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Chafea Ares (2015)

SPECIFICATIONS ATTACHED TO THE INVITATION TO TENDER

Call for tender n°CHAFEA/2015/HEALTH/04 concerning a behavioural survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (MSM)

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1. Title of contract

Behavioural survey for HIV/AIDS and associated infections among men who have sex with men, a knowledge, attitudes and practice survey and tailored training for community based health workers to improve access, quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men

2. Purpose and context of contract

The Commission Communication on combating HIV/AIDS¹ in the European Union and neighbouring countries, 2009-2013 provides a policy framework to complement EU MS actions to address the HIV/AIDS epidemic at European level. The overall objectives of this framework are (i) the reduction of new HIV infections, (ii) to improve access to prevention, treatment, care and support, (iii) improve quality of life of people living with, affected by or most vulnerable to HIV/AIDS. The Communication's operational action plan contains six key areas: (1) Policies, (2) Prevention, (3) Priority regions, (4) Priority groups, (5) Improving the knowledge, (6) Monitoring and evaluation. In 2014 the action plan has been prolonged until 2016 with a view to provide continuity of EU action².

In the EU/EEA countries, men who have sex with men (MSM) account for the majority of new HIV infections representing 42% of newly diagnosed cases in 2013. Contrary to the trends in other key risk groups there has been a sustained increase in new HIV diagnoses among MSM by 33% since 2004³. Moreover, the new cases among men who have sex with men aged 15–24 nearly doubled since 2004. This is of particular concern, as these are likely to have been infected recently, suggesting that current prevention efforts may not be reaching those in need and having the necessary impact to reduce transmission.

Early diagnosis associated with counselling and access to treatment as well as preventive strategies play a crucial role in reducing the spread of the infection and in reducing the morbidity and mortality related to HIV/AIDS. More than one third of HIV infections among MSM are diagnosed late. In addition sex with men as mode of transmission is likely to be under-reported in a number of countries, given the proportion of MSM who do not disclose their sexuality to health professionals⁴. Furthermore, there is evidence of overlapping risk between MSM and other key populations such as injecting drug users, sex workers, migrants and prisoners.

There is still inadequate or missing data on many critical aspects of the HIV situation and response. There are significant gaps in knowledge of: the state of the epidemic (e.g. incidence, prevalence and co-infections); key populations (e.g. demographics, risk behaviour, factors

¹ The Commission Communication on combating HIV/AIDS¹ in the European Union and neighbouring countries, 2009-2013, <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52009DC0569&from=EN>

² SWD(2014) 106, Action Plan on HIV/AIDS in the EU and neighbouring countries: 2014-2016, http://ec.europa.eu/health/sti_prevention/docs/ec_hiv_actionplan_2014_en.pdf

³ European Center for Disease Prevention and control, HIV/AIDS surveillance in Europe, 2013, <http://ecdc.europa.eu/en/publications/Publications/hiv-aids-surveillance-report-Europe-2013.pdf>

⁴ Idem to 4.

that influence risk and uptake of services, sub-populations at increased risk and overlapping risk behaviour, especially among men-who-have sex with men, migrants, prisoners and sex workers); the state of the response (e.g. availability of prevention methods, testing uptake, late diagnosis, treatment access, adequacy of funding and effective prevention interventions for hard-to-reach populations). In addition, many countries lack knowledge on the continuum of HIV care, which tracks critical data ranging from the estimated number of people who are infected with HIV to the number of people on treatment who are virally suppressed.

Therefore, to tackle the ongoing epidemic, it is important to understand the impact of prevention and treatment programmes, including the influence of emerging and changing behavioural trends, in particular the use of mobile and internet based technologies as well as the use of (new) psychoactive substances for recreational purposes and how these factors influence risk behaviour among MSM.

In parallel, it is crucial to identify what are the knowledge, attitudes and practices of the community based workers who play a key role in counselling the MSM on effective target prevention methods, including sexual risk reduction strategies, periodic testing for HIV and associated infections, providing mental health support, adherence to the treatment and care, etc.

3. Subject of contract

Behavioural survey for sexual health, HIV/AIDS and associated infections among men who have sex with men, and a knowledge, attitudes and practice survey , and tailored training for community based health workers to improve access, quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men.

3.1 General description of the tasks

To carry out this tender, the contractor is expected to take stock of the latest scientific developments on the situation of health among men who have sex with men in Europe and on the community based health workers knowledge, attitudes and practices for the provision of health services for MSM.

The general objective for this request for service will be to provide sound evidence about the sexual health, including new behaviour trends in life style and behaviour of men who have sex with men in Europe.

And at same time, to assess and define the knowledge, attitudes and practices that should be employed to ensure the effective implementation of targeted prevention strategies by community based health workers, when providing health services for men who have sex with men.

This will be done through the following specific objectives:

- By developing and performing second generation behavioural survey, including a focus on new life style factors, that influence the effectiveness of prevention of HIV/STI, including viral hepatitis amongst men who have sex with men.

- By creating and carry out a survey aiming to assess the knowledge, attitudes and practices of community base health workers providing health services for men who have sex with men.
- By developing a training package (including pilots) for community based health workers, aiming to improve access, quality of prevention, diagnosis and health care services for men who have sex with men.

3.2 Specific description of the tasks and deliverables (D)

The work of the contractor should build on the evidence of EU actions, like the results of relevant EU funded projects (Health Programme [see Annex A], Framework Programmes for Research, Leonardo da Vinci, etc.) which have either studied access and quality of prevention, tailored diagnostic procedures, including counselling, testing and health care services for HIV/AIDS, STI, viral hepatitis, developed training models, tools, and guides, or conducted behavioural or other surveys.

Relevant initiatives of EU Agencies, such as the European Centre for Disease Prevention and Control (ECDC), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the European Union Agency for Fundamental Rights (FRA), the Commission's HIV/AIDS Think Tank and Civil Society Forum, as well as work carried out by international organisations, such as UNAIDS, WHO Europe and other relevant stakeholders shall be taken into account.

Involvement and collaboration with European health promotion and prevention associations and community based /civil society organisations working on provision of HIV/STI services for priority groups and on the health rights of sexual minorities and people living with HIV shall be ensured.

At inception , a kick-off meeting will be held between the contracting authority, CHAFEA, DG SANTE and the contractor, in order to discuss the implementation of the contract.

Deliverable 0 (D0) - Inception Report

The work to be undertaken is divided into 3 objectives:

Objective 1: Review and assessment of sexual health of MSM, epidemiological and behavioural situation including new life style factors, policy environment including legal and structural barriers and review of evidence for conducting a second generation behavioural survey

WP1 -Review of the sexual health, HIV/AIDS, STI, viral hepatitis (B/C) epidemiological and policy situation in the EU and neighbouring countries, amongst men who have sex with men (MSM):

A thorough review of the sexual health of MSM, including life style factors, HIV/AIDS, STI, viral hepatitis situation in the EU and neighbouring countries should be performed.

The evidence of overlapping risk between MSM and other key populations or subgroups as migrants, homeless, young people, prisoners, sex workers and injecting drug users, bisexuals,

should be described. The report should identify the needs of key risk groups (i.e., young MSM and hidden MSM communities) and people living with HIV/AIDS.

The policy analysis should identify and assess barriers, challenges and gaps in access and quality of prevention, diagnosis, including counselling and testing for HIV/STI and quality of health services in EU Member States and neighbouring countries. At the same time the review should identify and assess barriers (legal, structural, provider and individual) for the effective implementation of prevention, diagnosis and treatment programmes targeting MSM.

Emerging trends in disease patterns and new risk group behaviour (i.e. use of online technologies and new psychoactive substances) should be assessed and pay particular attention to the need for integrated prevention, tailored diagnostic procedures, counselling, testing and integration of treatment services for HIV/AIDS and associated infections. The review should cover as well specific settings such as prisons and most vulnerable populations, such as young and migrant people.

The review report will be in English. It will be delivered in a hard copy version and an electronic version, as well as a PowerPoint presentation summarising the report and its conclusions.

Deliverable 1 (D1) – Sexual health, HIV/AIDS, STI, viral hepatitis (B/C) situation among men who have sex with men review report, including the mapping of existing policies and barriers for the effective implementation of prevention, diagnosis and health services for MSM.

WP 2– Men who have sex with men (MSM) online Survey design

Review of existing surveys and questionnaires addressing behavioural surveillance on sexual health, HIV/STIs and associated infections, particularly health needs of men who have sex with men.

A comprehensive search strategy, including grey literature, and key informants will particularly take account of Health Programme funded projects, such as the “European Men-Who-Have-Sex-With-Men” (EMIS) Internet Survey, the “Capacity Building in Combining Targeted Prevention with Meaningful HIV Surveillance among MSM” (SIALON II) and other relevant activities, potential indicators and surveillance data by EU Agencies (ECDC, EMCDDA) and international organisations, such as United Nations/WHO (UNGASS) and UNAIDS (i.e. GARP).

The review will concentrate on information published since 2009, in all EU official languages and will cover materials developed at national, European level and internationally. Particular focus will be given to newly emerging issues such as use of online/mobile technologies, use of new psychoactive drugs, and prevention measures such as treatment as prevention and the use of pre and post-exposure prophylaxis (PrEP, PEP), (co-) infections with STIs, viral hepatitis (B/C), and sub-populations with double and triple vulnerabilities, the MSM living with HIV/AIDS quality of life and access and uptake of ART and any other issues identified by the contractor in the “HIV/AIDS, STI, viral hepatitis (B/C) review report” (D1).

On the basis of the review core questions for a common questionnaire will be identified and proposal for a consensus questionnaire developed, building on existing questionnaires (EMIS, SIALON II), incorporating ECDC/EMCDDA indicators and comparable approaches by WHO

and UNAIDS. The consensus questionnaire should incorporate the new challenges and gaps as identified in the review report (D1) and as outlined above.

Deliverable 2.1 (D 2.1): Assessment of existing questionnaires, proposal for a consensus European questionnaire

The data comparability with previously funded Health Programme projects, in particularly EMIS and SIALON II need to be ensured. The assessment of data comparability of with other EU level studies and report and national data sets and studies, including the standardization of questions should be ensured.

The EU coverage should be addressed and strategies developed for the definition of required national and / or language response rates to ensure the EU dimension, including considerations on sampling size, participation bias introduced by differing internet use, online/mobile media across EU Member States and regions. The contractor is expected to propose different data collection strategies, in order, to reach the different MSM communities, including the hard to reach MSM groups.

The contractor should consider the use of informal language when adaptating the questionnaire for the MSM understanding. The translation of the questionnaire to all EU languages, and major migrant MSM community languages (including re-translation and pre-testing) addressing national conditions and avoiding translation bias and errors.

The final draft questionnaire should be presented for approval by the contracting authority, before the launch of the survey.

Deliverable 2.2 (D 2.2) European Consensus questionnaire

WP3 - Promotion and execution of survey

Develop of survey protocol, including the hosting of the survey database, compatible with the EC ICT environment.

The online survey will be made available in internet and via mobile applications to facilitate the MSM community outreach, with specific focus on most vulnerable MSM groups (i.e. young MSM, those with low educational background, MSM living in rural areas, hidden MSM communities, including bisexual men).

A survey promotion and dissemination strategy to ensure maximum visibility and outreach should be proposed. This shall include involvement and collaboration with (community based /civil society) organisations representing and/or working with MSM.

Survey implementation process and practical technical implementation, including mechanisms to ensure promotion using MSM websites and tailored applications, monitoring of survey uptake and progress in data collection, as well as potential mitigation strategies to ensure the EU coverage shall be outlined in the offer.

Deliverable 3.1 (D 3.1) Promotion plan and dissemination strategy

Deliverable 3.2 (D 3.2): Survey protocol and hosting

WP 4–Analysis and Survey report

Preparation and editing of datasets for further analysis, including an initial descriptive and explorative data analysis to identify differences and similarities between countries and MSM communities should be done.

The data analysis plan should be proposed, with an initial schedule and proposal for thematic priority areas for the survey report structure. The analysis and definition for priority areas to take into account, should be composed of the review of the current situation, prevention measures and interventions.

Priority areas of analysis may include, but should not be limited to: comparability of national samples, differences between countries, comparison between groups of different EU and neighbouring countries, MSM mobility: extent, impact and consequences of migration in the EU epidemic, the use of mobile technologies and new psychoactive substances, double/triple vulnerabilities, access to treatment and prevention measures including condoms, lubricants, PrEP/PEP; and HIV/AIDS, STI, and viral hepatitis risk management strategies. Discrimination and stigma in the community and in access to health services.

An expert workshop (40 participants) should be organised in Luxembourg to present and discuss initial analysis of the survey findings and problems encountered, proposal of further analysis plan, including priority areas. The profile and criteria for the selection of the experts should be included in the offer.

Workshop report prepared by contractor and agreed with Chafea/DG SANTE will guide the preparation of the structure and final analysis of the survey report . The final analysis plan should be approved by the contracting authority.

This will result on the preparation of draft survey report based on the agreed plan for data analysis, covering the priority areas and following the agreed format for the final survey report.

Deliverable 4.1 (D 4.1): Plan for data analysis, including a manual with descriptions of parameters and coding values

Deliverable 4.2 (D 4.2): Organisation of workshop on the Men who have sex with men (MSM) online survey and report (M10)

Deliverable 4.3(D 4.3): Draft European MSM survey report (M12)

Deliverable I - First Interim Report (DI) (M12)

The Draft survey report will be submitted to peer review by the contracting authority (jointly with draft CHW survey report). Reviewers to be selected by contracting authority from, but not restricted to, proposals provided by the contractor.

The responsibilities of the contractor will be:

- to suggest the names of a minimum of 5 possible reviewers as part of the offer, who have not been involved in the work but who could be approached by the contracting authority to provide a critical appraisal of the draft MSM, and CHW survey reports. The fees, travel and subsistence expenses for three reviewers should be included in the offer;

- to take part in a peer review meeting (in Luxembourg) and provide two peer review reports (one on MSM survey, one on CHW survey) detailing the comments of the reviewers and the proposed response to these comments. The contracting authority may also invite relevant EU Agencies to review the draft survey report.

Deliverable 4.4 (D 4.4): MSM survey Peer review report (M22)

The draft survey report should be revised taking into account reviewers, Chafea, DG SANTE and relevant EU Agencies comments.

Deliverable 4.5 (D 4.5): Final European MSM survey report (M24)

Objective 2: to perform a survey of community based health workers (CHW) knowledge, attitudes and practices, including professionals and community base workers aiming to assess the knowledge, attitudes and practices for providing health services for men who have sex with men

WP5 -Review of community based health workers (CHW) knowledge, attitudes and practices about sexual health of men who have sex with men, including existing surveys and training materials

A thorough review of evidence on CHW knowledge, attitudes and practices about the sexual health of MSM, including behaviour and life style factors, HIV/AIDS, STI, viral hepatitis situation in the EU and neighbouring countries should be performed.

1. This will also include a review of existing surveys and questionnaires addressing CHW knowledge, attitudes and practices on health needs of MSM. The review based on a common set of criteria, to be proposed by the tenderer, should analyse potential gaps of existing CHW training programmes, tools and guides, that cover issues related to access and improvement of quality of prevention, counselling, testing and health services for MSM.

The definition of CHW includes, but is not limited to MSM community support groups, check points, community base voluntary counselling and testing centers, other civil society organisations, including those working in prison settings, and organisations of people living with HIV, etc.

The report shall include a review and assessment of evidence on CHW knowledge and skills to implement health promotion, prevention measures and to ensure the quality of care adapted to the health needs, life style and behaviour, of MSM.

2. The review should cover the assessment of the capabilities of CHW to perform counselling, promote testing, harm reduction strategies and foster compliance with treatment for HIV/AIDS and associated infections.

Furthermore the role of CHW shall be reviewed and assessed, in relation to health service provision and quality of prevention. The review should identify good practice examples and analysis of potential barriers (legal, structural and interpersonal) faced by men who have sex with men when accessing health services. The review shall describe CHW training history and gather information on training needs of CHW in relation to MSM health needs.

The review shall aim to identify and highlight potential differences and gaps in CHW knowledge, practices and attitudes, identify good practices and the required skills for the provision of health services for MSM.

3. The review will as well assess the existing community based health workers training programmes, tools and guides, addressing prevention and quality of health services for men who sex with men.

The review report will include a description of training programmes tools and guides for community health workers, including those working in prison health, targeted risk group MSM, International/European, national/regional nature, specific health issues addressed,

evaluation of training results, etc. Identifying existing experiences, and assessing their quality and potential gaps.

To this end, the report will also identify a preliminary list of potential EU countries where CHW training measures could be particularly useful and propose an EU framework for fostering collaboration on training and promotion of exchange of good practice for CHW between Member States.

A comprehensive search strategy, (including grey literature and i.e. e-tools), and key informants will particularly take account of Health Programme funded actions, such as EVERYWHERE, HIV COBATEST, EUROSUPPORT, SIALON (SIALON II), QUALITY ACTION, EURO-HIV EDAT and other relevant activities, potential indicators and other data by EU Agencies (ECDC, EMCDDA) and international organisations, such as United Nations/WHO (UNGASS) and UNAIDS (i.e. GARP).

The review will cover the last 10 years, all EU official languages and materials developed at national, European level and internationally.

Particular focus shall be given to knowledge on the use of new psychoactive drugs among MSM, and prevention measures such as treatment as prevention, the use of pre and post-exposure prophylaxis (PrEP, PEP), (co-) infections with STIs, viral hepatitis (B/C) and the risks of specific sub-populations with double and triple vulnerabilities.

The review will address issues related to quality of life of MSM living with HIV/AIDS and access and uptake of anti-retroviral therapy, chronicity, multimorbidity and polidrug therapy, and any other issues identified by the contractor in the "HIV/AIDS, STI, viral hepatitis (B/C) review report" (D4.5). Furthermore the review will aim to identify good practices, success and failure factors, etc. in relation to survey design and training measures and will include "traditional" paper based training documents, short and long term trainings, and e-learning tools.

The review report will be in English. It will be delivered in a hard copy version and an electronic version, as well as a PowerPoint presentation summarising the report and its conclusions.

Deliverable 5. (D5) – Review of CHW knowledge, attitudes and practices about the sexual health of MSM in the EU and neighbouring countries, including training review report

WP 6–Community health workers online survey design

On the basis of the review report (D5) core questions for a common questionnaire will be identified and proposal for a consensus questionnaire developed, building on existing questionnaires, if available, incorporating ECDC/EMCDDA indicators and comparable approaches by WHO and UNAIDS. The consensus questionnaire should incorporate the new challenges and gaps as identified in the review report (5) and as outlined above.

Deliverable 6.1 (D 6.1): Proposal for a consensus European CHW questionnaire

The questionnaire should ensure data comparability with previous national data sets, reports and EU level reports and surveys, ensuring standardization of questions.

The EU coverage should be addressed and strategies developed for the definition of required national and / or language response rates to ensure the EU dimension, including considerations on sample composition, possible participation bias introduced by differing use of internet, online/mobile media coverage across EU Member States and regions. The contractor is expected to propose different data collection strategies, in order, to reach the different CHW groups, including the those with practice in rural settings, prison health services, etc.

The contractor should consider the language requirements, and adaptating the questionnaire for CHW understanding. This includes translation of the questionnaire to all official EU languages, (including re-translation and pre-testing) addressing national conditions and avoiding translation bias and errors is also required.

The final draft questionnaire should be presented for approval by the contracting authority, before the launch of the survey.

Deliverable 6.2 (D 6.2) European CHW Consensus questionnaire

WP7 - Promotion and execution of survey

Develop of survey protocol, including the hosting of the survey database, compatible with the EC ICT environment shall be done.

The online survey will be made available on the internet and via mobile applications to facilitate the access to the CHW communities, with specific focus on isolated CHW.

A survey promotion and dissemination strategy to ensure maximum visibility and outreach towards community organisations should be proposed. Involvement and collaboration with European health promotion and prevention associations and community based /civil society organisations working on provision of HIV/STI services for priority groups and on the health rights of sexual minorities and people living with HIV shall be ensured.

Survey implementation process and practical technical implementation, including mechanisms to ensure survey promotion , monitoring of uptake and progress in data collection, as well as potential mitigation strategies to ensure the EU coverage shall be outlined in the offer.

Deliverable 7.1 (D 7.1) Promotion plan and dissemination strategy

Deliverable 7.2 (D 7.2): Survey protocol and hosting

WP 8—Analysis and Survey report, including recommendations for scaling up capacity building of community health workers for prevention and improvement of health services for men who have sex with men

Preparation and editing of datasets for further analysis, including an initial descriptive and explorative data analysis to identify differences and similarities between countries and CHW should be done.

The data analysis plan should be proposed, with an initial schedule and proposal for thematic priority areas for the survey report. Analysis and definition for priority areas to take into account the review of the current situation, including already existing data on prevention measures and interventions.

Priority areas of analysis may include, but should not be limited to: comparability of national samples, differences between countries, comparison between EU and neighbouring countries, knowledge of CHW on MSM sexual health and life style and behaviour, HIV/AIDS and STI epidemiology, MSM mobility, the health impact of the use of mobile technologies and new psychoactive substances by the MSM community, access to treatment and prevention measures including condoms, lubricants, PrEP/PEP, and HIV/AIDS, STI, and viral hepatitis risk management strategies. Existence of discrimination and stigma and how to address them, in the community and in access to health services.

An expert workshop (40 participants) should be organised in Luxembourg to present and discuss the initial analysis plan, survey findings and problems encountered, proposal of further analysis plan, and priority areas. The profile and criteria for the selection of the experts should be included in the offer.

Workshop report prepared by contractor and agreed with Chafea/DG SANTE will guide the preparation of the structure and final analysis of the surveys reports. The final analysis plan should be approved by the contracting authority.

After, the workshop, the contractor shall prepare the draft survey report based on the agreed plan for data analysis, with priority areas and format and technical premises of the survey documents.

Deliverable 8.1 (D 8.1): Plan for data analysis, including a manual with descriptions of parameters and coding values (M18)

Deliverable 8.2 (D 8.2): Organisation of workshop and report (M20).

The draft survey report shall be revised taking into account reviewers, Chafea, DG SANTE and relevant EU Agencies comments.

Deliverable 8.3 (D 8.3): Draft European CHW survey report (M22)

The Draft CHW and MSM survey reports will be submitted to peer review by the contracting authority (details see WP 4).

Deliverable 8.4 (D 8.4): Peer review report CHW survey (M22)

Revision of Draft European survey report taking into account reviewers, Chafea and DG SANTE comments.

Deliverable 8.5 (D 8.5): Final European CHW survey report (M24)

Deliverable II - Second Interim Report (DII) – M24

Objective 3: to develop training packages for community health workers, aiming to improve access, quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men.

WP 9 – Content of new training materials, production of training package

Based on the review report (D5) and the results of the CHW survey the content of new training materials for CHW, including e-learning tools will be proposed and approved by the contracting authority and DG SANTE and presented during the second interim meeting (M23).

The methodology for the planned training programme shall be outlined in the offer, including the learning objectives, based on existing experience and good practices.

The training materials shall fully respect intellectual property rights and be modular, with core and advanced courses and include a

- curriculum model,
- training needs assessment tool (a questionnaire for the evaluation of the trainees' needs and to support the adaptation of the training materials to the local situation will be developed)
- trainers' and trainee manuals or guides,
- training materials for tutorial and practical trainings, including e-learning
- sets of PowerPoint slides,
- training outcome evaluation tool: the evaluation questionnaire will allow the training evaluation, measurement of the training outcomes and at same time, collect the trainers and trainees feedback for the review of the training materials.

Focus, content and structure of training modules shall be proposed by the contractor considering the specific needs and requirements of specific MSM subgroups, like young MSM, those who have not yet disclosed their sexual preferences, bisexuals, and MSM living with HIV and/or viral hepatitis, or MSM in prison settings.

The training packages should contribute to improve access and quality of prevention, tailored strategies for counselling, early diagnosis of HIV/AIDS, STI and viral hepatitis, including periodical testing and adapted health services for MSM and people living with HIV/AIDS in the European Union with the following aims:

- **Increase the access to testing services for HIV, STIs, viral hepatitis**, among MSM an priority sub-groups;
- **Improve the linkage and retention in care as well as quality of care, including treatment** for HIV/AIDS, STI, viral hepatitis infections;
- **Improve the integration of services to ensure patient centered care, including** inpatient and outpatient facilities, including community and prison health services;
- **Reduce stigma and discrimination** due to sexual orientation and of people living with HIV/AIDS in the health care settings, including prison health services and in the community.

The training materials shall be in English, with translation to the official language from each of the piloting 10 countries. The initial language choices should be proposed in the offer. However, the final language choice will take into account the findings of WP 1, 4, 5 and 8 ,

the possible choice of the countries for the piloting of the training package and the translation costs.

The training materials will be in hard copy and electronic version.

Deliverable 9.1 (D 9.1) – Draft training programme for CHW

WP 10 – Training of trainers, pilot training programmes, evaluation and final training materials

The offer should include the methodology for the selection and draft terms of reference for the recruitment of potential trainers fostering the involvement of MSM and people living with HIV/AIDS as well as an indicative list of potential trainers, including their experience and language skill. The collaboration with EU networks active on the training of community health workers and civil society organisations will be an advantage.

There should be a minimum of 3 trainers per country (or regional cluster of neighbouring countries that share the same language) training session, with a minimum pool of 60 trainers will be necessary to cover at least 10 Member States.

The offer should include a trainees profile and proposed criteria for their selection.

Training of the trainers:

Four training of trainers (ToT) workshops should be organised in English, in one of the selected countries, and with simultaneous interpretation to the national languages of participating Member States, to pilot the training materials and at the same time, to train national trainers who will support the piloting at national (or clustering of countries) level. The ToT should be of min. 3 days (a total of 20 hours of contact time) for 20 participants per training session,

The ToTs should be organised to pilot the community health workers training modules.

The ToT should be organised, in collaboration with the Health authorities and civil society organisations from the participating Member States.

Pilot training programmes:

The training material should be tested in the field in at least 10 EU Member States. The tenderer should define the criteria for selection of the pilot countries, based on the epidemiological context and a needs assessment. The pilot countries selection should be approved by the contracting authority and DG SANTE.

The face-to-face sessions should follow the same methodology as the ToT sessions. The pilot trainings organised at national level should be supervised to ensure the quality and respect of the training methodology.

The pilots training programme should be adapted to the specific country and MSM situation, community base organisations training needs, etc.

The national pilot training programmes will be done in collaboration with the national stakeholders, as well as health and education authorities responsible for the capacity building of health providers, national Health professionals associations, NGOs, health insurance organisations, and European, International organisations, etc.

The EU collaboration should as well aim to ensure the replication and sustainability of the health community base organisations trainings. The contractor should specify in the offer experts from the national health organisations of the proposed Member States who should be consortia members or subcontractors able to contribute to the pilot trainings and the sustainability of the initiative.

The trainings will consist of a balanced mix of theoretical and practical trainings, therefore there should be a mixture of information giving by the trainer and interactive sessions and group exercises, with around 50% of the time being for each.

Trainings evaluation:

The pilot training sessions will be evaluated to ensure adaptation of the training materials to the countries or cluster of countries community organisation workers needs. Based on the evaluation report, the contractor shall produce the updated versions of the training materials.

The contractor will evaluate the training sessions and deliver an evaluation report describing the results achieved, including lessons learnt from the training, relevant findings, obstacles, recommendations for the review of the training package and future trainings. On the basis of the findings of the evaluation report a final version of the training materials will be prepared.

Deliverable 10.1 (D10.1) - Training programme and content

Deliverable 10.2 (D10.2) – Report of the evaluation of the piloting of training programme

Deliverable 10.3 (D10.3) – Final draft training materials

Deliverable 10.4 (D10.4) - The Final draft training report should include the final training packages, in English and at least 14 other EU languages, training programme evaluation, including an executive summary, and Power Point presentation

The final draft training report (D 10.4) will be submitted to peer review by the contracting authority. Reviewers to be selected by contracting authority from, but not restricted to, proposals provided by the contractor.

The responsibilities of the tenderer/contractor will be:

- to suggest the names of a minimum of 5 possible reviewers as part of the offer, who have not been involved in the work but who could be approached by the contracting authority to provide a critical appraisal. The fees, travel and subsistence expenses for three reviewers should be included in the offer;
- to take part in a peer review meeting (in Luxembourg) and provide a peer review report detailing the comments of the reviewers and the proposed response to the comments. The contracting authority may also invite relevant EU Agencies to review the draft survey report.

Deliverable 10.5 (D 10.5): Peer review report of draft final training materials

Revision of Draft final training materials taking into account reviewers, Chafea, DG SANTE and EU Agencies comments.

Deliverable 10.6 (D 10.6): Final European CHW training materials

WP 11 - Overall evaluation report summarising the challenges and opportunities, and dissemination of the results

The overall purpose for the evaluation is to learn from the project implementation, particularly from the piloted training programmes, so that lessons can be drawn that can be the basis for instituting improvements to further project planning, design and management.

The evaluation should measure progress towards achievement of the expected outcomes and include a description of how the results were achieved, lessons learnt, and recommendations for future trainings, including efficiency, relevance, EU added value, utility, lessons learnt, impact, sustainability, effectiveness, challenges and how to address them.

The evaluation report will be part of the Final Report and should include an executive summary of about 5 pages length, which can be used to formulate a laymen brochure on the results of this contract.

The contractor will present the project results (Power Point presentation) to relevant stakeholders during a meeting in Brussels or Luxembourg, describing the main results and how they contribute to the overall expected outcomes, also outlining the main points of the evaluation and how future positive impact is created.

The contractor will organise a dissemination workshop in English to present the results of the MSM and CHW surveys, final training programmes and results from the evaluation with participation of experts from EU Member States, which could be members of the Commission's HIV/AIDS Think Tank and Civil Society Forum, and representatives of health professionals and community health workers organisations at European and national level. EU. Simultaneous interpretation should be planned for at least three languages and provided according to the participants' needs. The contractor should deliver a workshop report (hard copy and electronic version) and a set of slides, in English, to share the experience, exchange of ideas and conclusions with national authorities.

Deliverable 11.1 (D11.1) – Dissemination workshop (M34)

Deliverable 11.2 (D11.2) – Report from the dissemination workshop to share the results with national authorities.

Deliverable III (DIII) – Final Administrative Report, shortly describing financial and administrative matters relating to the contract implementation, presenting the whole set of final deliverables D1-D11.2. (M36)

3.3 Timeframe for providing the services

The overall indicative timeframe is the following:

MONTH	ACTIVITY
M 1	Kick-off meeting
M 2	Inception Report (D0)
M12	First Interim Report (DI)
M24	Second Interim Report (DII)
M36	Final Report(DIII)

A detailed timetable respecting the above timetable 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 Union⁵, 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 agreement⁶.

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.

⁵ 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

⁵ The Member States of the European Union

⁶ Entities from third countries, like acceding countries, candidate countries and potential candidates benefiting from a pre-accession strategy, neighbouring countries and the countries which, have a bilateral agreement with the European Union, in accordance with Article 6 of Regulation (EU) No 282/2014 on the establishment of a third Health Programme for the Union's action in the field of health (2014-2020) can also participate, provided that the necessary agreements are in place.

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 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

The overall meetings planning is the following:

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MONTH	ACTIVITY
M 1	Kick-off meeting (workpackages planning (D0)
M11	First Interim meeting, to present first interim report draft (DI)
M23	Second Interim meeting, to present second interim report draft (DII)
M 34	Third final meeting, to present final draft report draft (DIII)

6. Variants

Variants are not accepted.

7. Volume of contract

The maximum contract price is **EUR 2.000.000,00**

8. The duration of the tasks

The duration of the tasks is **36 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 I.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 I.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 or any other document in accordance with the tender specifications (if applicable, D0);
- the receipt by the Executive Agency of a duly constituted financial guarantee (if applicable);

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 payments:

The contractor shall submit the invoice(s) for the two interim payments equal to **20 %** of the total amount referred to in Article I.3.1 of the contract.

The invoice(s) for interim payments shall be accompanied by an Interim Report (DI + DII) 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 90 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 (D III), with all deliverables, in final version
- 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 90 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.

Deliverable	Title and description	Month⁷
D0	<p>Inception Report: in in electronic format, in English</p> <p>The Inception Report will describe the kick-off meeting minutes and present in annex the work programme planned for the individual workpackages.</p>	1
DI	<p>First Interim Report: in 2 hard copies and in electronic format, in English</p> <p>The Interim Report shall describe the work carried out so far, methods applied, problems encountered, solutions found.</p> <p>The first interim report shall have as annexes the deliverables D0-D4.2., including the final draft of the MSM survey report (D4.3). The 1st Interim Report will also include:</p> <ul style="list-style-type: none"> - an executive summary in English of the main results obtained in the reporting period, - an set of slides presenting the main results. - the work programme planned for the following period 	12
DII	<p>Second Interim Report: in 2 hard copies and in electronic format, in English</p> <p>Second Interim Report: in 2 hard copies and in electronic format, in English</p> <p>The Second 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.</p> <p>The Second interim report shall have as annexes the deliverables D4.4, D4.5, D5 – D8.4, Final draft of the CHW survey report (D 8.5). The Second Interim Report will also include:</p> <ul style="list-style-type: none"> - an executive summary in English of the main results obtained in the reporting period, - an set of slides presenting the main results. - the work programme planned for the following period 	24
DIII	<p>Final Report: in 2 hard copies and in electronic format, in English</p> <p>The Final Report shall describe the work carried out, methods</p>	36

⁷ From the signature of the contract

	<p>applied, problems encountered, solutions found and limitations encountered due to unforeseen problems.</p> <p>The Final Report (DIII) will also include:</p> <ul style="list-style-type: none"> - an executive summary in English, German and French of the main results obtained, - an abstract of no more than 200 words. - an set of slides presenting the main results - a complete set of all deliverables, including final versions of the MSM survey report (D4.5), community base organisations survey report (D8.5) and the training package CHW (1.6). 	
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Procedure for reporting:

All reports shall be submitted in accordance with the timeframes indicated in point 3.2. 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 the 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 proof read by a native English 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.

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 frame of the Third EU Health Programme (2014-2020)*".

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

"This report was produced under the Third EU Health Programme (2014-2020) in the frame of a service contract with the Consumers, Health, Agriculture 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, nor 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, I 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 1995⁸;

⁸ OJ C 316, 27.11.1995, p. 48.

- (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 1997⁹;
- (c) cases of participation in a criminal organisation, as defined in Article 2 of Council Framework Decision 2008/841/JHA¹⁰;
- (d) cases of money laundering as defined in Article 1 of Council Directive 2005/60/EC of the European Parliament and of the Council¹¹,
- (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/JHA¹².

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;

⁹ OJ C 195, 25.06.1997, p. 1.

¹⁰ OJ L 300/11.11.2008, p. 42.

¹¹ OJ L 309, 25.11.2005, p. 15.

¹² OJ L 164, 22.6.2002, p. 3.

- (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.

16.2. 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.

16.3. 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.

16.4. 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 it 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

Tenderers 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:

Purpose	Indicators	Ratios
Liquidity	Current Ratio ¹³	$\frac{\text{Current Assets (3)}^{14}}{\text{Trade and Other Debts (6)}}$
Profitability	Profitability Ratio ¹⁵	$\frac{\text{Gross Operating Profit (14)}}{\text{Turnover (7)}}$
Solvency	Financial Autonomy Ratio ¹⁶	$\frac{\text{Capital and Reserves (4)}}{\text{Total Liabilities (4 + 5 + 6)}}$

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

¹³ For the last year for which accounts have been closed

¹⁴ The figures mentioned between brackets refer to the respective accounts listed in Annex VII

¹⁵ For the best of the last two years for which accounts have been closed

¹⁶ For the last year for which accounts have been closed

Purpose	Indicators	Ratios
Financial Capacity	Turnover Flag	The average Turnover (7) of the last 2 accounting years minus <u>Estimated Maximum Amount of the Services</u> Duration of the provided service in years
	Equity Flag	Capital and Reserves (4) minus Paid-up Capital (4.1)

17.2.2.2. Thresholds

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

Purpose	Indicators	Weak	Acceptable	Good
		0	1	2
Liquidity	Current Ratio	$i < 1$	$1,00 \leq i \leq 1,25$	$i > 1,25$
Profitability	Profitability Ratio	$i < 0,05$	$0,05 \leq i \leq 0,15$	$i > 0,15$
Solvency	Financial Autonomy Ratio	$i < 0,20$	$0,20 \leq i \leq 0,33$	$i > 0,33$

Flags are assessed according the following criteria:

Purpose	Indicators	Weak	Good
Financial Viability and Capacity	Turnover Flag	$i < 0$	$i \geq 0$
	Equity Flag	$i < 0$	$i \geq 0$

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:

A. Technical and professional criteria for the tenderer:

The team leader must have a university degree health and/ or social sciences and at least 15 years of relevant professional experience in the field of public health with a particular focus on HIV integrated prevention and risk reduction, amongst men who have sex with men (MSM).

B. Technical and professional criteria of the tenderer's team:

- B.1. The tenderer shall have the capacity to put together a team, which shall have a university degree and at least 5 years' experience of relevant professional activities as listed below::

- B.1.1. at least one team member with professional experience in health sciences research, able to carry out systematic review, and sexual health and HIV/STI and associated infections prevention policies evaluation
- B.1.2. at least one team member who is an epidemiologist, with knowledge and professional experience on MSM sexual health, HIV/AIDS/STI and associated infections epidemiology
- B.1.3. at least one team member with expertise on health policy analysis, with experience on the identification of legal and structural barriers to health rights, in particular for the MSM minority. Proven experience on advocacy for human and health rights, as well anti-discrimination policies will be an advantage.
- B.1.4. at least one team member with a social sciences degree, with experience in behaviour sciences theories, minorities health literacy, counselling and risk reduction strategies.
- B.1.5. at least one team member who is a statistician, with experience in international survey statistical analysis, in international multicenter settings and preparation of survey analysis report
- B.1.6. at least one team member who is an informatician, with proven knowledge on tools for the development for policy consultation, international surveys design and e-training development
- B.1.7. at least one team member who is a community representative MSM and/or People who live with HIV/AIDS (PHLHIV), who has experience in social mobilisation of the MSM community using social media,
- B.1.8. at least one team member who is a public health organisation representative, active on continuous training for health workers, with proven abilities to develop training of trainers strategy, multicentric methods for piloting health community base training programmes.
- B.1.9. at least one team member who is an health educator, specialist in adult health education, with experience on design of health promotion programmes for health professionals, community base workers and e-learning development.

B.2. All the above team members shall have at least 5-10 publications in the field of HIV integrated prevention and risk reduction, amongst men who have sex with men (MSM) and/or health education of community based workers

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

B.3. All above team members shall have a proven adequate working knowledge of English.

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:

Criterion	Evidence to be provided	Comments
1.1	List of services provided or projects participated in	The list shall have references to projects or documents such as annual reports, publications,

	the 10 years in the field indicated in 1.1.	confirming the tenderer's required experience in the fields indicated in 1.1.
2.1-2.5	Curriculum vitae of the team leader and the team members, including the relevant publications	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 as specified and about the work experience, about the language abilities of the team members and include a list of publications.
2.1-2.5	A summary table of main expertise of the persons responsible for providing the services	One table for all team members
2.1-2.5	A filled in checklist on the technical and professional capacity under the selection criteria listing all team members.	The template is provided as Annex IX of the tender specifications.

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.).

The innovative and participatory approaches for performing the survey and trainings will be considered an advantage.

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:

N°	Qualitative Award criteria	Weighting (max. points)
1.	Understanding of the nature, the scope and objectives of the tasks to be performed under the contract	10
2.	Quality and relevance of the methodology proposed for Task 1- WP 1, WP 2, WP3, WP4	30
3.	Quality and relevance of the methodology proposed for Task 2 –WP5, WP 6, WP7, WP8	20
4	Quality and relevance of the methodology proposed for Task 3 - WP 9, WP10, WP11	20
5.	Quality of the proposed - project management, evaluation and dissemination - work management including resource allocation within the team and time management, - measures proposed for risk assessment, monitoring and quality control	20
<i>Total points</i>		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 context and the subject of the call for tender (including the EU policy relevance, epidemiological situation

and previous and current initiatives), 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.

2-4. Offers will be assessed with reference to the quality and relevance of the proposed methods (for each WP) how they reflect the objectives of the call for tender and the justification for the methodology of choice, to fulfil the tasks as laid down in the tender specifications. Importance will be given to the following issues in particular

- Methods for the literature review, policy analysis, databases search strategy and languages covered,
- Survey methods, data analysis, use of innovative methods for data collection, community and health professionals organisations participation,
- Training programme review, design of training materials for health professionals and community health workers, methodology for the piloting of the trainings, evaluation of the training programme methods.
- Organisation of the dissemination workshop.

The tender should give indications on the methodology to be used in the provision of the service and on its appropriateness for the purpose.

In particular, the well justified innovative and participatory methods choices, appropriately comprehensive and detailed description of the work process and methods will be evaluated.

5. Offers will be assessed with regard to the feasibility and logical structure of the planning for the completion of the contractual tasks, which should be clearly outlined in the tender. A clear division of the tasks among the proposed team members, the decision-making structure and a realistic timetable shall be included in the offer. The offers will be assessed with regard to the organisation of the dissemination and evaluation of the contract activities. The offer shall contain an analysis of risks (e.g. in relation to the timetable) and a contingency planning of risks. In addition, the offer shall describe the measures proposed for the quality control of the service.

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. If certain essential points of these specifications are not expressly covered by the tender, the Chafea may decide to give a zero mark for the relevant qualitative award criteria.

For criteria 1 to 5 above, a 50% threshold is required. Tenderers falling below these thresholds will be eliminated.

Moreover, tenders that have not obtained a total at least 60 out the 100 points will be excluded.

(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 = (lowest price/price of the bid in question) x 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:
 - o staff costs, social contributions and taxes, and other administrative costs for the team,
 - o costs for peer review (reviewers fees, costs for peer review meeting);
 - o costs for the development and launch of the survey incl. (IT tools, equipment, software)
 - o translation and interpretation costs
 - o costs for printing of survey report and deliverables
 - o costs for consortia meetings including travel and subsistence for participants (4 meetings)
 - o costs for the training of trainers, including travel and subsistence for participants (4 TOT meetings x 20 persons),
 - o costs for the pilot trainings + supervision including travel and subsistence for participants (10 meetings x 20 persons)
 - o Costs for the dissemination events including travel and subsistence for participants (40 experts in Luxembourg)

- 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
 - Annex Ia: Tender submission form - Statement
 - Annex Ib: Letter of mandate for consortium members / Written commitment 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 of honour
 - Annex V: Financial offer form
 - Annex VI: Draft contract and annexes
 - Annex VII: Economic and financial capacity overview form
 - Annex VIII: Checklist
 - 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.

Annex A

List of EU recent Health Programme projects (non-exhaustive) with relevance to HIV/AIDS and associated infections prevention amongst MSM and training of health providers

EVERYWHERE - A European Methodological Model of HIV prevention in MSM, training workbooks on social mediation with businesses owners for HIV prevention

EMIS - European MSM internet survey on knowledge, attitudes and behaviour as to HIV and STI

EU HEP SCREEN - Screening for Hepatitis B and C among migrants in the European Union will develop a tool kit for public health professionals on hepatitis screening strategies, including outreach, opportunistic and systematic screening.

EURO-SUPPORT 6: Computerised intervention tool for safer sex (CISS) as a brief counselling intervention, targeting men having sex with men (MSM) and ethnic minorities, training and resource package for improving the sexual and reproductive health of people living with HIV and a training workshop for counsellors on how to use CISS,

H-CUBE: HIV, hepatitis B and C e-learning training course, manual of the best practices about HBV, HCV and HIV programmes and prevention campaigns

HIV-COBATEST: A guide to doing it better in our CBVCT centres: Core practices in some European CBVCT centres; Core indicators to monitor (CBVCT) for HIV - Guidelines for CBVCT services

HPYP: Health Promotion for Young Prisoners: A Toolkit for Prison Staff

OHP: Quality action tools: Quality in Prevention (QIP) quality improvement/quality assurance tools and trainings;

SIALON II: Manual for coordinators and data collectors (Time Location Sampling); Training for Lab Technicians Handbook for HIV-testing from oral fluids in TLS studies; Handbook for HIV and STI testing in RDS studies; Report on bio-behavioural survey and related prevention strategies

EUROHIV –EDAT - Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe

OPTTEST-HIE - Optimising testing and linkage to care for HIV across Europe

EAHC/2013/Health/03 training packages for health professionals for migrants and ethnic minorities, MEM-TP contract.