

PREVALENCE WORKING GROUP

Terms of Reference

The WADA Prevalence Working Group [Prevalence WG] is a specific Working Group¹ created by WADA Management at the request of the Health, Medical & Research Committee].

These Terms of Reference are approved by the WADA Director General, following consultation with the Senior Director, Science and Medicine, the responsible Director in charge of the Group.

Purpose

As a result of the completion of a preliminary exploratory phase in the field of assessment of prevalence of doping in sport, WADA wishes to formally continue with the activities of the Prevalence WG to determine if strategies, reliable methods and tools can be developed to adequately assess the prevalence of doping in sports and countries with the sufficient level of confidence required. Various factors such as the literature published in the field, results of pilot studies, consideration for further research project(s) will be reviewed.

The Group may be called upon for further work after the delivery of its final report; however, this is subject to the findings of their research and analysis.

It is forecast that the Prevalence WG will complete its mandate within a seven-year period (i.e. from 2017 to 2023). It will deliver recommendations to WADA by 2023. The necessary meeting timelines will be framed with this in mind.

Objectives/Key Activities

The tasks of the Working Group on Prevalence will include, but are not limited to:

- 1) Review the literature in the field of prevalence of doping in sport as well as in other relevant sectors;
- 2) Review various methods and approaches that could be part of the assessment of doping prevalence in sport;
- 3) Define a global strategy to assess prevalence of doping in sport and countries with a high degree of confidence;

¹ WGs are created on an as-needed basis only, and generally with a defined mandate requiring deliverables within a set timeframe. Where the expected deliverables are not met, an extension of mandate is possible, however it is not expected that WGs continue indefinitely. If it is considered that their work should be ongoing in nature, whether WG should be elevated to an Expert Advisory Group would need to be determined.

- 4) Develop tool(s) to assess prevalence in sport disciplines and in sport activities in countries with the objective to have such tool(s) accessible to stakeholders for use independently of WADA;
- 5) Prepare guidelines in support of assessment of prevalence of doping in sport;
- 6) Advise WADA on the implementation phase of those tools to ensure reliable use and outcomes of prevalence studies by selected stakeholders; and
- 7) Provide to WADA (1) annual reports that include progress on activities, outputs and recommendations on tools, and (2) a final report in 2023.

Reporting Structure

The Prevalence WG reports to WADA Management.

Membership/Composition

The composition of the Prevalence WG shall not exceed a maximum of 8-10 members however an exception may be applied if deemed necessary.

The WADA Director General, following consultation with the responsible Director in charge of the Prevalence, will appoint members to the Prevalence WG.

Members are selected on the basis of their relevant background and experience (e.g. expertise in methodologies for assessing the prevalence of doping and related areas).

The Members of the Prevalence WG are recorded on the WADA website.

If required, additional experts may be called upon on an ad-hoc basis for their contributions.

Member terms reflect the mandate of the Prevalence WG, i.e. until 2023. If the work of the Prevalence WG is not completed within the originally planned timeframe, and is extended, the composition and terms of members are reviewed to ensure their relevance remains.

Chair/Rapporteur

The Prevalence WG Chair² is selected based on his/her proven record and expertise in prevalence of doping in sport.

He/she shall act as the official reporter who is responsible for ensuring appropriate coordination with WADA Management and for providing accurate and timely information on all relevant issues.

WADA Liaison

The Senior Manager, Education (Policy and Research) and Associate Director, Research (Science and Medicine) will serve as the primary liaisons between WADA and the Prevalence

² There are occasions where WADA staff may chair a WG, e.g. when an external chair is not deemed to be practical.

WG and will be observers³ to the Prevalence WG in the sense that they contribute to and bring expertise to support the work of the Prevalence WG but do not have a voting position. Additional WADA Science and Medicine, Education, and Legal staff may also participate in Prevalence WG meetings as WADA experts on particular subject matter and to provide general support to the group where required.

Meetings and Working Norms

The Prevalence WG will meet in person, or virtually via video or teleconference (as determined by WADA) as many times as is necessary to complete its mandate.

The Prevalence WG normally operates on the basis of consensus and maintains as informal a manner as is possible or appropriate for the conduct of business. Consensus will be sought whenever possible. In the event of divergence of opinion or disagreement concerning recommendations, the absolute majority (determined by vote by hand) will rule. In the event of a tie, the Chair has the casting vote. There is presently no formal practice concerning a quorum. The Chair has the responsibility to determine if a quorum is present. Meeting notes will record any dissenting opinion on request.

The Chair may limit discussion of resurfacing issues by referring to previous recommendations or conclusions of previous discussions.

Meeting notes of the Prevalence WG meetings, reports and correspondence relative to the group's work shall be retained at the WADA Headquarters.

Conflict of Interest

Prevalence WG members will be bound by the WADA Conflict of Interest policy. They will be required to annually complete and sign a Statement of Absence of Conflict of Interest in accordance with the policy.

Confidentiality

All group members are required to sign a Confidentiality Agreement upon appointment (and again at the start of each year if their appointment is renewed). This ensures all members reflect on the confidential nature of their WADA work and confirm their adherence to such confidentiality rules.

Signing this document each year is a new process as of 2020 (as a result of the governance changes mentioned above); previously members were only required to sign once.

Communications and Media

All Prevalence WG members must read and comply with WADA's Media Relations policy. If a member should receive a request for an interview in relation to their role in WADA or WADA's work they should first consult with the WADA Media Relations Senior Manager or (if absent), with the WADA Communications Director.

³ Unless they are appointed as the Chair of the WG.

Budget and Financial Support

WADA has budgeted for the Prevalence WG for up to the end of 2023, with budget through 2025 to be used for supporting the implementation of prevalence assessment tools developed by the Prevalence WG. Should an extension of the mandate be required beyond 2023, additional budget may need to be approved prior to final confirmation of the group continuing.

WADA shall provide the necessary administrative and operational resources for meetings. WADA will meet all travel and accommodation costs, as well as most meals onsite. A daily indemnity is provided to cover incidental costs during travel to and from the meeting.

Where meetings are held virtually and meet certain rules such as a minimum duration, a daily indemnity for virtual attendance is disbursed.

It is acknowledged that some experts go above and beyond, including providing extensive advice throughout the year, outside of annual meetings. WADA offers a further daily indemnity to experts for such work carried out. The specific indemnity details are outlined in the “Overview of WADA Working Groups” document.

Effective Date

An earlier version of these ToR originally came into effect in 2017, and the mandate remains essentially the same as initially drafted and/or approved. The ToR was however updated to reflect practical changes to the way in which WADA manages its Working Groups which were approved in November 2020 and came into effect on 1 January 2021. In addition, administrative updates to the ToR were made in January 2022 and January 2023.

These ToR are published on the WADA website.