

Health Promotion under Global Sport Governance: An Analysis of IOC's Practices

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Abstract: *The study employs text analysis to examine the International Olympic Committee's (IOC) health-promotion practices within global sports governance, dividing its evolution into three phases: the Single-Issue-Led Period (2000–2010), the Systematic Construction Period (2011–2019), and the Social Expansion Period (2020–present). Findings indicate that the IOC's role in health promotion has shifted from managing event-related health to advocating for cross-sectoral health governance. Its governing logic has evolved from short-term, event-affiliated health interventions to acting as a key player in global public-health governance. Throughout these phases, the IOC has constructed a multi-tiered governance mechanism by collaborating with international organizations, national and local governments, and market actors. However, to better address global health crises and sustainable-development challenges, the IOC must further enhance the inclusiveness and scientific grounding of its policies.*

Keywords: International Olympic Committee; Global Sport Governance; Health Promotion; International Sport Organizations.

1. INTRODUCTION

Since the onset of the second decade of the 21st century, global health has confronted a series of crises and their aftermath—stresses on health-care systems, economic downturns, and shifts in people's lifestyles have all posed long-term challenges, including a marked rise in mental-health issues. Concurrently, demographic changes have given rise to new health-care burdens—chronic disease and the complexities of elder care—making health an especially critical concern. Addressing these health challenges is imperative for sustainable development, and sport has a vital role to play.

In 2015, the United Nations adopted the 17 Sustainable Development Goals (SDGs), which took effect in 2026 and aim to end poverty, protect the planet, and ensure peace and prosperity for all by 2030. Sport is widely recognized as a cost-effective and adaptable instrument for advancing peace and development objectives. It contributes significantly to health, education, social inclusion, and gender equality: under Good Health and Well-Being (SDG 3), sport's potential is harnessed to foster healthier communities and to instill positive social values—such as respect, fairness, and inclusion (Beeley & Barkley, 2019), which underscores the importance of sport-based health-promotion practices. Under Partnerships for the Goals (SDG 17), the strengthening of global partnerships for sustainable development—through multi-stakeholder collaboration and the sharing of knowledge, expertise, technology, and financial resources—reflects a commitment to cooperation.

As a key platform that brings together and influences multilateral partnerships, the global sport movement's organizations must assume a leading role in fostering win-win collaboration, promoting health, and driving social sustainability. Against this backdrop, the International Olympic Committee—the world's largest and most influential international sport body—serves as the focal point of the present study, which examines in detail the IOC's timeline of major health-promotion initiatives and its evolving role.

2. LITERATURE REVIEW

Global sport governance is regarded as a component of the global governance system and a product of globalization (Chatzigianni, 2018). Ontologically, it can be seen as a microcosm of Olympic governance. Its mechanisms and procedures—anchored in the International Olympic Committee (IOC) and the International Sports Federations—operate autonomously within a stable organizational system, structure, and framework, remaining largely insulated from external intervention or control (Shilbury & Ferkins, 2020). The governance of sport organizations encompasses three core elements: setting strategic direction, exercising control and regulation, and prescribing normative behavior. In light of contemporary governance demands, neither hierarchical nor market-based approaches suffice; instead, collaborative governance—engaging civil society bodies, other international

organizations, and local, regional, and national governments—emerges as a viable cooperative model.

The rise of multiple stakeholder entities has challenged the traditional autonomy of sport governance, prompting scholars to explore governance through a collaborative lens that emphasizes networks and participant roles (Meier, Henk Erik, & García, 2021). Shilbury et al. (2015) applied a comprehensive collaborative-governance framework from public administration to demonstrate how involving government agencies, volunteers, and the private sector can optimize governance outcomes, concluding that a federated network model is particularly conducive to collaborative sport governance.

Health promotion is a core function of public health. It is both practical and cost-effective in reducing the global disease burden and mitigating the social and economic impacts of illness (Casey et.al, 2012). International bodies such as UNESCO and the World Health Organization have long recognized sport's role in fostering regular physical activity to improve health, and key policy documents have laid the groundwork for using sport as a tool within broader public-health efforts (Gelius et al, 2021). Consequently, the promotion of physical activity and participation in sport constitutes an essential element of health-promotion initiatives (Berg et al., 2015)

As early as 2004, WHO (2007) adopted the Global Strategy on Diet, Physical Activity and Health (DPAS), which explicitly acknowledged the critical links between sport, physical activity, and health. From the WHO's perspective as the originator of the health-promotion concept, increasing levels of physical activity contributes to the global prevention and control of noncommunicable diseases as well as to the attainment of multiple Sustainable Development Goals. However, realizing these benefits requires enhanced investment and commitment from Member States; innovation and contribution by non-state actors; cross-sectoral coordination and cooperation; and ongoing WHO guidance and monitoring.

Through the provision of up-to-date evidence and consensus, WHO (2010) develops global policy directives and guidelines to support countries and stakeholders in implementing recommended actions, thereby assisting in the formulation of appropriate policies, investment strategies, and financing mechanisms. Accordingly, international sport organizations play a significant functional role by delivering sporting events and programs that promote physical and mental well-being, advocate healthy lifestyles, foster multi-stakeholder collaboration, and thereby empower the practice of health promotion

3. RESEARCH QUESTIONS

Most previous studies have focused on the IOC's traditional functions in global sport governance, with little detailed research or discussion of its role in "health promotion." Meanwhile, as the World Health Organization has become increasingly involved in the sports domain—evidenced by activities surrounding the Tokyo 2021 Olympic Games, the 2022 Qatar FIFA World Cup, and the Beijing 2022 Winter Olympics (including venue health–safety measures, anti-doping efforts, and community-empowerment initiatives)—its presence on the sport stage has deepened markedly. Placing health promotion within the framework of global sport governance is therefore of critical significance. Yet, in studies of the IOC, its health-promotion practices have received scant attention in the literature. Likewise, research on "exercise/physical activity and health promotion" tends to concentrate in biomedical and exercise science fields, with relatively little examination of state-level or organizational health-promotion policies.

Against this backdrop, and following an exposition of key concepts and a review of the literature, this paper aims to address the following research question in the context of global sports governance: What have been the IOC's evolving roles in health promotion over time?

4. METHODOLOGY

For international organizations, the official website and its documents serve as vital, dynamic carriers through which actions and ideas can be examined; their official and authoritative language, combined with diverse authorship, makes them largely independent of any individual's personal style. Accordingly, this study—grounded in applied linguistics—selects the International Olympic Committee (IOC) as its object of analysis and constructs a corpus from texts published on the IOC's official website:

(1) This study first compiled a timeline of major events by extracting and organizing entries from the "News" section of the IOC website, thereby defining analysis periods.

(2) For each defined period, collocation analysis using AntConc 4.3.1 was conducted to dissect the roles the IOC has played. Corpus retrieval combined automated queries with manual verification in two steps: using Python scripts with the Requests and BeautifulSoup libraries, this study scraped 558 official IOC web pages; then manually searched and validated additional pages, removed irrelevant content, and supplemented the data, yielding a final corpus of 539 documents.

(3) Convert each document into an individual UTF-8–encoded TXT file and stored them in a single folder for AntConc analysis. The reference corpus comprised the full set of target-period texts, and stop-word list was from the NLTK Library. Lexical importance was assessed by comparing term frequencies in the target versus reference corpora, and blank entries, erroneous data, and stop-words was eliminated from the text.

Using AntConc’s built-in routines, N_1 = size of the target corpus and N_2 = size of the reference corpus were designed, then applied formula (1) to compute expected frequencies E_1 and E_2 , and formula (2) to calculate the log-likelihood values G_1 and G_2 for machine-selected collocates (Rayson et.al., 2016).

$$E_i = \frac{N_i \sum_i O_i}{\sum_i N_i} \tag{1}$$

$$-2 \ln \lambda = 2 \sum_i O_i \ln \left(\frac{O_i}{E_i} \right) \tag{2}$$

The higher the log-likelihood value, the more pronounced the difference in a given term’s frequency between the two corpora. Under a significance threshold of $P < 0.05$, a G_2 value exceeding 3.8 is considered significant; under $P < 0.01$, significance is established when $G_2 > 6.6$. By ranking items according to their G-values, the corpus-analysis software subsequently generates an ordered list for key-event interpretation.

5. RESULT ANALYSIS

Table 1: Events of Health Promotion in IOC

Year	Content	Policy
2000	The International Olympic Committee and the World Health Organization (WHO) signed their first collaborative framework agreement, integrating sport as a tool for health promotion into the global public health agenda, with a particular focus on youth health and disease prevention.	IOC-WHO Cooperation Framework Agreement
2003	The International Olympic Committee (IOC) issued the Anti-Doping Code, marking the first time that anti-doping governance was extended beyond the Olympic Games to include all International Sports Federations, and established the World Anti-Doping Agency (WADA) to coordinate global efforts.	Anti-Doping Code/WADA
2008	During the Beijing Olympic Games, the IOC and the Beijing Municipal Government jointly launched the “Healthy Olympics” initiative, promoting national fitness and the prevention of chronic diseases through the post-Games use of sports venues and the promotion of community-based physical activity programs.	Olympic Health Legacy Program
2014	Through Olympic Agenda 2020, the International Olympic Committee (IOC) for the first time designated “health and sustainable development” as a core objective of the Olympic legacy, requiring host cities to submit health impact assessment reports as part of their bid.	Olympic Agenda 2020
2015	The World Anti-Doping Code was revised to further strengthen the protection of athletes’ health and the prevention of doping abuse, with enhanced testing and education measures.	WADA-IOC
2017	The IOC and UNESCO jointly released the Action Plan on Sport for Sustainable Development, outlining the role of sport in advancing the United Nations Sustainable Development Goals (SDGs), particularly in areas such as health equity and mental well-being.	IOC-UNESCO
2020	The International Olympic Committee (IOC) and the World Health Organization (WHO) signed a Memorandum of Understanding (MoU), committing to deepen cooperation in five key areas: (1) promotion of physical activity; (2) disease prevention; (3) mental health support; (4) health equity; and (5) response to public health emergencies.	IOC-WHO
2021	During the Tokyo Olympic Games, the IOC incorporated mental health support into the athlete service system for the first time, establishing a 24-hour psychological counseling hotline and releasing the Mental Health in Elite Athletes Toolkit.	Mental Health in Elite Athletes Toolkit
2022	The Beijing Winter Olympics implemented the “Healthy Winter Olympics” strategy, promoting the integrated development of environmental and physical health through low-carbon venue construction, air quality monitoring, and the popularization of winter sports. The related experiences have been incorporated into the IOC’s official policy repository.	Healthy Winter Olympics
2024	In preparation for the Paris Olympics, the International Olympic Committee requires all competition venues and the Olympic Village to comply with the “Healthy Building Standards”, and for the first time, includes “anti-gender-based violence” and “health rights” in the athlete health protection provisions.	Healthy Building Standards
	The World Health Organization, the International Olympic Committee, and the French government are collaborating to strengthen health protection for athletes and spectators during the Paris Olympics.	IGO, NGO and governments

5.1 Governance Logic of IOC’s Health Promotion

Based on a chronology of major events, the governance logic of the International Olympic Committee's (IOC) health-promotion activities can be divided into three distinct periods:

(1) Single-Issue-Led Period (2000–2010)

During this phase, the IOC's health interventions were narrowly focused on anti-doping and short-term event health management, reflecting a predominantly instrumental orientation. The adoption of the World Anti-Doping Code in 2003 marked the IOC's entry into health governance from the standpoint of "fair competition," yet it did not establish an integrated health-governance framework. In 2008, the "Healthy Beijing" initiative represented the first attempt to extend event-related health measures into the city's public-health domain, but it lacked binding institutional mechanisms. Consequently, health promotion remained an adjunct to Games delivery, without its own standalone policy apparatus.

(2) Systematic Construction Period (2011–2019)

The launch of the United Nations Sustainable Development Goals (SDGs) in 2015 spurred the IOC to reframe its legitimacy in health governance. A major breakthrough occurred with the publication of Olympic Agenda 2020 in 2014, which for the first time designated health as a core metric of "Olympic legacy" and introduced mandatory health-impact assessments for bidding cities—encompassing carbon emissions, community sport facilities, and more—thereby hardening health-policy requirements. This period also witnessed innovative leverage of the bidding process to compel local governments to embed health governance into urban planning strategies.

(3) Social Expansion Period (2020–Present)

The COVID-19 pandemic catalyzed closer collaboration between the WHO and the IOC, breaking traditional sectoral boundaries to address cross-cutting issues such as gender equality and environmental health. A 2020 IOC–WHO Memorandum of Understanding established five strategic areas of cooperation, shifting from "instrumental" to "strategic" partnership and placing mental-health support on the global public-health agenda. Ahead of Paris 2024, the IOC's "Healthy Venue Standards" require that all competition sites achieve WELL Building Standard certification, thereby integrating sports-infrastructure design with public-health disciplines. Moreover, the 2023 "Let's Move" global campaign—co-designed by the IOC and WHO—dismantled institutional barriers between healthcare systems and sports organizations to promote "exercise prescriptions" worldwide. As ongoing health crises and population aging intensify, the IOC's governance logic has evolved from "promoting health through sport" to "reframing sport around health."

4.2 Diachronic Analysis of the IOC's Roles in Health Promotion

The International Olympic Committee's (IOC) roles in health promotion has evolved through three distinct phases, each characterized by a different governance logic and organizational positioning.

(1) Single-Issue-Led Period (2000-2010)

Event-Centred, Short-Term Interventions: Health promotion was driven by the imperatives of staging the Olympic Games, with a primary focus on anti-doping and athlete-health safeguards. This period was marked by a clear instrumental orientation, in which health initiatives served chiefly to protect the integrity and smooth operation of the Games.

The adoption of the World Anti-Doping Code in 2003 extended the IOC's health-governance remit from the Olympic Games to all International Federations, positioning the IOC as the "health manager" of elite sport rather than a broader public-health actor. Also, the Beijing 2008 "Healthy Olympic Games" programme represented the first attempt to project event-related health measures into the host city's public-health domain; however, it lacked binding institutional frameworks to ensure systemic legacy, throughout this phase, health policies were frequently shaped—and at times constrained—by commercial sponsorship agreements (e.g., fast-food partnerships), leading to conflicts between public-health objectives and commercial interests.

(2) Systematic Construction Period (2011-2019)

The 2015 launch of the UN Sustainable Development Goals compelled the IOC to reframe its health-governance

legitimacy within the global development agenda, and re-legitimization under the SDGs. In Olympic Agenda 2020, for the first time, the IOC enshrined “Health and Sustainable Development” as a core Legacy pillar, and mandated comprehensive health-impact assessments for bidding cities—covering areas such as environmental footprint and community-sports infrastructure—thereby hardening health-policy requirements.

By binding health metrics to the Olympic-bid process, the IOC successfully compelled host cities to integrate health governance into their urban-planning and legacy strategies, seeing from temporary to systemic collaboration: The IOC’s partnerships with governments, NGOs, and private entities became more structured, laying the groundwork for enduring health-governance frameworks.

(3) Social Expansion Period (2020-Present)

In May 2020 the IOC and WHO signed a Memorandum of Understanding to cooperate strategically on health through sport, adding “Mental Health Support” to the global public-health agenda and formalizing five areas of joint action. The COVID-19 pandemic accelerated collaboration beyond sport, with the IOC advocating for integrated approaches to gender health, environmental well-being, and mental health within its global programme of activities, for example, in 2023, the IOC–WHO “Let’s Move” campaign established a framework for exercise prescriptions, breaking down data and institutional barriers between healthcare systems and sports bodies to embed physical activity within clinical practice. Despite these advances, critiques persist regarding the disproportionate flow of IOC health-promotion resources to developed nations—a North–South imbalance that highlights ongoing challenges in equitable global health governance

IOC’s role in health promotion has undergone a three-stage transformation, yet its governance effectiveness remains constrained by three tensions: the conflict between commercial imperatives and public-health interests (e.g., sponsor products at odds with health advocacy); the structural contradiction between standardized policies and local adaptability; and the ethical lag in technology-driven governance. Going forward, the establishment of a Global Health Governance Fund and the creation of North–South joint research networks are needed to enhance both policy inclusivity and scientific rigor.

6. DISCUSSION AND CONCLUSION

This study advances text-based research by periodizing and characterizing the IOC’s health-promotion practices, coupling corpus analysis with governance perspectives to enrich applied-linguistic methods. It also contributes an interdisciplinary framework that integrates Sustainable Development Goals with sport-based health promotion, thereby deepening our theoretical understanding of the IOC’s evolving role in collaborative governance. Practically, it maps the IOC’s current health-promotion initiatives—raising public awareness of how global sport bodies and individuals can combat noncommunicable diseases through physical activity—and offers actionable insights for organizations formulating governance and health-promotion policies. However, because most IOC materials predate the internet, twentieth-century records remain inaccessible online, and the noted 1984 IOC–WHO MoU lacks verifiable archival documentation, the historical narrative is incomplete. Future research should incorporate expert interviews to validate findings and diversify qualitative data, while also counterbalancing the IOC’s potentially self-serving official reports with broader secondary literature, feasibility studies, regional impact analyses, and longitudinal evaluations of policy sustainability.

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