EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

Health Unit

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TENDER SPECIFICATIONS ATTACHED TO THE INVITATION TO TENDER

OPEN PROCEDURE

Open call for Tenders n°Chafea/2016/Health/34, concerning the study to support the assessment of the socio-economic impacts of potential, existing and future EU initiatives on HIV/AIDS, viral hepatitis, sexually transmissible infections and tuberculosis

1. INFORMATION ON TENDERING

1.1. Purpose and context of the contract

The main purpose of this contract is to carry out a study and produce a report in order to collect evidence and provide an assessment of the socio-economic impact of existing and future EU-level policy initiatives on HIV/AIDS, viral hepatitis, sexually transmissible infections (STI) and tuberculosis.

The study should take into account existing EU actions in the area of HIV/AIDS, viral hepatitis and tuberculosis, most notably but not limited to:

- The 2009 Commission Communication on combating HIV/AIDS in the EU and neighbouring countries[1] and its impact assessment[2];
- The Commission communication (COM/2005/0654[3]) on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009
- The first Action Plan 2009-2013[4], complementing the Communication;
- The second Action Plan 2014-2016[5], extending the first one;
- The Evaluation of the implementation of the Commission Communication on Combating HIV/AIDS in the European Union and the neighbouring countries, 2009-2013[6]
- Decision (EU) No 1082/2013 on serious cross-border threats to health[7] and its implementing acts, when adopted, and related legislation;
- The EU Health Programme 2008-2013 and 2014-2020 as set out in relevant acts[8], specifically activities concerning HIV/AIDS, viral hepatitis B and C and tuberculosis, including several actions assessing the diseases burden and socio and economic impact. The actions are listed on Annex X.
- The relevant work of the European Centre for Disease Prevention and Control (ECDC) as established under Regulation (EC) No 851/2004 of the European

[1] http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52009DC0569

[2] http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52009SC1404

[3] http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52005DC0654&from=en

[4] http://ec.europa.eu/health/sti prevention/docs/eu communication 2009 action en.pdf

[5] http://ec.europa.eu/health/sti prevention/docs/ec hiv actionplan 2014 en.pdf

[6] http://bookshop.europa.eu/en/evaluation-of-the-implementation-of-the-commission-communication-

pbEW0415448/

[7] http://ec.europa.eu/health/preparedness response/policy/decision/index en.htm

[8] http://ec.europa.eu/health/programme/policy/index en.htm

Parliament and of the Council of 21 april 2004 establishing a European Centre for disease prevention and control[9], such as:

  - o Annual and other surveillance reports on the three disease areas;
  - o Guidance documents, including action plans;
  - o Epidemiological surveillance and modelling tools;
  - o Monitoring networks and their implementation;
  - o Disease burden[10] and economic impact studies[11];
  - o Dublin Declaration Monitoring reports[12];

- Activities to date of the EU HIV/AIDS Think Tank[13] and EU HIV/AIDS Civil Society Forum[14];
- The Joint Procurement Agreement on medical countermeasures[15];
- Activities at EU level under Health Technology Assessment[16] that relate to any of the three diseases;
- Activities at EU level under Health Systems Performance Assessment[17] that could be relevant to the main objectives of the study;
- The relevant work of the European Medicines Agency[18]

In addition, the study should also consider for the purposes of the analysis as relevant to the three disease areas, the actions under:

- The EU Drugs Strategy 2013-2020[19] and the related EU Action Plan on Drugs 2013-2016[20] and the new EU Action Plan on Drugs for the period 2017- 2020[21] as well as any relevant results from the mid-term evaluation[22];

[9] http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32004R0851

[10] http://ecdc.europa.eu/en/healthtopics/burden of communicable diseases/Pages/index.aspx

[11] Estimating cost effectiveness for screening strategies for Hepatitis B, C and HIV in different populations:

http://ecdc.europa.eu/en/activities/diseaseprogrammes/hash/Pages/Proiects.aspx

[12] http://ecdc.europa.eu/en/healthtopics/aids/Pages/monitoring-dublin-declaration.aspx

[13] http://ec.europa.eu/health/sti prevention/hiv aids/think tank/index en.htm

[14] http://ec.europa.eu/health/sti prevention/hiv aids/civil society forum/index en.htm

[15] http://ec.europa.eu/health/preparedness response/ioint procurement/index en.htm

[16] http://ec.europa.eu/health/technology assessment/policy/index en.htm

[17] http://ec.europa.eu/health/systems performance assessment/policy/index en.htm

[18] http://www.ema.europa.eu/ema/

- Relevant work of the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) in particular regarding injecting drug users[23];
    - Annual European Drug Report as it relates to the HIV/AIDS and associated disease areas;
    - EMCDDA series, like Insights, guidance, etc
    - Cost analysis reports: Financing drug policy in Europe in the wake of the economic recession[24]
- Activities related to public health under the Drug Prevention and Information Programme 2007-2013[25], including the evaluation report, in particular funded actions addressing HIV/AIDS and associated diseases[26];
- The report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries[27]
- The relevant work under the remit of the EU regional development policy[28] related to the use of structural and regional funds for national programme addressing the four disease groups;
- The relevant work under the remit of the EU enlargement and Neighbourhood policy[25] [29] and development cooperation[30] related to HIV/AIDS and associated diseases in EU Member States and candidate/potential candidate and EU

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[19] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52012XG1229(01)&from=EN

[20] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52013XG1130(01)&from=EN

[21] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52013XG1130(01)&from=EN

[22] https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20161215_final_report_executive_summary_and_abstract_en.pdf

[23] http://www.emcdda.europa.eu/

[24] http://www.emcdda.europa.eu/system/files/publications/962/TDAU14008ENN.PDF

[25] http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1424945990537&uri=CELEX:32007D1150;

[26] http://ec.europa.eu/iustice/grants1/programmes-2007-2013/drug/index en.htm

http://ec.europa.eu/justice/grants1/files/expost_evaluations_reports_2007_2013/dpip_programme.pdf

[27] http://ec.europa.eu/chafea/documents/health/report-drug-dependence en.pdf

[28] http://ec.europa.eu/regional policy/en/atlas/programmes/

[29] http://ec.europa.eu/enlargement/

[30] http://ec.europa.eu/europeaid/home en

neighbourhood countries (e.g. with relation to the Global Fund on Fighting AIDS, Tuberculosis and Malaria);

- The relevant work of the Fundamental Rights Agency[31] (FRA) related to access to health services and discrimination for those persons affected by the three diseases.
- The EU Framework Programme for Research and Innovation Horizon 2020[32];
- Any other relevant European Union legislation or initiative.

Furthermore, the study should include relevant data and analysis collected from existing international strategies in the context of HIV/AIDS, viral hepatitis, sexually transmissible infections and tuberculosis, with the view of their main objectives and implications for Member States regarding their implementation. The international strategies to be taken into consideration should include:

- The World Health Organisation (WHO) 2016-2021 Global Health Sector Strategies for HIV/AIDS, Viral Hepatitis, and Sexually Transmitted Infections (STIs)[33], adopted by the World Health Assembly in May 2016[34] and any further regional Action Plans for the WHO European region adopted before the signature of the contract;
- The political outcome document of the UN General Assembly High-Level Meeting on HIV/AIDS[35] report, held on 8-10 June 2016;
- The 2016-2021 UNAIDS Strategy: *On the fast track to end AIDS*[36]
- The WHO End TB Strategy[37], adopted by the World Health Assembly in 2014
- The Tuberculosis Action Plan for the WHO European Region 2016-2020[38]

The Consumers, Health, Agriculture and Food Executive Agency (hereinafter: Chafea) was created on 1 January 2005 (formerly named PHEA between 2005 to 2008 and EAHC between 2008 to 2014). In 2013, the Agency's mandate was prolonged until 2024

[31] http://fra.europa. eu/en/theme/lgbti

[32] https://ec.europa.eu/programmes/horizon2020/en/area/health

[33] http://www.who.int/hiv/strategy2016-2021/en/

[34] http://apps.who.int/gb/ebwha/pdf files/WHA69/A69 R22-en.pdf

[35] http://www.hlm2016aids.unaids.org/index.php/en/home/

[36] http://www.unaids.org/sites/default/files/media asset/20151027 UNAIDS PCB37 15 18 EN rev1.pdf

[37] http://www.who.int/tb/strategy/en/

[38] http://www.euro.who.int/ data/assets/pdf file/0007/283804/65wd17e Rev1 TBActionPlan 150588 withCover.pdf?ua=1

to include actions in the field of health, consumer protection and food safety. In 2016, the mandate was enlarged to manage the reformed policy for promotion of EU agricultural products.

Chafea is the contracting authority managing this call for tenders and will sign and manage the awarded contract.

1.2. Participation in the tendering procedure, access to market

Participation in this procurement procedure is open on equal terms to all natural and legal persons coming within the scope of the Treaties, as well as to international organisations.

It is also open to all natural and legal persons established in a third country which has a special agreement with the European Union in the field of public procurement under the conditions laid down in that agreement. In specific, procurement procedures launched by the Executive Agency are open to the EEA countries[39] and countries under the Stabilisation and Association Agreements[40]. Procurement procedures launched by Chafea are not open to countries that are parties to the Agreement on Government Procurement[41].

The rules of access to the market apply to all joint tenderers but do not apply to subcontractors.

1.3. Contractual Conditions

The tenderer should bear in mind the provisions of the draft contract which specifies the rights and obligations of the contractor, particularly those on payments, performance of the contract, confidentiality, checks and audits.

1.4. Compliance with Applicable Law

The tender must comply with applicable environmental, social and labour law obligations established by Union law, national legislation, collective agreements or the international environmental, social and labour conventions listed in Annex X to Directive 2014/24/EU[42].

1.5. Joint Tenders

A joint tender is a situation where a tender is submitted by a group of economic operators (natural or legal persons). Joint tenders may include subcontractors in addition to the members of the group.

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[39] Iceland, Norway and Liechtenstein

40 Currently FYROM, Albania, Montegro, Serbia, Bosnia and Herzegovina, Kosovo.

41 Except for Iceland, Norway and Liechtenstein that are parties to the Agreement on Government Procurement and EEA countries.

[42] Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).

In case of joint tender, all members of the group assume joint and several liability towards the Contracting Authority for the performance of the contract as a whole, i.e. both financial and operational liability. Nevertheless, tenderers must designate one of the economic operators as a single point of contact for the Contracting Authority (the leader). The leader shall be authorised to submit the tender on behalf of the group and act on behalf of its members in connection with the tender.

After the award, the Contracting Authority will sign the contract either with all members of the group, or with the leader on behalf of all members of the group, authorised by the other members via powers of attorney.

In this case, each participating economic operator shall accept and comply with the terms and conditions set out in the tender specifications and in the contract.

The tender must identify the participating operators (members) by filling in the relevant points of Annex Ia (tender submission form). The tender shall clearly specify the role and tasks of each member within the tender.

The contracting authority may not demand that group of economic operators have a given legal form in order to be allowed to submit a tender. However, the selected group awarded to sign a contract may be required to adopt a given legal form before the contract is signed, if this change is necessary to the proper performance of the contract.

For information on how the exclusion, selection and award criteria are applied to joint tenders (with or without subcontracting) please refer to section 4 of the tender specifications.

1.6. Subcontracting

Subcontracting is permitted but the contractor will retain full liability towards the Contracting Authority for performance of the contract as a whole. The Contracting Authority will not have any direct legal commitment with the subcontractor(s).

Tenderers are required to identify subcontractors whose share of the contract is above 15% and all subcontractors whose capacity is necessary to fulfil the selection criteria (hereinafter referred to as "identified subcontractors").

The tender must provide all the necessary information related to the above mentioned subcontractor(s) by filling in the Annex Ia data (identity, role, specific tasks, and proportion of the contract the tenderer intends to subcontract in total and by each subcontractor when this is above the 15% indicated above). All identified subcontractors should provide a written statement declaring their undertaking to collaborate with the tenderer (s) in case of award of the contract and the resources that the subcontractor will put at the tenderer (s) disposal (see Annex Ic - letter of intent for subcontractors).

Where the economic operator(s) who submit(s) the offer rely on the capacity of other entities with regard to the criteria relating to economic and financial capacity, the contracting authority may require that the economic operator(s) and those entities are jointly liable for the performance of the contract.

During the execution of the contract, the change of any subcontractor identified in the tender or any additional subcontracting will be subject to prior written approval of the Contracting Authority.

For information on how the exclusion, selection and award criteria are applied to subcontractors please refer to section 4 of the tender specifications.

2. REQUIREMENTS AS TO THE TENDER (ER)

2.1. Identification of the tenderer - legal status

The tender must include a **cover letter** signed by an authorised representative together with the administrative offer (envelope A) of the tender presenting the name of the tenderer (including all entities in case of joint tender) and identified subcontractors, if applicable, as well as the name of the single contact point (leader) in relation to this procedure.

In case of joint tender, the cover letter must be signed either by an authorised representative for each member, or by the leader authorised by the other members with the power of attorney (see Annex Ib).

As evidence, **all tenderers** (including all members of the group in case of joint tender and identified subcontractors if any) shall fill in the data requested in the appropriate PDF Tender submission form (Main form for the tenderer or the Leader, and Sub-form for all the others) and provide all the supporting documents requested for each specific annex. In order to generate the appropriate Sub-forms and Annexes, the tenderer (or the leader in case of joint tender) should follow the technical instructions detailed in the guides (see http://ec.europa.eu/chafea/common/cft-guides_en.html).

Please note that there are particularities for some of the annexes contained in the PDF Tender submission form:

- Annex Ia (Tender submission form):

  All tenderers (including all members of the group in case of joint tender and identified subcontractors if any) should fill in the Tenderer's composition and Member detailed information.

  Additionally, the tenderer (or the leader in case of joint tender) should fill in and sign the Statement page.

  The tenderer (and each member of the group in case of joint tender) must declare whether it is a Small or Medium Size Enterprise in accordance with Commission Recommendation 2003/361/EC by selecting the relevant option in the Member detailed information part of Annex Ia. This information will be used by the contracting authority for statistical purposes only.

- Annex Ib (Power of attorney):

  In case of Joint Tender, all members of the group should provide the Power of attorney document counter-signed by the leader of the Joint Tender (see point 1.5 of the present tender specifications).

- Annex Ic (Letter of intent):

  Subcontractors that are identified in the tender must provide the letter of intent signed by an authorised representative (see point 1.6 of the present tender specifications.

- Annex IIa / IIb / IIc (Legal entity form) - the link to access the forms is included in the PDF Tender Submission Form

  The tenderer (and each member of the group in case of joint tender) must provide a signed Legal Entity Form with its supporting evidence. No form is required for subcontractors.

  Tenderers that are already registered in the Contracting Authority's accounting system (i.e. they have already been direct contractors) must provide the form but are not obliged to provide the supporting evidence.

- Annex III: Financial identification form - the link to access the form is included in the PDF Tender Submission Form

  The tenderer (or the leader in case of joint tender) must provide a Financial Identification Form with its supporting documents. Only one form per tender must be submitted. No form is required for subcontractors and other members of the group in case of joint tender.

2.2. Structure and Content of the Tender

The tenders must be presented as follows:

Envelope A: Administrative offer

The administrative offer must include documents issued by the tenderers /members of the joint tender/identified subcontractors and provide information in relation to the identification of the tender, its access to the market and exclusion and selection criteria.

The Administrative offer must include the following documents:

Document to be provided	Form to use (if applicable)	Reference to the Tender specifications' chapter
Cover letter	Not applicable (free signed form)	2.1.
Tender submission form	Annex Ia – included in the published PDF form	2.1.
Power of attorney (for members of the Joint Tender)	Annex Ib – included in the published PDF form	1.5. and 2.1
Letters of intent (for	Annex Ib – included in the	1.6. and 2.1

subcontractors)	published PDF form	
Legal entity forms (and its supporting documents)	Annex II – The form is available via a link within the Tender Submission Form that is included in the published PDF form	2.1.
Financial identification form (and its supporting documents)	Annex III – The form is available via a link within the Tender Submission Form that is included in the published PDF form	2.1.
Declaration of Honour on exclusion and selection	Annex IV – included in the published PDF form	4.1 and 4.2
Check-list	Annex VI	

Additional administrative documents should be provided upon request by the successful evaluated tenders. If necessary for the assessment of the tenders, Chafea is reserving the right to request further administrative documents in duly justified cases.

Envelope B: Technical offer

The technical offer must include a detailed description on how the tenderer(s) are planning to provide the requested service, as defined in the technical specifications covering all aspects and tasks described therein (see section 3 below). The tender should provide all the information needed to appraise the award criteria presented in point 4.3 of the present tender specifications. Information related to the 'team' of the tender should not be included in this part as it is part of the assessment of the selection criteria; nevertheless, the tenderer may include information on the type of tasks that each member (in case of joint tender) or subcontractor will be engaged with.

Offers that are irrelevant to the subject of the contract, deviate from the (minimum) requirements or do not fulfil all the requirements set out in the Tender Specifications may be rejected on the basis of non-compliance with the tender specifications.

Envelope C: Financial offer

The price for the tender must be quoted in euro. Tenderers from countries outside the euro zone have to quote their prices in euro. The price quoted may not be revised in line with exchange rate movements. It is for the tenderer to bear the risks or the benefits deriving from any variation.

Prices must be quoted free of all duties, taxes and other charges, including VAT, as the European Union is exempt from such charges under Articles 3 and 4 of the Protocol on the privileges and immunities of the European Union. The amount of VAT may be shown separately.

The quoted price must be a fixed amount which includes all charges (including travel and subsistence).

Please refer to the technical specifications below where the maximum number of meetings/place of meeting with the contracting authority and the draft contract (art. 1.4.3, art.II.22 and its Annex III) for information on the calculation of reimbursable expenses.

3. TECHNICAL SPECIFICATIONS

3.1. Description of the requested service and deliverables

A study is required at the European level on HIV/ AIDS, viral hepatitis (B and C), sexually transmissible infections (STI) and tuberculosis epidemics in Europe. This study will involve a detailed examination of the socio-economic impact of the relevant prevention and harm reduction measures carried out at European level such as needle-syringe and opiate substitution programs, in community and prison settings; accessibility to HIV, viral hepatitis (B and C), STIs and tuberculosis early diagnosis (testing) and sexual health promotion programmes for young and migrant MSM; availability of medical measures, like pre-exposure prophylaxis and treatment as prevention for HIV/AIDS, hepatitis (B and C), STI and tuberculosis.

The study report will contribute to the assessment of the health and socio economic implications of HIV/AIDS, viral hepatitis (B and C), STI and tuberculosis.

For the forecasts, several scenarios could be envisaged: from maintenance of the status quo, with main focus on HIV/AIDS and general co-infections only, to a wider joint policy framework addressing the public health needs related to HIV/AIDS, viral hepatitis (B and C), STI and tuberculosis, recognising the impact of their concomitant occurrence, in particular, when affecting jointly specific risk groups, like HIV (human immunodeficiency virus) and sexual transmissible infections (STI) among men who have sex with men (MSM) or HIV and hepatitis virus tipe B (HBV) among migrants, or HIV and hepatitis virus tipe C (HCV) and/or tuberculosis (TB) among people who injects drugs (PWID).

The two main objectives of the study are to:

- Calculate the cost of the burden of the four disease groups: HIV/AIDS, viral hepatitis (B and C), STIs, and tuberculosis in the Member States of the European Union, in terms of the direct costs for prevention and treatment as well as in terms of the indirect costs on society, as described below under Task 1 (B).. When analysing the STI and tuberculosis burden the occurrence of multi-resistant infections must be taken into account.
- Conduct an analysis of the cost-effectiveness of harm reduction and prevention interventions in the context of the four disease categories: HIV/AIDS, viral hepatitis (B and C), STIs and tuberculosis in the European Union. The analysis of the cost-effectiveness of harm reduction interventions should compare a minimum of three EU Member States (MS) that have effectively implemented prevention and harm reduction strategies at a national level with EU MS that are willing to transfer, through EU support, the effective measures recommended as best practices (meaning the most effective prevention and harm reduction measures in the context of specific economic and social indicators) for harm reduction and prevention programmes. For this study the cost-effectiveness is to be calculated in terms of the direct costs for prevention and treatment as well as in terms of the indirect costs on society (i.e. reduced productivity, etc.).

General description of the tasks
The two main tasks under the present contract comprise the collection of data and its analysis to assess the socio-economic impact on EU Member States on HIV/AIDS, viral hepatitisB and C, STIs and tuberculosis and the prevention and harm reduction interventions thereof within the remit of EU competences as enshrined in Article 168 of the Treaty on the Functioning of the European Union[43] and the relevant legislation.

Task 1: Estimate the cost of the burden of the four diseases: HIV/AIDS, viral hepatitis (B and C), STIs and tuberculosis in the European Union, including direct costs for prevention and treatment as well as indirect costs on citizens and society.

The first part of the study should focus on the costs posed by the four disease areas (HIV/AIDS, hepatitis B and C, STIs and tuberculosis) across the European Union as a whole as well as a break-down per Member State. The contractor is expected to provide evidence-based assessment of these costs, based on a thorough literature review of existing studies, official statistics and analysis of relevant economic indicators.

The analysis of cost should include:

A. an estimation of the **direct cost** in terms of annual spending on treatment and prevention and healthcare infrastructure for each of the four disease groups:

1) HIV/AIDS,
2) Viral hepatitis (B and C)
3) Sexually transmitted infections (STIs)[44], with main focus on bacterium infections, such as chlamydia, gonorrhoea and syphilis.
4) Tuberculosis.

The calculation of the estimated cost should cover the four disease groups and consider the socio-economic impact when there is an association between the four diseases (HIV/AIDS and viral hepatitis, HIV/AIDS and STIs, HIV/AIDS and tuberculosis, HIV/AIDS, viral hepatitis and tuberculosis).

The final data should be broken down by disease group, by Member State, and by purpose (e.g. treatment vs. prevention vs. type of healthcare infrastructure) as well as where possible by at-risk group[45]. The analysis should also include information who bears the brunt of the costs, e.g. the national public budget, private insurance, direct contributions by citizens, EU or international donors, etc.

B. an estimation of the indirect costs brought by the four communicable diseases, such as but not limited to:

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http://www.lisbon-treaty.org/wcm/the-lisbon-treaty/treaty-on-the-functioning-of-the-european-union-and-comments/part-3-union-policies-and-internal-actions/title-xiv-public-health/456-article-168.html

[44] Sexually transmissible infections (STI): http://ecdc.europa.eu/en/healthtopics/sti/Pages/index.aspx

[45] For the risk groups definition reference should be taken to the 2009 Commission Communication on combating HIV/AIDS in the EU and neighbouring countries and its action plans, http://ec.europa.eu/health/sti_prevention/docs/ec_hiv_actionplan_2014_en.pdf

- costs on economic operators (public and private), in particular small and medium enterprises (SMEs), such as but not limited to costs related to sick pay and sick leave or economic losses due to sickness of employees related to reduced productivity or absence;
- costs on citizens such as but not limited to costs associated with caregivers, income losses related to reduced productivity or sickness, including disability, and reduced quality of life;
- social impacts related to stigma and discrimination, including in terms of impeded enjoyment of employment opportunities, education and access to health and other social services, etc.

All impacts should be expressed in quantifiable terms, with monetary values expressed in EUR, fully supported by evidence-based research and referenced sources, ensuring all the underlying assumptions are clearly explained.

The conclusions should rely on available theory and evidence, clearly specifying the approach undertaken for the estimation of costs. When analysing the effects on SMEs, the analysis should be undertaken with respect to the business size (differentiating between micro, small, medium and large enterprises).

Where it is not possible to monetize or quantify some impacts, they should still be included in the analysis and assessed qualitatively. The qualitative analysis should be rigorous and thorough, focusing on practical (actual) implications for affected parties: most notably Member States (governments), economic operators (workplaces), civil society organisations and citizens, where possible disaggregated by risk group.

The methodology for the quantitative and qualitative analysis should be described and justified in the technical offer and must obligatorily include the organisation of surveys, experts consultation, interviews and/or focus groups with experts, as necessary, taking into account the EU dimension.

The tenderer must provide in the tender offer an outline of the proposed methodology to undertake the analysis in Task 1, analysing and describing in a structured manner the assumptions, underlying concepts and advantages/disadvantages. This should include a preliminary list of sources that the tenderer intends to consult during the collection of evidence to support the analysis.

Task 1 should be completed by the end of Month 6, counting from the month of signature of the contract. This task will be concluded with the submission of the report foreseen as Deliverable 2.

Deliverable 2 (D2) – Interim Progress Report presenting the estimation of the cost of the burden of the four diseases: HIV/AIDS, viral hepatitis (B and C), STIs and tuberculosis in the EU MS (Task 1).

Task 2: Analyse the cost-effectiveness of prevention and harm reduction interventions in the context of the four disease groups: HIV/AIDS, viral hepatitis (B and C), STIs and tuberculosis in Member State countries.

The second part of the study should aim to analyse the impact and cost-effectiveness of prevention and harm reduction strategies already applied.

This second part of the study will be developed in two phases:

Phase 1: the study will use a **sample of a minimum of three EU Member States (MS)**, where it will involve a detailed examination of the socio-economic impact of the relevant prevention and harm reduction measures carried out at European level such as needle-syringe and opiate substitution programs, in community and prison settings; accessibility to HIV, viral hepatitis (B and C), STIs and tuberculosis early diagnosis (testing) and sexual health promotion programmes for young and migrant men who have sex with men (MSM); availability of medical measures, like pre-exposure prophylaxis and treatment as prevention for HIV/AIDS, hepatitis (B and C), STI and tuberculosis.

In the context of the specified economic and social indicators, best practices should be identified, using a common agreed definition, based on the effectiveness of the intervention, involvement of the target group and transferability to other EU countries.

The examination will have to entail:

The compilation of a comprehensive list of prevention and harm reduction measures that have so far been implemented in the EU MS, following the COM 2009 and action plan priority groups. Subsequently at least three EU MS out of this list that have effectively, implemented the best practices i.e. with a proven measured effect/impact on the HIV, viral hepatitis (B and C), STIs and TB transmission need to be selected. By best practices the most effective harm reduction and prevention measures in the context of specific economic and social indicators are meant.

Phase 2: The measures selected in phase 1, with proven and measured harm reduction effect, together with the identified prevention best practices will serve as a model for assessing their impact and cost-effectiveness, according to the economic and social indicators described below. To test the value of the above-mentioned interventions, the contractor will measure through a simulation exercise of implementation, the potential or expected impact in **at least six additional EU Member states. These additional Member states should have** a similar setting as regards to priority groups, also offering a potential for transferability: eg. **Member states** where due to either geographical, cultural or social or legal differences, there is no or insufficient coverage of the pre-selected prevention and harm reduction interventions.

This effort would allow a certain degree of comparison of the cost-effectiveness due to the implementation of similar best practices. This analysis will allow the estimation of the potential impact of the strengthening of the national prevention and harm reduction programmes using effective best practices adapted to the country specific priority risk groups.

The socio-economic impact on cost-effectiveness of harm reduction measures should take into account:

o public authorities and national budgets, in particular those dealing with national sexual health, HIV/AIDS, viral hepatitis B and C, STIs and tuberculosis programmes at national, regional and/or local level. The analysis should consider the different impacts depending on the country's specific epidemiological situation.

o people living with any of the three diseases or a combination thereof;

o people considered most at risk of acquiring any of the four diseases or a combination thereof, namely: men having sex with men, transgender, people who inject drugs, sex workers, prisoners, migrants and ethnic minorities, the homeless, youth/adolescents, etc.

o citizens at large and wider society.

o economic operators (public and private), where relevant for the objectives under task 2, in particular small and medium enterprises (SMEs).

The impacts of prevention and harm reduction strategies must be addressed by quantitative and qualitative indicators in the economic and social areas based on the sample of selected EU MS. The effects that might be considered (positive/negative, direct/indirect, intended/unintended as well as short-/long-term) are presented below:

A. Economic indicators:

- Growth and investment
- Facilitating SMEs growth
- Consumers and households
- Increased innovation and research
- Competition and competitiveness
- Sustainable development
- Economic and social cohesion

B. Social indicators:

- Employment
- Working conditions
- Income distribution and social inclusion
- Health & safety
- Social protection
- Education
- Governance & good administration
- Crime, Terrorism and Security

The areas above should be screened objectively, with evidence and justification for the final identified impacts, taking into account the principle of proportionate analysis in view of the policy objectives espoused in the policy documents so far (cf. point 1.1 above). Where it is considered that in a given area the impacts are very low or non-existent, this should be also clearly demonstrated and adequately explained.

The impacts of prevention and harm reduction strategies should be as far as possible expressed in quantifiable terms, with monetary values expressed in EUR, fully supported by evidence-based research and referenced sources, ensuring all the underlying assumptions are clearly explained. The conclusions should rely on available theory and evidence, clearly specifying the approach undertaken for the estimation of costs.

The methodology selected should be justified and explained in detail. When analysing the effects on SMEs, the analysis should be undertaken with respect to the business size (differentiating between micro, small, medium and large enterprises).

Where it is not possible to monetize or quantify some impacts, they should still be included in the analysis and assessed qualitatively. The qualitative analysis should particularly focus on practical implications for affected parties: most notably Member States (governments), economic operators (workplaces), civil society organisations and citizens, where possible disaggregated by risk group.

The methodology for the quantitative and qualitative analysis should be described, including in the technical offer, the organisation of surveys, consultation of experts, interviews and/or focus groups with affected parties, taken into account the EU dimension.

The tenderer should provide in the tender an outline of the proposed methodology to undertake the analysis in Task 2, elaborating on its assumptions, underlying concepts and advantages/disadvantages. This should include a preliminary list of sources that the tenderer intends to consult in the gathering of evidence to support the analysis.

Task 2 can run concurrently with Task 1. Any findings on Task 2 completed within Month 6 should be reflected in the interim report to be submitted for Deliverable 2 (D2).

Deliverable 3 (D3) - Final Report, which is a comprehensive study report presenting the overall estimation of the cost of the burden of the four diseases (Task 1) and the estimation the social and economic impacts of EU action on HIV/AIDS, viral hepatitis B and C, STIs and tuberculosis in support and complement of national programmes (Task 2).

Timeframe for providing the services

Month	Milestones Activity/ Deliverables
M1	Inception meeting + Inception Report (D1)
M6	Interim meeting + Interim Progress Report for deliverable (D2)
M12	Final meeting + Final Report for deliverable (D3)

A detailed timetable respecting the above milestones must be included in the offer.

Meetings

The contractor is obliged to attend three one-day meetings with the contracting authority (Consumer, Health, Agriculture and Food Safety Executive Agency (Chafea) and representatives of the European Commission, Directorate-General Health and Food Safety. Attendance is mandatory, following a request from the Contracting Authority (during the implementation of the contract).

The contractor shall ensure participation of two representatives for each meeting that will take place at the premises of the Executive Agency in Luxembourg. The contractor shall be responsible for providing an agenda, any background materials and a presentation on the planning, progress achieved, challenges encountered, way forward for the completion of the service.

These meetings are linked to the submission of the contractually agreed deliverables.

Reimbursement of expenses for attending these meetings is subject to art. 1.4.3, II.22 and Annex III)

The Inception meeting will take place within the first month after the signature of the contract and will result in the submission of the Inception Report (D1).

For the inception meeting the contractor shall provide an agenda, any background materials as a presentation (Powerpoint or equivalent) on the proposed work plan and envisaged methodology for the performance of both tasks. The purpose of the Inception meeting is to discuss the work plan and envisaged methodology for the performance of both task and the draft Inception Report.

At least two weeks before the meeting, the contractor should provide a draft Inception Report for review by the contracting authority, in modifiable electronic format (Word or equivalent). The inception report revised will be resubmitted for final approval after the meeting.

The Inception Report, **deliverable 1,** should be submitted in English and should not be more than 20 pages long. The Inception Report will describe the proposed work plan and methodology, and will incorporate the suggestions and findings of the evaluation report and inception meeting. The Inception report should have as annexes:

- a set of slides presenting the work envisaged under both tasks;

- the work programme planned for the following period.

The Interim meeting will take place in Month 6 following the signature of the contract, after the submission of the draft versions of Interim Progress Report (D2).

For the interim meeting the contractor shall provide an agenda, any background materials and a presentation (Powerpoint) on the findings of the study under Task 1 and any preliminary results attained so far under Task 2, including the methodology used, the issues encountered and the progress made to the total completion of the tasks making part of the service.

At least two weeks before the meeting, the contractor shall provide the draft Interim Progress Report, **Deliverable 2,** which should describe the state of play regarding execution of the agreed service the progress to date and the work programme planned for the following period.

The Interim Progress Report shall be short and concise, preferably limited to 5-10 pages. It shall be submitted in 2 hard copies and in modifiable electronic format (Word or equivalent), in English.

The Interim report should have as annexes:

- a set of slides presenting the main results (findings of the study under Task 1 and any preliminary results attained so far under Task 2);

- the work programme planned for the following period.

The Final meeting, to take place within Month 12 after signature of the contract and after submission of the draft versions of the Final Report (D3).. The contractor shall provide an agenda, any background materials and a presentation (Powerpoint or equivalent) on all the results of the execution of Tasks 1 and 2.

At least two weeks before the meeting, the contractor shall provide the draft Final Report (D3) to support the assessment of the socio-economic impacts of potential future EU initiatives on HIV/AIDS, viral hepatitis, STIs and tuberculosis and the draft Final Progress Report (D5) in modifiable electronic format (Word or equivalent).

The Final Report, **deliverable 3,** shall present the overall estimation of the cost of the burden of the four diseases (Task 1) and the estimation the social and economic impacts of EU action on HIV/AIDS, hepatitis B and C, STIs and tuberculosis in support and complement of national programmes (Task 2), including an abstract of no more than 200 words.

The final study report should have an executive summary of the main results obtained, preferably of no more than 10 pages, translated in English and French, as a stand-alone document.

The Final Report shall include in one annex the steps followed for the provision of the agreed service. This annex shall be short and concise, preferably limited to 5-10 pages.

The Final Report shall be submitted in 2 hard copies and in modifiable electronic format (Word or equivalent), in English.

Additional meetings, if needed, can be scheduled by audio/video-conference facilities. Short periodic teleconferences with the contracting authority (Chafea) and DG SANTE should be foreseen to keep track of the progress under the study. For the teleconferences, the contractor shall send quarterly short progress reports (2 pages) on the progress made under the study, main results/achievements and any major issues encountered to the contracting authority.

Intellectual property rights

Parts of results pre-existing the contract

If the results are not fully created for the purpose of the contract this should be clearly pointed out in the tender. Information should be provided about the scope of pre-existing materials, their source and when and how the rights to these materials have been or will be acquired/licensed.

Plagiarism in the tender

All quotations or information originating from other sources and to which third parties may claim rights have to be clearly marked in the tender (source publication including date and place, creator, number, full title etc.) in a way allowing easy identification.

3.2. Value of the contract

The estimated total value of the contract is EUR 200.000,00.

This is a maximum and tenders exceeding this amount shall be rejected.

3.3. Duration of the tasks

Without prejudice to the time needed by the contracting authority to approve the final deliverables, the duration of the tasks to be performed by the contractor (contract performance) in execution of the requested service is 12 **months**. This duration should be taken into account by the tenderer when preparing its offer.

3.4. Variants

N/A.

3.5. Content, structure and graphic requirements of the deliverables

The contractor must deliver the deliverables as indicated below.

Deliverables	Description
(D1)	Inception Report
(D2	Interim Report, presenting the estimation of the cost of the burden of the four diseases: HIV/AIDS, viral hepatitis (B and C), STIs and tuberculosis in the European Union (Task 1),
(D3)	Final Report, presenting the overall estimation of the cost of the burden of the four diseases (Task 1) and the estimation the social and economic impacts of EU action on HIV/AIDS, viral hepatitis B and C, STIs and tuberculosis in support and complement of national programmes (Task 2).

3.5.1. **Content**

Final study report

The final study report must include:

– an abstract of no more than 200 words and an executive summary of maximum 6 pages, both in English and French;

– specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;

– the following disclaimer (both in English and French as mentioned below):

"This report was produced under the EU Health Programme 2014-2020 under *a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European*

Commission. The information and views set out in this [report/study/article/publication…] are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein."

«Cette étude a été réalisée dans le cadre du programme de l'UE pour la santé 2014-2020 dans le cadre d'un contrat de service conclu avec l'Agence exécutive pour les consommateurs, la santé, l'agriculture et l'alimentation (Chafea), agissant en vertu du mandat de la Commission Européenne. Les informations et points de vue exposés dans le présent (ou la présente) [rapport/étude/article/publication, etc.] n'engagent que leur auteur (ou leurs auteurs) et ne sauraient être assimilés à une position officielle de la Commission/Agence Exécutive. La Commission/ Agence Exécutive ne garantissent pas l'exactitude des données figurant dans la présente étude. Ni la Commission/ Agence Exécutive ni aucune personne agissant au nom de la Commission/ Agence Exécutive n'est responsable de l'usage qui pourrait être fait des informations contenues dans le présent texte.»

Publishable executive summary

The publishable executive summary must be provided in both in English and French and must include:

-specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;

-the following disclaimer:

This report was produced under the EU Health Programme 2014-2020 *under a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in this [report/study/article/publication…] are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/ Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein."*

3.5.2. ***Requirements for publication on Internet***

The Commission/ Executive Agency is committed to making online information as accessible as possible to the largest possible number of users including those with visual, auditory, cognitive or physical disabilities, and those not having the latest technologies. The Commission supports the Web Content Accessibility Guidelines 2.0 of the W3C.

For full details on the Commission policy on accessibility for information providers, see: http://ec.europa.eu/ipg/standards/accessibility/index_en.htm

For the publishable versions of the study, abstract and executive summary, the contractor must respect the W3C guidelines for accessible pdf documents as provided at: http://www.w3.org/WAI/ .

3.5.3. ***Structure***

All reports should have numbered paragraphs and pages and a clear identification, containing:

- the contract number (not the call number),
- the acronym,
- the version (draft, revision or final) and
- the date.

The reports and the deliverables shall be in English, unless otherwise indicated in these tender specifications.

3.5.4. ***Graphic requirements***

The contractor must deliver the study and all publishable deliverables in full compliance with the corporate visual identity of the European Commission, by applying the graphic rules set out in the European Commission's Visual Identity Manual, including its logo. The graphic rules, the Manual and further information are available at:

http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

A simple Word template will be provided to the contractor after contract signature. The contractor must fill in the cover page in accordance with the instructions provided in the template. The use of templates for studies is exclusive to European Commission's/Chafea's contractors. No template will be provided to tenderers while preparing their tenders.

4. EVALUATION OF TENDER(ER) S AND AWARD

The evaluation is based solely on the information provided in the submitted tender, after access to the market is verified. It involves the following:

- Verification of non-exclusion of tenderers on the basis of the exclusion criteria
- Selection of tenderers on the basis of selection criteria
- Verification of compliance with the minimum requirements set out in the tender specifications
- Evaluation of tenders on the basis of the award criteria.

The contracting authority may reject abnormally low tenders, in particular if it established that the tenderer or an identified subcontractor does not comply with applicable obligations in the fields of environmental, social and labour law.

The successful tenderer must pass all criteria in order to be awarded the contract.

4.1. Verification of non - exclusion and evidence

All tenderers must provide a declaration on honour (Annex IV), signed and dated by their authorised representative, stating that they are not in one of the situations of exclusion listed in the declaration on honour as part of the tender. Annex IV is part of the tender submission form and must be included in Envelope A (as part of the Administrative offer).

In case of a **joint tender**, each member of the group must provide a declaration on honour signed by its authorised representative, as exclusion criteria apply separately to each legal entity of the group.

In case of **subcontracting**, all identified subcontractors whose share of the contract is above 15 % or whose capacity is necessary to fulfil the selection criteria must provide a declaration on honour signed by their authorised representative. These declarations should also be included in the tender.

Upon request of the contracting authority, the successfully evaluated tenderer shall provide the documents mentioned as supporting evidence in the declaration on honour before signature of the contract, within a deadline set by the contracting authority. This requirement applies to each member of the group in case of joint tender and to all identified subcontractors whose share of the contract is above 15% or whose capacity is necessary to fulfil the selection criteria.

The obligation to submit supporting evidence **does not** apply to international organisations.

A tenderer (or a member of the group in case of joint tender, or a subcontractor if applicable) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or an identified subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge. In such a case the tenderer shall inform the contracting authority how the said document can be accessed the national database.

4.2. Verification of selection criteria and evidence

The purpose of the selection criteria is to determine whether the tenderer has the capacity to implement the contract. Aspects of this capacity include the legal and regulatory capacity (where relevant), the economic and financial capacity and the technical and professional capacity. The compliance with the selection criteria is confirmed a priori,

through the assessment of the declaration of honour on exclusion and selection criteria (Annex IV). They are explained below.

Each selection criterion consists of three elements: (i) the criterion itself, (ii) a minimum level/minimum requirement and (iii) the supporting documents. The selection criteria *are not scored* by the contracting authority. They are subject to a pass or fail assessment.

Selection criteria are applied to the tenderer as a whole including the members of a joint tender and subcontractors on which the tenderer may rely to fulfil some of the selection criteria.

4.2.1. *Legal and Regulatory capacity*

N/A.

4.2.2. *Economic and Financial capacity*

The tenderer must have the necessary economic and financial capacity to perform this contract until its end. In order to prove their capacity, the tenderer must comply with the following criteria:

The tenderers must demonstrate an adequate level of:

• turnover and/or other operating income

Criterion: The sum of turnover and/or other operating income for each of the last two (closed) financial years are above EUR 200.000,00. This criterion applies to at least one tenderer in case of a joint tender.

If the tender includes a subcontractor, this criterion will be evaluated for subcontractors only to the extent that subcontracting may allow the tenderer (s) to meet the above mentioned criteria.

A tenderer subject to the evaluation of its economic and financial capacity will be considered to have an insufficient economic and financial capacity when this criterion is not met.

Evidence (upon request):

The successful tenderer shall be required to provide the evidence indicated below before the award decision by the contracting authority:

- Copy of the profit and loss accounts for the last two years for which accounts have been closed from each concerned legal entity;

- Failing that, appropriate statements from banks;

If, for any justified reason, a tenderer is unable to provide one or other of the above documents, it may prove its economic and financial capacity by any other document which the Contracting Authority considers appropriate. In any case, the Contracting Authority must at least be notified why the documents cannot be provided and justify it.

In addition to the above, tenderers might be requested to complete a form with relevant information regarding their economic and financial capacity. The relevant template will be provided by the contracting authority before the adoption of the award decision.

The Contracting Authority reserves itself the right to request any other document enabling it to verify the tenderer's economic and financial capacity.

The obligation to submit supporting evidence does not apply to international organisations.

4.2.3. *Technical and professional capacity criteria*

Tenderers (in case of a joint tender the combined capacity of all members of the group and identified subcontractors) must comply with the criteria listed below.

The project references indicated below consist in a list of relevant services provided in the past ten years, with the sums, dates and clients, public or private, accompanied by statements issued by the clients.

Technical and professional capacity of the tenderer shall be evaluated and verified in accordance with point A and B as follows:

A. Criteria relating to the tenderer (s) delivering the service:

The successful tenderer shall be required to provide the evidence indicated below before the contracting authority decides to award a contract.

- **Criterion A1:** The tenderer must prove at least 10 years of experience in the field of public health and infectious diseases, with a specific focus on HIV/AIDS, viral hepatitis, STI and/or tuberculosis, with a focus on health system management and service delivery as well as in EU survey data collection, statistical analyses and drafting reports and recommendations.

Evidence A1: the tenderer must provide references for 5 European level and/or national level projects delivered in the fields mentioned above in the last 10 years with a minimum value for each project of EUR 100 000.

- **Criterion A2:** The tenderer must prove capacity to draft reports in English as required for the correct implementation of the contract.

Evidence A2: the tenderer must provide one document of at least 10 pages (report, scientific article, etc.) in English language that it has been drafted and published or delivered by the tenderer to a client in the last ten years. The verification will be carried out on 5 pages of the document.

- **Criterion A3:** The tenderer must prove its capacity to work the specific areas covered by the tender in collaboration with organizations in all EU Health programme participating countries, including the (28 EU + EEA (Norway and Liechtenstein) + Serbia and Moldova) by providing references of projects carried out in cooperation with contact points in the above mentioned countries.

Evidence A3: the tenderer must provide references for 5 projects delivered in the last ten years and proof of established collaboration with experts in the specific areas covered by the tender. The projects geographic coverage could be complemented by a list of

experts/organisations in the countries (EU, EEA and Serbia and Moldova) not included in references of previous project experience, in order to ensure the required geographical coverage; for this purpose, the tenderer must provide a list of contact points.

B. Criteria relating to the team delivering the service:

The team delivering the service should include, as a minimum, the profiles indicated below.

The members of the team delivering the service should have at least C1 level in English according to the Common European Framework for Reference for Languages[46]. The team members shall have a proven adequate capacity to work in the EU languages for the implementation of the contract.

The team delivering the service should include, as a minimum, three persons, with the profiles listed below. The tenderer should ensure that the proposed team is able to manage the overall execution of all tasks and if any changes of staff are necessary; these should not result in any detriment for the overall quality or timely implementation of the contract.

B1 - Project Manager: At least 5 years of experience in health-related project management, including overseeing project delivery, quality control of delivered service, customer support and conflict resolution experience in project of a similar size (at least EUR 200 000 and coverage of at least 5 countries, with experience in management of team of at least 10 people. A higher education degree in health related sciences is required.

B2 - Expert in public health with at least 7 years of professional experience in the field of public health related to infectious diseases, preferably directly in the field of HIV/AIDS, viral hepatitis, STIs and/or tuberculosis. A higher education degree in health sciences, medicine, public health, epidemiology, with a focus on the health system diseases burden is required.

B3 - Expert in economics with at least 7 years' experience in the field of health economics, preferably directly in the field of social and economic impacts of diseases. A higher education degree in these fields is required.

B4 - Expert in social sciences with at least 7 years' experience in the field of social sciences, political sciences or other similar relevant field, with experience in the analysis of social systems. A higher education degree in these fields is required.

B5 - Expert in statistics/econometry (focus on multi-country quantitative and qualitative data collection and analysis) with at least 7 years' experience in the field of statistical analysis and/or econometrics, including data collection/processing. A relevant higher education is required.

One person from the team could fulfil one or several requirements of the profiles listed under the above points.

Evidence

[46] http://www.coe.int/en/web/common-european-framework-reference-languages/

Evidence: Each CV should indicate the role attributed to the proposed team member for the delivery of the service and should include information about the qualifications, past relevant experience and knowledge of languages.

Evidence of the technical and professional capacity of tenderers shall be furnished on the basis of the following documents:

Criterion	Evidence to be provided	Comments
A1-A3	**List of services provided** or references for projects participated in the past 10 years in the field indicated in A1	The list shall have references to projects or documents such as annual reports, publications, confirming the tenderer's required experience in the fields indicated in A1-A3
B1-B5	**Curriculum vitae** of the team leader and the team members presenting the required experience and expertise	Preferably in EU-pass format, but no more than 2 pages long per person (annexes are allowed). Summaries will not be accepted. The CV should provide clearly the information about the qualifications required under B1-B5, work experience and about the language proficiency of the team members.
A1-B5	**A summary table** of main expertise of the persons responsible for providing the services	One table for all team members
A1-B5	A filled in **checklist on the technical and professional capacity under the selection**	The template is provided as Annex IX of the tender specifications.

Submission of information and evidence

The tenderers (and each member of the group in case of joint tender) and subcontractors, whose share of the contract is above 15% or subcontractors whose capacity is necessary to fulfil the selection criteria must provide the declaration on honour mentioned above signed and dated by their authorised representative, stating that they fulfil the selection criteria applicable to them individually.

For the criteria applicable to the tenderer as a whole, the tenderer (sole tenderer or leader in case of joint tender) must provide the declaration on honour stating that the tenderer, including all members of the group in case of joint tender and including subcontractors if applicable, fulfils the selection criteria for which a consolidated assessment will be carried out.

This declaration is part of the declaration used for exclusion criteria (Annex IV); therefore only one declaration covering both aspects should be provided by each concerned entity.

Before the award decision the successfully evaluated tenderers will be required to provide the evidence mentioned above within a deadline given by the contracting authority. This requirement applies to each member of the group in case of joint tender and to subcontractors whose capacity is necessary to fulfil the selection criteria and those subcontractors whose share of the contract is above 15%

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge.

4.3. Quality Award Criteria

Award criteria are only related to the tender. They seek to evaluate the most important aspects required with the technical specifications defined under point 3. The criteria included minimum thresholds that each tender should score per criterion and in total in order to be considered acceptable.

The contract will be awarded based on the most economically advantageous offer, according to the 'best price-quality ratio' award method. The maximum total quality score is 100 points.

The quality of the tender will be evaluated based on the following criteria:

- Quality of the proposed methodology for Task 1 & 2 (40 points, minimum score 50%)
- Organisation of the work and resources (40 points, minimum score 50%):
- Quality control measures (20 points, minimum score 50%)

Quality of the proposed methodology including a detailed description of the envisaged steps necessary to deliver the expected results:

Tenders should elaborate on all points addressed by the present specifications under the task 1 and task 2. Among the quality criteria that will be assessed are: understanding of the context and scope of the study; appropriate justification of the methodology proposed for the performance of task 1 and task 2; level of details and clarity in the description, of the quantitative and qualitative methods used and analysis to be carried out.

If certain essential points of these specifications are not expressly covered by the tender, the evaluators will reflect the identified gaps and the overall scores. They may decide to give a very low or zero mark for the relevant award criteria. The mere repetition of the mandatory requirements set out in the tender specifications, without providing the details on the methods proposed or without giving any added value, will only result in a very low score.

Organisation of the work and resources: This criterion will assess the contract management procedures and how the roles and responsibilities of the proposed team and of subcontractors (in case of joint tenders, including subcontractors if applicable) are distributed for each task. The appropriateness of the risk analysis and remediation plan will be assessed. The clear matching of the tasks allocation to the expertise of the team members constitutes an advantage for the assessment of the offer. This criterion will also assesses the global allocation of time and resources to each task or deliverable, and whether this allocation is adequate for the execution of the tasks. The tender should provide details on the allocation of time (timetable) and human resources (clear division of the tasks among team members and possible subcontractors) and the rationale behind this allocation. Details should be provided as part of the technical offer.

Quality control measures: This criterion will assess the quality control system applied to the service foreseen in this tender specification concerning the quality of the deliverables, the language quality check, reporting and supervision and continuity of the service in case of absence of member(s) of the team. The quality system should be detailed in the tender and specific to the tasks at hand; a generic quality system will result in a low score.

Tenders must score minimum 50% for each criterion and minimum 60% in total. Tenders that do not reach the minimum quality levels will be rejected and will not be ranked.

N°	Qualitative Award criteria	Minimum threshold (%)	Points attributed to the criterion
1.	**Quality of the proposed methodology for Task 1 & 2** (Clarity of the proposal, understanding of the problem/ purpose. Detailed description of the methodology for the performance of task 1 and task 2, including the justification of the quantitative and qualitative methods and analysis)	**50**	40
2.	**Organisation of the work and resources proposed**(Contract management procedures, feasibility of schedule and plan, matching of task and resource allocation within the team)	**50**	40
3.	**Quality control measures** (Quality assurance procedures, risk management, reporting, monitoring to ensure compliance with the objectives)	**50**	20
Overall number of technical points (out of 100)		**60**	100

4.4. Price and Award Method

Prices must be presented using the standard format announced with the tender specifications that should be included in Envelope C. Tenderers are required to use Annex V to submit their financial offer. Every offer that successfully passes the evaluation of the quality award criteria will be assessed on the price offered.

- a price for the service (A): this price shall include the costs pertaining to the provision of the requested service,(**without reimbursable expenses)**. More specifically:

- staff costs (including every cost aspect bearable by the tenderer as employer e.g. social contributions and taxes),
- data purchase,
- translation costs;
- Additional costs of related to the service, linked to the data collection (survey, interviews, focus groups, etc.) and data analysis (software), etc.

These expenses should be estimated by using the maximum rates and the estimated necessary travel for performance of the contract.

Travel, hotel and subsistence costs for the meetings of the Contractor with the Contracting Authority, will be reimbursed separately and should be indicated in the financial offer form (B. Travel and subsistence).

Ranking of tenders

Only the tenders that have reached the technical quality thresholds announced for the quality award criteria will be subject to best price-quality assessment;

The tender with the lowest price will be awarded 100 points. The other tenders will be awarded points on the basis of the following formula:

Points = (lowest price/price of the bid in question) x 100

Calculation of the most economically advantageous tender on the basis of the best price/quality method:

In order to determine the most economically advantageous tender for the award of the contract, a quality/price ratio of 70/30 will be applied to each tender in the following way:

The points awarded for technical quality multiplied by .070

The points awarded for the price multiplied by 0.30.

The points for technical quality and those for price will then be added together, the tenderers will be ranked according to their total number of points and the contract will be awarded to the tenderer achieving the highest score.

Contracts may not be awarded to candidates or tenderers who, during the procurement procedure:

(a) are in an exclusion situation established in accordance with article 106 of the FR;

(b) have misrepresented the information required as a condition for participating in the procedure or have failed to supply that information;

(c) were previously involved in the preparation of procurement documents where this entails a distortion of competition that cannot be remedied otherwise;

This assessment will be carried out based on all the documents and information provided, if necessary (e.g. in case of doubt), the Executive Agency will ask the economic operator to submit observations on the issue.

5. ADMINISTRATIVE AND FINANCIAL PENALTIES

Without prejudice to the application of contractual penalties laid down in the contract, the contracting authority may impose regulatory administrative sanctions on tenderers including: exclusion from receiving Union funding for certain duration (Articles 105a to 108 FR) and financial penalties, as an alternative or in addition to a decision of exclusion depending on the cases (Article 106(13) FR). Administrative sanctions can be imposed on economic operators who are in a specific situation of exclusion listed in Article 106(1) FR.

ANNEXES

- **Annex Ia**: Tender submission form - Statement
- **Annex Ib**: Power of attorney for members of joint tender
- **Annex Ic**: Letter of intent for subcontractors
- **Annex IIa**: Legal entity form for public entities
- **Annex IIb**: Legal entity form for private entities
- **Annex IIc**: Legal entity form for individuals
- **Annex III**: Financial identification form
- **Annex IV**: Declaration on honour on exclusion and selection
- **Annex V:** Financial offer form
- **Annex VI**: Checklist

Please note that Annexes Ia, Ib, Ic, IIa, IIb, IIc, III and IV are contained in one single document: "PDF Tender Submission Form".

Annex X - Health programme actions addressing HIV/AIDS, Viral hepatitis, sexually transmitted infections and tuberculosis, which may include elements relative to the estimation of diseases burden and socio and economic impact of the diseases

1. SIALON II - CAPACITY BUILDING IN COMBINING TARGETED PREVENTION WITH MEANINGFUL HIV SURVEILLANCE AMONG MSM, http://www.sialon.eu/

2. EU-HEP-SCREEN - Screening for Hepatitis B and C among migrants in the European Union, www.hepscreen.eu,

3. TUBIDU - Empowering Civil Society and Public Health System to Fight Tuberculosis Epidemic among Vulnerable Groups, http://www.tai.ee/en/tubidu

4. QUALITY ACTION Joint Action - Improving Quality in HIV Prevention, http://www.qualityaction.eu/

5. EUROHIV EDAT - Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe project, www.eurohivedat.eu

6. OPTEST HIE - Optimising testing and linkage to care for HIV across Europe, http://www.opttest.eu/

7. AAE - AIDS Action Europe, Continuity and Innovation, http://www.aidsactioneurope.org/

8. TBEC - TB Europe coalition, Strengthening the role of civil society within the TB response in Europe, http://www.tbcoalition.eu/

9. HA-REACT Joint Action - HIV and co-infection prevention and harm reduction, http://www.aidsactioneurope.org/en/about-ha-react

10. HEPCARE EUROPE - Early diagnosis and treatment of viral hepatitis, http://www.ucd.ie/medicine/hepcare/

11. E-DETECT TB- Early DETECTion and integrated management of TuBerculosis in europe: https://e-detecttb.eu

12. ESTICOM (European Surveys and Trainings to Improve MSM Community Health, http://www.esticom.eu/Webs/ESTICOM/EN/homepage/home-node.html

13. INTEGRATE Joint Action on Integration of testing & linkage to care for HIV, viral hepatitis, STIs and TB in Europe, under preparation