



EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

Health and Food Safety Unit

Luxembourg,
[chafea.b.01\(2019\)6543792](http://chafea.b.01(2019)6543792)

Call for Tenders Chafea/2019/HEALTH/06

Service contract for mapping of fiscal measures and pricing policies and fiscal measures applied to food, non-alcoholic and alcoholic beverages

TENDER SPECIFICATIONS

TABLE OF CONTENTS

TABLE OF CONTENTS	2
1.1. Purpose of the contract	3
1.2. Background information and context	4
1.3. Participation in the tendering procedure, access to market	8
1.4. Contractual Conditions	8
1.5. Compliance with Applicable Law	8
1.6. Joint Tenders	9
1.7. Subcontracting	9
1.8. Structure and Content of the Tender	9
2. TECHNICAL SPECIFICATIONS.....	13
2.1. Description of the requested service and deliverables	13
2.2. Estimated value of the purchase	24
2.3. Duration of the tasks.....	25
3. CONTENT, STRUCTURE AND GRAPHIC REQUIREMENTS OF THE DELIVERABLES.....	25
3.1. Content	25
3.2. Requirements for publication on Internet.....	26
3.3. Structure	26
3.4. Graphic requirements	26
4. EVALUATION AND AWARD	26
4.1. Verification of non-exclusion and evidence.....	27
4.2. Verification of selection criteria and evidence	28
4.2.1. Declaration and evidence	28
4.2.2. Legal and Regulatory capacity	28
4.2.3. Economic and Financial capacity	29
4.2.4. Technical and professional capacity criteria	29
4.3. Award Criteria	32
4.4. Price and Award Method.....	33

1. INFORMATION ON TENDERING

1.1. Purpose of the contract

The Consumers, Health, Agriculture and Food Executive Agency (henceforth "Chafea" or "Contracting Authority"), acting under the powers delegated by the European Commission, is launching the present invitation to tender for the conclusion of a service contract.

The purpose of this contract is to provide a complete mapping (state-of-play) of the existing pricing policies and fiscal measures aiming to reduce the consumption of alcohol and of the products high in fat, sugar and salt (including non-alcoholic beverages) in the countries participating in the EU Health Programme¹ and three other countries (Australia, Chile and the United States). Best practices will be identified and discussed in nine case studies² to support those EU Member States (MS) considering the introduction of pricing policies and fiscal measures and to help them set up an effective approach.

Health, as defined by the WHO, is *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. As such, health is the foundation of a fulfilled life, including higher productivity and wealth, reduced health care costs and good social relations.

The non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are responsible for over 90% of deaths in the EU. Unhealthy diets and alcohol use are among the major risk factors for these diseases.

Pricing policies and fiscal measures may play an important role in preventing and managing non-communicable diseases. A significant amount of literature is devoted to pricing policies and fiscal measures related to alcoholic drinks³ and food products commonly referred to as "high in fat, salt or sugar" (HFSS) including non-alcoholic beverages and⁴, and their impact on consumption patterns and public health.

In the context of this tender, "pricing policies and fiscal measures" mean state policies, measures or interventions aiming to address childhood obesity and to reduce the harmful use of alcoholic beverages and HFSS by manipulating the levels and allocations of taxes through which the public sector at local, state or national level affects their price and hence, their economic availability^{5,6}.

To address the increasing number of requests from the MS for best practice sharing and guidance on how to design pricing policies and fiscal measures on alcohol and HFSS, incl. non-alcoholic beverages it is necessary to: 1) acquire a comprehensive, up-to-date

¹ The EU Member States, Bosnia & Herzegovina, Iceland, Moldova, Norway and Serbia

² Six EU Member States, Australia, Chile and the United States

³ Alcoholic beverages (drinks) are drinkable liquids containing ethanol, which is a substance rapidly absorbed from the gastrointestinal tract and distributed throughout the body with psychoactive effects

⁴ HFSS products are food and soft drink products that are high in fat, salt or sugar as identified in WHO Nutrient Profile Model (http://www.euro.who.int/_data/assets/pdf_file/0005/270716/Nutrient-children_web-new.pdf)

⁵ <https://apps.who.int/iris/bitstream/handle/10665/255795/9789241512701-eng.pdf;jsessionid=D11E6DDA7482E1E8B0F2BB658A0B371B?sequence=1>

⁶ www.euro.who.int/_data/assets/pdf_file/0003/244902/Pricing-policies.pdf

overview of existing policies and practices and identify the requirements for effective approaches; 2) identify the best practices among effective national initiatives that have the potential to be transferred to other countries.

The data and best practices gathered in the execution of the contract could help the MS in their efforts to implement pricing policies and fiscal measures for HFSS and alcoholic beverages in order to halt and reverse the trends in the incidence of overweight, obesity and related non-communicable diseases and reduce the alcohol related harm in the EU countries. This will help the MS lower the related health, social and economic costs and provide support in reaching the Sustainable Development Goals by 2030 and the WHO targets on non-communicable diseases by 2025.

The intended users of such data will be the MS' public health institutions and authorities, their competent authorities in the area of pricing policies and fiscal measures, the European institutions, international organisations⁷ such as WHO and OECD and the public health community at large.

The types of services to be provided are further detailed in the Technical Specifications (Section 2).

1.2. Background information and context

Chafea was created on 1 January 2005 (formerly named PHEA between 2005 to 2008 and EAHC⁸ between 2008 to 2014). In 2013⁹ Chafea replaced and succeeded the executive agency EAHC, which was established by Decision 2004/858/EC. Chafea's mandate was prolonged until 2024 and extended in order to cover the management of new actions and programmes in the fields of health, consumer protection and food safety. In 2016 the mandate was extended to manage the reformed EU agricultural products information and promotion.

Currently Chafea implements the [Promotion of Agriculture Products](#), the [EU Health Programme](#), the [Consumer Programme](#) and the [Better Training for Safer Food initiative \(BTSEF\)](#).

The Agency provides professional services in performing the tasks and activities entrusted by the Commission and works closely with DG Health and Food Safety, DG Justice and Consumers and DG Agriculture and Rural Development.

Context

Excessive consumption of foods high in fat, sugar and salt and of alcoholic beverages causes societal problems in many European countries. Such behaviour results in poor health and the increasing incidence of non-communicable diseases. It also affects the quality of life and life expectancy of EU citizens and has a negative impact on national health and social systems, governmental budgets as well as on the productivity and growth of EU economy, including future working force. In recent years, a number of

⁷ International public-sector organisations set up by international agreements

⁸ Commission Decision of 15 December 2004 setting up an executive agency, the 'Executive Agency for the Public Health Programme', for the management of Community action in the field of public health - pursuant to Council Regulation (EC) No 58/2003.

⁹ Commission Implementing Decision of 17 December 2013 establishing the Consumers, Health and Food Executive Agency and repealing Decision 2004/858/EC.

Member States have either introduced or attempted to introduce health taxes¹⁰ on certain foods and drinks based on public health reasons.

According to WHO, pricing policies and fiscal measures are an effective and efficient intervention to reduce mortality and alcohol related harm. They are also the only intervention likely to generate savings in healthcare expenditure that exceed the intervention cost.¹¹

Well-designed health taxes can contribute to reducing health inequalities, which, according to WHO, can be defined as differences in health status or in the distribution of health determinants between different population groups.¹² Pricing measures such as minimum unit pricing can play a crucial role in nutrition policies and policies reducing alcohol consumption as part of a comprehensive approach aside other measures, which aim to facilitate healthy lifestyle choices.

Furthermore, taxation specialists recognise that the tax system supports other policy objectives such as compensation society for things like increased health system costs and increase resources for the health sector, and many economists and government policy-makers continue to explore the opportunities that pricing policies and fiscal measures can offer for public health, including health gains and health care cost savings.¹³

Even though pricing policies and fiscal measures on food products commonly referred to as "high in fat, salt or sugar" (HFSS) incl. non-alcoholic beverages share many similarities, significant differences exist.¹⁴

Pricing policies and fiscal measures cannot stand alone, but they must be complemented by other measures in order to balance the restrictive and preventive measures and involvement of different sectors.

Food taxation

The current legal framework allows Member States to introduce non-harmonised internal taxes on food and non-alcoholic beverages provided these taxes are not discriminating against other Member States. Food taxes are not subject to specific harmonised EU legislative provisions and Member States are not obliged to notify these taxes to the European Commission provided that State aid rules are met¹⁵.

Examples of pricing policies and fiscal measures

An example of successful pricing policies and fiscal measures can be seen in Chile, where on October 1, 2014, the Chilean government modified its previous sugar-sweetened beverage tax, increasing the tax rate from 13% to 18% on beverages with high levels of sugar while decreasing the tax rate from 13% to 10% on beverages with low or no sugar¹⁶.

¹⁰ Taxes placed on goods that adversely affect health,

¹¹ <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;jsessionid=6062AFA6AE65C4A62956FF433628EDEB?sequence=1>

¹² <https://www.who.int/hia/about/glos/en/index1.html>

¹³ http://www.euro.who.int/_data/assets/pdf_file/0008/273662/Using-price-policies-to-promote-healthier-diets.pdf

¹⁴ Alcohol beverages unlike food and non-alcoholic beverages are subject to special excise duties

¹⁵ http://ec.europa.eu/competition/state_aid/overview/index_en.html

¹⁶ less than 6.25 g sugar/100 ml

The study carried out by University of York concludes that despite the tax incentive being comparatively small, there are signs that purchasing of beverages with higher sugar content declined, particularly among high socioeconomic groups.

This study also revealed an overall 21.6% decrease in the monthly purchased volume of the higher taxed, sugary soft drinks. Among middle and high socioeconomic groups, the monthly purchased volume fell by 16% and 31%, respectively. There was a 12% reduction in purchase volume for the low socioeconomic group.¹⁷

The same effect was observed in Philadelphia, where sales of sugar-sweetened and artificially sweetened beverages fell by 38% after the introduction of a special sugar tax in January 2017.¹⁸

In 2017, a team of scientists carried out a study to compare the effect of different tax policies for sugar-sweetened beverages and ultra-processed foods in Chile. Results of the study are robust and consistent among different socioeconomic sub-populations.

The authors concluded that the tax on foods and beverages high in fat, salt and sugar is associated with the largest reduction in household purchases of sodium, added sugar, saturated fat and calorie purchases in Chile.¹⁹

Alcohol taxation

Alcohol beverages are subject to special excise duties, which are partly justified by a level of harm associated with their consumption. They also provide a significant source of revenue for national budgets.

There is a strong rationale linking alcohol price, consumption and harm. Taxation is the most common measure used by the public sector to affect the affordability of alcoholic beverages. Raising taxes on alcohol has been listed as one of the three "best buy" interventions recommended by WHO to reduce harmful drinking and according to Alexander C. Wagenaar,²⁰ increased taxation may reduce alcohol consumption and related harm in minors and underage. It is also a tool that is vital in order to reach the Sustainable Development Goal 3.5, which refers to harmful use of alcohol.²¹

Member States have a high degree of autonomy as far as fiscal measures, such as internal tax and excise duties, are concerned. While implementing best policy options in the area of alcohol taxation, the principles of the Treaty on the Functioning of the EU (TFEU)²² and other secondary legislation need to be taken into account by Member States.

At European level, excise duties on alcohol are regulated through three main pieces of EU legislation.

¹⁷ <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002596>

¹⁸ https://jamanetwork.com/journals/jama/fullarticle/2733208?guestAccessKey=86610f39-a0eb-46d4-a30a-3ddef0036408&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=051419

¹⁹ Juan Carlos Caro, Shu Wen Ng, Lindsey Smith Taillie, Barry M. Popkin: Designing a tax to discourage unhealthy food and beverage purchases: The case of Chile (2017)

²⁰ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.470.493&rep=rep1&type=pdf>

²¹ <https://www.who.int/topics/sustainable-development-goals/targets/en/>

²² <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012E%2FTXT>

Directive 92/84/EEC sets out minimum rates that must be applied to each category of alcoholic beverage as well as reduced rates for certain Greek, Italian and Portuguese regions.

The Directive 92/83/EEC²³ on excise on duties sets out the structures of excise duties on alcohol and alcoholic beverages, the categories of alcohol and alcoholic beverages subject to excise duty and the basis on which the excise duty is calculated. It also includes special provisions such as reduced rates for small breweries and small distilleries, certain products and geographical regions.

Council Directive 2008/118/EC sets common provisions which apply to all products subject to excise duties under EU law are set out in.

The latter two are currently under the revision of the Council.

Another fiscal measure is **minimum unit pricing**²⁴ in the competence of MS. This measure has already been adopted in the United Kingdom by Scotland, by Ireland and by Lithuania; other Member States are currently considering similar approaches.

The excise duties rates are applied to each category of alcoholic beverages and structures of excise duties vary between Member States²⁵. This affects the competition and can result in large border price differentials, tax-induced movements of goods, loss of revenue, fraud and they also could have consequences to national public health policies.

Alcohol pricing policies and fiscal measures in Australia

According to OECD²⁶, Australia has relatively high levels of taxation of alcohol, particularly for beer and spirits in comparison with other countries.

In Australia, most alcoholic beverages are taxed based on their alcohol content but different rates of tax are applied to different products. Beers have the lowest rates, and spirits and ready-to-drink beverages such as a can of bourbon and cola have the highest. Wine is taxed using a different system (the wine equalisation tax) based on its final wholesale price.²⁷

According to the new study on cost-effectiveness of obesity prevention policies in Australia²⁸, a modelling showed that a new tax regime would, on average, result in a 16% reduction in alcohol consumption across the Australian population. This would lead to average weight loss of about 0.7kg. The study estimates that increasing of alcohol taxes would lead to a substantial improvement of public health and potentially prevent more than 190,000 cases of diabetes and 16,000 cases of cancer.

In total, the policy change could result in more than 470,000 healthy life years gained for the Australian population.

²³ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:31992L0083>

²⁴ A minimum price for alcohol sets the lowest price an alcoholic drink can be sold for.

²⁵ [Council Directive 92/84/EEC](#)

²⁶ <https://www.oecd.org/australia/Tackling-Harmful-Alcohol-Use-Australia-en.pdf>

²⁷ <https://www.ato.gov.au/business/wine-equalisation-tax/>

²⁸ www.aceobesitypolicy.com.au/wp-content/uploads/2018/12/ACE-Obesity-Report_Final.pdf

Alcohol pricing policies and fiscal measures in USA

Levels of alcohol consumption in the United States are close to the OECD average and have remained relatively stable in the last 20 years, but with a progressive shift from beer to spirit consumption.

Excessive alcohol consumption is the fourth leading preventable cause of death in the United States, where it is responsible for approximately 88,000 deaths annually, nearly 70% of which involve adults aged 20 to 64 years.²⁹

US federal alcohol excise taxes have not been raised since 1991 and have lost a considerable amount of their real value because they are not indexed to inflation. In December 2017, the US Congress endorsed a cut in federal alcohol excise taxes as a component of the contentious Tax Cuts including an 18% break in the federal tax on beer, wine and liquor.

1.3. 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.

The procurement procedures launched by Chafea are open to all natural and legal persons established in the EEA countries and countries under Stabilisation and Association Agreements.

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 members of a joint tenderer, but do not apply to subcontractors.

1.4. Contractual Conditions

The tenderers 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.

1.5. Compliance with Applicable Law

The tender must comply with applicable data protection, 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.³⁰

²⁹ Research study: Who Would Pay for State Alcohol Tax Increases in the United States?

³⁰ 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).

1.6. 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 power of attorney.

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.

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.

1.7. Subcontracting

Subcontracting is permitted, but the contractor will retain full liability towards the Contracting Authority for the 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 10% and those 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 identified subcontractors by filling in the Annex Ia (identity, role, specific tasks). All identified subcontractors should provide a written statement declaring their undertaking to collaborate with the tenderer 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).

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.

1.8. Structure and Content of the Tender

1.8.1. Structure of the tender

Tenders are to be submitted via the e-Submission application according to the instructions laid down in the Invitation to tender letter and the [e-Submission Quick Guide](#).

☞ Make sure you prepare and submit your electronic tender in e-Submission early enough to ensure it is received within the deadline specified under Heading IV.2.2 of the contract notice. A tender received after this deadline will be rejected.

1.8.2. Content of the tender

The tenders must be presented as follows:

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 documents to be submitted with the tender in e-Submission are:

Document to be provided	Form to use (if applicable)	Reference to the Tender specifications' chapter
Cover letter	n.a.	1.9
Tender submission form	With the tender in e-Submission	1.9
Power of attorney (for members of the Joint Tender)	With the tender in e-Submission	1.9
Letters of intent (for subcontractors)	With the tender in e-Submission	1.9
Legal entity forms (and its supporting documents)	With the tender in e-Submission	1.9
Financial identification form (and its supporting documents)	With the tender in e-Submission	1.9
Declaration of Honour on exclusion and selection	With the tender in e-Submission	4.1 and 4.2
Check-list	Annex VI	

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

The following requirements apply to the technical and financial offer (to be uploaded as Technical tender and Financial tender in e-Submission):

Technical offer

The technical offer must cover all aspects and assignments required in the technical specifications and provide all the information needed to apply the award criteria. More specifically, 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.

Technical offers that do not cover all minimum requirements may be rejected on the basis of non-compliance with the tender specifications and will not be further evaluated.

Financial offer

A complete financial offer, including the breakdown of the price needs to be uploaded. For this purpose, the Financial Model in Annex 5 shall be completed, duly signed and uploaded in e-Submission.

It is the responsibility of each tenderer to ensure that the total amount of the tender inserted in the relevant field of the e-Submission application corresponds to the amount indicated in the uploaded financial offer. In case of discrepancies, only the amount indicated in the financial offer will be taken into account.

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

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

The quoted price must be a fixed amount which includes all charges (including travel and subsistence). Travel and subsistence expenses are not refundable separately.

The tender must include a **cover letter** signed by an authorised representative together with the administrative offer 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):

Identified subcontractors 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. TECHNICAL SPECIFICATIONS

2.1. Description of the requested service and deliverables

The service to be contracted will consist of the following tasks:

Task 1: To provide a systematic review of the pricing policies and fiscal measures and national subsidies³¹ applied to alcohol and products high in fat, sugar and salt (HFSS), including non-alcoholic beverages in countries participating in the EU Health Programme.

The information above will be presented in two comprehensive and consolidated reports, one on alcohol and one on products high in fat, sugar and salt including non-alcoholic beverages. The two reports shall also include a shorter report focused on horizontal issues and common conclusions.

For these tasks, the contractor shall actively endeavour to contact through the Commission other relevant on-going projects so that other collection efforts (especially contacts with national authorities) are not duplicated and synergies achieved.

Each of the reports above must consist at least of the following components:

- 1) Desk review of EU and national legislation in countries participating in the EU Health Programme, relevant literature (including scientific papers, grey literature, national evaluation and ex-ante impact assessment reports, etc.) and updated information related to pricing policies and fiscal measures applied in the countries.
- 2) Summary of the available evidence of the impacts of the pricing policies and fiscal measures on consumption and public health.
- 3) A review of national policies and an academic-standard literature review summarising the available evidence on the ex-post impacts of these policies on public health must be provided as part of the report.
- 4) Summary of the information and discussions with the national authorities responsible for the taxation, alcohol and nutrition policies. These contacts should complement and check the information collected via the desk, and the policy and literature reviews.

The reports shall include mapping of all national pricing policies and fiscal measures applied to alcoholic beverages, non-alcoholic drinks and foods high in fat, sugar and salt.

The reports must as a minimum include:

- policy and academic-standard literature review summarising the available evidence on the impacts of pricing policies and fiscal measures (e.g. taxation measures etc.) on public health

³¹ National subsidy is a sum of money granted from public funds to help an industry or business keep the price of a commodity or service low. (e.g. lowering VAT on food in Hungary or application of reduced VAT rates to healthier food in other countries etc.)

- mapping of taxation and pricing policies and fiscal measures in all EU Health programme participating countries (public health taxes, nutrient focused taxes, excise duties³², VAT, etc.) applied to food high in fat, sugar and salt, non-alcoholic drinks and alcoholic beverages, which are available in supermarkets, retail and catering facilities in the countries; main features, scope (material/geographical), date of application; this should refer to existing ones planned for the near future, and attempts in the last 10 years.
- mapping of all pricing policies and fiscal measures (including subsidies for healthier alternatives) that may affect the final price (e.g. minimum unit pricing, happy hours etc.).
- identification of other public health measures (e.g.: marketing restrictions, minimum age, zoning and opening restrictions, etc.) taken by the countries to minimize the negative health consequences of the consumption of alcohol and products high in fat, sugar and salt, incl. non-alcoholic beverages
- factual snapshots including detailed description of such measures and policies, their expected outcomes, summary description of each measure's intervention logic, information on the existence of available impact assessments and evaluations of such policies and measures and their main findings;
- identification of links with and effects on health inequalities of the taxation and pricing policies and fiscal measures
- identification of the how the different policy areas (e.g.: ministry of finance, ministry of agriculture, ministry of health) communicate and interact with each other when pricing policies and fiscal measures are defined in these areas;
- identification of the most relevant country clusters, regional issues and cross-border dimensions (e.g.: Finland, Sweden, Norway and the Baltic region for alcohol; Norway and Sweden for foods high in fat, sugar and salt, incl. non-alcoholic beverages)
- review of the impact of and efficiency of the fiscal/taxation/pricing initiatives effect on health inequalities; identification of success factors, common pitfalls, links to health in all policies, replication advice, and conclusions
- country profiles summarizing the information per country and region profiles summarizing relevant specific information.

Methodology

The contractor has to apply the following research method, which must be further elaborated in the offer:

³² Alcohol study completed by TAXUD on the structures of excise duty on alcohol and alcoholic beverages

https://ec.europa.eu/taxation_customs/sites/taxation/files/study-on-dir83-vol-1.pdf

A comprehensive policy and literature review of EU and national pricing and taxation policy documents, national legislation, scientific literature, institutional databases and web sources, and their potential impact on consumption of specific products and on public health.

After consultation and in agreement with Chafea, the contractor will conduct interviews with all relevant national public authorities and administrations responsible for pricing policies and fiscal measures and public health for all the countries under task 1 of this study (e.g. ministries of finance, ministry of agriculture, ministry of health, national public health authorities, public health institutes, etc.).

Time span: The two reports shall cover the period from 2009 to 2019.

Countries covered: The data collection shall cover countries participating in the EU Health Programme.³³

Language coverage: The search strategy for the reviews should cover all the EU official languages, as well as those of the countries participating in the EU Health Programme.³⁴

Quality of the report: The contractor shall include in its offer a justified methodology and criteria on how to best review and evaluate the past and existing pricing policies and fiscal measures in the countries and indicate which strategy and procedures it will apply in order to collect up to date information.

The offer must specify in detail the structure of the report, and shall give examples of its graphical representations.

<p>Deliverable D1: <i>Draft report mapping the EU Health Programme participating countries' pricing policies and fiscal measures applied to food products high in fat, sugar and salt (HFSS) including non-alcoholic drinks from 2009-2019. Literature review summarising the available evidence of the impact of the pricing policies and fiscal measures on consumption and public health must be delivered as part of the report submitted by month 9 after the signature of the contract.</i></p>
--

<p>Deliverable D2: <i>Draft report mapping the EU Health Programme participating countries' pricing policies and fiscal measures applied to alcoholic beverages from 2009-2019. The contractor must produce a literature review summarising and describing the impact of those pricing policies and fiscal measures on consumption and public health as part of the report submitted by month 9 after the signature of the contract.</i></p>

<p>Deliverable D3: <i>Two PowerPoint presentations summarising the main findings, conclusions and recommendations and submitted by month 9 after the signature of the contract.</i></p>
--

³³ https://ec.europa.eu/health/funding/programme_en

³⁴ https://europa.eu/european-union/about-eu/eu-languages_en

The draft mapping reports (D1, D2) will be prepared in English and summarise the main findings, conclusions and provide an executive summary.

The mapping reports shall be free from third party rights. If the reports are not fully created for the purpose of this tender, information should be provided about the scope of pre-existing materials, their source and when and how the rights to these materials have been or will be acquired/ licensed. The reports may be published by the Agency/Commission for free use by relevant authorities and other public stakeholders via the DG SANTE website or the EC Open Data Portal.

The PowerPoint presentation summarising the main findings, conclusions and recommendations must be prepared in English and contain no more than 40 slides.

Language: The reports and the PowerPoint presentation must be prepared in English.

The contractor will be asked to deliver two presentations, of which one will be at the meeting of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases³⁵ and one to Member States representatives.

The approval of the above deliverables will result in the interim payment after receipt of the invoice.

The reports may need to be updated following the discussions and information provided at the workshop (see Task 3).

Task 2: To produce nine case studies that concentrate on successful initiatives³⁶ in the area of pricing and fiscal measures for alcohol, and food products high in fat, sugar and salt (HFSS), including non-alcoholic drinks.³⁷

Each case study must contain a country profile of the respective surveyed country including comparative figures and information on how different pricing policies and fiscal measures in general and taxation in particular, reflect in an increase/decrease in the consumption of alcohol (see 5 alcohol case studies description below) and products high in fat, sugar and salt including non-alcoholic beverages (see 4 food and non-alcoholic drinks case studies below).

The case studies will be divided into the two following parts:

Five case studies will cover pricing policies and fiscal measures and taxation on alcohol beverages in three Member States including one Nordic/Baltic country, the USA and Australia. The final list will be selected by the contracting authority and the European Commission based on proposed relevant cases from the contractor

³⁵https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en

³⁶ Insightful initiatives that led to a decrease in consumption or improvement of citizen's health

³⁷ The literature review should cover all documented experiences; the case studies should focus on the successful ones with view to identifying success factors.

Four case studies will focus on pricing policies and fiscal measures and taxation of foods high in fat, sugar and salt (HFSS), including non-alcoholic drinks in three Member States and Chile. The final list will be selected by the contracting authority and the European Commission based on proposed relevant cases from the contractor.

All nine case studies will focus on the implementation and impact of pricing policies and fiscal measures and taxation on consumption of foods high in sugar, fat and salt including non-alcoholic beverages and alcoholic beverages and on public health in Member States and the surveyed non-EU countries and highlight particularly insightful national approaches and their outcomes, so that they can be further compared and potentially implemented by other interested Member States.

The contractor must investigate whether the surveyed Member States and non-EU countries have a strategy or action plans to frame alcohol related harm and obesity and identify other public health measures (e.g.: marketing restrictions, minimum age, zoning and opening restrictions, etc.) taken by the countries to minimize the negative health consequences of the consumption of alcohol and products high in fat, sugar and salt.

For the surveyed countries, figures on the consumption of alcohol (wine, spirits, beer) and foods high in fat, sugar and salt (HFSS) including non-alcoholic drinks among adults and children must be provided as part of the case studies.

The tenderer shall justify in its offer the choice of the Member States that will be covered by the case studies. The effect of pricing policies and fiscal measures, including taxation, carried out by respective countries must be taken into account during the process of selection with other factors proposed and justified by the contractor (such as incidence of obesity, level of alcohol consumption and related harm, etc).

More particularly in its proposed choice of the three Member States for the case studies focusing on pricing policies and fiscal measures and taxation on alcohol beverages, the tenderer must outline and address how differences in national alcohol taxation measures influence cross-border alcohol purchases/consumption between the proposed Member states and their neighbouring countries. They must contain an analysis describing how EU legislation on alcohol influences the accessibility of alcohol products and pricing policies and fiscal measures of Member States. It is expected that the proposed selection from the contractor will include the Nordic and Baltic regions.

Draft case studies and country profiles of all the nine countries must be discussed and approved by the contracting authority, which needs to agree with their structure before the data collection unfolds.

Specific objectives:

The case studies must:

- scrutinise the effective implementation of pricing policies and fiscal measures and taxation in the countries analysed under task 2, of which six are members of the EU and three third countries, namely Chile, Australia and USA
- suggest how these nine selected successful initiatives (or elements of them) could be of use to national pricing or fiscal policies in other EU Member States

- describe and summarise pricing policies and fiscal measures including taxation on foods high in fat, sugar and salt (HFSS) including non-alcoholic beverages applied by national authorities in Chile since 2009 and identify their impact on public health
- determine and summarise pricing policies and fiscal measures and taxation on alcoholic drinks applied by national authorities in USA and Australia since 2009 and identify their impact on public health
- identify difficulties the nine surveyed countries encountered in the process of the implementation of selected successful initiatives at local, regional and national level and the ways they found to successfully address these challenges
- produce country profiles of all nine surveyed countries including comparative figures and information on how different pricing policies and fiscal measures and taxation reflect in an increase/decrease consumption of alcohol and non-alcoholic beverages and products high in fat, sugar and salt.
- develop infographics comparing figures of alcoholic and non-alcoholic beverages and products high in fat, sugar and salt consumption levels between the surveyed countries with different levels of restrictiveness of pricing policies and fiscal measures.
- inform on the dates the fiscal measures took effect and summarize their efficiency, highlighting any cross-border dimensions.
- identify practices with potential for being transferred, suggestions on how to increase their fit and impact, success factors and lessons learned (including on how to interact with stakeholders and achieve political buy-in across policy areas, and on how to amplify a positive effect on health inequalities).
- compare the Member States (covered by task 2) with different levels of restrictiveness of pricing policies and fiscal measures and if possible their long-term impact on health.

Methodology:

In order to place the case studies and data analysis in context, the contractor shall as a minimum conduct a review of literature (including grey literature, national evaluation and impact assessment reports etc.) and national legislation focusing primarily on existing research related to fiscal measures and their impact on public health.

The contractor shall also conduct structured interviews with national public authorities and administrations responsible for pricing policies and fiscal measures and public health in the countries covered by the case studies. A draft questionnaire must be provided by the contractor and approved by the contracting authority.

The contractor shall submit in the technical offer a mock-up of a case study and country profile demonstrating how they could be presented.

Time span: The case studies shall cover at least the period between 2009 –2019.

Countries covered: The case studies together shall focus on six EU Members States (three case studies on alcohol and three case studies on foods high in fat, sugar and salt and non-alcoholic drinks) and three third countries: Chile (foods high in fat, sugar and salt and non-alcoholic beverage taxes), USA and Australia (alcohol taxes).

Quality of the case studies: The contractor shall include in its offer a justified methodology and criteria on how to best review the existing initiatives.

The offer must specify in detail the structure of the case studies and shall give examples of its graphical representations.

Deliverable D4: <i>Four case studies summarising and highlighting the main elements of successful pricing approaches and fiscal measures in the area of foods high in fat, sugar and salt and non-alcoholic beverages submitted by month 12.</i>
Deliverable D5: <i>Five case studies summarising and highlighting the main elements of successful pricing approaches and fiscal measures in the field of alcohol related harm submitted by month 12.</i>
Deliverable D6: <i>Country profiles of all nine surveyed countries including comparative figures and information on how different pricing policies and fiscal measures reflect in an increase/decrease consumption of alcoholic and non-alcoholic beverages and foods high in fat, sugar and salt products submitted by month 12.</i>
Deliverable D7: <i>PowerPoint presentation summarising the main findings of the case studies, conclusions and recommendations submitted by month 12 after the signature of the contract.</i>
Deliverable D8: <i>Condensed report summarising the main findings, conclusions and recommendation arising from the case studies submitted by month 12 after the signature of the contract.</i>

The summary report (D8) shall contain no more than 20 pages.

Language: The case studies and the PowerPoint presentation shall be prepared in English.

The report on the nine case studies shall be updated following the discussions and information provided at the workshop (see task 3 below).

Task 3: Organise a one-day workshop to present main findings to the national representatives of all countries participating in the EU Health Programme, who are dealing with policies related to taxation, nutrition and alcohol related harm.

The workshops will aim at informing the participants about the main findings of the reports and the case studies. It will also enumerate and describe health impacts of such policies on public health in surveyed countries and the PowerPoint presentations (D3, D7) will be presented.

Specific objectives:

The objectives of the workshop will be to:

- to update knowledge and share best practice
- to build a bridge between relevant national authorities
- to promote interest, capacity building and engagement in the area of health promotion and disease prevention
- to further promote and develop efficient initiatives that are already in place

The tenderer shall outline a timetable and the order of topics that will be covered by the workshop and provide it to the contracting authority at least three months prior to the organisation of the workshop as part of the interim progress report.

The contractor will organise a workshop of one day (a total of 8 hours of working time with maximum 75 participants), draft a workshop curriculum (objectives, agenda, type of sessions, and aims per session) and prepare the workshop materials (hand-outs) and presentations.

Participants will be distributed as follows: 28 representatives of the Member States' authorities acting in the field of taxation, 28 representatives of the Member States' authorities acting in the field of public health, 3 representatives of health associations, 3 health experts, 5 representatives of the Commission, 3 representatives of EEA/EFTA acting in the area of public health and 5 outside speakers including two on taxation.

The agenda of the one-day workshop will feature the following items, leaving sufficient time for discussion:

- Presentation of key findings and the state of play regarding pricing policies and fiscal measures applied to foods, alcoholic and non-alcoholic beverages in the Health Programme participating countries (Task1). The workshop will be divided into one plenary session and one session as a forum for exchange of knowledge and practices, where the participants will be split in 2 or 3 parallel working groups.
- Contractor's feedback on the two reports mapping Member State's pricing policies and fiscal measures (Task 1)
- Discussion on of the impact of and efficiency of the current taxation initiatives (Task 1)
- Presentation of the key facts and figures of the nine case studies including infographics. (Task 2)
- Presentation of the main findings of the nine case studies (Task 2)
- Presentation of a selected number of best practices and successful national approaches from the case studies. (Task 2) Discussion on how these nine successful approaches (or elements of them) could be transferred and of use to national fiscal policies in other EFTA/EU Member States/ (Task 2)
- Speeches by key stakeholders and target groups on how pricing policies and fiscal measures can better support health promotion and disease prevention and how Member States can better facilitate this. This should include relevant experts

identified, when preparing the case studies from US, Chile and Australia. The experts should be identified and invited to show their case studies during the workshop.

- Discussion on actions and areas that need to be improved to support public health by means of pricing policies and fiscal measures.
- Conclusions of the discussion and next steps

The list of workshop speakers must be approved by the contracting authority. The contractor is also expected to consult the contracting authority on the proposed speakers of the workshop at least three months prior to the workshop in the interim report.

Following the discussions at the workshop, the contractor may need to update Deliverable D1 and D2 (mapping reports of existing pricing policies and fiscal measures) and deliverables D4 – D6 (case studies) and incorporate in D11 (see below).

The contractor should in its offer propose a workshop evaluation strategy, including a participant’s satisfactory survey.

Deliverable D9: A one-day expert workshop (organisation and delivery) organized 14 months after the contract signature in order to present and discuss main findings of the mapping reports (D1 and D2) and the case studies (D3, D4 and D5).

The contractor will cover and include in the offer all costs for the logistics (invitation/registration of participants, recruitment of speakers, arrangements and costs for hotels, travel and daily allowances for a maximum of 75 participants, venue, catering, etc.). The contractor will advise the participants and speakers in advance on the reimbursement rates and procedures for their travels.

The contractor must identify an appropriate, fully equipped venue where the workshop will be held, preferably in a place where all participants and speakers can be accommodated in an appropriate single room in the standard of a three star hotel or equivalent and have access to public transport.

It must be ensured that at the venue a copy machine, PC, beamers, flip charts, Wi-Fi internet connection, audio and video equipment, translation equipment and refreshments during the breaks, are provided and available during the workshop.

At the workshop, all persons present will be offered refreshments (coffee, tea, juices, biscuits, fruits, etc.) during the two coffee breaks.

The workshop will be held in English and no translation will be provided.

The workshop must be organised in **Luxembourg or Brussels.**

The workshop shall comply with the following requirements:

Minimum requirements for the workshop	
Length	1 day long, of which 0.5 day shall be open for the presentation of the report only 0.5 day shall be open for further discussions

Language(s)	English
Participants	Maximum of 75 participants per workshop, including representatives of all Member States, other countries participating in the Health Programme, EEA countries and non-EU countries, health associations and other health and taxation experts
Reimbursement of travel and hotel	The contractor shall arrange and reimburse travel and hotel costs (max. two nights of accommodation) for experts speakers and representatives coming from EU Member States, countries participating the Health Programme, EEA countries and non-EU countries. The tenderer shall include these costs into the price offer.
Catering	The contractor shall arrange catering, including coffee breaks and lunch during the workshop. The tenderer shall include these costs into the price offer. No alcohol beverages will be distributed at the workshop.
Other services, for which the contractor shall be in charge	<ul style="list-style-type: none"> • 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

Deliverable D10: *Report of the workshop (20 pages) having as annex a satisfaction survey*

The contractor will prepare a report of min 20 pages consisting of a workshop evaluation by participants, summary of the discussions, conclusions and recommendations on how the deliverables should be revised, results achieved, lessons learnt, relevant findings, obstacles, and other input.

The contractor shall conduct a satisfaction survey for participants of the workshop as part of the evaluation. The survey will be conducted by means of a questionnaire, which will be completed by the participants at the end of the workshop.

The survey must as a minimum evaluate participant's overall satisfaction with the workshop, usefulness of the delivered presentations for further actions, organization of the workshop, indication of satisfaction with the information provided, areas for improvement and intention to implement the knowledge acquired in their own work.

The report will be delivered to the contracting authority/Commission within three weeks after the workshop.

Deliverable D11: *Final reports mapping the EU Health Programme participating countries' pricing policies and fiscal measures applied to alcoholic drinks and food products high in fat, sugar and salt (HFSS) including non-alcoholic drinks from 2009-2019*

The updated final reports mapping the EU Health Programme participating countries' pricing policies and fiscal measures applied to alcoholic drinks and food products high in fat, sugar and salt (HFSS) including non-alcoholic drinks from 2009 - 2019 will be delivered to the Contracting authority by month 16.

Reporting:

The contractor will be requested to submit the following other reports:

Inception report: An Inception report shall be provided by 30 days from the start of the contract (M1), after the inception meeting held in Luxembourg, in the Commission premises, in the presence of the Contracting Authority and DG SANTE. The Inception report shall include, a detailed work plan and time schedule for all the activities, a clear description of the tasks to be performed and of the deliverables, milestones and reports to be achieved; and the reporting timeframe.

The Inception report will be subject to acceptance and technical approval by the Contracting Authority, it must be submitted in electronic format (Word document and readable PDF), and in English.

The Interim progress report will include in particular a state of play of the activities and services provided, covering the first reporting period of the contract. It should contain at least the following:

- A description of the work carried out in comparison with the initial work plan
- A description of the difficulties encountered
- Source data/files and all other relevant documents as annexes.
- Deliverables – final draft version of D1- D3 and the first draft version of D4 - D8 including the date and workshop programme.

The draft Interim progress report must be submitted by month 10 to the Contracting Authority in electronic format (Word document and readable PDF), and in English.

The report will be presented to the Contracting Authority and DG SANTE during an interim meeting to be held in month 11) in Luxembourg.

Draft final implementation report

The draft final implementation report will include in particular a state of play of the activities and services provided, covering the second reporting period of the contract, and include in addition conclusions obtained from the whole implementation of the tasks and activities and recommendations for future similar actions

The draft final implementation report will describe progress and findings from all tasks and will include as annexes all the deliverables. The draft final **implementation** report must be submitted by month M17 to the Contracting Authority in electronic format (Word document and readable PDF), and in English.

It will describe the activities and services provided covering the whole duration of the specific contract.

It should contain at least the following:

- Conclusions obtained from the whole implementation of the tasks and activities;
- A list of recommendations for the improvement of future similar actions;
- Source data/files, list of participants, documents, list of experts as annexes.

The approval of the final report will result in the final payment after the submission of the invoices. It is to be submitted to the Contracting Authority in two hard copies and in electronic format (Word document and readable PDF), in English. The final version of the Final report will be submitted by month M 18.

MONTH	ACTIVITY/DELIVERABLES
M 01	Inception meeting
M 01	Inception Report
M 09	Deliverables D1, D2 and D3
M10	Draft Interim Progress Report
M11	Interim Progress Report including all deliverables due for the reporting period including date and topics for the workshop.
M12	Deliverables D4, D5, D6, D7 and D8
M14	Deliverables D9 and D10
M16	Deliverable D11
M17	Draft Final Implementation Report including all deliverables due for the reporting period
M18	Final implementation Report

Meetings

Two meetings are planned in Luxembourg, at least two contractor representatives being required to be present according to the role played in the project. Additional meetings will be held to ensure the follow-up using audio or videoconference.

2.2. Estimated value of the purchase

The estimated total value for the implementation of the contract is EUR 250 000. This value is a maximum and tenders exceeding it will be rejected.

2.3. 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 **18 months from the signature of the contract**. This duration should be taken into account by the tenderer when preparing its offer.

3. CONTENT, STRUCTURE AND GRAPHIC REQUIREMENTS OF THE DELIVERABLES

The contractor must provide the deliverables as indicated above in section 2.1. In addition to the above requirements, all deliverables and reports shall comply with the following:

3.1. Content

Final implementation report

The final implementation report must include:

- an abstract of no more than 200 words and an executive summary of maximum 6 pages, both in English and French;
- specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;
- the following disclaimer (both in English and French as mentioned below):

“This report was produced under the EU Health Programme 2014-2020 under a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of Chafea. Chafea does not guarantee the accuracy of the data included in this study. Neither Chafea, nor any person acting on its 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 rapport n’engagent que leur auteur(s) et ne sauraient être assimilés à une position officielle de Chafea. Chafea ne garantissent pas l’exactitude des données figurant dans le présent rapport. Ni Chafea, ni aucune personne agissant au nom de Chafea 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 English and French and must include:

- specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;
- the two disclaimers mentioned above.

3.2. Requirements for publication on Internet

Chafea 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. Chafea supports the Web Content Accessibility Guidelines 2.0 of the W3C.

For full details on Commission's 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/>.

3.3. 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.

3.4. 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

The contractor must apply the rules set out in Visual Identity Manual for the graphic design of both the cover page and the internal pages of the report. The professional font (EC Square Sans Pro) to be used for the report will be made available to the contractor free of charge upon acceptance of the terms and conditions of its use after contract signature. The use of templates for reports is exclusive to Chafea's contractors. No template will be provided to tenderers while preparing their tenders.

4. EVALUATION 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 data protection, environmental, social and labour law.

The Contracting Authority will assess these criteria in no particular order. The successful tenderer must pass all criteria 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 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, identified subcontractors must provide a declaration on honour signed by an authorised representative.

The successful tenderer must provide the documents mentioned as supporting evidence in the declaration on honour before signature of the contract and within the deadline given by the contracting authority. This requirement applies to each member of the group in case of joint tender and to identified subcontractors.

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 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 on 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 economic and financial capacity and the technical and professional capacity.

Each selection criterion consists of three elements: (i) the criterion itself, (ii) a minimum level/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.

If not otherwise indicated, selection criteria are applied to the tenderer as a whole, including the members of a joint tender and identified subcontractors on which the tenderer may rely to fulfil some of the selection criteria.

4.2.1. Declaration and evidence

The tenderers (and each member of the group in case of joint tender) and subcontractors whose capacity is necessary to fulfil the selection criteria must provide the declaration on honour (see Annex IV), signed and dated by an authorised representative, stating that they fulfil the selection criteria applicable to them individually. For the criteria applicable to the tenderer as a whole, the tenderer (sole tenderer or leader in case of joint tender) must provide the declaration on honour stating that the tenderer, including all members of the group in case of joint tender and including subcontractors, if applicable fulfils the selection criteria, for which a consolidated assessment will be carried out.

This declaration is part of the declaration used for exclusion criteria (see section 2.10 and Annex IV), so only one declaration covering both aspects should be provided by each concerned entity.

The Contracting Authority will evaluate the selection criteria on the basis of the declarations on honour. Nevertheless, it reserves the right to require evidence of the, financial and economic and technical and professional capacity of the tenderers at any time during the procurement procedure and contract performance. In such case the tenderer must provide the requested evidence without delay. The Contracting Authority may reject the tender if the requested evidence is not provided in due time.

The successfully evaluated tenderer will be required to provide the evidence mentioned below before signature of the contract and within the deadline given by the contracting authority. This requirement applies to each member of the group in case of joint tender and to subcontractors whose capacity is necessary to fulfil the selection criteria.

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.

4.2.2. Legal and Regulatory capacity

Not applicable.

4.2.3. 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 its capacity, the tenderer must comply with the following criterion:

The sum of turnover and/or other operating income for each of the last two closed financial years are above EUR 500 000. This criterion applies to the tenderer as a whole, i.e. the combined capacity of all members of a group in case of a joint tender.

Evidence:

The successfully evaluated tenderers shall provide the evidence on the above criteria by submitting:

- 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 an exceptional reason which the Contracting Authority considers justified, 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 of the exceptional reason and its justification. The Contracting Authority reserves the right to request any other document enabling it to verify the tenderer's economic and financial capacity.

4.2.4. 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 for the tenderer	Minimum level/requirement	Supporting Document (Evidence):
- Criterion A1:	The tenderer must prove 5 years of experience in the field of European research studies, covering at least half of the MS, drafting policy review reports and recommendations, review and analysis of initiatives done in the public health and taxation sectors.	The tenderer must provide in the offer references and a detailed description of at least 3 relevant projects covering 3 different Member States, in the area of public health and taxation, delivered in the last five years.
- Criterion A2:	The tenderer must prove experience in the field of	The tenderer must provide in the offer

	data collection, statistical analysis (health, food, taxation and alcohol statistics in particular) and preparation and development of case studies at international level.	references and a detailed description of at least 2 relevant projects, dealing with data collection, statistical analysis preparation and development of case studies at international level delivered in the last 5 years.
Criterion A3:	The tenderer must prove capacity to draft high quality reports for general audience in English, which contain examples of infographics, statistical graphs, maps and tables to illustrate and support the text.	The tenderer must provide at least two documents of at least 30 pages each (report, study, etc.) in English that it has drafted, published or delivered to a client in the last five years.
Criterion A4:	The tenderer must prove its capacity to work in all EU Health programme participating countries.	The tenderer must indicate that it has relevant contacts in all EU Member States, which are not covered by its consortium members, in order to ensure the required language coverage. The list of contacts will be used for verification.

b. Criteria relating to the team delivering the service:

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

Criterion for the team	Minimum level/requirement	Supporting Document (Evidence):	Comments
<u>B1 - Project Manager:</u>	University degree in health sciences, with post graduate specialisation in	CV	

	public health, nutrition or medicine, with at least five years of experience in project management of large scale international projects and experience in organizing and coordinating workshops, seminars or other relevant events.		
<u>B2 - Expert in economics (taxation, regulatory and pricing policies):</u>	University degree in economics, and at least five years of professional experience in data collection, statistical analysis (taxation statistics in particular) and preparation and development of reports and case studies related to fiscal measures.	CV	
B3 - Expert in public health and nutrition/alcohol:	University degree in health science, and at least five years of professional experience in data collection, statistical analysis (health statistics in particular) and preparation and development of reports and case studies related to public health and nutrition and alcohol.	CV	
<u>B4 - Expert on policy analysis and reporting</u>	University degree in the area of statistics, public policy or politics with at least five years of experience in policy analysis or statistics.	CV	
<u>B5 - Language quality check:</u>	At least three members of the team should have at least C1 level in the Common European	CV or language certificate	

	Framework for Reference for Languages ³⁸ in English.		
--	---	--	--

4.3. Award Criteria

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.

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.

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

Award Criterion 1: Quality of the proposed methodology for the mapping of the EU Health Programme participating countries' fiscal measures and pricing policies and fiscal measures applied to food, non-alcoholic drinks and alcoholic beverages from 2009-2019 defined in Task 1.

This criterion will assess the quality of the methodology proposed (scope, evidence base, coherence, comprehensiveness and innovativeness) for the literature and policy review.

Award Criterion 2: Quality of the proposed methodology to collect and describe in the case studies and country profiles the best practices/most successful initiatives in the area of food and alcohol taxation defined in Task 2.

This criterion will assess the quality of the proposed methodology for the collection of information, the timeline and the sampling of countries. It will further assess the methods for the data analysis, scope of the case studies including infographics.

Award Criterion 3: Quality of the proposed methodology to design, implement, evaluate and disseminate the results of the workshop and its outcome defined in Task 3.

This criterion will assess the quality of the methodology proposed (scope, innovativeness, fit to the characteristics, setting) of the proposed approach and strategy for dissemination and evaluation of the workshop.

Award Criterion 4: Quality of the proposed work plan and resources management. This criterion will assess the quality and coherence of the proposed work plan, timing and resource allocation.

Award Criterion 5: Quality control measures, This criterion will assess the quality control system applied to the service foreseen in this tender specification concerning the quality of the deliverables, the language quality check, and continuity of the service in case of absence of a member of the team. The quality system should be detailed in the

³⁸ See http://www.coe.int/t/dg4/linguistic/Cadre1_en.asp

tender and specific to the tasks at hand; a generic quality system will result in a low score.

Quality Award Criteria		Minimum threshold	Points attributed to the criterion
1	Quality award criterion 1, Task 1- Quality of the proposed methodology for the mapping	50%	25
2	Quality award criterion 2, Task 2: Quality of the proposed methodology for the case studies, country profiles and the best practices	50%	25
3	Quality award criterion 3, Task 3: Quality of the proposed methodology to design, implement, disseminate and evaluate the workshop	50%	20
4	Quality award criterion 4, Quality of the proposed work plan and timing	50%	20
5	Quality award criterion 5: Quality control measures	50%	10
Overall number of technical points (out of 100)		60%	100

4.4. Price and Award Method

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

Prices must be presented using the standard format announced with the tender specifications. 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 fixed price for the service**. This price shall include all the costs pertaining to the provision of the requested service:

- staff costs (including every cost aspect bearable by the tenderer as employer e.g. social contributions and taxes);
- data purchase;
- travel, hotel and subsistence costs for the internal meetings of the contractor; for the meetings with the Contracting Authority; for visits to Member States as appropriate in relation to the proposed methodology; for the participants to the workshop;
- all the other costs the tenderer considers necessary in order to provide the requested service.

Ranking of tenders

Only the tenders that have reached the technical quality thresholds announced for the quality award criteria will be subject to the 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 60/40 will be applied to each tender in the following way:

The points awarded for technical quality multiplied by 60

The points awarded for the price multiplied by 40.

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 tenderers who, during the procurement procedure:

- (a) are in an exclusion situation established in accordance with article 136 of the Financial Regulation;
- (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, Chafea may ask the economic operator to submit observations on the issue.

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 135 to 145 Financial Regulation) and financial penalties, as an alternative or in addition to a decision of exclusion depending on the cases (Article 138(1) Financial Regulation). Administrative sanctions can be imposed on economic operators who are in a specific situation of exclusion listed in Article 136 Financial Regulation.

ANNEXES

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

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