **12%**	3916 **82%**
Americas	236 **11%**	307 **15%**	1560 **74%**
Asia	147 **7%**	197 **10%**	1719 **83%**
Africa	299 **30%**	165 **17%**	518 **53%**
Oceania	142 **19%**	174 **23%**	444 **58%**
EOR		14 **38%**	23 **62%**

LEVEL OF TESTING FOR ATHLETES FROM THE TOP 15 NOCS (PARIS 2024 MEDAL TABLE)

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

NOC	Not tested	Tested below recommendations	Tested according to recommendations or above
USA			98%
CHN			99%
JPN	2%	3%	95%
AUS	13%	17%	70%
FRA	6%	9%	85%
NED	5%	14%	81%
GBR	7%	19%	73%
KOR	4%		94%
ITA	5%		94%
GER	4%		96%
NZL	21%	28%	51%
CAN	4%	17%	79%
UZB	5%	9%	86%
HUN			99%
ESP	2%	10%	87%
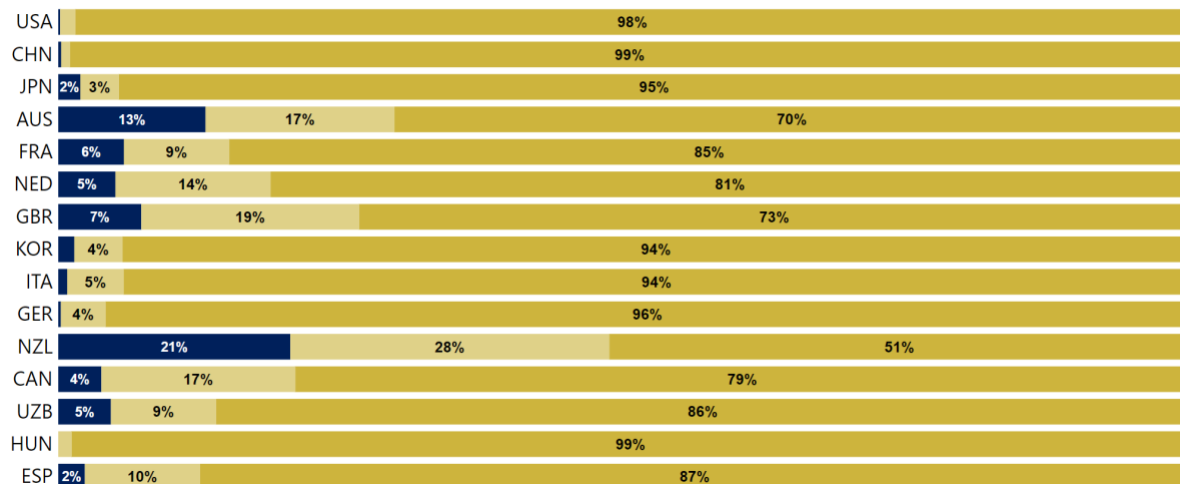
Detailed numbers for all NOCs are available in the next tables.

ATHLETES' LEVEL OF TESTING ACCORDING TO THE NOC'S DELEGATION SIZE

● Not tested ● Tested below recommendations ● Tested according to recommendations or above

Delegation size	Not tested	Tested below recommendations	Tested according to recommendations or above
>300 athletes	4%	8%	88%
100-300 athletes	11%	14%	75%
50-100 athletes	12%	13%	75%
25-50 athletes	9%	23%	68%
10-25 athletes	26%	23%	51%
<10 athletes	48%	27%	25%

Detailed numbers for all NOCs are available in the next tables.

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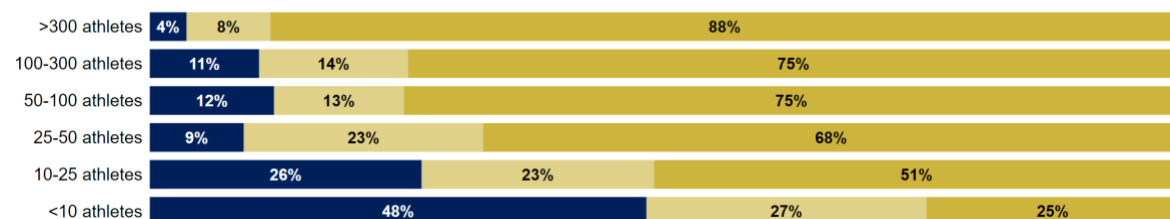
5. Detailed level of testing for each NOC

Status / Delegation	Not tested		Tested once		Tested according to recommendations or above		Total
	%	n	%	n	%	n	n
>300 athletes	4%	152	8%	347	88%	3757	4256
AUS	13%	60	17%	77	70%	324	461
CAN	4%	12	17%	54	79%	249	315
CHN	0%	1	1%	3	99%	383	387
ESP	2%	9	10%	39	87%	335	383
FRA	6%	33	9%	53	85%	483	569
GBR	7%	24	19%	63	73%	240	327
GER	0%	1	4%	17	96%	412	430
ITA	1%	3	5%	19	94%	358	380
JPN	2%	8	3%	14	95%	388	410
USA	0%	1	1%	8	98%	585	594
100-300 athletes	11%	355	14%	483	75%	2503	3341
ARG	35%	48	16%	22	49%	66	136
BEL	12%	19	12%	20	76%	126	165
BRA	13%	36	12%	32	75%	207	275
CZE	3%	3	32%	35	66%	73	111
DEN	8%	10	21%	25	71%	86	121
EGY	22%	33	13%	19	65%	96	148
GRE	3%	3	5%	5	92%	92	100
HUN			1%	2	99%	167	169
IND	2%	2	2%	2	96%	106	110
IRL	14%	18	16%	21	71%	94	133
KOR	1%	2	4%	6	94%	133	141
MEX	5%	5	32%	34	63%	67	106
NED	5%	14	14%	38	81%	225	277
NOR	17%	18	18%	19	65%	68	105
NZL	21%	40	28%	55	51%	100	195
POL	8%	17	16%	34	76%	160	211
ROU			25%	27	75%	79	106
RSA	23%	32	21%	29	55%	76	137
SRB	17%	19	6%	7	77%	86	112
SUI	2%	3	17%	22	80%	102	127
SWE	21%	25	10%	12	68%	80	117
TUR			2%	2	98%	98	100
UKR	6%	8	11%	15	83%	116	139
50-100 athletes	12%	159	13%	166	75%	992	1317
AUT	1%	1	2%	2	96%	79	82
COL	15%	13	24%	21	61%	53	87
CRO	22%	16	16%	12	62%	45	73
CUB			15%	9	85%	52	61
DOM	32%	18	12%	7	56%	32	57
FIN	4%	2	9%	5	88%	49	56
ISR	32%	28	23%	20	45%	39	87
JAM	8%	5	19%	12	73%	46	63
KAZ	1%	1	9%	7	89%	66	74
KEN	1%	1	1%	1	97%	68	70
LTU	10%	5	22%	11	69%	35	51
MAR	5%	3	7%	4	88%	53	60
NGR	31%	26	7%	6	62%	53	85
POR	18%	13	14%	10	68%	50	73
PUR	20%	10	20%	10	61%	31	51
SLO	11%	10	7%	6	82%	74	90
THA			16%	8	84%	43	51
TPE	5%	3	12%	7	83%	50	60
UZB	5%	4	9%	8	86%	74	86

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Status	Not tested		Tested below recommendations		Tested according to recommendations or above		Total
Delegation	%	n	%	n	%	n	n
25-50 athletes	**9%**	**75**	**23%**	**191**	**68%**	**555**	**821**
AIN			3%	1	97%	31	32
ALG	20%	9	36%	16	43%	19	44
AZE	6%	3	8%	4	85%	41	48
BUL			11%	5	89%	41	46
CHI	15%	7	33%	16	52%	25	48
ECU	15%	6	23%	9	63%	25	40
EOR			38%	14	62%	23	37
ETH					100%	32	32
FIJ	18%	6	55%	18	27%	9	33
GEO			21%	6	79%	22	28
HKG	9%	3	29%	10	62%	21	34
INA	3%	1	14%	4	83%	24	29
IRI	3%	1	25%	10	73%	29	40
LAT	3%	1	24%	7	72%	21	29
MAS			15%	4	85%	22	26
MDA			31%	8	69%	18	26
MGL	3%	1	34%	11	63%	20	32
PAR	14%	4	18%	5	68%	19	28
PER	19%	5	8%	2	73%	19	26
SVK			14%	4	86%	24	28
TUN			31%	8	69%	18	26
UGA	8%	2	24%	6	68%	17	25
URU	4%	1	52%	13	44%	11	25
VEN	19%	6	16%	5	65%	20	31
ZAM	68%	19	18%	5	14%	4	28
10-25 athletes	**26%**	**131**	**23%**	**112**	**51%**	**253**	**496**
ANG	67%	16	13%	3	21%	5	24
ARM			13%	2	87%	13	15
BAH	6%	1	44%	8	50%	9	18
BOT	8%	1	23%	3	69%	9	13
BRN			14%	2	86%	12	14
CIV	31%	4	15%	2	54%	7	13
CYP			13%	2	87%	13	15
ERI	55%	6	27%	3	18%	2	11
EST	4%	1	25%	6	71%	17	24
GUA	13%	2	19%	3	69%	11	16
GUI	79%	19	4%	1	17%	4	24
IRQ	48%	10	5%	1	48%	10	21
JOR	17%	2	33%	4	50%	6	12
KGZ			38%	6	63%	10	16
LBN	30%	3	30%	3	40%	4	10
LUX			15%	2	85%	11	13
MLI	91%	21			9%	2	23
MNE	11%	2	21%	4	68%	13	19
MRI	31%	4	46%	6	23%	3	13
PHI	18%	4	23%	5	59%	13	22
PRK					100%	14	14
QAT	21%	3	29%	4	50%	7	14
SAM	29%	7	46%	11	25%	6	24
SEN	27%	3	45%	5	27%	3	11
SGP	22%	5	9%	2	70%	16	23
SSD	21%	3	14%	2	64%	9	14
TJK			43%	6	57%	8	14
TTO	47%	8	35%	6	18%	3	17
UAE	46%	6	31%	4	23%	3	13
VIE			38%	6	63%	10	16

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Status	Not tested		Tested below recommendations		Tested according to recommendations or above		Total
Delegation	%	n	%	n	%	n	n
<10 athletes	**47%**	**122**	**29%**	**75**	**24%**	**62**	**259**
AFG	100%	6					6
ALB	25%	2	38%	3	38%	3	8
AND					100%	2	2
ANT	60%	3	40%	2			5
ARU			33%	2	67%	4	6
ASA	50%	1	50%	1			2
BAN	80%	4			20%	1	5
BAR	50%	2	25%	1	25%	1	4
BDI	29%	2	43%	3	29%	2	7
BEN	20%	1	60%	3	20%	1	5
BER			50%	4	50%	4	8
BHU	100%	3					3
BIH	20%	1	60%	3	20%	1	5
BIZ	100%	1					1
BOL	50%	2	50%	2			4
BRU	33%	1	67%	2			3
BUR	50%	4	13%	1	38%	3	8
CAF	75%	3	25%	1			4
CAM	67%	2	33%	1			3
CAY	50%	2	25%	1	25%	1	4
CGO	75%	3			25%	1	4
CHA	100%	3					3
CMR	33%	2	17%	1	50%	3	6
COD	60%	3	40%	2			5
COK	100%	2					2
COM	50%	2	50%	2			4
CPV	43%	3	14%	1	43%	3	7
CRC	33%	2	50%	3	17%	1	6
DJI	43%	3	57%	4			7
DMA	75%	3			25%	1	4
ESA	63%	5	13%	1	25%	2	8
FSM	67%	2	33%	1			3
GAB	60%	3	20%	1	20%	1	5
GAM	57%	4	29%	2	14%	1	7
GBS	50%	3	50%	3			6
GEQ	100%	3					3
GHA	50%	4	38%	3	13%	1	8
GRN	33%	2	17%	1	50%	3	6
GUM	38%	3	50%	4	13%	1	8
GUY	60%	3	20%	1	20%	1	5
HAI	71%	5	29%	2			7
HON	75%	3			25%	1	4
ISL	20%	1	20%	1	60%	3	5
ISV	60%	3			40%	2	5
IVB	50%	2	25%	1	25%	1	4
KIR	67%	2	33%	1			3
KOS	11%	1	44%	4	44%	4	9
KSA	33%	3	33%	3	33%	3	9
KUW	22%	2	22%	2	56%	5	9
LAO	50%	2	25%	1	25%	1	4

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Status	Not tested		Tested below recommendations		Tested according to recommendations or above		Total
Delegation	%	n	%	n	%	n	n
ISL	20%	1	20%	1	60%	3	5
ISV	60%	3			40%	2	5
IVB	50%	2	25%	1	25%	1	4
KIR	67%	2	33%	1			3
KOS	11%	1	44%	4	44%	4	9
KSA	33%	3	33%	3	33%	3	9
KUW	22%	2	22%	2	56%	5	9
LAO	50%	2	25%	1	25%	1	4
LBA	83%	5			17%	1	6
LBR	50%	4	25%	2	25%	2	8
LCA	75%	3			25%	1	4
LES			33%	1	67%	2	3
LIE					100%	1	1
MAD	43%	3	29%	2	29%	2	7
MAW	67%	2	33%	1			3
MDV	20%	1	60%	3	20%	1	5
MHL	75%	3			25%	1	4
MKD	17%	1	50%	3	33%	2	6
MLT			40%	2	60%	3	5
MON			20%	1	80%	4	5
MOZ	43%	3	29%	2	29%	2	7
MTN	50%	1	50%	1			2
MYA			50%	1	50%	1	2
NAM					100%	4	4
NCA	14%	1	43%	3	43%	3	7
NEP	100%	7					7
NIG	43%	3	14%	1	43%	3	7
NRU			100%	1			1
OMA	75%	3	25%	1			4
PAK	29%	2	14%	1	57%	4	7
PAN	20%	1	40%	2	40%	2	5
PLE	75%	6	13%	1	13%	1	8
PLW	100%	3					3
PNG	43%	3	29%	2	29%	2	7
RWA	50%	4	50%	4			8
SEY	100%	3					3
SKN	67%	2	33%	1			3
SLE	100%	4					4
SMR			40%	2	60%	3	5
SOL	100%	2					2
SOM	100%	1					1
SRI	50%	3	50%	3			6
STP	100%	3					3
SUD	100%	4					4
SUR			80%	4	20%	1	5
SWZ	67%	2	33%	1			3
SYR	83%	5			17%	1	6
TAN	43%	3			57%	4	7
TGA	75%	3	25%	1			4
TKM			50%	3	50%	3	6
TLS	50%	2	50%	2			4
TOG	80%	4	20%	1			5
TUV	50%	1	50%	1			2
VAN	67%	4	17%	1	17%	1	6
VIN	75%	3			25%	1	4
YEM	100%	4					4
ZIM	29%	2	43%	3	29%	2	7
Total	**10%**	**1108**	**13%**	**1432**	**76%**	**8180**	**10720**

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6. Level of testing for Paris 2024 medallists

MEDALLISTS' LEVEL OF TESTING IN THE 6 MONTHS BEFORE THE GAMES

● **Not tested** ● **Tested below recommendations** ● **Tested according to recommendations or above**

67 (3.4%)
138 (7.1%)
1746 (89.5%)
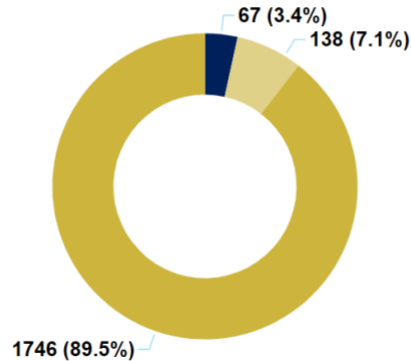
DETAILS ABOUT NOT TESTED MEDALLISTS

Discipline type	Discipline	Event	NOC	Medal	Athletes not tested
Individual	Athletics	Men's 4 x 400m Relay	GBR	**Bronze**	1
	Cycling Track	Women's Team Pursuit	NZL	**Silver**	1
	Rowing	Women's Double Sculls	NZL	**Gold**	1
	Artistic Gymnastics	Men's Horizontal Bar	COL	**Silver**	1
	Equestrian	Dressage Team	DEN	**Silver**	2
		Eventing Individual	AUS	**Silver**	1
		Eventing Team	FRA	**Silver**	2
		Jumping Team	FRA	**Bronze**	1
			USA	**Silver**	1
	Sailing	Men's Skiff	NZL	**Silver**	1
		Mixed Dinghy	SWE	**Bronze**	2
		Mixed Multihull	ARG	**Silver**	2
			NZL	**Bronze**	1
		Women's Skiff	SWE	**Silver**	2
		Women's Windsurfing	ISR	**Silver**	1
Team	3x3 Basketball	Men	LTU	**Bronze**	1
		Women	ESP	**Silver**	1
	Basketball	Men	SRB	**Bronze**	2
		Women	AUS	**Bronze**	4
	Football	Men	FRA	**Silver**	2
			MAR	**Bronze**	2
		Women	BRA	**Silver**	6
	Handball	Women	NOR	**Gold**	10
	Hockey	Men	NED	**Gold**	2
		Women	ARG	**Bronze**	6
			NED	**Gold**	5
	Water Polo	Men	CRO	**Silver**	1
			SRB	**Gold**	3
		Women	ESP	**Gold**	1
			NED	**Bronze**	1

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Conclusions

Global testing situation before the Olympic Games Paris 2024

a) **High proportion of athletes tested before the Games.** Close to 90% of all participants were tested at least once during the pre-Games period. This represents a significant improvement compared to the 2020 pre-Games period, for which the number of not tested athletes was 14 to 15%. It can also be noted that the number of countries where no testing was performed on participating athletes during the 6 months period before the Games went down from 38 to 15. These global figures, together with the distribution of tests between testing authorities, highlight an improvement in collaboration between ADOs.

Additionally, delegations that win medals are very well tested. Of note, out of the 67 medallists not tested in the 6 months before the Games, 66 of them were either competing in team disciplines, team events, relays or low risk disciplines.

b) **Gaps remaining in testing programs.** Gaps remaining in testing programs. While recommendations were generally well followed in terms of number of tests, several areas of improvements have been identified, such as the variability in the type of collected samples, the distribution of tests in time, their predictability or their announced nature when bulk testing is performed at training camps. Improvements in testing plans are still needed, as illustrated by the 1'108 (10.3%) participating athletes not tested at all and the 1'432 (13.4%) of them not tested according to the recommendations.

At the continental level, clear gaps can also be observed in the testing of athletes coming from Africa, South America and Oceania. The same trend is observed for NOCs with small delegations (i.e., less than 25 athletes) with a significant proportion of athletes not tested.

Technical considerations

a) **Accessibility to data.** The merits of ADAMS must be acknowledged as it is a worldwide database constantly fed and solicited by numerous stakeholders. However, the current reporting system featured in ADAMS is not adapted to the timely delivery of a monitoring process and the implementation of agile and efficient testing programs in the lead up to a major event in which hundreds of athletes and delegations take part. Frequent updates are needed during the pre-Games period (e.g., to study the athletes' testing history), as the provisional list of participants evolves daily. Updating ADAMS records accordingly is a time-consuming and inefficient process sitting well below current data engineering standards. Additionally, the process to ensure the update of access rights granted to the IOC in ADAMS is lengthy and convoluted, which also impacts the efficiency and accuracy of pre-Games testing and monitoring activities. Acknowledging the difficulty and heavy challenge that WADA faces to maintain such a complex and multi-stakeholder database, recommendation is made to focus efforts on the implementation of solutions that allow for data exchanges through APIs in order to guarantee the efficient exchange of anti-doping data among all stakeholders.

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The ITA understands that last year, WADA entered into an agreement with the global IT firm Sword and that the process of upgrading the ADAMS platform has already begun and is a top priority. The ITA welcomes this development and stands ready to provide support where it can.

b) **Accuracy of ADAMS data.** Given the volume of testing before a major event such as the Olympic Games, it is crucial that doping control forms (DCFs) are entered in ADAMS immediately after the test. Efforts should be deployed to significantly reduce the time lapse between the test and the entry of the DCF in ADAMS. Solutions leveraging the benefits of paperless systems and APIs shall be explored and prioritised.

c) **Duplicated profiles in ADAMS.** Athlete profiles in ADAMS must be better managed to avoid creating duplicated profiles. During the Paris 2024 pre-Games period, a significant number of new duplicated profiles were created, not only preventing the monitoring of pre-Games testing, but also impacting the correct implementation of the Athlete Biological Passport (ABP). Technical solutions must be implemented to better identify athletes (e.g., improved algorithms) already having an ADAMS profile and avoid the creation of duplicated profiles. Periodical checks should be implemented by WADA to improve the overall data consistency in ADAMS. Finally, as highlighted by the heavy and lengthy manual work necessary to correct all these profiles, the current process to merge duplicated profiles must be simplified and accelerated.

Governance issues

d) **Qualification schedule.** A common challenge for most ADOs is the uncertainty related to the provisional list of participants. This necessarily impacts testing activities, in particular before the delegation's registration meetings (DRMs), which typically happen in the beginning of July. Late replacements in teams also pose challenges and can lead to a lack of testing for specific athletes. This also creates issues for the monitoring of testing activities in the lead-up to the Games, especially given the technical difficulties mentioned above. The early detection of participants to the Games remains key for anti-doping organizations worldwide. Therefore, any possible measures that allow for early qualification systems are encouraged as these will strengthen the ability to organize and monitor testing activities and promote the integrity of the Games.

e) **Timeframe.** For most pre-Games projects, recommendations are usually shared a few months (3-8 months) before the event. While it makes sense for ADOs that already have an established testing program and for which recommendations are related to improvements, this does not seem to be relevant when major gaps are highlighted on likely participants (e.g., complete lack of testing). In such situations, it is recommended that outcomes of previous pre-Games initiatives be used well in advance of the 6 months prior to the Games to establish and develop proper programs. Collaboration with WADA should be explored to leverage its NADO and RADO programs, as well as interactions with IFs. Similarly, should the country not have a NADO, the NOC acting as NADO should be contacted well before the pre-Games period to ensure it has the proper tools and expertise to conduct a well-articulated pre-Games program for its delegation, with the support of WADA and when need be the IOC, the ITA and the related IFs.

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f) Accountability. In the current situation, there are no eligibility rules mandating NOCs and IFs to ensure that a minimum level of testing be implemented for their respective athletes to compete at the Games. Consequently, the implementation of the pre-Games recommendations remains, by default, not mandatory. As such, considerations should be made on ways to implement eligibility criteria or, at the very least, hold ADOs accountable for the timely implementation of the recommendations. In situations where a clear lack of testing is identified, WADA shall have the possibility to immediately address (i.e., within a meaningful timeline ahead of the Olympic Games) the non-compliance associated with the lack of implementation of the recommendations.

The importance of continuously improving the quality, intelligence, and data-driven aspects of the Olympic anti-doping program cannot be overstated. Equally, it is noteworthy to highlight that the framework for testing, laboratory analysis and all other clean sport aspects is defined by the World Anti-Doping Code, the Prohibited List and the applicable WADA International Standards. These elements collectively aim at ensuring the integrity and compliance of the program within the framework and boundaries of a defined regulatory context.

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