



DOPING IN KENYA

STAKEHOLDER

PROJECT REPORT

INTELLIGENCE AND
INVESTIGATIONS DEPARTMENT



**WORLD
ANTI-DOPING
AGENCY**

TABLE OF CONTENTS

1 OVERVIEW

2 PROJECT METHODOLOGY

3 DOPING IN KENYA

3.1 ATHLETICS

3.2 SUBSTANCES

3.3 NATURE AND LOCATION OF TESTING

3.4 GLOBAL LANDSCAPE

3.5 LEVEL OF ATHLETE & TESTING HISTORY

3.6 MEDICAL PERSONNEL

4 ATHLETE INTERVIEWS

5 OVER THE COUNTER DOPING

5.1 OVER-THE-COUNTER MEDICATIONS

5.2 MEDICAL TREATMENT

6 FALSIFICATION OF RECORDS

7 MULTI-STAKEHOLDER NETWORK

8 KEY CONCLUSIONS

8.1 DOPING IN KENYA

8.2 MULTI-STAKEHOLDER NETWORK

01

OVERVIEW

In December 2016, WADA's Intelligence and Investigations Department, together with the International Association of Athletics Federation's Athlete Integrity Unit (AIU) launched a project (Project) to examine the doping practices of Kenyan athletes.

The Project objectives were twofold.

Firstly, to understand the doping practices of Kenyan athletes with a view of identifying those involved, at all levels.

Secondly, to develop a multi-stakeholder network to better tackle Kenyan doping.

The Project targeted the following athletes (Target Group):

- Elite and sub-elite distance runners¹ residing or training in Kenya and competing internationally;
- Associated coaches, support staff, chaperones, doctors and ancillary medical staff; and
- Kenyan sporting officials (where there was a credible link to corruption or other serious crime).

02

PROJECT METHODOLOGY

The Project undertook a multidisciplinary approach with contributions from the AIU, WADA's Athlete Biological Passport (ABP) Unit, the Anti-Doping Agency of Kenya (ADAK) and law enforcement.

The Project was comprised of three phases.

Phase 1 involved data collection and analysis, including a review of every Kenyan Adverse Analytical Finding (AAF) and the examination of the ABP's of elite distance runners.

Phase 2 involved the investigation of actionable intelligence (e.g. Whistleblower information) and interviewing of those from the Target Group with an AAF history.

Phase 3 involved peer review of the Project's findings and stakeholder consultation.

03

DOPING IN KENYA

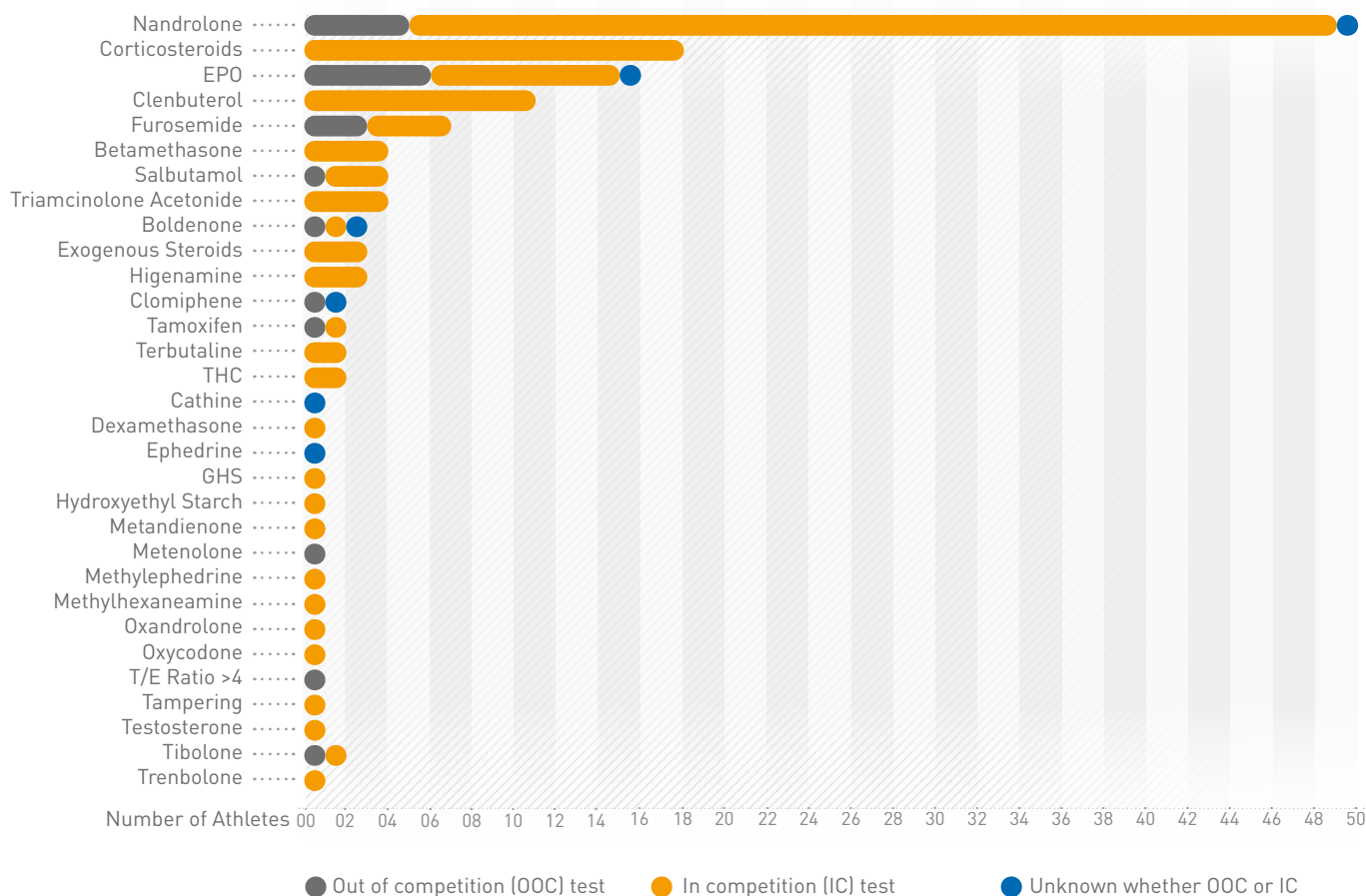
Between 2004 and 1 August 2018, a total of 138 Kenyan athletes (from all sports) had tested positive for Prohibited Substances.

Of that 138, the type of test (i.e. in-competition (IC) or out-of-competition (OOC)) was only available for 131 athletes.

Of those 131 athletes, only 13% (18 of 131) were caught by OOC testing. The overwhelming majority, 86% (113 of 131), were caught by IC testing.

A Kenyan athlete therefore appears at a far greater risk of detection for doping IC than OOC.

Kenyan AAF and the type of detected substance(s)



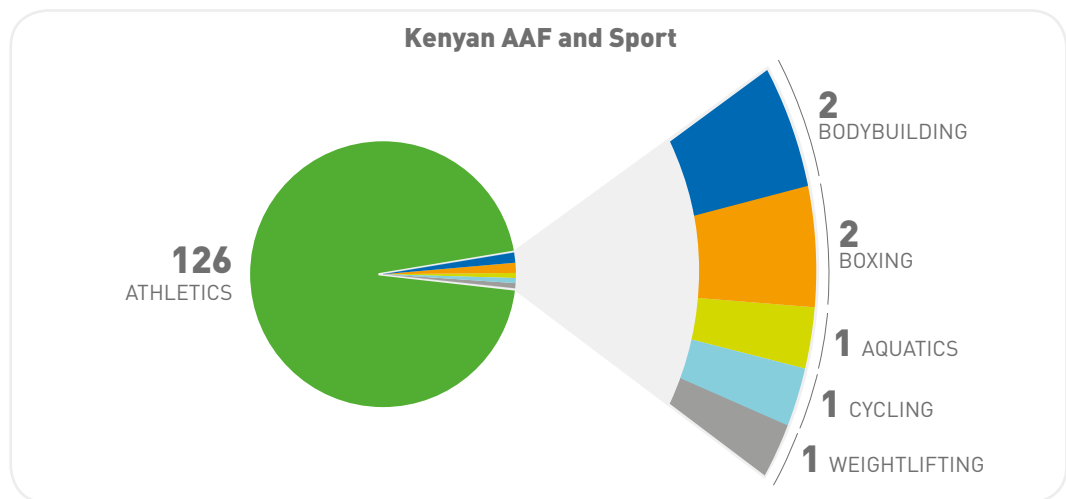
3.1

ATHLETICS

Distance running is the most tested sport in Kenya, accounting for nearly 91% (8945 out of 9885) of all tests conducted and 74% (1602 out of 2167) of all athletes tested.

Distance running has produced more AAFs than all other Kenyan sports combined and accounts for 95% (131 of 138) of all AAFs.

Bodybuilding and boxing are both a distant second with two AAFs each.



3.2

SUBSTANCES

Nandrolone is the most prevalent prohibited substance detected in Kenyan athletes and accounts for 35% (49 of 138) of all AAFs.

Nandrolone is an anabolic-androgenic steroid that is prohibited at all times. It is a drug that promotes power and muscle strength.

The corticosteroids, Prednisone, Prednisolone and Methylprednisolone, are the next most prevalent group of Prohibited Substances and account for 13% (18 of 138) of all Kenyan AAFs.

These substances are powerful anti-inflammatories that can be administered orally or via injection. They are IC prohibited substances and abused by athletes to improve athletic performance.

Erythropoietin (EPO) is the third most prevalent prohibited substance detected in Kenyan athletes and accounts for 12% (16 of 138) of all AAFs.

EPO is prohibited at all times, stimulates red blood cell production, and improves cardiovascular endurance. EPO is only administered intravenously or by injection.

Given the prevalence of Nandrolone within distance running and the performance benefits of EPO, the Project focused on these two substances.

3.3

NATURE AND LOCATION OF TESTING

Nandrolone

IC testing accounted for 90% (44 of 49) of all Kenyan AAFs for Nandrolone.

Testing conducted in Kenya,¹ Mexico² and China³ produced 49% (24 of 49) of all Kenyan AAFs for Nandrolone. The remaining Nandrolone AAFs resulted from tests conducted on Kenyan athletes in 20 different countries.

EPO

IC testing accounted for 56% (9 of 16) of all Kenyan AAFs for EPO. Testing conducted in Kenya accounted for 44% (7 of 16) of all EPO detections.

3.4

GLOBAL LANDSCAPE

In the sport of athletics, Kenya and India produce similar number of Nandrolone AAFs, far higher than any other country, accounting for 22% and 21%, respectively, of all AAFs.

South Africa is a distant third and accounts for 7% of all Nandrolone AAFs.

Globally, Nandrolone is also most commonly detected in strength-based sports (e.g. bodybuilding, weightlifting, and powerlifting). These sports account for 50% of all Nandrolone AAFs.

3.5

LEVEL OF ATHLETE & TESTING HISTORY

The Project identified 65 Kenyan athletes with an AAF for EPO and or Nandrolone.

Those 65 athletes were categorized in terms of career earnings and the number of Doping Controls they were subject to prior to their AAF.

Of the top 11 career earning Kenyans, nine had used EPO.

The median career earning value of the EPO user was five times higher than those who used Nandrolone.

Within the group of 65 athletes, 33 had reported career earnings of less than USD25,000. Of those 33 athletes, 27 had an AAF for Nandrolone.

Of the 27 athletes with an AAF for Nandrolone, 26 were caught by IC testing.

Within the group of 65 Athletes, 22 were caught doping on their very first test, and of those 22 athletes, 18 recorded an AAF for Nandrolone.

¹ 8 AAFs.

² 7 AAFs.

³ 9 AAFs.

04

ATHLETE INTERVIEWS

With the assistance of ADAK, an attempt was made to interview Kenyan athletes who were serving sanctions for doping. A total of 31 potential athletes were identified, of which 11 were willing to assist. However, of those 11 athletes only seven actually attended interviews.

Of the seven athletes interviewed, none acknowledged knowingly using any Prohibited Substances. Moreover, no one provided any information relevant to the Project or sought to claim the benefits of the Substantial Assistance provisions of the World Anti-Doping Code (Code).

The benefits of the Substantial Assistance provisions of the Code are vastly underutilized by doping Kenyan athletes.

05

OVER-THE-COUNTER DOPING

Through AIU intelligence holdings, the circumstances of a number of Kenyan athletes who alleged their doping was a consequence of over-the-counter medication or medical treatment were examined. Their stories are informative.

5.1

OVER-THE-COUNTER MEDICATIONS

Athlete "A"

Athlete "A" produced an AAF for Nandrolone following victory at a Kenyan national event. Prior to the AAF, Athlete "A" consulted a local chemist for treatment on a lower limb injury. The athlete kept no records of the diagnosis or treatment they had received.

Athlete "B"

Athlete "B" produced an AAF for EPO following a second place finish in an international race. In the lead up to the race, Athlete "B" visited a local chemist for treatment of a respiratory issue. The athlete kept no records of the diagnosis or treatment or injection they had received.

5.2

MEDICAL TREATMENT

Athlete "C"

Athlete "C" produced an AAF for Nandrolone following placing third in an international race. In the lead-up to the race, Athlete "C" consulted a local chemist for treatment of a lower limb injury and received an injection. The athlete kept no records of the diagnosis, treatment, or injection they had received.

Athlete "D"

Athlete "D" produced an AAF for Nandrolone following victory at an international event. In the lead up to the race, Athlete "D" visited a local doctor after feeling "*tired and weak*". The doctor had been recommended to the athlete by a trainer at a local gym. The doctor subsequently injected Athlete "D" with an unknown substance. The athlete kept no records of the diagnosis, treatment, or injection they had received.

Athlete "E"

Athlete "E" produced an AAF for EPO following victory at an international event. In the lead-up to the race, athlete "E" visited a Kenyan hospital for the treatment of anemia. The athlete kept no records of their diagnosis or treatment.

Athlete "F"

Athlete "F" produced an AAF for Nandrolone following placing third in an international race. In the lead-up to the race, athlete "E" visited a Kenyan hospital for treatment of a lower limb injury. The Athlete kept no records of their diagnosis or treatment.

Athlete "G" and Athlete "H"

Athlete "G" and Athlete "H" both claimed to have undergone treatment for malaria at a local Kenyan mobile health clinic prior to their respective AAFs for EPO. Neither athlete kept records of their diagnosis or treatment.

Athlete "I"

Athlete "I" produced an AAF for Nandrolone following participation in the Kenyan National Championships. In the lead-up to the race, Athlete "I" visited a local doctor at a Kenyan medical clinic where they were knowingly doped. Athlete "I" was assured by the doctor that the Prohibited Substance was not detectable.

06

FALSIFICATION OF RECORDS

There are two notable examples where elite Kenyan athletes have sought to rely on falsified medical records to escape sanction.



**Rita
Jeptoo**

On 25 September 2014, Rita Jeptoo, an elite Kenyan marathoner, was the subject of a targeted OOC test which resulted in an AAF for EPO.

The athlete claimed to have been twice injected with EPO by a Kenyan doctor to “boost ... [her] blood levels” following a diagnosis of malaria and typhoid.ⁱⁱ In support of the athlete’s claims, falsified medical records were produced. In sanctioning the athlete, the Court of Arbitration for Sport held that the medical records were forged in an attempt to prove that the EPO had been given to the athlete as part of a lifesaving medical treatment. Moreover, the forged medical records were the “culminating peak in an overall strategy” of cover-up and concealment by the athlete.ⁱⁱⁱ



**Jemima
Sumgong**

On 28 February 2017, Jemima Sumgong, an elite Kenyan marathoner and 2016 Olympic gold medalist, was subject of targeted OOC test which resulted in an AAF for EPO.

In an attempt to escape sanction the athlete produced falsified medical records suggesting she had been administered a blood transfusion and EPO during a visit to a Kenyan hospital. The falsity of the medical records was comprehensively established by ADAK following investigations at the nominated hospital.^{iv}

07

MULTI-STAKEHOLDER NETWORK

The Project has enriched the engagement and collaboration between the Intelligence and Investigations Department and the AIU. To this end, the AIU is a founding member of WADA’s Anti-Doping Intelligence and Investigations Network (ADIIN) – a global network of investigators and analysts throughout Anti-Doping Organizations globally with specialized skills and experience.

The AIU has invested considerable resources and interest into tackling Kenyan doping - as evidenced by the successful targeted testing of several elite Kenyan athletes and the comprehensive testing of Kenyan athletes, coordinated by the AIU,^v in the lead up to the 2017 IAAF World Championships.

In addition to work undertaken by stakeholders external to Kenya, efforts have also been made to recruit and equip those within Kenya.

As well, WADA’s Intelligence and Investigations Department, NADO/RADO Relations Department and African Regional Office will continue investing in the capacity building of ADAK alongside Anti-Doping Norway and United Kingdom Anti-Doping.

To date, ADAK has shown early signs of improvement, particularly in terms of

separating the Investigation and Results Management Departments. In regards to their investigative capability, ADAK has recently lost an experienced investigator but is expected to replace that loss soon.

Approved Laboratory for ABP testing

Historically, the location and geography of Kenya complicated the collection and analysis of ABP samples, particularly given the requirements of ISTI Annex K⁴ to deliver a sample to the laboratory within 60 hours from collection. To address this issue, Kenya now has a WADA-approved laboratory for ABP testing.

08

KEY CONCLUSIONS

8.1

DOPING IN KENYA

The doping practices of Kenyan athletes are unsophisticated, opportunistic, and uncoordinated.

Doping in Kenya is drastically different from other doping structures discovered elsewhere in the world.

Based on the substances detected, Kenyan athletes most commonly use Nandrolone and EPO.

Athletes in Kenya are insufficiently educated on doping and/or willfully blind as to the consequences of doping.

The role of local medical practitioners and quasi-medical personnel (e.g. chemists) is highly relevant to the accessibility of Prohibited Substances to athletes and their entourage.

Some local medical practitioners and quasi-medical personnel are unaware and/or willfully blind to their role in facilitating the access of athletes and their entourage to Prohibited Substances.

The benefits of the Substantial Assistance provisions of the Code are vastly underutilized by doping Kenyan athletes.

A multi-stakeholder network comprised of WADA, AIU and ADAK has been implemented.

Progress is being made within Kenya in terms of the capacity building of ADAK.

8.2

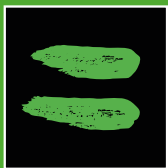
MULTI-STAKEHOLDER NETWORK

⁴ The International Standard for Testing and Investigations Annex K outlines the timelines for the shipment of blood based on the temperature conditions (for ABP), this is known as the Blood Stability Score (BSS). If a temperature of 4 degrees Celsius is maintained the sample has 60hrs from collection to delivery to the Laboratory.

09

END NOTES

- i.** A Distance Runner is defined as an athlete who competes at distances of 800 meters or more.
- ii.** CAS 2015/O/4128, Matter of Rita Jeptoo, [8].
- iii.** CAS 2015/O/4128, [155].
- iv.** Sports Disputes Tribunal, ADAK 14 of 2017, Matter of Jemima Sumgong, [19].
- v.** The IAAF determined that only Kenyan athletes who had undergone a minimum of five doping tests (three IC and two OOC) could attend the 2017 World Championships.



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