



12

MEDICAL SERVICES AND DOPING CONTROL

- *Free health care for all Games clients*
- *Comprehensive network of Games hospitals*
- *Experienced emergency services response capability*
- *Commitment to anti-doping and upgrade of WADA accredited lab*
- *Games readiness through event experience and through testing*

INTRODUCTION

Le Brésil dispose d'un système complet de services médicaux qui continue d'améliorer les normes de santé sur toute l'étendue du territoire. Le cadre législatif médical actuel ne requiert aucune modification pour permettre au Brésil d'organiser les Jeux Olympiques et Paralympiques.

Une couverture médicale complète et gratuite, tant pour les citoyens brésiliens que pour les visiteurs étrangers, constitue la base des services mis à disposition pendant les Jeux, y compris des hôpitaux pour la Famille olympique, une polyclinique au sein du Village olympique et paralympique, des équipes médicales d'intervention rapide sur tous les sites et un réseau de services sanitaires temporaires avec des équipes itinérantes pour les services de premiers secours.

Les besoins des Jeux seront entièrement intégrés aux procédures existantes d'urgence et de réaction rapide en cas de catastrophe, et feront l'objet d'exercices et de tests complets avant les Jeux.

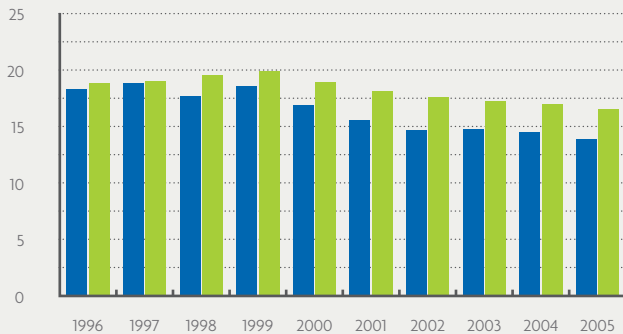
Le Brésil adhère entièrement aux objectifs de l'AMA et de la Convention de l'Unesco et est signataire du Code mondial antidopage. Un héritage clé de la candidature de Rio 2016 est la création d'une agence nationale indépendante de contrôle antidopage. Le gouvernement fédéral a garanti le financement d'une importante extension de l'actuel laboratoire accrédité par l'AMA à Rio avant les Jeux pour accueillir le programme de tests prévu pendant la période des Jeux.

12.1 DONNÉES SANITAIRES

L'AMÉLIORATION DES TENDANCES RÉVÉLÉES DANS LES STATISTIQUES SANITAIRES

LA NATALITÉ | BIRTH RATE

Naissances vivantes par 1 000 habitants
Live births per 1,000 population



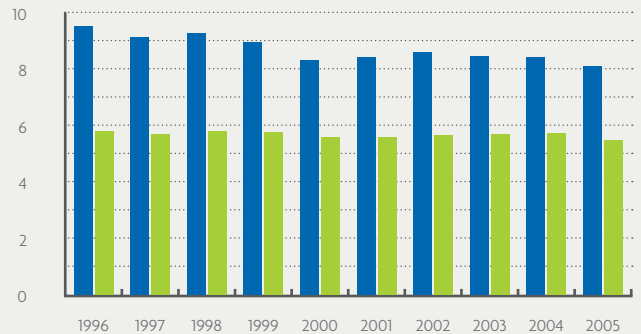
Source: Ministère de la Santé - Base de données SUS (DATASUS)
Source: Ministry of Health SUS Database (DATASUS)

En 1970, le chiffre moyen de la natalité au Brésil était de 5,8 enfants. En 2000, ce chiffre était tombé à 2,3 enfants.

In 1970, the average number of children born to each Brazilian woman was 5.8. By 2000 that number had decreased to 2.3 children.

LA MORTALITÉ | DEATH RATE

Taux de mortalité par 1 000 habitants
Deaths per 1,000 population

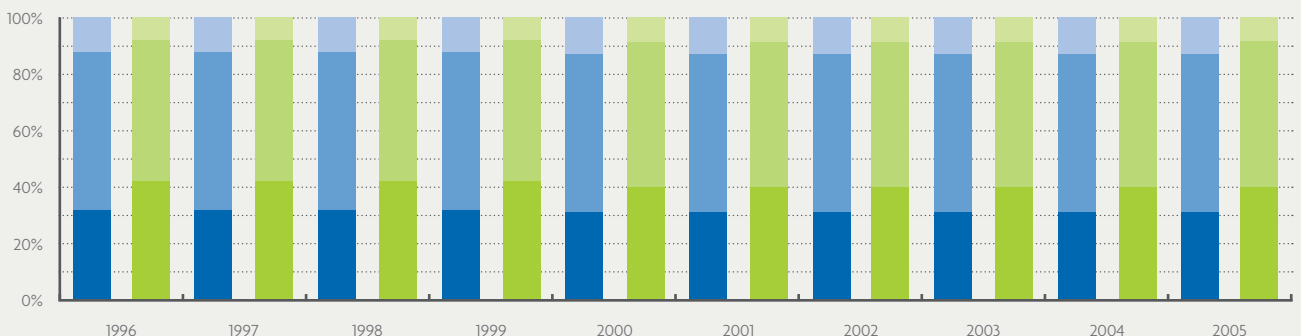


Source: Ministère de la Santé - Base de données SUS (DATASUS)
Source: Ministry of Health SUS Database (DATASUS)

La mortalité s'exprime en termes du nombre de décès sur 1 000 habitants pendant une certaine période. La proportion de la population âgée de 60 ans ou plus est plus élevée à Rio que dans le reste du pays. De même, la mortalité est relativement plus élevée à Rio.

The death rate is expressed as the number of deaths per 1,000 residents in the region during the period. The proportion of the population aged 60 years or more is higher in Rio than for the rest of the country. Correspondingly the death rates are also relatively higher in Rio.

LA RÉPARTITION PAR ÂGE | AGE DISTRIBUTION



Source: Institut Brésilien de Géographie et Statistiques (IBGE)
Source: Brazilian Institute of Geography and Statistics (IBGE)

Rio de Janeiro ■ 0 - 19 ■ 20 - 59 ■ 60 + ■ Brésil Brazil ■ 0 - 19 ■ 20 - 59 ■ 60 +

MEDICAL SERVICES AND DOPING CONTROL

INTRODUCTION

Brazil enjoys a comprehensive health care system which is continually improving standards of health throughout Brazil. The existing medical legislative framework will not require any modifications to enable Brazil to host the Olympic and Paralympic Games.

Full health care services are provided free of charge to all Brazilian citizens and visitors, forming the basis of the health care provision for the Games. Supplementing the existing health system will be a number of Games-specific services, including designated Games Family hospitals, a comprehensive Polyclinic within the Olympic and Paralympic Village, on-site medical response teams at all Games venues and a network of dedicated temporary medical stations supported by roving first aid teams.

Games requirements will be fully integrated with the existing emergency and disaster response procedures, and will be the subject of comprehensive pre-Games rehearsals and exercises.

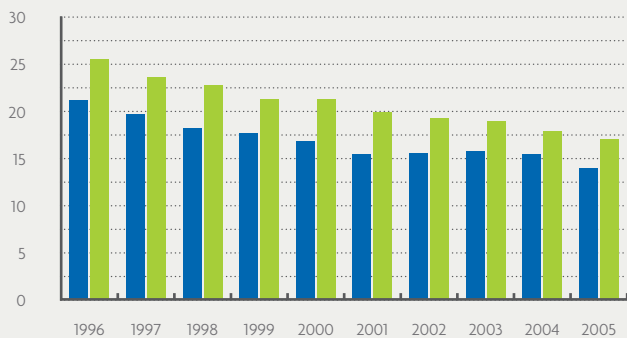
Brazil is totally committed to the WADA and UNESCO Convention goals and is a signatory to the World Anti-Doping Code. A key legacy of the Rio 2016 bid is the establishment of an independent National Anti-Doping Organization. The Federal Government has guaranteed funding for a significant extension to the existing WADA-accredited laboratory in Rio in the lead-up to the Games to accommodate the anticipated Games-time testing program.

12.1 HEALTH RELATED DATA

IMPROVING TRENDS IN HEALTH STATISTICS

LA MORTALITÉ INFANTILE | INFANT MORTALITY RATE

Taux moyen de mortalité par 1 000 naissances vivantes
Death rate per 1,000 live births



Source: Ministère de la Santé - Base de données SUS (DATASUS) ■ Rio de Janeiro
Source: Ministry of Health SUS Database (DATASUS) ■ Brésil Brazil

La mortalité infantile à Rio a baissé de 33% au cours des dix dernières années.
The infant mortality rate in Rio has dropped 33% over the last ten years.

LA MORBIDITÉ | MORBIDITY RATE

Dans une étude réalisée en 2003 par l'Institut brésilien de géographie et de statistiques, 78,6% des Brésiliens étaient d'avis que leur état de santé était très satisfaisant ou satisfaisant.

Au cours de la même année, 83,2% de la population de l'État de Rio de Janeiro estimait que son état de santé était très satisfaisant ou satisfaisant.

In research conducted in 2003 by the Brazilian Institute of Geography and Statistics, 78.6% of all Brazilians evaluated their state of health as very good or good.

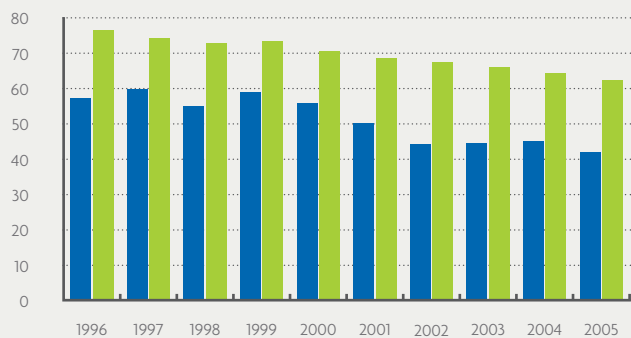
In that same year, 83.2% of the population in the State of Rio de Janeiro also evaluated their health status as very good or good.

Source: Institut Brésilien de Géographie et Statistiques (IBGE), Recherche nationale; essais et échantillons sur les foyers – Accès et utilisation des services médicaux (2003)

Source: Brazilian Institute of Geography and Statistics (IBGE), National Research of Home Samples – Access and Use of Health Services (2003)

LE TAUX D'HOSPITALISATION | HOSPITALIZATION RATE

Taux d'hospitalisation par 1 000 habitants
Hospitalization rate per 1,000 population



Source: Ministère de la Santé - Base de données SUS (DATASUS) ■ Rio de Janeiro
Source: Ministry of Health SUS Database (DATASUS) ■ Brésil Brazil

Le taux d'hospitalisation représente le nombre annuel d'admissions hospitalières formelles dans des hôpitaux publics pour 1,000 habitants. Il y a relativement moins d'admissions hospitalières à Rio, étant donné que la proportion de la population possédant une assurance maladie privée à Rio est plus élevée que dans le reste du pays.

The hospitalization rate refers to the number of formal admissions to public hospitals per 1,000 inhabitants each year. As the proportion of the population with private health insurance in the city is higher than in the rest of the country, there is a relatively lower rate of public hospital admissions.

MEDICAL SERVICES AND DOPING CONTROL

12.2 HEALTH RELATED LEGISLATION

COMPREHENSIVE MEDICAL LEGISLATION IN PLACE

Hospital regulatory framework

The Federal Ministry of Health, through the authority of the Health Act, 1990 prescribes the regulatory framework that governs all aspects of health care services in Brazil and the Unified Health System (SUS), which integrates the health service activities of all Federal, State and City agencies.

The regulatory framework also establishes the clinical and operational standards to which all private and public health institutions must subscribe, including the national hospital accreditation program. To maintain accredited status, each hospital in Brazil must comply with a set of established standards and levels of professional competence in line with best practice and a philosophy of continuous improvement. In addition to achieving national accreditation status, 18 hospitals have achieved international accreditation status, including the National Institute of Trauma and Orthopedics (INTO) facility in Rio.

Public health and hygiene

The Federal Ministry of Health has vested authority with the National Public Health and Hygiene Surveillance Agency (ANVISA) to monitor and regulate the importation of all pharmaceuticals and medical equipment, as well as the manufacture and supply of all medications and medical supplies throughout Brazil. ANVISA takes responsibility for all aspects of public health surveillance, including food storage, preparation and handling, water and air quality and sanitation.

Brazil is a signatory to the International Health Regulation of the World Health Organization, and follows the procedures and regulations laid down in this charter by establishing a national network of sentinel sites responsible for the early detection, notification and response to epidemiological presentations.

Medical and health practitioners

The registration of medical practitioners is regulated by the Federal Council of Medicine. The council regulates all medical training programs, registers newly-graduated medical staff, assesses and registers all foreign medical practitioners wishing to practice in Brazil and provides a regulatory authority to assess and monitor performance. Similar professional councils exist for all speciality areas, including paramedics, dentists, nurses and physiotherapists.

At the time of the Games, the relevant regional bodies responsible to the Federal Medicine Council will be responsible for providing temporary registration to NOC medical staff.

12.3 HEALTH CARE SYSTEM

COMPREHENSIVE CARE

Healthy environment

Brazil's strong focus on a healthy lifestyle is evident on the streets of Rio every day with a large percentage of the population taking part in regular exercise on the beaches, parks and designated running and cycle paths. ANVISA, and its counterparts at the State and City levels, maintains a safe public health environment through the constant monitoring of food and water quality.

Primary health care

A series of Primary Health Clinics exist across Brazil to provide primary health care on a 24-hour basis. This care is available free



of charge and provides nursing and general medicine services. General practice medical services are also available through the private system on a fee for service basis.

Hospital services

The SUS network of public hospitals provides a comprehensive surgical, medical and emergency medicine service, and supports the Primary Health Clinics by providing diagnostic, consulting and clinical specialties. All public hospitals provide services free of charge to all persons, including foreign nationals. In addition to the public system, Brazil has a comprehensive private hospital service available on a fee for service basis.

Rio has a dedicated sports medicine and orthopedics hospital, the National Institute of Trauma and Orthopedics (INTO). This 144-bed facility is a center of excellence in Brazil, committed to research, teaching and clinical care in the field of orthopedics. The INTO supports Brazilian Olympic and Paralympic athletes during training and pre-event preparation. A new location in Rio has been selected for the 300-bed extension currently being undertaken by INTO to expand and upgrade its services.

Emergency services

A state-wide 24-hour ambulance service is available by telephoning 192 or 193. This service provides pre-hospital care and transfers ill or injured persons to the most appropriate hospital using fully-equipped vehicles and professionally trained paramedics. This service also has the ability to provide advanced life support.

Private ambulance services also exist with responsibility for the provision of pre-hospital care in domestic settings, for transfers between home and hospital and for inter-hospital transfers.

12.4 MEDICAL EXPENSE SOCIAL SYSTEM

FULL HEALTH CARE SERVICES FOR ALL

All persons in Brazil, including visiting foreign nationals, are entitled to access all public health care facilities within the SUS network. The SUS is funded by the three levels of Government and is available completely free of charge to all users.

In addition to the public system, access to a private system is available on a fee for service basis, offering general practitioner, diagnostic services and hospital facilities. Foreign nationals may obtain travel insurance or purchase a temporary form of private health insurance coverage locally.

MEDICAL SERVICES AND DOPING CONTROL

12.6 EMERGENCY SERVICES

EXTENSIVE AND EXPERIENCED CAPABILITY

Brazil has a reliable, professional and experienced emergency services network.

Through the 192 and 193 telephone services, two integrated and centrally coordinated operations provide a 24-hour response to medical emergencies ensuring a rapid and professional response.

- The 193 number accesses the Emergency Rescue Group (GSE) under the command of the Rio Fire Corps, providing first response medical services in rescue and trauma situations, including search and rescue situations, sea rescue and all incidents involving dangerous or hazardous material. GSE routinely provides pre-hospital care and transfer at all major events held in Rio.
- The 192 service accesses the Urgent Mobile Attention Service (SAMU), the ambulance service with responsibility for pre-hospital care in the domestic setting and transfers between home and hospital or between hospitals.

Collectively, GSE and SAMU are resourced by 1,500 health care professionals highly trained in emergency rescue and pre-hospital care with a full complement of well-equipped response vehicles, including treatment and transfer ambulances, paramedic motor bikes and helicopters.

12.7 EMERGENCY MANAGEMENT

GAMES REQUIREMENTS FULLY INTEGRATED INTO EXISTING FRAMEWORK

First aid services

An on-site medical response team will be in place at all Olympic and Paralympic venues to provide first response and medical transfer. A minimum of two ambulance units will be stationed at each competition venue. Ambulances will also be positioned in many non-competition venues including the Olympic and Paralympic Village, training sites, IBC/MPC and the Games Family hotels.

On-site response teams will be supported by dedicated temporary medical stations providing more complex clinical intervention. The medical stations will be staffed by qualified medical and nursing staff. Staff in athlete care areas will have comprehensive knowledge of the rules and medical situations associated with the sport.

While the Olympic and Paralympic Village Polyclinic will also follow this model, it will provide a more comprehensive level of service including diagnostic, consulting and sports medicine specialties.

Roving first aid teams will support venues with large geographic areas, high numbers of spectators or unusually sharp crowd peaks. The roving teams will comprise medical and nursing students working under the supervision of qualified health professionals in accordance with the regulations set by each regional Health Council. Current first aid qualifications will be mandatory, and additional first aid training will be conducted prior to the Games.



Emergency services

Emergency service units will work under the standard operating procedures set out in the Fire Corps manual. The manual has been developed using the experience gained from supporting a wide range of major events in Rio.

The existing ambulance dispatch services will be responsible for the deployment of Games ambulances, with strong coordination among each Venue Medical Manager, the central Ambulance Dispatch Center and the Games-wide Medical Command Center.

The disciplined recording of all activity by operational teams and a well-maintained medical encounters database will ensure all medical issues are captured.

12.8 DISASTER PLANNING

CLEARLY DOCUMENTED AND WELL-REHEARSED PLANS

Current response plan

In spite of the low incidence of natural disasters in Rio, well-equipped disaster response teams are trained to respond to situations as diverse as dangerous weather conditions, multiple casualty situations and incidents involving biological, chemical or radiological hazards. The specialized State and Municipal Civil Defense teams assigned to these response units undergo regular training and education sessions.

The response to all major incidents is coordinated through the three levels of Government:

- At the Federal level, the National Public Security Secretariat (SENASP) is responsible for developing the overarching concept that will guide each of the State and City plans, coordinating the response of national agencies and providing funding for national training programs.
- At the State and City levels, the State and Municipal Civil Defense agencies develop local disaster response plans, determine and deliver appropriate local training programs and fund equipment and resource requirements.

In the event an incident occurs, the relevant Civil Defense agency will establish a command center, deploy relevant medical response groups, restock equipment and supplies and maintain lines of communication.

MEDICAL SERVICES AND DOPING CONTROL

Games-time response

Each Games venue will have its own mass casualty response plan. These plans will link with the existing State and City plans which essentially remain unaltered, and there will be no change of responsibility or command. However, in recognition of the increased number of operational sites and associated crowd numbers across the city, State and Municipal Civil Defense Secretariats will be on a heightened state of alert. Additional emergency medical supplies and equipment will be available and stocks of blood and blood products will be increased in Games hospitals. In addition, a pre-deployed, fully equipped mass casualty response team will remain on standby.

12.9 EPIDEMIOLOGICAL PROBLEMS

PROACTIVE AND RESPONSIVE SURVEILLANCE

Surveillance network in place

The Secretariat of Health Surveillance, a department within the Federal Ministry of Health, has responsibility for:

- Determining the national list of diseases requiring mandatory notification
- Maintaining a database of these disease presentations
- Developing national policies to respond to presentations
- Providing funding to ensure all vaccines under the national immunization program are provided free of charge.

These actions are regulated through the 1975 Health Law.

Eliminating outbreaks

The Secretariat mandates notification by all health care providers whenever a clinical presentation of a disease on the national list is confirmed. This process of surveillance and early notification allows for the most clinically appropriate treatment to commence in conjunction with a range of pre-determined public health actions designed to control and contain the outbreak.

- The last epidemic of yellow fever in Rio was in 1929. Since then, no occurrences of the disease have originated in the city
- Large scale dengue fever control programs are in place throughout Brazil, involving home visits to identify and address risk areas and provide education on methods to control breeding grounds. Dengue fever is seasonal, with incidences occurring during the wet season between December and March, well outside the dates proposed for the Olympic and Paralympic Games.

Controlling resources and agencies

While the Secretariat of Health Surveillance provides the framework and procedures for epidemiological response, the operational responsibility to deliver these programs rests with the State and City agencies, including vaccinations, public health education and screening programs. Health care providers are responsible for the immediate notification of cases and provision of the most appropriate clinical treatment.



12.10 HEALTH CARE INVESTMENT

SCHEDULED IMPROVEMENTS FOR HIGHER SERVICE

Health care funding responsibility in Brazil is jointly shared by the three levels of Government. Federal legislation enacted in 2000 requires that 12% of the State budget and 15% of the City budget be allocated to the public health system. These investments at the State level have averaged USD775 million per year from 2003 to 2007 and are expected to grow to USD1 billion in 2009. An average of USD392 million has been invested by the City Government each year from 2003 to 2007, with a forecast of USD575 million in 2009.

While no additional services are considered necessary specifically to meet the health needs of the Olympic and Paralympic Games, some planned upgrades will be expedited to ensure the highest possible standards of care can be provided to Games clients.

- As described in question 12.3, the Federal Ministry of Health has committed USD97.5 million in funding towards the upgraded National Institute of Trauma and Orthopedics (INTO). Construction has already commenced on this additional 70,000m² sports medicine and rehabilitation facility in Rio which will include 21 new operating rooms, two equipped with live satellite broadcast
- The State will undertake construction of an 8,000m², 133-bed Women's Hospital providing medical, surgical and emergency medicine services as well as an intensive care unit, neonatal care facility and family planning services.

The Federal, State and City Governments have guaranteed that investment plans are practicable and compatible with the harmonious development of the country, region and city.

Refer to Section 12 of the Guarantees File.

MEDICAL SERVICES AND DOPING CONTROL

12.11 GAMES FAMILY HOSPITALS

CONVENIENTLY LOCATED GAMES HOSPITALS

All members of the Olympic and Paralympic Family will have access, free of charge, to the full range of clinical services provided through a network of private and public hospitals. The designated Games hospitals will be selected on the basis of the range of clinical specialties on offer as well as their proximity to Olympic and Paralympic venues. The main referral hospitals for athletes, IFs, NOC/NPCs and IOC/IPC will be Barra d'Or and Samaritano Hospitals and the INTO facility. These hospitals offer a high standard of care in a wide range of clinical specialties including emergency medicine, orthopedics and intensive care, and an extensive range of diagnostic and investigative services including radiological (MRI, CT scan), biological, chemical and hematological services.

OLYMPIC AND PARALYMPIC REFERENCE HOSPITALS

HOSPITAL NAME	Number of beds	Distance from the Olympic Village (km)	Travel time (minutes)
Hospital Barra d'Or	193	5	8
Instituto Nacional de Traumatologia e Ortopedia (INTO)	144	24	38
Hospital Quinta d'Or	200	19	30
Hospital Samaritano	94	24	36
Hospital São Lucas	99	23	35
FOOTBALL CITIES¹			
Hospital Belo Horizonte - Belo Horizonte	158	5	7
Hospital Santa Izabel - Salvador	508	1	5
Hospital Santa Lúcia - Brasília	258	6	10
Hospital São Luiz - São Paulo	175	2	9

¹ Distances indicated from the competition venue

Comprehensive Polyclinic in the Village

Within the Residential Zone of the Olympic and Paralympic Village, a purpose-built Polyclinic will provide consulting services on the full range of clinical specialties, with a particular focus on sports medicine. In addition, diagnostic, rehabilitation, dental, optical and pharmaceutical services will be provided free of charge to all Village residents.

12.12 HEALTH SERVICES WORKFORCE

QUALIFIED AND SUPERVISED GAMES WORKFORCE

Olympic and Paralympic medical services will be provided only by registered health professionals practicing in accordance with the regulations of the relevant professional governing bodies. Recruitment, selection and training of these personnel will be the responsibility of the Games Chief Medical Officer. Health care students will be permitted to participate, only under supervision, as members of the roving teams providing first aid in venues. First aid training refresher courses will be provided to these teams, and will also be made available to all other members of the Games venue teams.

A dedicated team of specialist medical and paramedical health professionals will be recruited to deliver the wide range of services at the Polyclinic.

Training sessions and simulations will be conducted to ensure all members of the venue medical teams, including relevant health care agencies, are aware of the clinical and operational procedures and reporting lines within their venue. Test events and other major events, including the 2014 FIFA World Cup, will also provide valuable learning opportunities.

12.13 IOC AND WADA REQUIREMENTS

TOTAL COMMITMENT TO IOC, WADA AND UNESCO

Reinforcing its strong commitment to IOC, IPC and WADA goals, Brazil was the first country to sign the Copenhagen Declaration in March 2003. The UNESCO Convention was subsequently ratified by the Brazilian Government by legislative decree in October 2007 and Brazil is a signatory to the World Anti-Doping Code.

The policies of the Brazilian Olympic Committee and the Brazilian Paralympic Committee are fully compliant with the World Anti-Doping Code. Both organizations actively support the goals of the code.

Brazil enjoys representation on the WADA Board through a nominee of ANOC.

12.14 ANTI-DOPING LEGISLATION

GOVERNMENT COMMITMENT THROUGH LEGISLATION

Legislative support

In addition to the legislation enabling the ratification of the UNESCO Convention, the Brazilian Government passed a resolution in May 2004 to establish the basic regulations for doping control in Brazil.

NADO Development

Since signing the Copenhagen Declaration, the Federal Ministry of Sport has actively pursued the formation of an independent National Anti-Doping Organization (NADO) structure.

The Federal Ministry of Sport announced the creation of the Commission for Combating Doping, established within the National Sports Council in August 2003. The Commission's aims are to promote the fight against doping in sports, develop programs for doping control, prevention, education and rehabilitation and ensure the World Anti-Doping Code is followed in Brazil. The Commission includes members from the Federal Ministry of Sport, National Athletes' Commission, Brazilian Olympic Committee, Brazilian Paralympic Committee, National Public Health and Hygiene Surveillance Agency, Brazilian Society of Sports Medicine and the Brazilian WADA-accredited laboratory (LABDOP), among others.

MEDICAL SERVICES AND DOPING CONTROL

In May 2008, the Brazilian Olympic Committee established an interim National Anti-Doping Organization (NADO), the Brazilian Anti-doping Agency (ABA). The Brazilian Olympic Committee and the Ministry of Sport have agreed to support the transition of the ABA to full independence by 2010 and a rationalization of the roles of the ABA and the Commission for Combating Doping. Regardless of the outcome of the bid, an independent and well resourced NADO will be developed, resulting in a significant and important bid legacy.

Brazil currently has 30 major event-experienced doping control officers, seven of whom have participated in Olympic Games, and 125 chaperones experienced in a major multi-sport event.

12.15 ANTI-DOPING GUARANTEE

SUPPORT FOR WADA AND IOC ANTI-DOPING RULES

The Federal Government of Brazil has guaranteed to apply the prevailing World Anti-Doping Code and the IOC Anti-Doping Rules (IOC Rules) during the 2016 Olympic and Paralympic Games. The Code and IOC Rules will take precedence should there be a conflicting national rule or legislative requirement at the time of the 2016 Games.

The Brazilian Government authorities have also undertaken to provide full cooperation and support for the implementation of the IOC Rules at the time of the Olympic and Paralympic Games, supporting the investigation of all anti-doping rule violations.

Refer to Section 12 of the Guarantees File.

12.16 WADA LABORATORY

EXISTING WADA-ACCREDITED LABORATORY IN RIO

LABDOP, Brazil's WADA-accredited laboratory, is based centrally within the Federal University of Rio de Janeiro. It was granted accredited status in 2002, initially by the IOC and subsequently by WADA.

LABDOP has a demonstrated capacity for conducting testing for a major multi-sport event. Since achieving accredited status, LABDOP has analyzed more than 3,500 samples a year, increasing to around 6,000 samples in 2007. During the 2007 Pan American Games nearly 1,300 samples were collected.

Premises

An expansion of the laboratory will be completed by early 2011 in readiness for the testing program required for the 2011 CISM Military World Games. The upgraded facility will be sufficient to accommodate the current and future needs of the laboratory, and will provide adequate space to deliver the 2014 FIFA World Cup and 2016 Olympic and Paralympic Games testing programs.

Equipment

As a WADA-accredited laboratory, LABDOP currently has the full range of mass spectrometers required for doping control analyses, including an Isotopic Ratio Mass Spectrometer, and has capability to test for erythropoietin (EPO).

The Federal Government has committed to provide funding for the upgrading and acquisition of equipment and related staffing resources necessary to enable LABDOP to meet all WADA's



current and future requirements, including those required for blood analyses. It is acknowledged that additional equipment will be required to meet the demands of the 2016 testing program and there is a likelihood that new tests necessitating new technology will also be required.

Staffing

LABDOP has 40 technical and support staff. For Rio 2016 it is expected that LABDOP will require 100 technical and support staff providing 24-hour coverage. Personnel will also be required to provide support services in security, catering, transport and maintenance.

For the 2007 Pan American Games, staff from the associated University laboratories and from other WADA-accredited laboratories supplemented the LABDOP staff with 77 technical personnel involved. This strategy enables the recruitment of highly experienced staff and will be repeated for 2016.

Sample transport

Samples will be transported from the venue doping control stations to LABDOP using an internal courier service. The Games Security Directorate will assist by providing security personnel to escort the samples and ensure that a strong chain of custody of the samples is maintained. All venues, including the Olympic and Paralympic Village, are within 40 minutes of the laboratory.

Samples will be flown from cities hosting Football using a specially arranged courier service. All cities have direct flights to Rio and the laboratory is close to the international and domestic airports. These arrangements will be tested during the 2014 FIFA World Cup.

MEDICAL SERVICES AND DOPING CONTROL

12.17 EQUINE HEALTH

SAFE ENVIRONMENT FOR ENTRY OF HORSES

Brazil regularly reports current disease status to the World Organization for Animal Health (OIE) databases in accordance with the requirements of its OIE membership. Brazil has been free of epidemic occurrences for the past five years. In the same period, some endemic cases have been observed and reported in the country, primarily in the northern region of Brazil. Brazil is free of the African Horse disease, Venezuelan equine encephalomyelitis and West Nile Fever. Glanders and Surra do not occur in Rio.

For the Olympic Games qualification Equestrian event during the 2007 Pan American Games, over 100 horses were temporarily imported through a well-planned international animal health protocol without incident. The quarantine area at the National Equestrian Center used for the 2007 Pan American Games will be upgraded and expanded for the 2016 Olympic and Paralympic Games.

12.18 EQUINE EPIDEMIOLOGY

RAPID IDENTIFICATION AND CONTAINMENT

The Animal and Plant Health and Inspection Secretariat is responsible for equine disease prevention and control, supported by the Ministry of Agriculture, Livestock and Food Supply and the State Secretariat of Agriculture.

The animal health protocol developed for the 2007 Pan American Games proved to be a success, as it secured Brazil's borders while still providing a clear understanding of the special circumstances surrounding major sports events. A similar protocol will be used for the 2016 Olympic and Paralympic Games.

12.19 EQUINE SAMPLE TESTING

FEI-ACCREDITED LABORATORY IN SÃO PAULO

The laboratory of the Jockey Club of São Paulo is recognized by the International Equestrian Federation (FEI) as an accredited laboratory and is in the process of becoming one of only five FEI reference laboratories worldwide. This process will be a bid legacy, irrespective of the outcome of the bid. With the assistance of the Brazilian Olympic Committee and the Ministry of Sport, it recently purchased a triple quadrupole system (3200 Q Trap LC/MS Agilent 1200 Series). This purchase, coupled with the Paris-based training of laboratory technicians, complies with FEI recommendations and technical criteria.

In the event the São Paulo laboratory is not accredited by FEI as a reference laboratory, anticipated to occur in 2009, arrangements will be made to use the Central FEI Laboratory in France, consistent with the process successfully employed during the 2007 Pan American Games.