

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS BROUGHT BY THE ATHLETICS
INTEGRITY UNIT UNDER THE WORLD ATHLETICS ANTI-DOPING RULES**

Before:

Charles Hollander KC (Chair)

Erika Riedl

Stefan Fabien

BETWEEN:

WORLD ATHLETICS

Anti-Doping Organisation

and

ESTHER GITAH

Respondent

DECISION OF THE DISCIPLINARY AND APPEALS TRIBUNAL

I. Introduction

1. World Athletics (“**WA**”) is the International Federation governing the sport of athletics worldwide. It has its registered seat in Monaco. WA has delegated the implementation of its Anti-Doping Rules (“**ADR**”) to the Athletics Integrity Unit (“**AIU**”) in accordance with Rule 1.2.2 of the ADR.
2. The Respondent, Ms Esther Gitahi (the “**Athlete**”), is a 26-year-old middle and long-distance runner from Kenya.

II. Factual and Procedural Background

3. On 13 April 2024, an In-Competition urine Sample was collected from the Athlete at the B.A.A. 5K in Boston, USA (the “**Event**”). The Sample was split into and sealed in two (2) separate tamper-evident bottles, which were given reference numbers A258946V (the “**A**”

Sample") and B258946V (the "**B Sample**", and together with the A Sample, the "**Samples**").

4. The Athlete declared on the doping control form (the "**DCF**") that, in the seven (7) days prior to the doping control, the prescription or non-prescription medications or supplements she had used were as follows:

"Alfa injection, 1000 mL, Weekly, Intramuscular injection, Apr 1, 2024; Calcium, 1 Item(s), Once daily, Oral, Apr 12, 2024; Iron, 1 Pill(s), Once daily, Oral, Apr 12, 2024".

5. The Samples were transported to the World Anti-Doping Agency ("**WADA**") accredited laboratory in South Jordan, Utah, USA (the "**Laboratory**"). The Laboratory analysed the A Sample in accordance with the procedures set out in the International Standard for Laboratories ("**ISL**").
6. Analysis of the A Sample returned an Adverse Analytical Finding ("**AAF**") for: "*ERAs (incl. recombinant ERAs and analogues)*" ("**Erythropoietin**", or "**EPO**", or the "**Prohibited Substance**").
7. EPO is listed as a Prohibited Substance, in section S2.1 (Erythropoietins (EPO) and Agents Affecting Erythropoiesis) under category S.2 (Peptide Hormones, Growth Factors, Related Substances, and Mimetics) of the WADA 2024 Prohibited List (the "**Prohibited List**"). The Prohibited Substance is considered as a non-Specified Substance, prohibited at all times.
8. According to the AIU's records, the initial review showed that the Athlete did not have a valid Therapeutic Use Exemption ("**TUE**") permitting the presence of the Prohibited Substance in her Sample. Neither was a retroactive TUE granted in the case at hand.
9. Further, there had been no apparent departure from the WADA's ISL or the WADA International Standard for Testing and Investigations ("**ISTI**") that caused the AAF. This remains undisputed between the Parties.
10. On 6 August 2024, the AIU notified the Athlete of the AAF (the "**AAF Notification**"). The AAF Notification also notified the Athlete that she was Provisionally Suspended with

immediate effect until the matter was fully determined, and invited her to provide a detailed written explanation for the AAF.

11. The AAF Notification advised the Athlete of her rights, including the right to request a B Sample analysis and the laboratory documentation package for the A Sample. The Athlete was informed that if she waived her right to the analysis of the B Sample, the Athlete would be deemed to have accepted the accuracy of the A Sample analysis, as applicable, which, pursuant to Rule 2.1.2 of the ADR, constitutes sufficient proof of an Anti-Doping Rule Violation (“**ADRV**”). The Athlete did not request for the B Sample to be analysed.
12. On 9 August 2024, the Athlete wrote to the AIU stating that she was prescribed Alfa Epoetin injections to treat thalassemia. She attended an interview on 29 August 2024 and then wrote to the AIU on 5 September 2024 to provide clarification on what she had said. She provided consent to the disclosure of her medical forms on 13 September 2024. The AIU received the medical file from the American Family Centre (the “**AFC**”) (see below) on 2 October 2024. A further interview with the Athlete took place on 22 October 2024.
13. On 7 November 2024, the AIU issued a Notice of Charge (“**NoC**”) asserting that the Athlete committed the following ADRVs:

“a. Presence of a Prohibited Substance or its Metabolites or Markers in the Athlete’s Sample (specifically EPO) pursuant to Rule 2.1 ADR; and

b. Use of a Prohibited Substance (specifically EPO) pursuant to Rule 2.2 ADR.”

III. The Hearing

14. The Athlete requested an oral hearing, which took place via videoconference on 6 October 2025. Apart from the Athlete and the Disciplinary and Appeals Tribunal, the following persons attended:

For World Athletics:

Louise Reilly SC, External Counsel Kellerhals Carrard

Nicolas Zbinden, External Counsel, Kellerhals Carrard

Laura Gallo, AIU Case Manager

For the Athlete:

Valerie Charbit, Counsel

Secretariat:

Astrid Mannheim

15. We are grateful to Ms Charbit for providing her services pro bono for the Athlete. The case was well argued and presented on both sides.
16. The Athlete was the only factual witness. We heard expert evidence from Prof Guiseppe D'Onofrio, who is a haematologist, on behalf of World Athletics.

IV. The Rules

17. There was no dispute as to our jurisdiction to hear the matter. The Athlete is an International-Level Athlete for the purposes of Results Management under the ADR, based on Rule 1.4.4(d) of the ADR.
18. Rule 2 of the ADR specifies the circumstances and conduct that constitute ADRVs. Rule 2.1 of the ADR, which specifies that the Presence of a Prohibited Substance or its Metabolites or Markers in an Athlete's Sample constitutes an ADRV provides:

"2.1 Presence of a Prohibited Substance or its Metabolites or Markers in an Athlete's Sample

2.1.1 It is each Athlete's personal duty to ensure that no Prohibited Substance enters their body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples. Accordingly, it is not necessary to demonstrate intent, Fault, Negligence or knowing Use on the Athlete's part in order to establish a Rule 2.1 anti-doping rule violation.

2.1.2 Sufficient proof of an anti-doping rule violation under Rule 2.1 is established by any of the following: (i) the presence of a Prohibited

Substance or its Metabolites or Markers in the Athlete's A Sample where the Athlete waives analysis of the B Sample and the B Sample is not analysed; (ii) where the analysis of the Athlete's B Sample confirms the presence of the Prohibited Substance or its Metabolites or Markers found in the Athlete's A Sample; or (iii) where the Athlete's A or B Sample is split into two parts and the analysis of the confirmation part of the split Sample confirms the presence of the Prohibited Substance or its Metabolites or Markers found in the first part of the split Sample or the Athlete waives analysis of the confirmation part of the split Sample.

2.1.3 Excepting those substances for which a Decision Limit is specifically identified in the Prohibited List or a Technical Document, the presence of any reported quantity of a Prohibited Substance or its Metabolites or Markers in an Athlete's Sample will constitute an anti-doping rule violation.

2.1.4 As an exception to the general rule of Rule 2.1, the Prohibited List, International Standards or Technical Documents may establish special criteria for reporting or the evaluation of certain Prohibited Substances."

19. Rule 2.2 of the ADR also provides that the Use of a Prohibited Substance constitutes an ADRV:

"2.2 Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method

2.2.1 It is the Athlete's personal duty to ensure that no Prohibited Substance enters their body and that no Prohibited Method is Used. Accordingly, it is not necessary to demonstrate intent, Fault, Negligence or knowing Use on the Athlete's part in order to establish an anti-doping rule violation for Use of a Prohibited Substance or a Prohibited Method.

[Comment to Rule 2.2: It has always been the case that Use or Attempted Use of a Prohibited Substance or Prohibited Method may be established by any reliable means. As noted in the Comment to Rule 3.2, unlike the proof required to establish an anti-doping rule violation under Rule 2.1, Use or Attempted Use may also be established by other

reliable means such as admissions by the Athlete, witness statements, documentary evidence, conclusions drawn from longitudinal profiling, including data collected as part of the Athlete Biological Passport, or other analytical information that does not otherwise satisfy all the requirements to establish the presence of a Prohibited Substance under Rule 2.1. For example, Use may be established based upon reliable analytical data from the analysis of an A Sample (without confirmation from an analysis of a B Sample) or from the analysis of a B Sample alone where the Anti-Doping Organisation provides a satisfactory explanation for the lack of confirmation in the other Sample.]”

20. The standard of proof, pursuant to Rule 3.1 of the ADR, is the comfortable satisfaction of the hearing panel.

V. The Athlete’s case

21. The Athlete is from Kenya. She is well educated: she has a master’s degree in public health from the University of Alabama, USA, where she was a student athlete and has done some part of a nursing qualification. She has remained in Alabama after completion of her degree and is currently working as a food delivery driver seeking to earn enough to go back to college.
22. She told the Panel that she had been to a facility in Kenya in 2022 complaining of joint pain and fatigue. She described the facility variously as a chemist, clinic, or hospital and was told that, given her symptoms, that she might have thalassemia. She said no blood or other tests were done at that stage.
23. On 5 June 2023 in Alabama, the Athlete attended the AFC at a time when she had chronic joint pain, fatigue, headaches and lethargy. She said that she did not have insurance or the means to seek blood tests but told the nurse about her symptoms and what the clinic had told her in Kenya about thalassemia. She stated the following in her Witness Statement:

“The AFC did not diagnose me because I did not have insurance for them to do so. I told them what the doctor/chemist in the clinic had told me in Kenya about

Thalassemia. I did not tell them I was diagnosed with Thalassemia. I did not tell them that the treatment I had in Kenya had been successful as I did not have any treatment in Kenya other than pain medication. I did tell the AFC that my performance on the track had declined. I did not ask the doctor to prescribe EPO I simply told the doctor what had happened in Kenya. The doctor told me that EPO was the correct prescribed medication for me."

24. The Athlete said that she picked up a prescription of EPO from a Walgreens pharmacy that provided ten (10) vials of Alfa Epoetin. She took four (4), one each week, which involved her injecting herself. When the symptoms recurred on 20 March 2024, she took another four (4) vials. It was after this that she tested positive in Boston, and she did not take the remaining two (2) vials. In her testimony, the Athlete added, that upon being notified of the AAF, she disposed of those two (2) remaining vials.
25. The Athlete said that she did not know what EPO was, or that EPO was a Prohibited Substance. She simply relied on medical advice and took what was prescribed to her by the AFC. The Athlete explained that she had been planning on applying for a retroactive TUE, but that she was, however, unable to do so, as she could not get the necessary documents from the AFC, since the person prescribing her the EPO was no longer there. She said she co-operated with the AIU and sought to obtain medical records both in Kenya (where she was told they no longer had kept them) and from the AFC in Alabama.

VI. Prof D'Onofrio's evidence

26. Prof D'Onofrio said that the only blood tests he had seen from the Athlete were from September 2024 and there was no evidence that the Athlete had thalassemia, which was a condition which involved reduced haemoglobin levels. Although he could not say with certainty what the position was in June 2023, there was no reason to believe the Athlete had thalassemia then.
27. Prof D'Onofrio also said that even if the Athlete had thalassemia, EPO was not an appropriate treatment and could potentially cause harm. In this respect, he explained that in the majority of cases no treatment was required; only severe cases required treatment, which was mainly transfusions. He also regarded it as irresponsible and crossing ethical

lines for anyone to prescribe EPO without blood tests. Finally, Prof D'Onofrio confirmed that the Athlete would not have been granted a retroactive TUE if she had submitted such.

VII. The AFC documents

28. It appears that when the Athlete attended the AFC on 5 June 2023, she was seen by [REDACTED] NP¹. Neither party has managed to trace [REDACTED], who no longer works for the AFC. The medical notes indicate there was a physical examination but no blood tests. The notes are as follows:

"Historian: Self

Triage Notes:

- *PMH of thalassemia (patient from Kenya). Treated successfully with erythropoietin in past in Kenya. Persistent symptomatic anemia since February with ferritin decreasing from 10 to 5 despite taking OTC iron supplements and increasing iron-rich foods. Patient just completed a season of college track. Reports performance gradually declined over the past semester. Patient requesting prescription for erythropoietin.*

[...]

Medication Orders:

- *Prescribed: epoetin alfa 2000 unit/mL solution; Take 1 mL (subcutaneous) every week for 4 weeks. Total Qty: 4 (four) milliliter; 0 refill(s); Substitutions allowed: Earliest Fill Date 06/05/2023*

ePrescribed at 6:18 PM on 06/05/2023 by [REDACTED] NP

Prescription sent to WALGREENS DRUG STORE [...]

- *Prescribed: epoetin alfa 2000 unit/mL solution; Take 1 mL (subcutaneous) every week for 4 weeks; Total Qty: 10 (ten) milliliter; 0 refill(s); Substitutions allowed: Earliest Fill Date: 06/11/2023*

ePrescribed at 5:24 PM on 06/11/2023 by [REDACTED] NP

Prescription sent to WALGREENS DRUG STORE [...]

[...]

Chart Addendums

Addendum Last Updated By

Last Updated On

Notes

6/11/2023 5:25:18

Patient came in stating

¹ "NP" stands for "Nurse Practitioner."

prescription needed to be written as 10 mL supply b/c that is what the pharmacy carries.

6/12/2023 2:49:03

PATIENT ARRIVED TO CLINIC STATING SHE NEEDED NEEDLE / SYRINGE PRESCRIPTION TO BE ABLE TO GIVE HER MEDICATION."

29. The Athlete said she had only visited the AFC once, on 5 June 2023, and denied she had visited on any further occasions.

VIII. The Interviews

30. The AIU submitted that the Athlete had changed her story from that which she had originally given at two (2) interviews, conducted by AIU Investigators. They said that when asked during the first interview, the Athlete had said she was diagnosed with thalassemia in Kenya (as opposed to being told that she might have it). She said she did not undergo any test to confirm that diagnosis due to her lack of financial means. She stated she was provided with pills in Kenya, which she believed were painkillers, and some injections for her joints.

IX. Discussion

31. The best evidence of what occurred at the AFC is that which can be seen from the AFC's contemporaneous notes. The Athlete's version of events is, in the Panel's judgment, inconceivable. The Panel finds the notes accurate and credible and rejects the Athlete's evidence to the extent that it differs from the notes. The Panel takes into account in this regard (i) the discrepancies in the Athlete's account; (ii) the idea that the AFC would in these circumstances prescribe EPO for thalassemia, in a first-time patient, without blood tests (for which – as confirmed by Prof D'Onofrio - it is an entirely inappropriate treatment to prescribe) and without any request from the Athlete is inconceivable; (iii) the contemporaneous nature of these medical notes. The Panel also attaches weight to the Witness Statement provided on behalf of the Athlete, of [REDACTED],

VP of Provider Services at the AFC, dated 14 February 2025, which corroborated aspects of the notes, upon which the Panel relies.

32. In the Panel's judgment, the position presented by the Athlete is somewhat bizarre. The Athlete goes to the AFC and, according to the AFC notes, tells them that she has thalassemia, for which no indications were provided to the Panel. Again, according to the notes, which we have accepted as accurate, she tells the AFC she has had previous successful treatment in Kenya for thalassemia with EPO, which (she says in her Witness Statement and evidence), was not in fact the case. Evidently, as outlined by Prof D'Onofrio in his testimony, EPO would be an entirely inappropriate treatment for thalassemia. On the basis of what we find the Athlete tells the AFC was her previous treatment in Kenya, we find she asks the AFC to prescribe EPO for her claimed thalassemia. The AFC then prescribes EPO for the Athlete, although Prof D'Onofrio made clear in his testimony, that such a diagnosis of thalassemia, would only be possible with the use of blood tests in all but the most severe cases, and that it would be irresponsible and crossing ethical lines to ever prescribe a patient EPO without testing their blood.
33. The Panel further finds (contrary the Athlete's evidence) that the Athlete went back to the AFC on 11 and 12 June 2023, as set out in the medical notes. On 11 June 2023, the Athlete asked for ten (10) vials of EPO (rather than four (4)) claiming that this reflected the size of the package carried by her pharmacy. The following day she went back asking for needles and syringes to enable her to inject the EPO.
34. It is also worth noting that the exercise of injecting EPO (as the Athlete did) is not in any sense a straightforward exercise.
35. The Panel therefore finds that the Athlete asked the AFC to prescribe her EPO, based on providing false information as to her medical history and treatment in Kenya. The Panel rejects the Athlete's version to the contrary and are very surprised that the AFC agreed to prescribe it.

X. Sanction

36. Rule 10.2 of the ADR provides the sanction to be imposed for ADRVs under Rule 2.1 and Rule 2.2 of the ADR as follows:

“10.2 Ineligibility for Presence, Use or Attempted Use, or Possession of a Prohibited Substance or Prohibited Method

The period of Ineligibility for a violation of Rule 2.1, Rule 2.2 or Rule 2.6 will be as follows, subject to potential elimination, reduction or suspension pursuant to Rules 10.5, 10.6 and/or 10.7:

10.2.1 Save when Rule 10.2.4 applies, the period of Ineligibility will be four years where:

- (a) The anti-doping rule violation does not involve a Specified Substance or a Specified Method, unless the Athlete or other Person can establish that the anti-doping rule violation was not intentional.*

[...]”.

37. Rule 10.2.3 of the ADR specifies the meaning of the term intentional in the context of Rule 10.2 of the ADR:

“As used in Rule 10.2, the term 'intentional' is meant to identify those Athletes or other Persons who engage in conduct that they knew constituted an antidoping rule violation or knew that there was a significant risk that the conduct might constitute or result in an anti-doping rule violation and manifestly disregarded that risk. [...].”

38. EPO is a non-Specified Substance, prohibited at all times. The period of Ineligibility shall therefore be four (4) years unless the Athlete can establish that the ADRVs were not intentional.
39. This is not a case where, for example, the Athlete claims that the adverse test result has occurred because of contamination of a supplement. Here the Panel has found that the Athlete asked specifically to be prescribed EPO, based on false information as to her medical history and treatment, and she was prescribed it. The Athlete claimed that she did not know what EPO was, and that it was a Prohibited Substance, but she is a college educated lady, who went to the trouble of injecting herself on eight (8) occasions with EPO. The Athlete is also a former student athlete; completing a four (4) year degree at the University of Alabama and ought to have been well versed with the Doping and

Substance Misuse Rules of the National College Athletic Association ('NCAA') – the athletics governing body for colleges and universities in the United States – that mirrors the WADA Code. The Athlete also confirmed under cross examination that she was subject to anti-doping rules whilst running track for her university. The Panel rejects the Athlete's testimony under cross examination, that "*in college [/university] they don't teach you about banned substances*". Whilst the Panel accepts that the Athlete did tell the AFC that she was an athlete and had "*just completed season of college track*", as corroborated in the notes, the Athlete did not inform the AFC that she was subject to anti-doping testing and in any event, even if she had, she could not exculpate herself by relying solely on 'medical expertise'.

The Panel notes the helpful ratio on 'indirect intent', as articulated in CAS 2016/A/4609 *World Anti-Doping Agency (WADA) v. Indian National Anti-Doping Agency (Indian NADA) & Dane Pereira*²:

"An athlete who takes a medication on the package of which a prohibited substance is listed knows or should at least know that the medication contains the prohibited substance. Furthermore, if e.g. the same medication is prescribed to the athlete on four different occasions, the athlete has ample time at his or her disposal to verify whether the medication contains any prohibited substances. If under those circumstances the athlete does not even e.g. perform a simple internet research regarding the medication, but only relies on – wrong – advice by his (team) doctor(s), he or she manifestly disregards the risk and commits the anti-doping rule violation with "indirect intent". In this context there is an inherent significant risk that medications may contain prohibited substances; this is all the more so with respect to medications that are taken by intramuscular injection and are certainly not administered inadvertently through, e.g. a tablet."

40. In the present case, the Athlete, who was a highly educated student track athlete graduate, administered injections on at least eight (8) separate occasions over the course of approximately ten (10) months, without carrying out the simplest of internet searches. According to the Athlete, the administration of the injections was conducted without consulting with anyone from the track team at her former university; or even her new

² At paragraph 2

coach, which the Athlete admitted to working with in her Witness Statement of 10 July 2025; and without asking anyone on the track team, with whom she continued to train after graduating in 2022.

41. The Panel finds that the Athlete has not satisfied the burden on her to show that the violation was not intentional. On the contrary, at the very lowest, the Panel finds that she had an appreciation that there was a significant risk that the conduct might constitute or result in an ADRV and manifestly disregarded that risk.
42. In summary, the Panel is comfortably satisfied that the Athlete has committed an ADRV in breach of Rule 2.1 and Rule 2.2 of the ADR.

XI. Aggravating circumstances

43. Rule 10.4 of the 2024 ADR specifies that, where Aggravating Circumstances are present, then the period of Ineligibility may be increased by a period of up to two (2) years depending on the seriousness of the violation(s) and the nature of the Aggravating Circumstances, unless the Athlete can establish that she did not knowingly commit the ADRVs:

“10.4 Aggravating Circumstances that may increase the period of Ineligibility

If the Integrity Unit or other prosecuting authority establishes in an individual case involving an anti-doping rule violation other than violations under Rule 2.7 (Trafficking or Attempted Trafficking), Rule 2.8 (Administration or Attempted Administration), Rule 2.9 (Complicity or Attempted Complicity) or Rule 2.11 (Acts by an Athlete or other Person to discourage or retaliate against reporting) that Aggravating Circumstances are present which justify the imposition of a period of Ineligibility greater than the standard sanction, then the period of Ineligibility otherwise applicable will be increased by an additional period of Ineligibility of up to two (2) years depending on the seriousness of the violation and the nature of the Aggravating Circumstances, unless the Athlete or other Person can establish that they did not knowingly commit the anti-doping rule violation.”

44. “Aggravating Circumstances” is defined in the ADR³ as follows:

³ See 2024 Anti-Doping Rules Appendix 1

“Aggravating Circumstances: *Circumstances involving, or actions by, an Athlete or other Person that may justify the imposition of a period of Ineligibility greater than the standard sanction. Such circumstances and actions include, but are not limited to: the Athlete or other Person Used or Possessed multiple Prohibited Substances or Prohibited Methods, Used or Possessed a Prohibited Substance or Prohibited Method on multiple occasions or committed multiple other anti-doping rule violations; a normal individual would be likely to enjoy the performance-enhancing effects of the anti-doping rule violation(s) beyond the otherwise applicable period of Ineligibility; the Athlete or other Person engaged in deceptive or obstructive conduct to avoid the detection or adjudication of an anti-doping rule violation; or the Athlete or other Person engaged in Tampering during Results Management. For the avoidance of doubt, the examples of circumstances and conduct described herein are not exclusive and other similar circumstances or conduct may also justify the imposition of a longer period of Ineligibility.”*

45. The AIU submits that the following circumstances of this case constitute clear Aggravating Circumstances for the purposes of Rule 10.4 of the 2024 ADR:
- a. First, the AAF and the Athlete’s own admission demonstrate several uses of EPO across an extended period of about 10 months. The AIU therefore submits that the Panel can be comfortably satisfied that the Athlete used a Prohibited Substance on multiple occasions, which constitutes a specific example of an Aggravating Circumstance per the above definition.
 - b. Second, the use of EPO, a substance that is highly regulated worldwide, is only taken in injectable form and is difficult to detect by anti-doping laboratories, presents compelling evidence that the Athlete engaged in a deliberate and sophisticated doping regime which the AIU submits as a further aggravating factor that justifies the imposition of an increased period of Ineligibility based on Aggravating Circumstances.
 - c. The Athlete engaged in deceptive conduct to procure EPO through the AFC. Indeed, the Athlete not only requested to be prescribed EPO to treat an undiagnosed genetic disorder (thalassemia) by telling the attending nurse that she

had successfully been treated with it in the past, but she also came back to get her prescription changed to obtain a greater quantity of EPO; and

- d. The Athlete further engaged in deceptive conduct to avoid the adjudication of the ADRV, by providing misleading or plainly false answers to the AIU in writing and during her interview. For example, the Athlete stated that she did not know what EPO was, in total contradiction with the contemporaneous evidence in her AFC Medical File and the Athlete changed her version of events regarding the diagnosis of Thalassemia.

- 46. Up to a point, the Panel has some sympathy with these submissions and has carefully considered whether Aggravating Circumstances are present here. However, what is highly significant is that the Athlete disclosed "*Alfa injection 1000 mL, weekly intramuscular injection, Apr 1 2024 (...)*" on the DCF. "*Alfa*" is another name for EPO (Alfa Epoetin). Prof D'Onofrio testified that in his opinion, on seeing that on a DCF, that refers to EPO.
- 47. In effect, the Athlete disclosed her use of EPO on the DCF. Notwithstanding that the Panel has not accepted the Athlete's evidence as to the circumstances in which she was prescribed EPO, rather than conceal her use of EPO, the Athlete in effect disclosed it. This undermines the AIU's submissions as to EPO being hard to detect and as to concealment by the Athlete. Moreover, the Athlete cooperated with the AIU and tried to obtain documentation from both the AFC and (in the latter case unsuccessfully) from Kenya. The Athlete also fully consented to the release of all her medical records and obtained the only statement from a representative of the AFC. In taking into consideration the specific circumstances in the present case, the Panel therefore does not regard it as necessary or appropriate to increase the sanction beyond the period of Ineligibility of four (4) years.
- 48. The Provisional Suspension imposed on 6 August 2024 will be credited if respected by the Athlete.

XII. Disqualification, fine and costs

49. Pursuant to Rules 9 and 10.1 of the ADR, the Panel disqualifies any results of the Athlete from 1 July 2023, the date when the Athlete says she started taking EPO. This includes forfeiture of any medals, titles, awards, points and prize and appearance money.
50. The Panel heard evidence as to the Athlete's lack of means, working as a delivery food driver to earn money to enable her to go back to college. Pursuant to Rule 10.12.1 of the ADR, the Panel does not consider it would be appropriate to impose a fine in these circumstances.

XIII. Decision

51. The Disciplinary and Appeals Tribunal has jurisdiction to decide on the subject matter of this dispute.
52. The Athlete has committed ADRVs pursuant to Rules 2.1 and 2.2 of the ADR.
53. A period of Ineligibility of four (4) years is imposed upon the Athlete commencing on the date of this decision. The period of Provisional Suspension imposed on the Athlete from 6 August 2024 until the date of this decision shall be credited against the total period of Ineligibility.
54. The Athlete's results from 1 July 2023 until the date that the Provisional Suspension was imposed on 6 August 2024 shall be Disqualified with all resulting Consequences including the forfeiture of any medals, titles, awards, points and prize and appearance money.
55. No fine or costs are imposed on the Athlete.
56. All other prayers for relief are dismissed.

XIV. Right of Appeal

57. This decision may be appealed exclusively to the Court of Arbitration for Sport (CAS), located at the Palais de Beaulieu, Avenue des Bergières 10, CH-1004 Lausanne, Switzerland (procedures@tas-cas.org), in accordance with Rule 13 of the ADR.

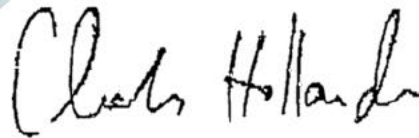
58. In accordance with Rule 13.6.1(a) of the ADR, parties shall have thirty (30) days from receipt of this decision to lodge and appeal with the CAS.



Erika Riedl



Stefan A. Fabien



Charles Hollander KC
Chair

On behalf of the Disciplinary and Appeals Tribunal

20 October 2025
London, UK

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