EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

Health and Food Safety Unit

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TENDER SPECIFICATIONS ATTACHED TO THE INVITATION TO TENDER

Call for Tenders Chafea/2018/Health/10 concerning the EU dimension of alcohol related harm – piloting brief interventions to reduce the risk of FAS/FASD (Fetal Alcohol Syndrome / Fetal Alcohol Spectrum Disorders), following up 1st and 2nd Standardised European Alcohol Survey and providing support to Member States' to strengthen their capacity to tackle alcohol related harm

1. INFORMATION ON TENDERING

1.1. Purpose and context of the contract

Background

Alcohol consumption and the related harm is a widespread societal problem in many European countries. It involves a wide range of negative impacts not only on the health of individuals and families, but also on societies as a whole, including diseases with individual harm such as liver cirrhosis and cancer. Harm to others is an important aspect of policies aiming at reducing alcohol related harm. It includes issues like **drinking during pregnancy**, violence and domestic abuse, injuries related to drink driving and several others that represent a burden to the society and the economy due to reduced productivity and work capability, sickness absence, unemployment, or costs to the health care system.[1]

Alcohol consumption during pregnancy can cause a wide range of permanent physical, behavioural and neurocognitive abnormalities of the child, known as the Fetal Alcohol Spectrum Disorders (FASD).[2] The protection of the unborn child is especially important, as prenatal alcohol exposure may have life-long effects on the child, with consequences on the family, society and the health system. People with FASD suffer from many physical, cognitive, emotional, and social problems - such as cranofiacial abnormalities or damage to the central nervous system - which affect daily functioning and result in adverse life outcomes. Moreover, FASD conditions remain often under-diagnosed.

According to the WHO data the use of alcohol by women has substantially increased over time; nowadays a large proportion (82%) of women in the EU drink alcohol.[3] In this context, the potential harm to the fetus caused by drinking during pregnancy is a serious public health concern in the Member States, particulary as almost half of all pregnancies (45%) are unplanned[4] and are, therefore, at higher risk from inadvertent alcohol exposure with all consequences.

The consequences of alcohol consumption in many European countries are striking. Each year, 120,000 EU citizens die from alcohol related harm. Four million disability-adjusted life-years (DALYs) - years of life lost due to either premature mortality or to disability – are lost yearly due to alcohol consumption. Twenty five percent of traffic accident deaths on EU roads are linked to alcohol, resulting in 8.000 lives lost due to drink-driving every year. Every year, alcohol consumption costs society an estimated €156 billion, including premature deaths (€45 billion), costs to the health system (€21 billion), and costs caused

[1] http://www.oecd.org/els/health-systems/tackling-harmful-alcohol-use-9789264181069-en.htm

[2] http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2016/prevention-of-harm-caused-by-alcohol-exposure-in-pregnancy.-rapid-review-and-case-studies-from-member-states-2016

[3] WHO Europe 2016: Prevention of harm caused by alcohol exposure in pregnancy- Rapid review and case studies from Member States

[4] The Lancet, April 2018: Global, regional, and subregional trends in unintended pregnancy and itsoutcomes from 1990 to 2014: estimates from a Bayesian hierarchical model (http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30029-9/fulltext)

by absenteeism and unemployment (€11 and €18 billion).

Being one of the leading risk factors for disease and mortality in Europe, reducing harmful use of alcohol is considered one of the priority public health areas by the WHO)[5].

Summary of the service

In order to reduce alcohol-related harm in the EU, CHAFEA needs to obtain regular services to support EU Member States actions in this field. This particular service is the second of a series of four calls for tenders. The first was published in 2017 and subsequent calls for tenders for follow-up actions may be published in the years 2019 and 2020.

More specifically, this project intends to:

(1) review initiatives such as good and best practices to reduce the extent of alcohol-related harm in women of child-bearing age, particularly in pregnant women, also covering the existing related training methodologies. It will then develop guidelines and a training package for health professionals and social workers to support the reduction of the extent of alcohol-related harm in these women. Based on the guidelines and the training package, the approach will be piloted and subsequently evaluated in one region of an EU Member State.

The service shall ultimately contribute to reducing the number of children exposed to alcohol in the womb and of those suffering from FASD.

The purpose of this part of the service is to develop an approach transferable as a good practice to other Member States.

(2) support the Member States' capacity building in the (a) area of Fetal alcohol syndrome/fetal alcohol spectrum disorders (FAS/FASD) as an impact of drinking during pregnancy, (b) area of alcohol marketing and advertising in social media and (c) area of cross-border dimensions of alcohol purchases, consumption and related harm; the results of the work under the call for tenders CHAFEA/2018/HEALTH/01 are to be duly taken into account.

The contractor shall build on the work of the Committee on National Alcohol Policy and Action (CNAPA), the Joint Action (RARHA) and all other relevant professionals at national level. It should also build on the work of the contractor under the 2017 Call for tender on alcohol related harm.

Furthermore, the contractor shall consult the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), ESTAT, OECD and WHO, as the contractor considers to be necessary and the most appropriate.

Intended users of such data will be the EU Member States' Competent Authorities in the field of alcohol related harm, the European Commission and other European Institutions, as well as International Organisations, such as the WHO, OECD and others. The Consumers, Health, Agriculture and Food Executive Agency (hereinafter: Chafea) was created on 1 January 2005 (formerly named PHEA between 2005 to 2008 and

[5] http://www.euro.who.int/__data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf

EAHC between 2008 to 2014). In 2013, the Agency's mandate was prolonged until 2024 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, acting under powers delegated to it by the European Commission, 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 on the conditions laid down in that agreement. In specific, procurement procedures launched by the Executive Agency are open to the EEA countries[6] and countries under the Stabilisation and Association Agreements[7]. Procurement procedures launched by Chafea are not open to countries that are parties to the Agreement on Government Procurement.

For British candidates or tenderers:

Please be aware that after the UK's withdrawal from the EU, the rules of access to EU procurement procedures of economic operators established in third countries will apply to candidates or tenderers from the UK depending on the outcome of the negotiations. In case such access is not provided by legal provisions in force candidates or tenderers from the UK could be rejected from the procurement procedure. 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, and 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[8].

[6] Iceland, Norway and Liechtenstein.

[7] Currently FYROM, Albania, Montenegro, Serbia, Bosnia and Herzegovina, Kosovo.

[8] 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).

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.

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 **5 %** 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 **5 %** 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	n.a.	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 subcontractors)	Annex Ib – included in the published PDF form	1.6. and 2.1
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	
Economic and Financial Capacity Overview	Annex VII	4.2.2

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 on the financial offer form (Annex V). 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 contacting authority and the draft contract (art. 1.4.3, II.22 and its Annex III) for information on the calculation of those expenses.

3. TECHNICAL SPECIFICATIONS

3.1. Description of the minimum requirements for the requested services and deliverables

In general this service consists of the following tasks:

- *Task 1: Developing, piloting and evaluating a good practice based on available evidence to support women of child-bearing age, particularly pregnant women, in reducing in their babies the risk of development of FASD;*
- *Task 2: Supporting Member States with knowledge gathering, best practice sharing and capacity building in the area of alcohol related harm;*
- *Horizontal Task 3: Dissemination and coordination activities.*

In specific, the above tasks shall include:

Task 1: Developing, piloting and evaluating a good practice based on available evidence to support women of child-bearing age, particularly pregnant women, in reducing in their babies the risk of development of FASD

With increasing gender equality and shifting gender roles, women's drinking has increased over time. According WHO estimates[9] calculated for the 27 countries in the EU showed that 82.1% of women are current drinkers and 3.4% of women drink alcohol at high levels. The highest estimated prevalence of alcohol use during pregnancy were identified in Ireland (60.4%), Denmark (45.8%) and UK (41.3%).

Alcohol use has been linked to an increased risk of sexual risk-taking and subsequently the risk of an unplanned pregnancy. Because about 45% of pregnancies worldwide are not planned[10], many women continue to drink at their pre-pregnancy levels until pregnancy is confirmed.

The importance of the work in this area was highlighted as one of the priority themes of the 2006 Alcohol strategy, which is to protect the unborn child by reducing exposure to alcohol during pregnancy and thereby reducing the number of children born with Fetal Alcohol Spectrum Disorders. The objective is considered valid in the EU and national actions. It is also in line with the priorities of the CNAPA Action Plan on Youth Drinking and on Heavy Episodic Drinking. The implementation of the Action Plan has been prolonged until 2020.

WHO Global strategy to reduce the harmful use of alcohol (2010) also refers to harmful impact of drinking alcohol during the pregnancy. It proposes to support initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings. Such initiatives should include early identification and management of harmful drinking among **pregnant women and women of child-bearing**

[9] https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30021-9.pdf?code=lancet-site, http://www.who.int/bulletin/volumes/95/5/17-030517/en/

[10] The Lancet, April 2018: Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model (http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30029-9/fulltext)

age; to improve capacity for prevention of, identification of, and interventions for individuals and families living with **fetal alcohol syndrome.**

The evidence on pre-conception interventions shows promising results in encouraging changes in risky drinking and greater use of contraception among women. The WHO Guidelines[11] for the identification and management of substance use and substance use disorders in pregnancy recommend screening for all pregnant women and brief interventions for all women who drink. This review shows that interventions for pregnant women can be effective although overall the evidence is not conclusive and more research is needed.

Professionals from medical, paramedical, home care services, social workers and mid-wives as well as representatives of educational and occupational areas, play a key role in shaping the health system and delivering prevention and care.

Training of those caring for these women is an important tool to develop competencies and skills to better address citizens' needs and support change in prevention and health services.

Training areas shall cover, amongst others:

- being better prepared to identify women at risk of having or already facing alcohol-related problems;
- the special needs of women of child-bearing age or pregnant women at risk of having or already facing alcohol-related problems;
- knowledge and competencies of medical conditions prevalent in women with alcohol-related problems, their children and other relevant conditions;
- delivery of key messages to women of child-bearing age and pregnant women at risk of having or already facing alcohol-related problems;
- how to communicate with and influence the habits of women of child-bearing age and pregnant women at risk of having or already facing alcohol-related problems;
- the importance of effective contraception for women at risk of having or already facing alcohol-related problems;
- how to approach families and to offer them help when appropriate.

There is considerable variation in alcohol harm-reduction activities for women of child-bearing age at national level and only few examples of evaluation have been carried out.

There is a potential for EU added value in analysing the experience to date in such initiatives and in developing and testing interventions and supporting training packages.

The project aims to contributing to EU and national policies on reducing alcohol-related harm.

The Commission asks the contractor to develop and support actions to reduce the extent of alcohol-related harm in women of child-bearing age and ultimately reduce the number of women already drinking or being at risk of having an alcohol problem during pregnancy.

The ultimate goal of Task 1 is to develop and pilot a good practice in one region of an EU Member State that is transferable to other regions of other Member States. Based on

[11] WHO Guidelines for identification and management of substance use and substance use disorders in pregnancy (http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/)

the deliverables of Task 1, other Member States shall be enabled to roll out this approach in the future if they wish so.

This task will encompass:

(1) Literature review: a general review of existing initiatives, good and best practices to reduce the extent of alcohol-related harm in women of child-bearing age or pregnant women; and
Specific reviews of related professional training initiatives, namely for health professionals and social workers, and reviews of related actions on communication and behaviour change targeting women of child-bearing age or pregnant women.

The contractor will review existing initiatives including training programmes which address the particular issues related to improving access, quality of health care delivery, enticing women with alcohol problems to seek support as well as communicating with vulnerable women.

It will amongst others search for evaluated methods to:

- increase health professionals' awareness and sensitivity to alcohol related health needs;
- develop competencies related to the specific health rights and needs of women with an alcohol problem;
- increase awareness of barriers to healthcare access specific to (pregnant) women in particular situations like alcohol use, lower socio-economic status or others leading to vulnerability;
- encourage professionals to communicate with heightened sensitivity when dealing with (pregnant) women with alcohol problems, by avoiding stigmatisation and conveying key messages;
- help professionals develop tailored care packages/treatment plans for the target group of this pilot project.

The contractor shall include in its offer a justified methodology/criteria on how to best review the existing initiatives including training programmes by search strategies, taking into account relevant initiatives in Member States and by international organisations, such as the WHO. The review will cover the last 5 years, in all official EU languages and materials developed at national and European levels to identify good and best practices, success and failure and other factors that the contractor considers to be relevant to the scope of this contract.

The contractor shall review the existing initiatives including training materials and produce an inventory of good and best practices, with conclusions and recommendations in English identifying the existing experiences, assessing their quality, and clearly identifying the gaps. Initiatives will be described briefly following a common group of criteria such as the target group, national/regional nature, specific health issues addressed, evaluation of training results, and other factors that the contractor considers to be relevant to the scope of this contract.

Deliverable (D1) – Develop an inventory of good and best practices to reduce the extent of alcohol related harm in pregnant women

(2) Drafting of guidelines to support health professionals and social workers to identify women of child-bearing age, especially pregnant women at risk of having

or already facing alcohol-related problems including those from disadvantaged backgrounds and strengthen/build support for prevention and treatment to reduce the extent of alcohol related harm for them.

Based on the literature review and the identified good and best partcices, the contractor will draft guidelines to prevent and reduce alcohol consumption in women of child-bearing age, particularly in pregnant women. The guidelines will address the existing knowledge gaps which will then be appropriately reflected on in the training of the health professionals and social workers (see below) and expected to be filled in the revised final guidelines.

The contractor shall contact and engage with the relevant professional medical associations for this purpose, as the contractor considers to be the most appropriate.

Deliverable (D2) – Draft guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women

(3) Development of a training package:

Based on the review of good and best practices and of training packages, the contractor will:

a) develop key messages targeting women with alcohol problems to encourage them to seek continuous voluntary treatment for their habit, with a special focus on pregnant women;

b) propose the content of new training materials for professionals, considering also strategies to improve access and, quality of healthcare services, by improving:
   - the professionals' communication to the concerned women and their responsiveness to the women's socio-economic background;
   - professionals' awareness to particular sensitivities of pregnant women with alcohol problems;
   - professionals' awareness of the need to relative anonymity of those seeking help and their families, and how to achieve it during prevention and treatment;
   - prevention, diagnostics and treatment of health conditions prevalent in women at risk of or having an alcohol problem and belonging also otherwise to vulnerable groups;
   - the organisation, administration, and logistics of health services, including secondary and tertiary hospital care and cooperation with adequate social services;
   - links between inpatient-outpatient facilities;

c) develop a model for care packages/treatment plans/accompanying measures for (pregnant) women with an alcohol problem or at risk of developing an alcohol problem;

d) cover recommendations and practical tips in the training package, such as:
   - how to discuss alcohol related issues with women, especially those who are pregnant or plan to get pregnant and their families;
   - how to engage pregnant women, including those from disadvantaged backgrounds;

- how to develop tailored care packages/treatment plans for women with an alcohol problem.

The contractor shall contact and engage with the relevant professional associations for this purpose, as the contractor considers to be the most appropriate.

The training materials shall include a **training package** composed at least of, but not limited to:

- training needs assessment tool (a questionnaire for the evaluation of the trainees' needs as well as to support the adaptation of the training materials to the local situation will be developed);
- training curriculum;
- trainers' and trainee manuals or guides;
- training materials for tutorial and practical trainings;
- sets of slides;
- a training outcome evaluation questionnaire to measure the training outcomes and collect the trainers' and trainees' feedback for the final review of the training materials.

The training material shall be available in electronic format as well as in paper format. The training materials shall be produced in English and be translated into the language of the country the workshop is organised.

Deliverable (D3) –Training materials/training package including set of slides (draft and final)

The offer shall include the outline of the training, including the learning objectives, based on existing experience as well as good and best practices, including previously funded projects available under the Health Programme, Research Framework Programme, projects of WHO (Europe) and previous pilot projects.

During the review of the existing training materials and the preparation of new materials, the contractor will identify, document, and fully respect the **intellectual property rights** of the training materials' owners and any third party material these owners themselves might have used.

(4) Establish a coordinated network of professionals

The contractor shall map potential trainees, interest groups and existing initiatives and draw up a list of potential participants (from medical, paramedical and social workers, mid-wives, psychologists as well as representatives of educational and occupational areas) for the training course in the chosen region of the chosen Member State, draw up a list of interest groups (stakeholders) on a national and European level to identify potential local partners for the piloting of the project incl. multipliers with access to the women and their families, and disseminate the ongoing project news and particularly its results.

Deliverable (D4) - List of potential trainees and list of interest groups

(5) Organisation of a training workshop:

The contractor will organise and finance a workshop of two days (a total of 12 hours of contact time, 10 to 30 participants) and draft a workshop curriculum (learning objectives, agenda, type of sessions, aims per session, trainers, other aspects relevant to the scope of the contract) and the workshop materials (hand-outs) and presentations.

The workshop will be organised in one region of a chosen EU Member State, based on the justification by the contractor and on discussion with the contracting authority.

The workshop will be organised with simultaneous interpretation into the national language of the hosting Member State plus into English. The tenderer will include in the offer all costs for the logistics (invitation/registration of participants, recruitment of trainers/speakers coming from EU Member States, trainers' fees, arrangements and costs for hotels and travel of a maximum of 30 participants plus the contractor's personnel on the spot, venue, catering, interpretation etc.). The contractor will advise the participants and trainers in advance on the reimbursement rates and procedures for travel expenses/daily allowances.

Evaluation:
The contractor will evaluate the training workshop and deliver a summary of conclusions describing the results achieved, including lessons learnt from the training, relevant findings, obstacles, recommendations for the review of the guidelines and the training package. Based on the evaluation report, the contractor will update the training material and the guidelines.

Deliverable (D5) – Workshop programme and content; approved list of trainers for the workshop

Deliverable (D6) – Evaluation of the workshop

(6) Piloting the approach: Develop a support structure and care package, reach out to women at risk and their families, evaluate the results

The piloting of the approach will be implemented in one region of a chosen EU Member State, based on the justification by the contractor and on discussion with the contracting authority.

The contractor will develop an effective strategy to identify women at risk of or having alcohol-related problems, especially those who are pregnant, and the best possible approach to dispel misinformation/conflicting information and offer interventions suitable for women with time and other shortages potentially preventing them from participating in the project.

The contractor will develop and design communication and education material tailored to the target group. It will also propose ways to effectively communicate the developed messages, as well as how to frame them and which channels are best to deliver them.

Deliverable (D7): Communication strategy (should include how to frame the developed communication messages?, which channels are best to deliver them?, when?)

Deliverable (D8): Communication and education material (should include messages that will be communicated to the target group to educate them and communicate with them in the context of the current project)

Furthermore**,** the contractor will develop a support structure to encourage women to receive treatment for their alcohol problem, which offers a dedicated, comprehensive and coordinated care package overseen by professionals. Women at risk of or having alcohol-related problems will be identified by the trained professionals, will be informed about alcohol related harm and referred to prevention services or treatment specialists, coordinating support and encouraging their voluntary participation in prevention and treatment settings. This will imply identifying and bringing women together in discussion groups at the earliest possible stage, involving and supporting their families as much as possible.

The tenderer shall include in their offer a proposal on how success or failure in this phase of the project can be evaluated in terms of the reduction of alcohol consumption, of the increase of knowledge regarding alcohol related harm, and of having first/regular contact with health/social services by the women the pilot project reached.

The support structure shall encourage women, particularly those who are pregnant, to receive treatment for their alcohol problem.

It shall, amongst other measures, include the setting up of:

- **Local discussion groups**, 5 to 10 groups for about 10 to 20 women in one region of one Member State where the pilot project is implemented. The setup shall include coming up with an efficient way to invite the potential participants and their registration. The discussion groups will meet at least every second week over a period of six months;
- **Home visits** to women at risk where appropriate to talk to them and their families individually;
- **Individual care packages/treatment plans** developed by the professionals based on their training for the women with alcohol problems they have identified.

Deliverable (D9): Outline for the organisation of discussion groups (list of group members, planned meeting dates and places)

Deliverable (D10): Template for the individual care packages/treatment plans (what is planned and when for each individual group member) and attendance statistics of the discussion group meetings (who participated at the meetings)

Deliverable (D11): Individual records of compliance of the participating (pregnant) women with the individual care packages/treatment plans (how the individuals attended the meetings and followed the individual treatment plan)

Deliverable (D12): Evaluation of the reduction of alcohol consumption, the increase of knowledge regarding alcohol related harm and first/regular contacts with health/social services by the women the pilot project reached (analysis of how the knowledge and alcohol consumption and related attitude of individuals changed)

Deliverable (D13): Final guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women (updated guidelines taking into account the learnings from the analysis of the field work)

(7) Dissemination of the results

The contractor will at least:

- provide a basic text and regular news-updates for a new project section of the health website hosted, created, and maintained by the Commission, located for example under: http://ec.europa.eu/health/alcohol/policy/index_en.htm.

  This section will serve as an online information hub for all relevant news, developed resources, and results obtained within the project to make them available to interested parties.

  The contractor needs to make sure all deliverables are compatible with and work on http://ec.europa.eu/.

The contractor shall:

- follow up on the results and **disseminate those via the expert and interest groups** of the contracting authority (participation at their meetings, presentation of the results, answering questions), including the existing EU Member States' expert groups on alcohol related harm (CNAPA).
- sign up to the EU Health Policy Platform (https://webgate.ec.europa.eu/hpf/) and use its dissemination potential to the fullest.
- prepare an **illustrated guide** in layman's terms on top of the final report, as an important objective of the project is its potential for replication by other countries, regions, cities etc. even without EU funding, the contractor. It will include an evaluation of the methodology/approach used, and assessment of the success or failure of the project tools, e.g. training package, discussion groups, etc. It shall also outline the experiences and conclusions from the review of good and best practices, the concept, the implementation processes, and the key success factors and lessons learnt. It shall ultimately tell the readers what the contractor did, what worked and what did not, to enable easy replication of the project in other geographical areas, and in particular how other regions could make use of the training material.

Deliverable (D14): Input to the project website hosted by the European Commission and social media, presentation to and dissemination of results via expert groups, national policy makers and interest groups.

The contractor shall engage with the relevant professional medical and other associations (of health, social and educational professionals) for this purpose. Developing and disseminating knowledge on good and best practices for effective action as well as supporting the involvement of Member States, regional authorities and other stakeholders are also important aspects of this project.

The activities must be identified as emanating from the European Union. The visual identity of the European Commission[12] is to be applied to all deliverables whilst still making it clear to the general public and to the target audience that this is a pilot project of an experimental nature (see also Task 2.2).

(8) Dissemination of the results

All due deliverables will be included in the Interim progress report corresponding to the implementation period covered by the report.

Documentation for tenderers

WHO Guidelines for identification and management of substance use and substance use disorders in pregnancy[13]

Prevention of harm caused by alcohol exposure in pregnancy[14]

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

[13] http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/

[14] http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2016/prevention-of-harm-caused-by-alcohol-exposure-in-pregnancy.-rapid-review-and-case-studies-from-member-states-2016

WHO recommendations on antenatal care for a positive pregnancy experience[15]

Further information

http://www.who.int/substance_abuse/

http://www.who.int/mental_health/en/

WHO International Collaborative Research Project on Child Development and Prenatal Risk Factors with a Focus on Fetal Alcohol Spectrum Disorders (In collaboration with CAMH (Canada) and NIAAA (USA)

WHO International Collaborative Research Project on the Harm to Others From Drinking (In collaboration with Thai Health Foundation (Thailand)

Additional information on EU public health policy on alcohol related harm, health inequalities, mental health and chronic diseases developed in previous years can be found at the following internet addresses:

http://ec.europa.eu/health/alcohol/policy/index_en.htm

http://ec.europa.eu/health/social_determinants/policy/index_en.htm

http://ec.europa.eu/health/mental_health/policy/index_en.htm

http://ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm

http://www.emcdda.europa.eu/publications_en

http://www.espad.org/reports-documents

http://www.hbsc.org/publications/

Task 2: Supporting Member States with knowledge gathering, best practice sharing and capacity building in the area of alcohol related harm

In general, this task shall support the capacity building of Member States to formulate and implement an effective *health in all policies approach* in the area of reduction of alcohol related harm, which is a complex policy environment, where interests of several sectors coexist.

Cooperation between Member States with effective sharing and implementing of best practices, supported by a strong **health in all policies** approach across policy sectors is crucial. This has been highlighted in the 2017 **Council Conclusions** on cross border aspects in alcohol policy –tackling the harmful use of alcohol.

The contract intends to support the Member States' capacity building, knowledge sharing

[15] http://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=8E9C00B438FB08491115228A58086040?sequence=1

and best practice exchange in the area of foetal alcohol spectrum disorders (FASD), cross-border dimension of alcohol purchases and alcohol marketing and advertising in digital media.

The work will built upon the 2017 Call for Tenders which covered the organisation of the thematic workshops in the 5 thematic areas (marketing and advertising; taxation; agriculture policies; inequalities; and nutritional intake with links to obesity).

The current project will encompass organisation of workshops with Member States on following 3 topics:

1. Foetal alcohol syndrome/foetal alcohol spectrum disorders (FAS/FASD): This workshop will focus on providing support to the implementation by EU Member States of the WHO methodology to assess the FASD prevalence in national context and would complement the activities in Task 1. Further synergies with the WHO International Collaborative Research Project on Child Development and Prenatal Risk Factors with a Focus on Fetal Alcohol Spectrum Disorders[16] should be explored.

2. Cross-border dimension of alcohol purchases, consumption and related harm: This action will complement the planned joint study[17] with DG TAXUD on Distance selling and Cross border purchases of alcohol for personal use (focusing on issues related to Article 32 and 36 of the Directive) and could therefore contribute to the future revision of Directive 118/2008EC on general arrangements for excise duties on alcohol. The activities will include literature review, identifying/analysing best practices in the area, the preparation of a discussion/background paper and the organization of a specific workshop/capacity building on this topic, contributing to the further implementation of any relevant conclusions/recommendations identified by the study.

3. Alcohol marketing in digital media: Digital marketing, in particular for young people, was identified by most of CNAPA members as an important topic, given also the cross-border aspect. In the 2017 Council Conclusions on alcohol, Member States also called on the Commission to monitor and evaluate the measures aimed at reducing exposure. This workshop will complement the workshop foreseen by the 2017 contract[18] aiming at discussing alcohol marketing and advertising more in general. This follow-up workshop will focus specifically on digital media and social networks which have created new opportunities for alcohol marketing and at the same time new public health challenges for authorities.

The activities will include a literature review, identifying/analysing best practices in the area, the preparation of a discussion/background paper and the organization of specific

[16] WHO initiated an International Collaborative Research Project on Child Development and Prenatal Risk factors with a focus on FASD to help gain a better understanding of the prevalence, severity and impact of FASD. This research is designed to inform policies and programmes to reduce the harmful use of alcohol among women of childbearing age and to prevent alcohol consumption among pregnant women. Multidisciplinary teams of experts from different institutions around the world are collaborating on this project. We are estimating the prevalence of FASD by screening children aged 7–9 years from different populations in Belarus, Canada, Moldova, Namibia, the Seychelles and Ukraine.

[17] Relevant documents to be provided by DG TAXUD as appropriate.

[18] See Call for Tenders Chafea/2018/Health/01 concerning the EU dimension of alcohol related harm – to follow-up the results of the 1st Standardised European Alcohol Survey (SEAS) and on the basis of this work and of other sources to strengthen Member States' capacity to tackle alcohol related harm.

workshops/capacity buildings on the topics. The activities will take account and build on the latest developments regarding the revision/adoption of the Audio-Visual Media Services Directive.

Task 2.1 – Preparation of background documents for the workshops

The objective of the evidence-based background documents shall be to give robust evidence for the implementation of health in all policies in the above mentioned 3 topics. They shall form the guidance for the workshops in Task 3.2. The evidence-based background documents shall be based on the results and findings of the Standardised European Alcohol Surveys, on the experience of Member States and on relevant sources and scientific literature.

Each evidence based background document in each respective topic shall include as a minimum:

1. *A comprehensive literature review for the topic;*
2. *A mapping of existing actions addressing the respective topic at national and EU level;*
3. *A summary of the main policy areas of overlap and/or respective concerns with other policy areas (e.g. Health, Taxation, Marketing, Agriculture, Economy); and*
4. *A set of topics recommended for discussion both among public health authorities and between these and other sectors.*

The above reviews of scientific evidence and mappings of evaluated policies shall have the following minimum requirements:

- They shall be based on methodologically-sound systematic searches;
- They shall cover at least the period since 2000;
- They shall include, whenever available, evidence and policies specifically related to European Union Members States and their regions;
- They shall include peer-reviewed publications referenced in scientific bibliographic databases covering health and/or alcohol and/or the respective topics;
- They shall include 'grey literature', including relevant projects, initiatives, surveys and reports (not indexed in scientific bibliographic databases) of the EU institutions (e.g.: European Commission, European Agencies), Member State governments, government agencies, international organisations (e.g.: OECD, WHO), and other relevant organisations;
- They shall include relevant national legislation, literature and policy sources written in EU languages other than English, which are relevant to other EU Member States or regions.

The tenderer shall outline in detail its offer the rigorous search, review and classification methodology that will be applied during the project. Such methodology must explain how the analysis will classify the identified literature in terms of the type and quality of studies, policy initiatives and research projects (highlighting the best, more comprehensive and most recent systematic reviews and relevant synthesis reports from international sources or others).

All background documents shall have annexes describing the relevant national specificities of the Member States hosting the workshops.

Deliverable (D15) – three background documents

Minimum requirements for each background document:	
Final delivery date	Month 12
Language(s)	English
Publication	Internal Reports, which will be used for the workshop. No open publication foreseen.
Executive summary	About 2 pages in English for each
Minimum content/structure	executive summary background section methodology literature review for the topic mapping of existing actions main policy areas of overlap topics recommended for discussion conclusions annexes (including reviewer comments
Electronic formats	* Word processing format: RTF, DOC, DOCX * Printable format: PDF (web-optimised resolution) and PDF (print-optimised resolution)
Number of printed copies	10
Layout, visual identity, acknowledgments and liability	Please see 3.5.4. Graphic requirements below
Draft	A 1st draft document shall be submitted to the contracting authority **3 month before** its delivery date for review, discussion and improvement, leading into a 2nd draft document.
Stakeholder review	The 2nd draft documents must undergo a written peer review process. The contractor shall organise this review process. The tenderer shall suggest in the application at least 6 experts (at least two for each topic), external to the contractor and to the project, to review the draft reports. The Commission will later inform the contractor of up to three experts chosen among those suggested, or may add others. The tenderer shall include in its price the expenses of the reviewers' fees. The responses of the reviewers shall be documented.
Data sources	All analysis script files, data files and data sources, which have been used for the analysis shall be submitted together with the final documents in a way that enables replication and verification of results.

Task 2.2 – Preparation and organisation of the workshops

Based on the prepared background documents the contractor shall organise and carry out 3 workshops in three different EU Member States inviting all 28 EU Member States. There shall be one workshop on each abovementioned topic. The workshops shall be action-oriented, aiming at helping the public health authorities to prepare and implement an effective health in all policies approach in the three topic areas.

The selection of Member States to host the workshops shall be properly justified by the tenderer in the proposal. It should take into account the extent of alcohol related consumption and harm in the Member States and (unless duly justified) give preference to Member States with lower Gross National Income per capita. The selection shall include expressions of interest from the suggested Member States as this will be a strong indication of ownership. The final list of the selected Member States will be discussed and agreed by the contracting authority and may be different from the originally proposed selection.

Data protection

The contractor shall act as data processor of personal data within the meaning of article 2 (e) of Regulation 45/2001[19] which means that personal data are processed on behalf of the data controller (Chafea).

The contractor undertakes to inform the Chafea in writing as soon as it becomes aware or any actual or potential risks and data breaches. The contractor must apply all necessary organisational and technical measures to ensure the confidentiality, safety, security and integrity of the data processed.[20] The contractor undertakes to take all appropriate technical and organisational measures in order to ensure security of processing.

Each workshop shall comply with the following requirements:

Minimum requirements for each workshop	
Length	1 day long, of which 0.5 days shall be open for the health sector only 0.5 day shall be open for multi-sectorial discussions
Language(s)	English
Participants	Maximum of 40 participants per workshop, including representatives of all Member States and other experts
Reimbursement of travel and hotel	The contractor shall arrange and reimburse travel and hotel costs for experts and Member State representatives. The tenderer shall include these costs into the price offer.
Catering	The contractor shall arrange catering during the workshop. The tenderer shall include these costs into the price offer.
Other services, for which the contractor shall be in charge	• venue rental • invitation of participants • registration and confirmation to participants • finding and hiring experts, paying fees (if applicable) • setting up an email box for communication with participants

[19] Regulation 45/2001 currently in force will soon be replaced by a new Regulation (currently "Proposal for a Regulation (COM(2017) 8 final) applicable to EU Institutions. Under the new Regulation, the contractor, acting as processor shall have increased responsibilities and must ensure that in case of use of sub-processors, the same data protection obligations apply to subcontractors as to processors.

[20] Article 21 and 22 of Regulation 45/2001

For each workshop, the contractor shall:

(1) Devote and target the workshop to the specific needs of the hosting Member State.
(2) Fine-tune and agree on the specific objectives of the workshop with the national public health authorities.
(3) Identify a network of experts and contact points in relevant ministries (agriculture, finance, education, health, social affairs, economy etc.) to be involved in the workshops. The contractor shall work in close cooperation with the concerned Member States, their Competent Authorities in the field of alcohol policy as well as their representatives in the Committee on National Alcohol Policy and Action. This initial network shall be the basis for defining a sustainable health in all policies network afterwards, therefore contact points shall be chosen by specific positions.
(4) Include a closed session for discussion among health experts and a subsequent session also involving sectors other than health. The first session should help to prepare the second.
(5) Invite participation of all Member States, ensuring particularly the participation of those having prior experience in the implementation of the respective topic, so that they can contribute, engage or prepare the replication of the exercise. National Representatives in the Committee on National Alcohol Policy and Action shall also be enabled to take part in the workshops.
(6) Contact the national public health authorities of the Member States to adequately promote the workshops and the support they offer, and ensure participation.

The tenderer shall describe in detail in its offer:

1. The outline of the workshops;
2. Indicative timeline for the five workshops, which may be fine-tuned during the service;
3. The envisaged methodology, based on prior experience and good practices;
4. The methodology for the selection of the potential experts for the workshops and a proposed list of potential experts;
5. The data protection measure it intends to take in order to protect personal data of the participants (this includes appropriate privacy statements that need to be distributed to the participant before the beginning of the workshop).

The following deliverables are linked to this task:

Deliverable (D16) – Final concrete planning for the three workshops

The final concrete planning of the 3 workshops shall contain the detailed timeline, the methodology and agenda for the workshops as well as the identification of the network members and list of contributors and invitees for the workshops per Member State. A data protection plan should also be included in the planning. The contractor shall find consensus with the hosting Member State on this planning. The contracting authority needs to approve the concrete planning before implementation.

Final delivery date	Month 6

Deliverable (D17) – Three detailed reports on the workshops (one report per thematic area/ workshop)

Based on the experience with the workshops, three detailed reports (one per thematic area) shall be prepared. The reports shall describe the main proceedings, outcomes and lessons learned, and serve as a practical guide for possible future replications of similar actions. The reports shall contain a public version of the background documents (see deliverable 6 above).

Minimum requirements for each background document:	
Final delivery date	Month 30
Language(s)	English
Publication	Public Report, which may be published by the European Commission via: * Its website * EU Bookstore[21] * Other possible channels
Executive summary	About 3 pages in English, French and German
Minimum content/structure	**executive summary** **background section,** **methodology,** **evidence review (public summary of Deliverable D6)** **main proceedings, outcomes of the lessons learned** **conclusions** **annexes**
Electronic formats	* Word processing format: RTF, DOC, DOCX * Printable format: PDF (web-optimised resolution) and PDF (print-optimised resolution)
Number of printed copies	10 for each
Layout, visual identity, acknowledgments and liability	Please see 3.5.4. Graphic requirements below
Draft	A 1st draft document shall be submitted to the contracting authority **3 month before** its delivery date for review, discussion and improvement, leading into a 2nd draft document.
Stakeholder review	The 2nd draft report shall undergo a short stakeholder review, including at minimum the members of the CNAPA group, as well as the participants of each workshop. The tenderer shall include in its offer a detailed description, which stakeholders shall be included, how the review is being organised (including precise and detailed logistics) and according to which criteria stakeholder feedback shall be included into the final report.

All due deliverables will be included in the Interim progress report corresponding to the implementation period covered by the report.

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[21] https://publications.europa.eu/en/web/general-publications/publications

Horizontal task 3: Dissemination and Coordination activities

This task is addressing the coordination and dissemination activities during the project periods. Its objective is to have a wide outreach, so that stakeholders are aware of the project, its activities and results.

Under this task, the contractor shall as a minimum:

- provide basic text and regular news-updates for websites hosted, created, and maintained by the Commission[22];
- familiarise its staff and all consortium members with the reuse decision of the European Commission[23] and make sure all deliverables can be published without undue restrictions to their use according to Art.I.10. of the Special Conditions;
- generate and manage a functional mail box during the implementation and dissemination phase of the project;
- send out (via a functional mail box) regular emails to the participants/contributors and relevant stakeholders to generate and maintain interest during the duration of the project, in particular during the dissemination phase;
- follow-up on the progress made and on the results and disseminate those via the expert and interest groups of the contracting authority, including the Committee on National Alcohol Policy and Action and the other panels as deemed appropriate;
- sign up to the EU Health Policy Platform[24] and use its dissemination potential to the full extent;
- present the project results at the Committee on National Alcohol Policy and Action or similar meetings twice per year in Luxembourg;
- inform policy makers, academia and stakeholders on the results of the projects to encourage their use/replication on a national level where appropriate (key policy makers and interest groups shall be identified in consultation with the contracting authority).

Public communications and dissemination materials must be subject to prior approval by the contracting authority.

The tenderer shall outline in detail in its offer, how it is planning the **dissemination activities** and materials, to whom, when and for which reason or objective the dissemination is done and the scope of feedback expected. The tenderer shall include in its offer a list of academia and stakeholders targeted in the dissemination strategy.

The tenderer shall also outline in detail in its offer its approach to the **coordination of this service contract**, the allocation of tasks in the consortium, the risk management, the detailed quality assurance strategy and other relevant project management aspects.

The contractor shall remain ready to readjust the allocation of resources between tasks in accordance with actual implementation of the project and with the discussions with the Member States and the contracting authority.

All cost necessary for traveling to carry out presentations and dissemination activities shall be included in the overall price of the offer and shall not be reimbursed separately.

[22] Such as http://ec.europa.eu/health/alcohol/policy/index_en.htm or http://ec.europa.eu/chafea/ and others
[23] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:330:0039:0042:EN:PDF
[24] https://webgate.ec.europa.eu/hpf/

Deliverable (D18):	**Regular media/press releases for the project websites of EC, social media and others (after approval from DG SANTE)**
Deliverable (D19):	**Presentation to, and dissemination of results via expert groups, national policy makers and interest groups (PDF presentations, participations at the meetings of these groups)**

The following deliverables shall summarise the dissemination and coordination activities, such as deviations from the original planning, problems and barriers during implementation, risk management, the quality assurance activities and others:

Deliverable (D20):	**Inception Report, documenting the specifications discussed during the Inception meeting (Month 2) (covering the organisation of the work of the whole project, particularly addressing the discussion points raised at the kick-off meeting)**
Deliverable (D21):	**1st Progress report (Month 12) (covering the state of play of the project explicitly for each deliverable; including the deliverables due by Month 12)**
Deliverable (D22):	**2nd Progress report (Month 24) (covering the state of play of the project explicitly for each deliverable; including the deliverables due by Month 24)**
Deliverable (D23):	**Final Draft implementation report (Month 33) (covering the state of play of the project explicitly for each deliverable, including the deliverables due by Month 33)**
Deliverable (D24):	**Final implementation report (Month 36) (approved by EC)**

Input by the Contracting Authority

The contracting authority will give input to the project in meetings in person. Contacts to the CNAPA committee members will be directly done by the European Commission.

Maximum number of progress meetings planned with the Contracting Authority

The tenderer shall foresee **at least 4 and at maximum 6 progress meetings** with the Contracting Authority in Luxembourg. This includes an Inception meeting at the beginning of the contract, a Final review meeting at the end of the contract as well as several interim progress meetings. The contractor shall attend these meetings with sufficient staff that are working on the contract so to be able to discuss all relevant questions during the meeting.

The tenderer shall include all relevant costs into the final price. Separate reimbursement of travel costs is not applicable.

Intellectual property rights

Parts of results pre-existing the contract

The tenderer shall provide in its offer all information 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, as stated in Article I.10.2. of the draft service contract annexed to the present tender specifications.

Plagiarism in the tender

The tenderer shall mark in its offer all quotations or information originating from other sources and to which third parties may claim rights (source publication including date and place, creator, number, full title etc.), in a way allowing easy identification.

Timeline

Month	**Activity/Deliverables**
M 02	Inception meeting
M 03	Deliverable (D20): Inception Report, documenting the specifications discussed during the Inception meeting.
M 3- M 36	Deliverable (D14): Input to the project website hosted and social media, presentation to and dissemination of results via expert groups, national policy makers and interest groups.
M 6	Deliverable (D16): Final concrete planning for the 3 workshops
M 12	**Deliverable (D21): 1st Progress report and Progress Meeting** The approval of the deliverable will result in the pre-financing/interim payment after receipt of the invoice according to the service contract. All due deliverables will be included in the Interim progress report corresponding to the implementation period covered by the report.
M 12	Deliverable (D15): three background documents (see more details under Task 3.1)
M 12	Deliverable (D1): Inventory of good and best practices to reduce the extent of alcohol related harm in pregnant women
M 15	Deliverable (D7): Communication strategy
M 15	Deliverable (D2): Draft guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women
M 16	Deliverable (D3): Training materials/training package incl. set of slides (draft and final) and Deliverable (D4): List of potential trainees and list of interest groups
M 17	Deliverable (D5): Workshop programme and content; approved list of trainers for the workshop
M 18	Deliverable (D9): Outline of the organisation of the discussion groups Deliverable (D10): Template for the individual care packages/treatment plans and Attendance statistics of the discussion group meetings

M 19	Deliverable (D6): Evaluation of the workshop
M 24	**Deliverable (D22): 2nd Progress report and Progress Meeting** The approval of the deliverable will result in the pre-financing/interim payment after receipt of the invoice according to the service contract. All due deliverables will be included in the Interim progress report corresponding to the implementation period covered by the report.
M 25	Deliverable (D11): Individual records of compliance of the participating (pregnant) women with the individual care packages/treatment plans
M 28	Deliverable (D12): Evaluation of the reduction of alcohol consumption, the increase of knowledge regarding alcohol related harm and first/regular contacts with health/social services by the women the pilot project reached
M 30	Deliverable (D13): Final guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women
M 30	Deliverable (D8): Communication and education material
M 30	Deliverable (D17): Three detailed reports on the workshops (one report per thematic area/ workshop)
M 01-36	Deliverable (D18): Regular media/press releases for the project websites of EC, social media and others
M 12-36	Deliverable (D19): Presentation to, and dissemination of results via expert groups, national policy makers and interest groups
M 33	**Deliverable (D23): Final Draft implementation report** and Final Review meeting
M 36	**Deliverable (D24): Final implementation report** The approval of the deliverable will result in the pre-financing/interim payment after receipt of the invoice according to the service contract. All due deliverables will be included in the Final implementation report corresponding to the implementation period covered by the report.

3.2. Value of the contract

The maximum value of the contract is EUR **1.000.000.** Tenders exceeding it shall be rejected.

Contingencies are not applicable.

Reimbursable expenses are not applicable and paid separately. The tenderer shall include in its offer all costs necessary for meetings and traveling.

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 **36 months**. This duration should be taken into account by the tenderer when preparing its offer.

3.4. Variants

Variants are not applicable.

3.5. Content, structure and graphic requirements of the deliverables

The contractor must deliver the deliverables as indicated above in section 3.1. In addition to above requirements, all deliverables shall contain the following:

3.5.1. Content

Final study reports

Deliverables must include:

- 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 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."

«Les informations et points de vue exposés dans le présent (ou la présente) rapport 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 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 5 % 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 5 % 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*

Not applicable.

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 both of the following criteria:

The tenderers must demonstrate adequate levels of:

- turnover and/or other operating income;
- liquidity: capable of covering its short-term commitments;
- solvency: capable of covering its medium and long-term commitments.

Criterion 1: The sum of turnover and/or other operating income for each of the last two closed financial years are above EUR **200.000**. This criterion applies to at least one member of a group in case of a joint tender.

Criterion 2: The indicators of liquidity and solvency have a result "acceptable" after their assessment as detailed below. This criterion applies to minimum one tenderer in case of a joint tender, provided that criterion 1 is met.

In case the tender includes subcontractors, criteria 1 and 2 will be evaluated for subcontractors only to the extent that subcontracting may allow the tenderer (s) to meet the above mentioned criteria.

The tenderer(s)' and identified subcontractors' (if necessary) liquidity and solvency ratios demonstrating its economic and financial capacity shall be calculated as follows:

Purpose	**Indicators**	**Ratios**
Liquidity	Current Ratio[25]	Current Assets / Trade and Other Debts
Solvency	Financial Autonomy Ratio[26]	Capital and Reserves / Total Liabilities

Thresholds:

According to the results obtained for each of the abovementioned ratios, the following marks are given:

Purpose	**Indicators**	**Weak**	**Acceptable**
Liquidity	Current Ratio	i < 1,00	1,00 ≤ i
Solvency	Financial Autonomy Ratio	i < 0,20	0,20 ≤ i

Evidence (upon request):

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

[25] For the last year for which accounts have been closed

[26] For the last year for which accounts have been closed

- Copy of the **profit and loss accounts and balance sheet** or extracts of balance sheet 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.

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

- **Criterion A1:** The tenderer must prove experience in the field of monitoring alcohol policy, alcohol consumption and/or alcohol harm reduction. Additional experience in the field of fetal alcohol syndrome/fetal alcohol spectrum disorders (FAS/FASD) would be an asset.

Evidence A1: The tenderer must provide in the offer reference and a detailed description for at least 1 project delivered in this or closely related field in the last five years.

- **Criterion A2:** The tenderer must prove experience in the field of drafting reports, which involved several EU Member States.

Evidence A2: The tenderer must provide in the offer references for 1 project delivered in these fields in the last five years.

- **Criterion A3:** The tenderer must prove capacity to draft high quality reports for general audience in English, which contain infographics, statistical graphs, maps and tables to illustrate and support the text.

Evidence A3: The tenderer must provide in the offer reference to at least 2 documents of at least 30 pages (report, study, etc.) in English that it has drafted and published in the last five years. The verification will be carried out on 5 pages of the document.

- Criterion A4: The tenderer must prove its capacity to work in all EU countries.

Evidence A4: The tenderer must prove that it has relevant contacts in all EU Member States, which are not covered by its consortium members, in order to ensure the required geographical coverage.

b. Criteria relating to the team delivering the service:

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

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

B1 - Project Manager: University degree in Public Health, Epidemiology, or Medicine, with at least 8 years of experience in project management, including overseeing project delivery, quality control of delivered service, client orientation and conflict resolution experience in project of a similar size and coverage of at least 10 countries covered, with experience in management of team of at least 15 people.

Evidence B1: CV - the CV should indicate the intended function in the delivery of the service.

B2 - Language quality check: at least 1 member of the team should have mother tongue level in English and at least 3 years of experience in proof reading and language quality checks.

Evidence B2: A language certificate or past mother tongue language editing experiences outlined in the CV, the CV should indicate the intended function in the delivery of the service.

B3 – 2 Experts in Alcohol Policy: At least 2 experts with at least 8 years of professional experience each in the field of National or European Alcohol Policy with a relevant university degree (Experience including FAS/FASD would be an asset).

Evidence B3: CV - the CV should indicate the intended function in the delivery of the service.

B4 - Expert in Epidemiology: At least 8 years of professional experience in the field of Epidemiology and Prevention of Alcohol related harm with a relevant university degree.

Evidence B4: CV - the CV should indicate the intended function in the delivery of the service.

B5 – Team member for organisation of workshops, twinning actions, networks, and travel arrangements: At least 1 team member should have knowledge and proven experience of at least 3 years in organising high quality workshops, twinning actions with European wide participation, including travel arrangements for participants. The team must be able to work in several EU Member States.

Evidence B5: CV(s) outlining past relevant experiences - the CV(s) should indicate the intended function in the delivery of the service.

B6 - Expert in Health Economy: At least 5 years of professional experience in the field of Health Economics at national or international level with a relevant university degree.

Evidence B6: CV(s) - the CV(s) should indicate the intended function in the delivery of the service.

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 5% 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 (*if the latter case is applicable*).

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.

Evidence for the validation of selection criteria must be submitted together with the offer.

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:

Award Criterion 1: Quality of the proposed methodology to develop and pilot good practices based on available evidence to support women of child-bearing age, particularly pregnant women, in reducing in their babies the risk of development of FASD (45 points - minimum score 50%)

This criterion will assess the quality of the methodology proposed by the contractor to support actions to reduce the extent of alcohol-related harm in women of child-bearing age and ultimately reduce the number of women already drinking or being at risk of having an alcohol problem during pregnancy (see Task 1). The tenderer should explain the methodology proposed to develop and pilot good practices in a NUTS2 region of an EU Member State that is transferable to other NUTS2 regions of other EU Member States. *Details should be provided as part of the technical offer.*

Award Criterion 2: Quality of the proposed methodology to support the Members States with knowledge gathering, best practice and capacity building in the area of alcohol related harm (30 points - minimum score 50%)

This criterion will assess the quality of the methodology proposed for the implementation of the three workshops with Member States on the topics covered by the present Call for tenders (see Task 2). The tenderer should describe the approach followed for the preparation activities which will include a literature review, identifying/analysing best practices in the area, the preparation of a discussion/background paper and the organization of specific workshops/capacity buildings on the topics. The activities will take account and build on the latest developments regarding the revision/adoption of the Audio-Visual Media Services Directive. The tenderer should include a concrete draft planning of the 3 workshops. *Details should be provided as part of the technical offer.*

Award Criterion 3: Quality control measures (10 points – minimum score 50%)

This criterion will assess the quality control system applied to the service foreseen in this tender specifications concerning the quality of the deliverables, the language quality check, and continuity of the service in case of absence of the member 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.

Award Criteria 4: Quality of the proposed methodology for Dissemination and Coordination activities (15 points - minimum score 50%)

This criterion will assess the quality of the proposed methodology for the Dissemination and Coordination activities (see Horizontal Task 3) and the associated reports. It will assess the dissemination and evaluation strategy, quality assurance, project management, distribution of roles and tasks, risk assessment and management (mitigation measures), communication strategy. Details should be provided as part of the technical offer.

Quality Award Criteria		*Minimum threshold (as number or %)*	*Points attributed to the criterion*
1	*Quality of the proposed methodology to develop and pilot a good practice on FASD*	*50%*	*45*
2	*Quality of the proposed methodology to support the Members States with knowledge gathering, best practice and capacity building in the area of alcohol related harm*	*50%*	*30*
3	*Quality control measures*	*50%*	*10*
4	*Quality of the proposed methodology for Dissemination and Coordination activities*	*50%*	*15*
Overall number of technical points (out of 100)		**60%**	**100**

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

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.

The tenderers shall propose a total price that will consist of:

A: a fixed price for the service: this price shall include all the costs pertaining to the provision of the requested service in particular:

- staff costs (including every cost aspect bearable by the tenderer as employer e.g. social contributions and taxes);
- data purchase, if needed;
- travel, hotel and subsistence costs for the internal meetings of the contractor;
- translation costs;
- other costs.

B: Reimbursement of expenses: Not applicable.

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 0.7.

The points awarded for the price multiplied by 0.3.

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
- **Annex VII:** Economic and Financial Capacity Overview

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