SPECIFICATIONS ATTACHED TO THE INVITATION TO TENDER

Call for tender n° CHAFEA/2015/Health/06
concerning ESIF support in the area of health: building knowledge and capacities for
monitoring and implementation, supporting innovation and effectiveness

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Consumers, Health, Agriculture and Food Executive Agency, 2920 Luxembourg, LUXEMBOURG

http://ec.europa.eu/chafea/
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1. Title of contract

European Structural and Investment Funds (ESIF) support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness.

2. Purpose and context of contract

Policy Context

Europe 2020 is the European Union's strategy for smart, sustainable and inclusive growth. Although none of its five headline targets defined in 2010 is directly related to health, healthcare systems, and more generally public health, have come increasingly to the fore in the past five years.

Since 2011, the policy instruments in the Europe 2020 strategy's governance mechanism, the European Semester, have repeatedly and consistently put health issues on the agenda.

In the first European Semester cycle in 2011 health was mentioned only in 4 country-specific recommendations. In 2012, the European Council adopted health-related recommendations to 6 Member States, in 2013 to 11 Member States, in 2014 to 16 Member States and in 2015 to 10 Member States. Also the 2015 country reports by the European Commission refer to issues linked to: access to healthcare, effectiveness and efficiency of the health system, lack of integration of healthcare and health workforce for a number of Member States. In addition, the Commission has reiterated the need to reform health systems in its Annual Growth Surveys (AGS), for instance in the AGS for 2015 where it recognised a "need for simplified and better targeted social policies complemented, among others, by "accessible health care" and highlighted that healthcare systems “need to be reformed to provide quality healthcare through efficient structures, including eHealth”.

Even though the primary responsibility for public health and health systems lies within the Member States, the EU can support and complement Member States' policies with a number of actions, as highlighted in the Commission Communication on effective, accessible and resilient health systems\(^1\).

In the Staff Working Document 'Investing in Health', which was a part of the "Social Investment Package" of 2013, the European Commission made the case for 1) smart investments in sustainable and innovative health systems, 2) investing in people's health (particularly through health promotion and prevention), and 3) investing in reducing inequalities in health status between and within Member States and the regions of the EU.

\(^1\) COM(2014)215 final
Furthermore, EU financial instruments, such as the research programme Horizon 2020, the European Structural and Investment Funds (ESIF), and the new European Fund for Strategic Investments (EFSI), can provide financial support to health investments in the Member States. The ESIF have a particular role to support investments as part of the implementation of the Europe 2020 strategy, notably the European Semester Country Specific Recommendations (CSRs). The regulation laying down common provisions on ESIF mention explicitly the significant role that the ESIF should play in the achievement of the objectives of the Union strategy for smart, sustainable and inclusive growth. Investments under the ESIF should provide support to the implementation of Europe 2020 in the specific context of a given Member State, as highlighted in the CSRs and the country reports.

More specifically with relation to the health sector, ESIF investments can, according to the ESIF regulations for the current (2014-2020) and previous (2007-2013) programming period, support various investments in health in the Member States and regions of the EU. In March 2014 a thematic Guide Investments in health – policy Guide for ESIF 2014-2020 has been elaborated by the European Commission, providing policy guidance for key priority areas of investments in health, pointing at suggested lines of intervention. It was intended as a tool with recommendations on health investments under the structural funds.3

For the current period, ESIF support aims at reducing inequalities in terms of health status, enhancing access to high-quality healthcare, and supporting reforms for the transformation of health systems in order to improve efficiency, sustainability and accessibility. Transition from hospital-based care to primary care, active and health ageing, e-health solutions and institutional and professional capacity building can be crucial elements of the transformational changes and supported by ESIF. Investments in health can be supported under almost all of the eleven Thematic Objectives of ESIF support, and three of them (ICT [eHealth], employability [active and healthy ageing] and social inclusion [access to healthcare, reduction of health inequalities] explicitly mention health as one of key interventions, mainly for the European Social Fund (ESF) and European Regional Development Fund (ERDF).

More concretely, for this programming period (2014-2020), health investments as foreseen in the Partnership Agreements and Operational Programmes are focused on: transformational changes, including reinforced focus on primary care, active and healthy ageing, health promotion and disease prevention, continued education of medical staff, implementing e-health applications as well as health infrastructure investments. Furthermore, in a number of Member States prevention and health promotion and healthy ageing measures have gained some importance. Finally, in a few instances ESIF support also SMEs active in the health sector, research and innovation activities in health, the energy efficiency of hospitals or the management of dangerous medical waste4.

2 Common Provisions Regulation No 1303/2013
4 Mapping report on the use of ESIF, developed under the Call for tender n° EAHC/2013/Health/13 “Support to the effective use of ESIF for health investments” initiated by DG SANTE under the HP
To note in this context, that health investments through ESIF may be complemented with other European sources of funding, such as the EFSI, other European Investment Bank funding, Norway grants, and other, beyond national and sub-national own sources.

**Background to this contract**

The proposed action builds on past activities, which have already been addressing the issue of effective use of the Structural Funds for health investments. This issue was one of the discussion topics within the Reflection Process on EU health systems, initiated by the EU Council in 2011\(^5\), with 12 Member States, forming the so called Subgroup 2. In accordance with its mandate, the Subgroup 2 produced a *Toolbox for effective Structural Funds investments in health* for use by Member States' health authorities. This work was followed-up by a service contract on *Effective use of European Structural and Investment Funds* funded by the EU Health Programme, implemented from October 2013 until April 2014\(^6\). This action aimed at providing assistance to Member States in the preparation of the programming period in the context of effective use of ESIF for health\(^7\). The current tender aims to support continued work in this field, inter alia by: assessing the links of ESIF health investments with EU health policy goals, on the basis of specific ESIF co-funded projects, as well as by supporting capacity building in the Member States.

**Purpose of the contract**

The implementation of the ESIF-supported health measures for 2014-2020 is still in its early stages, but the priorities set up by the national and regional ESIF programmes can already be assessed in order to analyse the synergies and complementarities with the EU health policy priorities. Furthermore, such synergies could be further strengthened by building knowledge and capacities in the Member States and regions, as requested by the Council Conclusions on the economic crisis and healthcare of 2014\(^8\) and on the Reflection Process on modern, responsive and sustainable health systems of 2013\(^9\).

In line with the above, the specific objectives of this contract are:

1) To complement the existing knowledge on the ESIF 2014-2020 investments in the health sector and assess how these can contribute to implementing EU health policy goals as described in the Guide *Investments in health – policy Guide for ESIF 2014-2020*.\(^{10}\)

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\(^5\) See [http://www.gyenszi.hu/seek/home/eng/international_projects/international_projects_reflektion](http://www.gyenszi.hu/seek/home/eng/international_projects/international_projects_reflektion)

\(^6\) See [http://esifforhealth.eu/](http://esifforhealth.eu/)

\(^7\) See the project outputs at [http://esifforhealth.eu/Tools.htm](http://esifforhealth.eu/Tools.htm)

\(^8\) Council Conclusions on the economic crisis and healthcare, Luxembourg, 20 June 2014

\(^9\) Council Conclusions on the "Reflection process on modern, responsive and sustainable health systems, Brussels, 10 December 2013

\(^{10}\) This context should be understood in line with the "Policy context" as described in part 2 of this contract, which means encompassing such references as: the Europe 2020 Strategy, the health-related CSRs, the Commission Communication *Effective, accessible and resilient health systems* and Commission SWD *Investing in health* as well as the EU Strategy Together for health.
Special attention will be given on how ESIF projects contribute in practice to reducing health inequalities within the countries and how they support structural reforms in the Member States for more effective, accessible and sustainable healthcare. The exercise should also help to draw some conclusions, which can be used in the future discussions on ESIF support in health.

2) To further develop capacities of the relevant actors in EU Member States and regions to support the effective and consistent implementation of ESIF for health with the ultimate purposes of improving the health status of the population and reducing health inequalities with a special focus on vulnerable groups.

For this specific objective, special attention will be paid on developing and promoting the exchange of information and good practice among interested Member States. Assistance will be provided to relevant public authorities involved in ESIF implementation with a view to supporting effective use of ESIF in the health sector by all Member States. This will be done through a number of dedicated activities, as described under point 3.

Institutions involved in the implementation of ESIF in the health sector have already identified a need to further explore the modalities of ESIF support to health investments. In particular they were interested in exchanging information on the ongoing or soon-to-be-implemented projects; in mutual learning; in sharing of experiences as well as emulating each other with success stories from the recent past. An area of particular interest as regards the sharing of expertise and mutual learning should be the programme-specific and project indicators to measure results, outcomes and impacts of health investments, which in cases of some Member States are well defined but in case of others could be improved and better linked with the specific objectives.

3. Subject of the contract

The contract is designed to follow-up and to build on the results and the outcomes of the service contract "Effective use of European Structural and Investment Funds (ESIF) for health investments in the programming period 2014-2020" and the work of the Subgroup 2, as mentioned above in the part Background to this contract.

It consists of the following activities:

**Mapping activities**, including desk and field research, first by gathering data and evidence and second, by assessing the ESIF Operational Programmes (OPs) and the health-related projects which will be implemented within the OPs’ framework, in order to get an overview on how they are expected to contribute to EU health policy goals, as described above (see ref. 10), including drawing conclusions. The mapping activities will include the following:

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11 During a series of workshops delivered within the already mentioned Call for tender n° EAHC/2013/Health/13 "Support to the effective use of ESIF for health investments" initiated by DG SANTE under the HP
1) supplementing the data in already existing country based mapping\textsuperscript{12} with a) European territorial cooperation programmes\textsuperscript{13} which include health-related investments and b) thematic mapping documents (further details in the section 3.2 Specific description of the tasks and deliverables) containing information on the Member States, Operational Programmes and concrete projects which are under implementation or have been approved for implementation; Whenever relevant (i.e. lack of currently implemented projects or very good projects from the past) it should also encompass projects that have already come to an end (the contractor will propose the projects with justification).

2) analysis of exemplary projects\textsuperscript{14} identified during the mapping phase 1) as described above,, with a focus on: a) their relevance for implementing EU health policy goals and national health policy reforms, b) the innovative character of the projects’ services and/or products and 3) the indicators used to measure the projects’ outputs and outcomes: their expected impact in terms of reduction of health inequalities, their transferability potential;

3) elaboration of conclusions as regards future investments in health, per thematic area and per country, by analysing synergies and complementarities between ESIF measures and health policy goals, including European and national policy priorities, as well as demographic and structural challenges and technological developments. Elaborating recommendations as regards further support in this area.

The detailed assessment will focus more specifically on and be organised around identified "blocks" of key thematic areas (see further details in 3.1 General description of the tasks).

The primary focus of the mapping activities will be the ESIF but relevant identified actions under other complementary schemes, particularly such as the European Fund for Strategic Investments (EFSI), the EIB investments and other external resources (Norwegian grants etc.), also need to be included. In addition, as the EU Health Programme has supported a number of projects, which included some elements dealing with the Structural Funds, the results of these projects will need to be carefully analysed by the tenderer in order to avoid overlaps or possible duplications\textsuperscript{15}.

**Capacity building activities**

\textsuperscript{12} A starting point will be the Mapping mentioned under ref.4

\textsuperscript{13} Consisting of: the cross-border cooperation, transnational cooperation and interregional cooperation programmes

\textsuperscript{14} "Exemplary project" is a project which can be mainstreamed (or its elements can be mainstreamed) in other MS. The contractor will identify such projects, together with the Member States.

The "capacity building" activities, which are closely interlinked with the "mapping activities", aim at providing assistance to Member States health authorities and other public authorities involved in implementing ESIF health-related investments by:

1) supporting exchange of information and expertise, mutual learning and knowledge sharing in a selected number of topics via organised workshops, including sharing information on newly started projects or projects planned for implementation (not only exemplary projects, lessons-learned or "good practices" from the past but more generally current undertakings), sharing innovative ideas, processes and approaches;

2) providing health-sector specific assistance and expertise to Member States participating in the workshops, on specific areas or key projects in need of support, so as to help Member States better achieve the set objectives and better monitor ESIF implementation in health; This also includes involvement of the Commission officials on the given topics of the workshops and peer reviews;

3) dissemination of the action's findings and results, including conclusions and recommendations developed during the contract implementation via a final conference, a dedicated website and various publications;

The outputs of both types of activities ("mapping activities" and "capacity building activities" including dissemination) will be closely interlinked. In practice, the detailed "mapping activities" will be divided by blocks of thematic areas (see further details in 3.1 General description of the tasks) and the organised workshops will focus on the same blocks of thematic areas. They will be organised as soon as the analytical parts of blocks of thematic areas have been completed and at the same time they will allow for collecting information for the final concluding report.

At the end of the contract, a final report will be produced, encompassing conclusions and recommendations from all the information collected during both types of activities in all blocks of thematic areas. It will also include health-specific guidance for the use of ESIF by Member States with a particular focus on health-related indicators for ESIF (more details on particular deliverables are described below).

3.1 General description of the tasks

The tender action will be divided in 5 complementary Work Packages (WP), which are described further under point 3.2.

In practical terms, the tasks will consist of:

- Mapping activities, including data collection: the contractor will collect the related data via desk research, supplemented by audio/videoconferences. The tenderers can propose other alternative methods of the data collection;

- Analytical work: the contractor will provide a detailed description with regard to all the elements included in the part 3.2 Specific description of the tasks and deliverables;
- Report drafting: the contractor will deliver, within the timeframe specified, the report mentioned in 3.2 Specific description of the tasks and deliverables, which will include all the required elements, as specified below;

- Organising and implementation of workshops: the contractor will organise the required number of workshops (1 workshop per specific block of thematic areas) bringing together representatives from interested Member States (altogether app. 50 persons). The workshop will consist of a project visit (for 10-12 persons) who will report to the rest of workshop participants on the next day, during workshop activities. The contractor will also provide the participants with all the information collected during the "mapping activities", and will invite a relevant Commission official in a given block of thematic areas;

- Overall contract management: the contractor will form and direct a team / consortium of experts and correspondents possessing the academic, managerial and technical/practical expertise needed to 1) address all the core tasks described below and 2) deliver the required logistic support for the practical activities (workshops and conference, website, publications);

The 6 blocks of thematic areas below are a preliminary suggestion. The tenderer may propose a different grouping of blocks of thematic areas while keeping to the set number of six (6): e.g. several health-related areas may be tackled jointly within the programming documents (for example "access to healthcare with quality"). The thematic areas will be confirmed by the Commission following the kick-off meeting.

The proposed blocks of thematic areas (or "thematic blocks") are:

1. Improving access to healthcare (with emphasis on primary and preventive care, especially for vulnerable groups);

2. Support to reform processes towards effective and resilient health systems:
   2a) Deinstitutionalisation measures for people with disabilities, mental health problems, older people and children deprived of parental care;
   2b) transition from hospital to community-based care i.e. primary/integrated care;
   2c) investments in healthcare facilities efficiency and sustainability, in particular in hospitals.

3. Uptake of e-health/digital solutions, in particular related to the Digital Single Market and the interoperability of these solutions within and across Member States;

4. Research and innovation in health and lifesciences.

5. Active and healthy ageing, healthy workforce, health promotion and disease prevention;
6. Health workforce (including i.a. training, lifelong learning, workforce planning, retention).

Cross-cutting issues: within all these blocks the contractor has to focus on a) possible contribution to reduction of inequalities in health status and b) support to structural reforms in a given Member State.

3.2 Specific description of the tasks and deliverables (WP and D)

In each of the 6 thematic blocks enumerated above, the following outputs must be delivered (WP 1 – 4):

3.2.1. WP 1. Thematic mapping of projects (per thematic block)

Purpose and objectives of WP 1

While there exists already a first general Mapping of ESIF health investments (mentioned at p. 4-5 of this document) as foreseen in the Operational Programmes, its analysis concentrates on countries and programmed investment and does not provide information on specific projects nor analysis per thematic area. Moreover, it does not contain cross-border, transnational and interregional co-operation programmes. It is therefore currently not possible to assess how ESIF support in health area contributes to the achievement of EU health policy goals as articulated in the Guide Investments in health – policy Guide for ESIF 2014-2020\(^{16}\), including within cross-border, transnational and interregional co-operation programmes.

WP 1 will consist of elaborating a series of mapping documents (there will be one mapping document per thematic block as suggested above and one for the European territorial cooperation programmes) whose purpose is to provide information on 2014-2020 projects within a given thematic area, which have been already under implementation, or approved for implementation. Whenever relevant (few of currently implemented projects and/or very good projects from the past), it will be supplemented with projects completed or still ongoing under the previous programming period 2007-2013. The mapping documents must cover all 28 Member States and must include all projects, which were possible to identify in a given thematic block.

The mapping documents should provide a snapshot of health-related ESIF projects in each thematic block containing the following elements:

- a list of countries where ESIF investments have been foreseen in the given thematic block, also within the European territorial cooperation programmes,
- identification of at least one Member State which has experience in a given thematic block or a part of the thematic area, even if this Member State is not using ESIF for health investments in this area.
- 28 country fact sheets which contain information on:

\(^{16}\) see ref. no 9.
- the ESIF OPs where projects (of a given thematic scope) have been (or will be) implemented,
- list of the health-related indicators from these OPs,
- relevant specific objectives of these OPs (where particular projects will be identified),
- a list (inventory) of all identified projects (within a given thematic scope), including information on which OP they come from, which Priority axis and Investment Priority,
- information on the projects' timeframe, budget and objectives,
- a list (inventory) of other projects, co-financed from other external resources (EFSI, EIB, Norway Grants etc.), with information on which Programme they come from, timeframe, budget and objectives,

1 separate fact sheet on the European territorial cooperation programmes, where health-related investments have been foreseen, with information on specific objectives towards which the projects contribute (or will contribute) to and the relevant indicators.

This list is not exhaustive and additional elements may be proposed by the contractor and/or the Commission at the stage of inception report, if relevant.

**Methodology**

In order to achieve the objectives of the mapping, the contractor should review the Operational Programmes and any other available programming documents (detailed descriptions of the OP, action plans, annual reports, national guidance and manuals, evaluations if relevant and available). The offer should address the fact that these documents, in many cases, may only be available in the national languages.

If needed, the contractor should undertake bilateral dialogues with relevant authorities (Managing Authorities, Ministries of Health and / or other institutions) so as to obtain the most complete information possible.

**Deliverable 1 (D1):** Mapping documents of ESIF support as described above, supplemented with EFSI, EIB or other actions whenever relevant.

**3.2.2. WP 2. Analysis of the ESIF support for health investments (per thematic block)**

**Purpose and objectives of WP 2**

The report on ESIF support for health investments in all thematic blocks will aim at assessing the contribution of their results, outcomes and (potential) impacts to implementing EU health policy\(^\text{17}\), with a particular focus on their expected contribution to reducing health inequalities and their support to structural reforms in the Member States, also via implementation of the health-related CSRs of the European Semester process.

\(^\text{17}\) As outlined in the Guide *Investments in health – policy Guide for ESIF 2014-2020*  

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On one hand this will provide information for the Commission on how ESI Funds may be used to achieve policy goals in health area, to contribute to the relevant CSRs and to address challenges identified in the Country Reports. On the other hand, by identifying projects or their elements which may be transferable elsewhere (in another Member State or region), it will serve as support and emulation for other Member States, facing similar challenges and foreseeing support in similar areas.

Within WP 2 two deliverables will be produced: the first one (Deliverable D 2), will be an analysis of a given thematic block (information on policy developments in that area and possibilities for ESIF and other funding undertakings) supported by a list of exemplary projects, identified for further analysis. This deliverable will serve as a basis for the WP 3 (thematic workshops). The second one (deliverable D4) will contain the outcomes of the workshops and therefore will be updated after each of the workshop, where new elements of information would be collected by the contractor and at the end will form the final report.

The analytical work within WP 2 will be based on the data collected within the mapping documents (WP 1) and will aim at identification of exemplary projects. These projects will be identified together with the given Member State's relevant authorities (Managing Authority or Intermediate Body) and the contractor will provide justification as regards the chosen projects. There must be at least 10 projects per 1 thematic block, which will be subject to the detailed analysis (min. 60 projects in total will be analysed), including 1 project (per thematic block) of cross-border, transnational or interregional co-operation.

These elements will set up a compilation of analysis per thematic block (D2) and will consist of 60 fact sheets on the identified projects with information on:

- their objective(s), timeline, budgets and project indicators as well as implementation modalities (beneficiary/ies);
- types of actions that they foresee,
- the feasibility and relevance of their objectives and indicators,
- their (expected) results, outcomes and potential impacts
- their contribution to the specific objective defined at the level of the OP,
- the potential for replication / mainstreaming in other projects (including key success factors and lessons learned),
- their relevance in the national context, i.e. contribution to the CSR or addressing challenges from the Country Report (in case where relevant),
- their relevance in the EU health policy goals; assessment of their (potential) expected results, outcomes and impact towards reducing health inequalities, their support towards systems' reforms and analysis of programme health-related indicators: their feasibility and usefulness (whether they will allow measuring ESIF results in the given health areas).

One of the set of 10 projects from a given thematic block will be chosen for a project visit, which will take place within the WP 3.

**Deliverables:**
- Deliverable 2 (D2): Report on ESIF support for health investments per thematic area, consisting of an analysis of the topic supported by a list of exemplary projects and good practices;

3.2.3. WP 3. Thematic Workshops (1 per thematic blocks)

*Purpose and objectives of WP 3*

Health-related investment priorities, which will be implemented in practice by a variety of national or regional health authorities or organisations, will be reflected in different ways, according to the individual Member State’s situation and priorities. However, the chosen approaches towards similar challenges, as well as the proposed project themselves could serve as an emulation element for others. In addition, Member States are not only interested in learning from good practices of the past but also in the currently applied solutions and implemented projects. Therefore the main objective of the WP 3 is:

- to support exchange of information, innovative ideas and processes, including via project visits, as well as success factors (do's and don'ts) among Member States (mutual learning activities), peer reviews; The contractor will propose a methodology for peer reviews, which will be subject to approval by the Commission;
- to provide health sector-specific assistance and expertise to concerned and interested Member States on specific programmes or key projects and other areas in need of support,
- to support Member States in better monitoring ESIF implementation and in complying with the programming commitments,
- to complement information collected by the contractor within the WP 1 so as to obtain a complete picture of analysed projects, for the purpose of the final report.

This will be done through dedicated 2-days workshops. Each of the workshop will consist of a project visit (of the exemplary project, chosen out of the 10 identified and analysed projects), organised for a group of 10-12 representatives from the relevant Member States. Having gathered this experience, the participants will report to the rest of participants, during the workshop activities, foreseen for the following day, The contractor will prepare the project visit and workshop in advance and will use the possibility of an earlier preparatory project visit (6 preparatory project visits in total), to prepare the workshop.

During each workshop the contractor is expected to:

- help all the participants to acquire relevant knowledge on the project (i.a. scope, purpose, objectives, targets) during the project visit,
- facilitate exchange of information gathered during the project visit among all participant;
- present the state-of-the art information on a given thematic block (including the most recent policy developments), including with presence and/or input from a competent official from the Commission in the given area,
- whenever relevant, refer to already existing outputs, available from other projects implemented so far from the Health Programme\textsuperscript{18},
- summarise its findings on the 10 explored ESIF projects, contributing to the given thematic block (dissemination of knowledge acquired in WP 1 and 2),
- provide analysis of indicators and their relevance, together with recommendations for the future (health-specific guidance for the use of ESIF),
- generate knowledge that will be incorporated into the final report (D 4),
- provide practical assistance in support of exchange of information between the concerned and interested Member States so as to enable sharing of experience on different approaches,
- organise appropriate group activities enabling participants to practically share knowledge and experience, including peer reviews of the visited project.

Each workshop, in addition to the participants directly concerned (institutions / authorities implementing projects within a given thematic block), should also include representatives from other Member States experienced in this field and/or interested in such participation.

At the end of each workshop, the participants should:

- have acquired knowledge on the scope of ESIF investments in all EU Member States in the specific health area (block), on the 10 projects chosen as exemplary projects and in particular on the project which was visited;
- should be aware of the countries that have been facing similar challenges, identified in the given health-related areas and in the projects implementation, and know how they have tackled them,
- should have acquired current experience in ESIF implementation in health areas as well as on success stories,
- should have acquired knowledge on ESIF health-related indicators.

**Deliverables (D3 and D4):**

Deliverable 3 (D3) consist of 6 workshops (1 per thematic block), which include project visit for 10-12 participants and which are preceded by preparatory project visits of the contractor.

- Each workshop should last 2 days and encompass 12-12 participants for the project visit and app. 50 participants for the rest of workshop activities. Participants are representatives from Member States, involved in implementation of ESIF health-related projects. The project visit will take place on the 1\textsuperscript{st} day and workshop activities on 2\textsuperscript{nd} day. The venue of the workshops will be proposed by the contractor. The costs related to travels and settings will be borne by the contractor.

- The contractor will produce summaries for each of the workshops, containing conclusions and description of their outcomes;

Deliverable D4 is a final report, which will contain:

\textsuperscript{18} See: http://ec.europa.eu/chafea/projects/database.html
- the summaries of all the workshops, including summaries of the project visits,
- analysis of the outcomes of all the workshops, including outcomes of the project visits,
- based on the input from the Member States and the analysis of the contractor's team, the report will also include the conclusions drawn by the analysis, the outcomes of the assessment of synergies and complementarities as well as recommendations as regards further support in this area (identification of areas worthy of potential development), in relation to scope of proposed actions, types of activities and indicators, budgetary assessment of these,
- a compendium of indicators for project and programme level,
- an abstract of no more than 200 words, an executive summary of maximum 6 pages, both in English and French and key words to facilitate web referencing of the study;
- the following standard disclaimer:

"The information and views set out in this study are those of the author(s) and do not necessarily reflect the official opinion of the Commission. The Commission does not guarantee the accuracy of the data included in this study. Neither the Commission nor any person acting on the Commission’s behalf may be held responsible for the use which may be made of the information contained therein."

- specific identifiers which shall be incorporated on the cover page provided by the Contracting Authority.

3.2.4. WP 4. Dissemination activities

Purpose and objectives of WP 4

The main objective of the dissemination activities is to ensure the widest possible dissemination and practical sharing of the contract’s results with relevant stakeholders.

WP 4 will consist of:

1) A dissemination conference

Further to supporting the dissemination of the results and outputs of the contract, the dissemination conference will also help to:

- provide an understanding of and insight into the different approaches of Member States towards the challenges identified in the given health-related areas;
- assess possible need for further support to Member States in identified areas.

The dissemination conference should be held in Brussels, over a period of 2 full days, with an expected participation of around 80 people: 2 representatives per Member State as well as participants from the Commission services (DG SANTE, DG EMPL, DG REGIO) and other stakeholders based in Bruxelles as well as from the Member States.

The dissemination conference will be held in English and interpretation will be provided to 5 languages.
2) A project website, to publish all the deliverables, including documentation from the workshops (presentations and workshop report) and the conference. The contractor will maintain the website active at least two years after the completion of the contract. All rights and codes will be transferred to DG SANTE or another operator appointed by DG SANTE who will continue maintaining the website afterwards.

3) Development of a print publication in English of maximum 100 pages, with an executive summary of no more than 3 pages, summarising the project's main findings, conclusions and recommendations. The publication will be electronically available at the project website.

4) If the thematic scope of the future Open Days in 2017 will be relevant and the application of DG SANTE would be accepted, the contactor will take part in this Open Day's event (or a similar dissemination event) and share the results of the project accordingly. The contractor has to therefore foresee relevant budget (including travel and accommodation costs) for such purpose.

**Deliverables:**

- Deliverable 5 (D.5.): dissemination conference as described above
- Deliverable 6 (D.6.) project website as described above
- Deliverable 7 (D.7.): print publication as described above
- Deliverable 8 (D.8.): two presentations of the tender’s results at dissemination events as described above

**3.2.5. WP 5 management and implementation**

Work Package 5 (WP5) will consist of the management and implementation of all the contract implementation according to the present terms of reference and timeframe (see p. 16).

The set-up (organigram) for the management and implementation of the contract will include the following parties:

- A tender team (TT) (i.e. expert/manager, coordinator and/or assistant) will bear the responsibility and take leadership for all activities under the contract. The TT will hold three management meetings (inception, interim and final) with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) and DG SANTE representatives.

- A Steering Committee (SC) will be composed of:
  - the Tender Team;
  - 4-5 Member States representatives (proposed by the DG SANTE, Chafea or the contractor and selected by the three parties in coordination); and
  - Chafea, DG SANTE, DG REGIO and DG EMPL representatives.

The SC will guide and advise on the successful implementation of the tasks to be performed under the contract. The SC will meet (at least) two times during the implementation of the contract. The costs of all activities - unless otherwise specified in the present terms of reference and the ensuing contract - are to be borne by the contractor; this includes the cost of
participation in the Steering Committee meetings by all participants other than the representatives of the Commission and Chafea (traveling, per diem, according to EU rules), and the hiring of rooms and catering.

The first SC meeting will review D1 and D2 (in view of preparing final versions) and planning of D3. The second meeting will look at D3 (workshops implementation) and the draft D4.

Member States representatives participating in the SC will be in particular consulted, in SC meetings and related consultations, on the validity of the mapping documents as well on the applicability of the guide and technical toolkit within the context of their Member States.

**Deliverables:**
- Deliverable 9 (D.9.): inception meeting and report
- Deliverable 10 (D.10.): interim meeting and report
- Deliverable 11 (D.11.): final meeting and implementation report

### 3.3. **Timeframe for providing the services**

The overall indicative timeframe is the following:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1 Planned for March 2016</td>
<td>Inception meeting (with EAHC and DG SANTE) in Luxembourg Inception Report (D9)</td>
</tr>
<tr>
<td>M2 – M12</td>
<td>Desk research, consultations (D1, D2)</td>
</tr>
<tr>
<td>M9 Planned for November 2016</td>
<td>Initial drafts of D1, D2 and planning of D3 sent to SC and to Chafea/DG SANTE 1st SC meeting (review of D1, D2, planning of D3) in Brussels</td>
</tr>
<tr>
<td>M13 Planned for March 2017</td>
<td>Final drafts D1, D2 and planning of D3 sent to SC and to Chafea/DG SANTE for approval 1st Interim meeting (with Chafea and DG SANTE) and report in Luxembourg (D10)</td>
</tr>
<tr>
<td>M14</td>
<td>Start of thematic workshops (D3), preceded by preparatory project visits. Website launch (D6)</td>
</tr>
<tr>
<td>M14-20</td>
<td>Completion of project visits and thematic workshops (D3) Drafting outcomes of the workshops (D4) Update of mapping documents (D1, D2)</td>
</tr>
<tr>
<td>M17 Planned for July 2017</td>
<td>2nd SC meeting Review of thematic workshops implementation</td>
</tr>
</tbody>
</table>
A detailed timetable respecting the above timeframe should be provided in the offer.

4. Participation in the tendering procedure

Participation in tendering procedures is open on equal terms to all natural and legal persons coming within the scope of the Treaties of the European Union\(^{19}\), and to all natural and legal persons in a third country which has a special agreement with the European Union on the conditions laid down in that agreement\(^{20}\).

4.1. Consortia

Groups of economic operators (consortia) are authorised to submit tenders (joint offers). In this case, each member of the consortium shall fulfil the requirements and accept the terms and conditions set out in the tender specifications, the contract as well as in all the relevant Annexes.

The offer must identify the consortium members by filling in the relevant points of Annex Ia. The tenderer shall clearly specify the role and tasks of each member of the consortium. The members of the consortium shall designate one member as consortium leader with full authority to bind the consortium and each of its members. Each consortium partner shall fill in, date and co-sign with the consortium leader a mandate letter (Annex Ib). The consortium leader shall act as a single point of contact with the contracting authority in connection with the present public procurement procedure.

In case the awarded tender is submitted by a consortium, all members of the consortium will be jointly and severally liable towards the contracting authority for the performance of the contract.

The contracting authority may not demand that consortia must have a given legal form in order to be allowed to submit a tender. However, the consortium awarded to sign a contract

\(^{19}\) The Member States of the European Union

\(^{20}\) Countries of the European Economic Area (Norway, Iceland and Liechtenstein), Former Yugoslav Republic of Macedonia, Albania and Montenegro
may be required to adopt a given legal form after it has been awarded the contract and before
the contract is signed, if this change is necessary to the proper performance of the contract.

The tenderer shall note that:

- The exclusion criteria as indicated in point 16.1 of the tender specifications will be
  applicable to each member of the consortium, therefore the ‘Declaration of honour’
  (Annex IV) must be supplied in the offer by each member. In addition, the contracting
  authority will assess the proposed consortium members with respect to the criteria on
  conflict of interest (see section 16.3).

  During the evaluation or before the signature of the contract, the contracting authority
  may request valid documentary evidence demonstrating that the exclusion criteria are
  met by the consortium partners in accordance with Annex IV.

  The leader and the members of the awarded consortium will be obliged to submit the
  exclusion criteria evidence before the signature of the contract, except if they are
  public bodies.

- The consortium leader shall provide evidence of access to contracts (proof of
  eligibility) as stated in point 17.1 by filling in
  • Annex Ia (Tender submission form - Statement),
  • Annex Ib (Mandate letter filled in and dated by the consortium partner and co-
    signed by the consortium leader),
  • Annex IIa / IIb / IIc (Legal entity form) and
  • Annex III (Financial identification form).

- During the evaluation, the selection criteria for economic and financial capacity
  of the consortium members will be – partly individually and partly in a consolidated way –
  assessed therefore the offers must include evidence on this regarding each
  consortium member. Each consortium member shall fill in and sign Annex VII.

- During the evaluation, the selection criteria for technical and professional capacity
  will be assessed in relation to the combined capacities of all members of the
  consortium, as a whole; therefore the offers must include evidence on this.

4.2. Subcontracting

Subcontracting is allowed. However, the contracting authority may demand information from
the tenderer on any part of the contract that the tenderer may intend to subcontract to third
parties and on the identity of any subcontractor. The contracting authority reserves the right to
validate the proposed subcontractor(s).

The offer must clearly identify the subcontractor(s) by filling in the relevant points of
Annexes Ia of these tender specifications and prove their willingness to accept tasks proposed
to them by the tenderer (e. g. by way of enclosing a written commitment of the
subcontractors(s)). Moreover, by filling in Annex Ia, the tenderer shall provide information as
to what proportion of the contract the tenderer intends to subcontract in total and also by each
subcontractor, in case there are more subcontractors identified. In addition to this, the offer
shall describe which main task(s) will be subcontracted.
Once the contract has entered into force, the contractor shall retain full liability towards the contracting authority for the performance of the contract as a whole. The Executive Agency will not have any direct legal commitment with the subcontractor(s).

The tenderer shall note that:

- As a general rule, the **exclusion criteria** as stated in point 16.1 of the tender specifications will be applicable to the tenderer and each of its subcontractor, therefore the ‘Declaration of honour’ (Annex IV) must be supplied in the offer by them. In addition, the contracting authority will assess the proposed subcontractors with respect to the criteria on **conflict of interest** (see section 16.3).

During the evaluation or before the signature of the contract, the contracting authority may request valid documentary evidence demonstrating that the exclusion criteria are met by the subcontractor(s) in accordance with Annex IV.

Before the signature of the contract, the **awarded tenderer including the subcontractor(s)** will be asked to submit the exclusion criteria evidence. As an exception,

- that/those subcontractor(s) of the awarded tenderer who will be subcontracted for a value less than € 60 000 of the total amount of the contract,
- and the tenderer and/or the subcontractor(s) being a public body will not be obliged to submit such evidence.

- Only the tenderer shall provide **evidence of access to contracts (proof of eligibility)** as stated in point 17.1. by filling in
  - Annex Ia (Tender submission form - Statement),
  - Annex IIa / IIb / IIc (Legal entity form) and
  - Annex III (Financial identification form).

- When a subcontractor will be subcontracted for a value of more than € 60 000, the tenderer shall submit information and evidence on the **selection criteria for the economic and financial capacity** of the identified subcontractor by filling in Annex VII and enclosing the evidence as indicated in point 17.2.

- The **selection criteria for technical and professional capacity** will be applied to the combined capacities of the tenderer and the subcontractors identified whether in the tender or during the implementation of the contract —, to the latter in respect of the part of the work that they will perform, therefore the offers must include evidence on this.

Instructions on how to fill in the Annexes of these tender specifications in case of joint offers and/or subcontracting are available in Annex VIII (Checklist).

5. Meetings

Three meetings are foreseen in the premises of the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) in Luxembourg (rue Guillaume Kroll 12) or DG SANTE premises in Brussels (rue Belliard 232) to hold the kick-off meeting (M1), interim meeting (M9) and final meeting (M24).
6. Variants
Variants are not accepted.

7. Volume of contract
The maximum contract price is EUR 745 000

8. The duration of the tasks
The duration of the tasks is 24 months.

9. Price
- Prices must be quoted in Euro using, if necessary, the conversion rates published in the C series of the Official Journal of the European Union on the day when the contract notice was published (if no notice was published, on the day when the invitation to tender was sent out).

- Prices must be fixed amounts in Euro.

- Estimated travel and subsistence expenses to meet the representatives of the Executive Agency and the Commission must be indicated separately, as reimbursable cost.

This estimate should be based on Article 1.3.3 of the contract annexed to these specifications and include any travel required to meet representatives of the Executive Agency and the Commission. In any event, it should represent the maximum amount of travel and subsistence expenses payable for all the services provided.

- Prices should be quoted free of all duties, taxes and other charges, including VAT, as the Communities are exempt from such charges under Articles 3 and 4 of the Protocol on the privileges and immunities of the European Communities; the amount of VAT should be shown separately.

- Prices are firm and not subject to revision.

10. Terms of payment

- Pre-financing:
Following the signature of the contract by the last contracting party and its receipt by the Executive Agency, a pre-financing payment equal to 20% of the total amount referred to in Article 1.3.1 of the contract shall be made within 30 days of the latest of the following dates:

  • the receipt of the invoice(s) indicating the reference number of the contract;
  • the receipt of the Inception Report (D9) or any other document in accordance with the tender specifications;
• the receipt by the Executive Agency of a duly constituted financial guarantee (if foreseen by the contract)\textsuperscript{21}.

The Executive Agency may refuse to make payments where the award procedure or the performance of the contract prove to have been subject to substantial errors, irregularities or fraud attributable to the contractor.

- **Interim payment:**
The contractor shall submit the invoice(s) for the interim payment equal to 30\% of the total amount referred to in Article I.3.1 of the contract.

Invoice(s) for interim payment shall be accompanied by
- an Interim Report (D10) or any other document in accordance with the tender specifications,
- and statements of reimbursable expenses in accordance with Article II.16 of the contract.

The Executive Agency, provided that the report has been approved, shall make the payment within 60 days from receipt of the invoice. The contractor shall have 20 days in which to submit additional information or corrections or a new Interim Report or documents if required by the contracting authority.

- **Payment of the balance:**
The contractor shall submit a request with the invoice(s) for the payment of the balance.

The invoice(s) shall be accompanied by:
• the Final Report or any other document in accordance with the tender specifications;
• a statement of reimbursable expenses in accordance with Article II.16 of the contract.

The Executive Agency, provided that the report has been approved, shall make the payment within 60 days from receipt of the invoice. The contractor shall have 20 days in which to submit additional information or corrections, a new Final Report or other documents if it is required by the contracting authority.

- **Payment for travel and subsistence expenses:**

Reimbursement will be made on presentation of statements of reimbursable expenses according to Article II.16 of the contract, and after their approval.

**11. Reports and deliverables to be submitted**
The work carried out by the contractor under the contract will be the subject of the following reports, which must be sent to the Executive Agency by the contractor both in hard copy and electronic format.

\textsuperscript{21} Requesting a pre-financing guarantee is not allowed for contracts of less than EUR 60 000, and in other cases it should be duly justified through a documented risk assessment.
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Title and description</th>
<th>Month</th>
</tr>
</thead>
</table>
| D1          | Mapping documents of ESIF support  
One mapping document per thematic block and one for the European territorial cooperation programmes | M21 |
| D2          | Analysis of thematic blocks supported by exemplary projects  
Report on ESIF support for health investments per thematic area  
(analyses of the topic supported by a list of exemplary projects and good practices) | M21 |
| D3          | Thematic workshops, including project visits | M14-20 |
| D4          | Final Report  
(summaries of all the workshops, including project visits with analysis of the outcomes of all the workshops, including project visits) | M21 |
| D5          | Dissemination conference | M23 |
| D6          | Website | M14 |
| D7          | Print publication: in 100 hard copies, maximum 100 pages, with an executive summary of no more than 3 pages, summarising the project's main findings, conclusions and recommendations | M21 |
| D8          | 2 presentations by the contractor | M20 |
| D9          | **[Inception Report: in 2 hard copies and in electronic format, in English]**  
The Inception Report will describe the findings of the kick-off meeting and the work programme planned for the following period. | M1 |
| D10         | **[Interim Report: in 2 hard copies and in electronic format, in English]**  
The Interim Report shall describe the work carried out so far, methods applied, problems encountered, solutions found and the work programme planned for the following period. | M13 |
| D11         | **[Final Implementation Report: in 2 hard copies and in electronic format, in English]**  
The Final Report shall describe the work carried out, methods applied, problems encountered, solutions found and limitations | M24 |
The Final Report will also include:
- an **executive summary in English and French** of the main results obtained,
- an **abstract** of no more than 200 words.

**Procedure for reporting:**

All reports shall be submitted in accordance with the timeframes indicated in point 3.3. The Executive Agency will then either inform the contractor that it approves the draft or will send him its comments within 20 days.

Within 20 days of receiving any such comments, the Contractor will send the Executive Agency his revised report, which will either take account of the comments or put forward alternative points of view.

In the absence of any comments from the Executive Agency within 20 days of its receiving the draft report, the contractor may request written acceptance of it.

The report will be deemed to have been approved by the Executive Agency if it does not expressly inform the contractor of any comments within 30 days of its request.

**Presentation and references:**

The data in above reports shall be presented with an appealing layout, containing tables as well as appropriate graphics to illustrate the arguments. The Final Report shall be written in a high standard and checked by a native speaker.

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.

Unless otherwise explicitly indicated in these tender specifications, the reports and the deliverables shall be prepared by following the visual identity of the European Commission: [http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm](http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm).

The contractor shall include in all reports as well as in all written and electronic communication the EU emblem with the following statement besides “**Funded by the European Union in the framework of the EU's third Health Programme (2014-2020)**”.

In addition to this, the reports shall contain the following disclaimer:

*“This report was produced under the EU's third Health Programme (2014-2020) in the framework of a service contract with the Consumers, Agriculture, Health and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of*
this report represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body of the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.”

12. Contractual terms and guarantees

In drawing up his bid, the tenderer should bear in mind the provisions of the standard contract attached to this invitation to tender (Annex VI).

Submission of a tender implies acceptance of all the terms specified in the present specifications and in particular in the attached standard contract including the general conditions applicable to contracts (Annex VI).

All documents presented by the tenderer become the property of the European Union and are deemed confidential.

The Executive Agency will not reimburse expenses incurred in preparing and submitting offers.

13. No obligation to award the contract

Completing the adjudication or the procedure of the call for tenders in no way imposes on the Executive Agency an obligation to award the contract.

The Executive Agency shall not be liable for any compensation with respect to tenderers whose tenders have not been accepted, not shall it be liable when deciding not to award the contract.

14. Administrative and financial penalties

1. Without prejudice to the application of penalties laid down in the contract, candidates or tenderers and contractors who have been guilty of making false declarations, have made substantial errors or committed irregularities or fraud, or have been found in serious breach of their contractual obligations may be excluded from all contracts and grants financed by the Union budget for a maximum of five years from the date on which the infringement is established, as confirmed after a contradictory procedure with the candidate, tenderer or contractor.

That period may be extended to ten years in the event of a repeat offence within five years of the date referred to in the first subparagraph.

Tenderers or candidates who have made false declarations, have committed substantial errors, irregularities or fraud, may also be subject to financial penalties representing 2 % to 10 % of the total value of the contract being awarded.
Contractors who have been found in serious breach of their contractual obligations may be subject to financial penalties representing 2 % to 10 % of the total value of the contract in question.

That rate may be increased to 4 % to 20 % in the event of a repeat offence within five years of the date referred to in the first subparagraph.

2. The responsible institution shall determine the administrative or financial penalties taking into account in particular the elements referred to in Article 142(1) of the Rules of Application.

When determining the period of exclusion, the institution responsible shall give the candidate or tenderer concerned the opportunity to express its views.

The period referred to in Article 106(4) of the Financial Regulation is set at a maximum of five years, calculated from the following dates:

(a) from the date of the judgement having the force of res judicata in the cases referred to in points (b) and (e) of Article 106(1) of the Financial Regulation;

(b) from the date on which the infringement is committed or, in case of continuing or repeated infringements, the date on which the infringement ceases, in the cases referred to in Article 106(1)(c) of the Financial Regulation where the misconduct relates to contracts with the institution concerned.

For the purposes of point (b) of the third subparagraph, if the grave professional misconduct was established by a decision of public authority or an international organisation, the date of the decision shall prevail.

That period of exclusion may be extended to ten years in the event of repeated offence within five years of the date referred to in points (a) and (b) above.

Candidates and tenderers shall be excluded from a procurement and grant procedure as long as they are in one of the situations referred to in points (a) and (d) of Article 106(1) of the Financial Regulation.

3. The cases referred to in paragraph 16.1 point (e) of these specifications shall be the following:

(a) cases of fraud as referred to in Article 1 of the Convention on the protection of the European Communities' financial interests drawn up by the Council Act of 26 July 1995\textsuperscript{22};

(b) cases of corruption as referred to in Article 3 of the Convention on the fight against corruption involving officials of the European Communities or officials of Member States of the European Union, drawn up by the Council Act of 26 May 1997\textsuperscript{23};

\textsuperscript{22} OJ C 316, 27.11.1995, p. 48.
(c) cases of participation in a criminal organisation, as defined in Article 2 of Council Framework Decision 2008/841/JHA24;


(e) cases of terrorist offences, offences linked to terrorist activities and inciting, aiding, abetting or attempting to commit such offences, as defined in Articles 1, 3 and 4 of Council Framework Decision 2002/475/JHA26.

15. Requirement as to the tender

The tender must include:

(a) an administrative part including all the information and documents required by the contracting authority for the appraisal of tenders on the basis of the exclusion and selection criteria set out under paragraphs 16 and 17 respectively of these tender specifications;

(b) a technical part including all the information and documents required by the contracting authority for the appraisal of tenders on the basis of the award criteria set out under paragraph 18 of these tender specifications;

(c) a financial part setting out prices in accordance with paragraph 19 of these tender specifications.

ADMINISTRATIVE PART

The evaluation will be made in three stages: exclusion, selection and award. Only the offers which fulfil the criteria detailed below will be selected for the award stage.

16. Exclusion criteria

16.1. Candidates or tenderers shall be excluded from participation in a procurement procedure if:

(a) they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(b) they or persons having powers of representation, decision making or control over them have been convicted of an offence concerning their professional conduct by a judgment of a competent authority of a member State which has the force of res judicata;

(c) they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify including by decisions of the EIB and international organisations;

(d) they are not in compliance with their obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;

(e) they or persons having powers of representation, decision making or control over them have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation, money laundering or any other illegal activity, where such activity is detrimental to the Union’s financial interests;

(f) they are currently subject to an administrative penalty referred to in Article 109 (1) of the Financial Regulation.

Points (a) to (d) of the first subparagraph shall not apply in the case of purchase of supplies on particularly advantageous terms from either a supplier which is definitively winding up its business activities, or from the receivers or liquidators of a bankruptcy, through an arrangement with creditors, or through a similar procedure under national law.

Points (b) and (e) of the first subparagraph shall not apply where candidates or tenderers can demonstrate that adequate measures have been adopted against the persons having powers of representation, decision making or control over them, who are subject to a judgement as referred to in points (b) or (e) of the first subparagraph.

Candidates or tenderers shall certify that they are not in one of the situations listed above by completing and signing the ‘Declaration of honour’ (Annex IV).

For the purpose of correct application of the above, the candidate or tenderer, whenever requested by the contracting authority, shall:

- where the candidate or tenderer is a legal person, provide information on the ownership or on the management, control and power of representation of the legal person and certify that they are not in one of the situations referred to above;

- where subcontracting is envisaged, certify that the subcontractor is not in one of the situations referred to above.

As a general rule, the successful tenderer will be requested, after the award and before the signature of the contract, to also provide evidence that it is not in any of the situations described in points (a), (b), (d) and (e) above within the time limit stipulated by the contracting authority. In case the successful tender was submitted by a consortium and/or subcontractors are identified, the exclusion criteria evidence shall be submitted in accordance with point 4 of the tender specifications.

This evidence must be in one of the forms described in paragraph 16.2 below.
16.2. Evidence

The contracting authority shall accept as satisfactory evidence that the candidate or tenderer to whom the contract is to be awarded is not in one of the situations described in point (a), (b) or (e) of paragraph 16.1, a recent extract from the judicial record or, failing that, an equivalent document recently issued by a judicial or administrative authority in the country of origin or provenance showing that those requirements are satisfied. The contracting authority shall accept, as satisfactory evidence that the candidate or tenderer is not in the situation described in point (a) or (d) of paragraph 16.1, a recent certificate issued by the competent authority of the State concerned.

Where the document or certificate referred to in paragraph 1 is not issued in the country concerned and for the other cases of exclusion referred to in paragraph 16.1, it may be replaced by a sworn or, failing that, a solemn statement made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance.

Depending on the national legislation of the country in which the candidate or tenderer is established, the documents referred to in paragraph 16.2 shall relate to legal persons and/or natural persons including, where considered necessary by the contracting authority, company directors or any person with powers of representation, decision-making or control in relation to the candidate or tenderer.

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

(a) are subject to a conflict of interest;

The verification of conflicting situations giving grounds for exclusion under Article 94 of the Financial Regulation concerns tenderers, consortium members and subcontractors, but also any person of the tenderer (or consortium member, subcontractor) with powers of representation, decision-making or control in relation to the tenderer (or consortium member, subcontractor).

The notion of 'conflict of interest' under the exclusion criteria will be applied in accordance with Article 27 of the Financial Regulation and Article 32 of the Implementing Rules. According to Article 27, a conflict of interest exists where the impartial and objective exercise functions – in the present case, the impartial and objective implementation of the contract – is compromised for reasons involving family, emotional life, political or national affinity, economic interest or any other shared interest.

In practical terms is means that if the tenderer has multiple interests, one (or more) of which could possibly bias the motivation to act in an independent, impartial and objective manner and in the interest of the public during the implementation of the contract, the risk of this conflict of interest will be evaluated.

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 for clarifications or additional information regarding the issue.
As a result, the tender that is found to be in conflict of interest shall be excluded. The tenderers shall note that having found the tenderer itself, and/or one or more consortium member(s), and/or one or more subcontractor(s) in conflict of interest will lead to the rejection of the whole offer.

(b) are guilty of misrepresenting the information required by the contracting authority as a condition of participation in the contract procedure or fail to supply this information;

(c) find themselves in one of the situations of exclusion, referred to in paragraph 16.1, for this procurement procedure.

Candidates or tenderers must certify that they are not in the situation in point (a) by completing and signing the form in Annex IV, ‘Declaration of honour’.

17. Selection criteria

Tenderers must demonstrate that they have the capacity to provide the services required. Only those tenders fulfilling all the selection criteria will be examined in the light of the award criteria.

17.1. Proof of eligibility

The tenderer (in case of a consortium, the consortium leader) shall provide evidence of access to contracts (eligibility) according to the followings:

a) the tenderer indicates in which State it has its headquarters or domicile (Annex Ia) and presents the supporting evidence normally acceptable under its own law.

b) it indicates its VAT number (Annex IIa/IIb);

c) it indicates the name and position of the person authorised to sign the contract (Annex Ia);

d) it indicates its bank account number and bank address (R.I.B. or standard form in Annex III);

e) if the tenderer is a natural person, it shall complete the standard form in Annex IIc;

f) In case of a consortium, the consortium leader shall submit the Mandate letters (Annex Ib) signed and dated by the consortium members and co-signed by the consortium leader; in case of subcontracting the tenderer shall submit the written commitment proving the willingness of the subcontractor(s) to accept the task proposed to it / them by tenderer.

17.2. Economic and financial capacity

17.2.1. Purpose
Tenders are required to provide sufficient information of their financial standing and more particularly proof that they have the necessary resources and financial means to carry out the work that is the subject of the tender.

The Executive Agency shall have sole discretion in judging the tenderers’ economic and financial capacity with regard to the criteria set out below, and where it considers this insufficient, the right to reject any offer.

17.2.2. Economic and financial capacity criteria

In order to be economically and financially capable to provide the service, tenderers must demonstrate:

- **Liquidity**: capable of covering its short-term commitments;
- **Solvency**: capable of covering its medium and long-term commitments;
- **Profitability**: generating profits, or at least with a self-financing capacity.

As a consequence, the liquidity, the solvency and the profitability of the tenderer shall be assessed by the Executive Agency according to the following:

17.2.2.1 Used ratios and noteworthy value

The tenderer's economic and financial capacity check is based on three financial ratios defined as follows:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Indicators</th>
<th>Ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquidity</td>
<td>Current Ratio(^{27})</td>
<td>Current Assets (3)(^{26})</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trade and Other Debts (6)</td>
</tr>
<tr>
<td>Profitability</td>
<td>Profitability Ratio(^{29})</td>
<td>Gross Operating Profit (14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Turnover (7)</td>
</tr>
<tr>
<td>Solvency</td>
<td>Financial Autonomy Ratio(^{30})</td>
<td>Capital and Reserves (4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Liabilities (4 + 5 + 6)</td>
</tr>
</tbody>
</table>

In addition, noteworthy values are used as complementary data (Flag).

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Indicators</th>
<th>Ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Capacity</td>
<td>Turnover Flag</td>
<td>The average Turnover (7) of the last 2 accounting years minus Estimated Maximum Amount of the Services</td>
</tr>
</tbody>
</table>

\(^{27}\) For the last year for which accounts have been closed

\(^{28}\) The figures mentioned between brackets refer to the respective accounts listed in Annex VII

\(^{29}\) For the best of the last two years for which accounts have been closed

\(^{30}\) For the last year for which accounts have been closed
17.2.2.2. Thresholds

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

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Indicators</th>
<th>Weak</th>
<th>Acceptable</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquidity</td>
<td>Current Ratio</td>
<td>i &lt; 1</td>
<td>1,00 ≤ i ≤ 1,25</td>
<td>i &gt; 1,25</td>
</tr>
<tr>
<td>Profitability</td>
<td>Profitability Ratio</td>
<td>i &lt; 0,05</td>
<td>0,05 ≤ i ≤ 0,15</td>
<td>i &gt; 0,15</td>
</tr>
<tr>
<td>Solvency</td>
<td>Financial Autonomy Ratio</td>
<td>i &lt; 0,20</td>
<td>0,20 ≤ i ≤ 0,33</td>
<td>i &gt; 0,33</td>
</tr>
</tbody>
</table>

Flags are assessed according the following criteria:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Indicators</th>
<th>Weak</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Viability and Capacity</td>
<td>Turnover Flag</td>
<td>i &lt; 0</td>
<td>i ≥ 0</td>
</tr>
<tr>
<td></td>
<td>Equity Flag</td>
<td>i &lt; 0</td>
<td>i ≥ 0</td>
</tr>
</tbody>
</table>

17.2.3 Conclusion of the economic and financial capacity checks

The financial assessment on the basis of the above mentioned ratios results in scores of "Good", "Acceptable" or "Weak" for the liquidity, profitability and solvency aspects of the tenderer.

A tenderer subject to the evaluation of its economic and financial capacity who obtains an overall score of less than 3 points as a result of the above ratios will be considered to have a "Weak" economic and financial capacity.

Moreover, despite an overall score of 3 points or more under the abovementioned ratio analysis, the economic and financial capacity of a tenderer will be considered as "Weak", if both the noteworthy values, knowing the Turnover Flag and the Equity Flag, are considered "Weak".

An overall score of less than 3 points as a result of the assessment of the financial ratios will not lead to the exclusion of the tenderer. In this case the tenderer, if awarded the contract, may be required to submit a bank guarantee (performance guarantee or pre-financing guarantee) to
the Executive Agency, following the procedure laid down in Article 165 for the Rules of Application of the Financial Regulation.

The tenderer will be excluded only in case of having ‘Weak’ for all the indicators at the same time: Current Ratio (liquidity), Profitability Ratio (profitability), Financial Autonomy Ratio (solvency), the Turnover Flag and the Equity Flag (Financial Viability and Capacity).

17.2.4. Evidence for the economic and financial capacity

Proof of its economic and financial capacity shall be furnished by the tenderer by the presentation of balance sheets or extracts from balance sheets and profit and loss accounts for at least the last two years for which accounts have been closed, where publication of the balance sheet is required under the law of the country in which the tenderer is established.

Tenderers (and in case of a consortium, the consortium leader and the consortium members) are also requested to fill in the form ‘Economic and Financial Capacity Overview’ in Annex VII.

If, for some exceptional reason that the Executive Agency considers justified, the tenderer is unable to provide the evidence requested by the Executive Agency, he may prove his economic and financial capacity by any other means that the Executive Agency considers appropriate. In case of public bodies, other documents, in particular the body’s budget for the current year could be considered as appropriate.

17.3. Technical and professional capacity

Technical and professional capacity of the tenderer shall be evaluated and verified in accordance with point 17.3.1 and 17.3.2 as follows:

17.3.1. Requirements

The tenderer must meet the following criteria:

1. Technical and professional criteria for the tenderer:

   i. The tenderer's team has a team leader with a university degree (a Master's degree or equivalent); at least 15 years of relevant professional experience (of which 10 years in the field of health, and/or other related fields, with relevance for healthcare organisation and investments); at least 5 years direct experience in managing a team and working in liaison with high-ranking governmental officials.

2. Technical and professional criteria of the tenderer’s team:

   The tenderer shall have the capacity to put together a team which shall meet the following requirements and shall have:

   i. one member with at least 5 years of relevant professional experience in managing and implementation of actions and/or projects under EU Structural Funds, acquired after the relevant university qualifications
ii. one member with at least 5 years of relevant professional experience in liaising with political and policy-making bodies and agencies, acquired after the relevant university qualifications

iii. one member with at least 5 years of experience in the organisation of meetings and administrative matters, acquired after the relevant university qualifications

iv. one member with at least 5 years of relevant professional experience in communication activities including website design or development and setting up communication strategies to disseminate information, acquired after relevant university qualifications

v. one member with at least 5 years' experience in health-related area, acquired after the relevant university qualifications

All above team members, to include the team leader shall have a proven adequate working knowledge of English.

One person could fulfil one or several requirements listed under the above points i-v.

Technical and professional capacity of tenderers shall be evaluated and verified in accordance with point 17.3.2.

17.3.2. Evidence

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

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Evidence to be provided</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-and 2</td>
<td>List of the projects participated in the last 5 years for the tenderer</td>
<td>The list shall have references to projects or documents such as annual reports, publications, confirming the tenderer’s required experience in the fields indicated in i)</td>
</tr>
<tr>
<td>1 and 2, 3</td>
<td>Curriculum vitae of the team leader and the team members</td>
<td>Preferably in EU-pass format, but at least 2 pages long per person. Summaries will not be accepted. The CV should include information about the qualifications and about the work experience and about the language abilities of the team members.</td>
</tr>
<tr>
<td>2.1-2.4</td>
<td>A summary table of main expertise of the persons responsible for providing the services</td>
<td>One table for all team members The list shall be broken down by team member have references to projects or documents such as annual reports, publications, confirming the tenderer’s teams’ required experience in the fields indicated in i, ii and iii.</td>
</tr>
<tr>
<td>2.1-2.4</td>
<td>A filled in checklist on the technical and professional capacity under the selection criteria listing all team members.</td>
<td>The template is provided as Annex IX of the tender specifications.</td>
</tr>
</tbody>
</table>
TECHNICAL PART

The technical part shall describe in detail how the services described in point 3 will be provided by the tenderer. Since tenderers will be judged on the content of their written offers, these must make it clear that how could they meet the requirements of the tender specifications.

Tenders must be clear and concise, with continuous page numbering, and assembled in a coherent fashion (e.g. bound or stapled, etc.).

18. Award criteria

The contract will be awarded to the tenderer who submits the most economically advantageous bid, as assessed on the basis of the following factors:

(a) Technical evaluation criteria in their order of importance as weighted by percentage:

<table>
<thead>
<tr>
<th>No.</th>
<th>Qualitative Award criteria</th>
<th>Weighting (max. points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understanding of the nature, the scope and objectives of the tasks to be performed under the contract</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Quality and relevance of the methodology proposed for task I (WP 1 &amp; WP2)</td>
<td>35</td>
</tr>
<tr>
<td>3.</td>
<td>Quality and relevance of the methodology proposed for task II (WP 3 and WP4)</td>
<td>35</td>
</tr>
<tr>
<td>4.</td>
<td>Quality of the proposed - project management, - work management including resource allocation within the team and time management, - measures proposed for risk assessment, monitoring and quality control</td>
<td>25</td>
</tr>
</tbody>
</table>

Total points 100

The criteria are detailed as follows:

1. This criterion serves to assess whether the tenderer has understood all of the issues involved, as well as the nature of the work to be undertaken and the content of the final deliverables. The tenderer is requested to demonstrate that it is familiar with the general context and the specific subject of the call for tender and has a good understanding of the service to be provided.

The tenderer must note that a statement alone, confirming that it understands the objectives of the contract and the work to be carried out or the repetition of the tender specifications will
not be considered as sufficient and will lead to negative assessment and a major reduction of the maximum points under this criterion.

2. This criterion will assess the relevance and quality of the proposal concerning the proposed detailed methods for delivering the desk research activities and requested outputs as specified in the task description above (i.e. the requested mapping documents, OP and project level assessments and conclusions document). This concerns WP 1 and WP 2. Critical elements for this criterion are the ones related to the quality and relevance of the proposed methodology for the data collection and analysis and the rationale for the thematic blocks.

3. This criterion will assess the relevance and quality of the proposal concerning the proposed detailed methods for delivering the capacity building activities and requested outputs as specified in the task description above (i.e. the thematic workshops and dissemination activities). This concerns WP 3 and WP 4. Critical elements for this criterion are the ones related to the quality and relevance of the proposed methodology for planning, executing and evaluating the thematic workshops and dissemination conference; ensuring the website's repository function, its overall functionalities and ease of use and the way in which it will support the exchange of good practices process.

4. The offers will be assessed regarding the planning for the completion of the contractual tasks, which should be clearly outlined in the tender and the overall management approach required in WP 5. This should include a description of the role of the team members of the tenderer the experts and the rest of the Steering Committee members, a detailed work plan and time schedule, a risk analysis, providing also contingency measures and a quality assurance plan.

For all criteria above a 60% threshold is required. Tenderers falling below these thresholds will be eliminated. Moreover, tenders that have not obtained a total of at least 60 out the 100 points will be excluded.

Since assessment of the tenders will be based on the quality of the proposed services, tenders should elaborate on all points addressed by these specifications in order to score as many points as possible. In addition, if certain essential points of these specifications are not expressly covered by the tender, the evaluators may decide to give a very low or zero mark for the relevant qualitative award criteria.

(b) Price:

Only the tender(s) that reach the technical quality threshold mentioned will be subject to the price assessment. The tenders will be ranked by applying the following formula:

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 = \((\text{lowest price/price of the bid in question}) \times 100\)

**Evaluation of the best value for money tender:**

In order to determine the best value for money tender for the award of the contract, the quality/price ratio of 70/30 will be applied in the following way:
The points awarded for technical quality multiplied by 0,70
- The points awarded for the price multiplied by 0,30

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

**FINANCIAL PART**

19. Financial part

Prices must be presented in the standard format of Annex V. Every offer that successfully passes the quality evaluation, they 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 in particular:
  - staff costs, social contributions and taxes, and other administrative costs for the team,
  - the cost for all the events organised in the framework of the contract, as follows:
    - the preparatory project visits of the contractor’s expert team to the Member States, (one-day visit of one person x 6 Member States);
    - the cost for the 6 thematic workshops (2-days per workshop), including the project visit and participants' and interpretation costs,
    - dissemination conference, including participants' and interpretation costs;
  - the participation costs (traveling, per diem) of all participants in the steering committee meetings;
  - cost for registering the website domain name, creating developing, hosting, maintaining and updating the website (WP4);
  - data purchase if necessary;
  - translation costs for the mapping activities, when documents are only available in the official language of each MS;
  - and any other cost related to the service, with the exception of the travel and subsistence expenses for the meetings with the Executive Agency and the Commission, as explained below.

- **the estimated costs for the travel, subsistence and accommodation expenses:** for the Contractor and his staff to meet the representatives of the Executive Agency and the Commission, as indicated in point 5 above. The daily subsistence allowance referred to in Article II.16.4(d) of the contract and the accommodation flat-rate ceiling referred to in Article II.16.4(e) shall be as listed in Annex III of the contract. These costs will be reimbursed in accordance with Article II.16 of the contract. No other costs will be reimbursed.
ANNEXES

The following set of documents is provided to the tenderers:

- Invitation to tenderers

- Tender specifications
  
  o Annex Ia: Tender submission form - Statement
  
  o Annex Ib: Letter of mandate for consortium members / Written commitment for subcontractors
  
  o Annex IIa: Legal entity form for public entities
  
  o Annex IIb: Legal entity form for private entities
  
  o Annex IIc: Legal entity form for individuals
  
  o Annex III: Financial identification form
  
  o Annex IV: Declaration of honour
  
  o Annex V: Financial offer form
  
  o Annex VI: Draft contract and annexes
  
  o Annex VII: Economic and financial capacity overview form
  
  o Annex VIII: Checklist
  
  o Annex IX: Checklist on the technical and professional capacity under the selection criteria

Please note that Annexes Ia, Ib, IIa, IIb, IIc, III, IV and VII are contained in one single PDF-form.