



Tender Specifications

for

**Support to five high priority Member States
in prevention and control of (Multidrug
Resistant) Tuberculosis**

Framework service contract

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Introduction to ECDC

The European Centre for Disease prevention and Control (ECDC) is an agency of the European Union, established by the European Parliament and Council Regulation 851/2004 of 21 April 2004. Its purpose is to identify, assess and communicate current and emerging threats to human health from communicable disease. Within this broad mission statement, the main technical tasks of the Centre fall into the following four categories:

- The publication of independent scientific opinions, bringing together technical expertise in specific fields through its various EU-wide networks and via ad hoc scientific panels;
- The provision of technical assistance to EU member states, communication of the Centre's activities and results and dissemination of information tailored to different audiences;
- The development of epidemiological surveillance at the European level and the maintenance of networks of reference laboratories; and
- Early Warning and Response based on 'round the clock' availability of specialists in communicable diseases.

Further information about the Centre can be found on the ECDC website www.ecdc.europa.eu.

The tender process

The purpose of competitive tendering for awarding contracts is two-fold:

- to ensure the transparency of operations;
- to obtain the desired quality of services, supplies and works at the best possible price.

The applicable regulations, namely directives **92/50/EEC**, **93/36/EEC** and **93/37/EEC**, oblige the ECDC to guarantee the widest possible participation, on equal terms in tender procedures and contracts.

1 Overview of this tender

1.1 Description of the contract

The services required by ECDC are described in the terms of reference in **section 2** of the present tender specifications.

In drawing up a tender, tenderers should bear in mind the provisions of the draft contract in **Annex I**. In particular, the draft contract indicates the method and the conditions for payments to the contractor.

Tenderers are expected to examine carefully and respect all instructions and standard formats contained in these specifications and the invitation to tender. An offer which does not contain all the required information and documentation may be rejected.

1.2 Timetable

Activity	Date	Comments
Launching of tender	18/06/2015	Dispatch of contract notice to the OJ
Site visit or clarification meeting (if any)	-	Not applicable to this tender
Deadline for request of clarifications	06/08/2015	
Deadline for submission of offers	14/08/2015	At 16:30 local time if hand delivered
Interviews (if any)	-	Not applicable to this tender
Opening session	21/08/2015	At 10:00 local time
Date for evaluation of offers	Opening date plus 1 week	Estimated
Notification of award to the selected Tenderer	Evaluation date plus 3 weeks	Estimated
Contract signature	Notification date plus 2 weeks	Estimated

1.3 Participation in the tender procedure

This procurement procedure is open to the natural or legal person wishing to bid for the assignment and established in the EU, EEA and SAA countries.

Tenderers must not be in any situation of exclusion under the exclusion criteria indicated in section 3.1 of these tender specifications and must have the legal capacity to allow them to participate in this tender procedure (see section 3.2.1).

Please note that any attempt by a tenderer to obtain confidential information, enter into unlawful agreements with competitors or influence the evaluation committee or ECDC during the process of examining, clarifying, evaluating and comparing tenders will lead to the rejection of his tender and may result in administrative penalties.

1.4 Participation of consortia

A consortium may submit a tender on condition that it complies with the rules of competition.

A consortium may be a permanent, legally-established grouping or a grouping which has been constituted informally for a specific tender procedure. Such grouping (or consortium) must specify the company or person heading the project (the leader) and must also submit a copy of the document authorising this company or person to submit a tender. All members of a consortium (i.e., the leader and all other members) are jointly and severally liable to ECDC.

In addition, each member of the consortium must provide the required evidence for the exclusion and selection criteria (see section 3 of these tender specifications). Concerning the selection criteria 'technical and professional capacity', the evidence provided by each member of the consortium will be checked to ensure that the consortium **as a whole** fulfils the criteria.

The participation of an ineligible person will result in the automatic exclusion of that person. In particular, if that ineligible person belongs to a consortium, the whole consortium will be excluded.

1.5 Subcontracting

If subcontracting is envisaged, the tenderer must clearly indicate in the tender which parts of the work will be subcontracted. The total value of the subcontracted part of the services cannot represent the total value of the contract value.

Subcontractors must satisfy the eligibility criteria applicable to the award of the contract.

If the identity of the subcontractor is not known at the time of submitting the tender, the tenderer who is awarded the contract will have to seek ECDC's prior written authorisation before entering into a subcontract.

Where no subcontractor is given, the work will be assumed to be carried out directly by the tenderer.

1.6 Presentation of the tender

Tenders must comply with the following conditions:

1.6.1 Double envelope system

Offers must be submitted in two sealed envelopes. The inner envelope contains 3 separate inner envelopes clearly marked Envelopes A, B and C (see Invitation to tender).

The content of each of these envelopes shall be as follows:

1. Envelope A – Administrative documents

One original and one copy of:

- The signed, dated and duly completed **Tender Submission Checklist** using the template in **Annex IX**;
- The duly filled in, signed and dated **Exclusion Criteria and Non-Conflict of Interest Declaration(s)** as requested in section 3.1 and using the standard template in **Annex II**;
- The duly filled in, signed and dated **Legal Entity Form(s)** as requested in section 3.2.1 and using the standard template in **Annex III** as well as the requested accompanying documents;

- The duly filled in, signed and dated **Financial Identification Form**¹ using the template in **Annex IV**;
 - Financial and economic capacity documents as requested in section 3.2.2;
 - The technical and professional capacity documents as requested in section 3.2.3;
 - A statement containing the name and position of the tenderer's **authorised signatory**; and
 - In case of consortia, a **consortium agreement** duly signed and dated by each of the consortium members specifying the company or person heading the project and authorised to submit a tender on behalf of the consortium (please see section 1.4 of these tender specifications).
2. Envelope B – Technical proposal
- One original (unbound, signed and clearly marked as “Original”) and four copies (bound and each marked as “Copy”) of the Technical Proposal, providing all information requested in section 4.1.
3. Envelope C – Financial proposal
- One signed original and four copies of the Financial Proposal, based on the format in found in **Annex VII**.

Tenderers are welcome to submit in an environmentally friendly way, e.g., by choosing a simple and clear structure (list of contents and consecutive page numbering), double-sided printing, limiting attachments to what is required in the technical specifications (no additional material) and avoiding plastic folders or binders. This will not affect the evaluation of the tender.

1.6.2 Language

Offers must be submitted in one of the official languages of the European Union. ECDC prefers, however, to receive documentation in English. Nonetheless, the choice of language will be not play any role in the consideration of the tender.

1.7 Confirmation of offer submission

In order to keep track of offers due to arrive, tenderers who do not hand deliver their offers are requested to complete and return the form found **Annex VIII**.

1.8 Contacts between ECDC and the tenderers

Contacts between ECDC and tenderers are prohibited throughout the procedure, except in the following circumstances:

1.8.1 Written clarification before the deadline for submission of offers

Requests for clarification regarding this procurement procedure or the nature of the contract should be done **in writing only** and should be sent by mail, fax or email to:

¹ In the case of a consortium, only **one** Financial Identification Form for the whole consortium shall be submitted, nominating the bank account into which payments are to be made under the contract in the event that the respective tender is successful.

ECDC
Attn: Procurement Back Office
Granits väg, 8,
171 65 Solna, Sweden
Fax: +46 8 5860 1001
email: procurement@ecdc.europa.eu

Each request for clarification sent to ECDC should indicate the publication reference and the title of the tender.

The deadline for clarification requests is indicated in the timetable under section 1.2. Requests for clarification received after the deadline will not be processed.

At the request of the tenderer, ECDC may provide any additional information or clarification resulting from the request for a clarification on the ECDC Procurement webpage: <http://www.ecdc.europa.eu/en/aboutus/calls/Pages/ProcurementsandGrants.aspx>.

ECDC may, on its own initiative, inform interested parties of any error, inaccuracy, omission or other clerical error in the text of the contract notice or in the tender specifications by publishing a corrigendum on its website.

Tenderers should regularly check the ECDC website for updates.

1.8.2 After the closing date for submission of tenders

If, after the tenders have been opened, some clarification is required in connection with a tender, or if obvious clerical errors in the submitted tender must be corrected, the ECDC may contact the tenderer, although such contact may not lead to any alteration of the terms of the submitted tender.

1.8.3 Visits to ECDC premises

No site visits at ECDC's premises are deemed necessary for this procedure.

1.8.4 Interviews

The Evaluation Committee will not conduct interviews for this procedure.

1.9 Division into Lots

This tender is not divided into lots. The tenderer must be in a position to provide all the services requested.

1.10 Variants

Not applicable.

1.11 Confidentiality and public access to documents

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

In the general implementation of its activities and for the processing of tendering procedures in particular, ECDC observes the following EU regulations:

- Council Regulation (EC) No. 1049/2001 of 30 May 2001 regarding public access to European Parliament, Council and Commission documents; and
- Council Regulation (EC) No. 45/2001 of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.

The tender process will involve the recording and processing of personal data (such as a tenderer's name, address and CV). Such data will be processed pursuant to Regulation (EC) No. 45/2001.

Unless indicated otherwise, a tenderer's replies to questions and any personal data requested by ECDC are required to evaluate the tender in accordance with the tender specifications and will be processed solely for that purpose by ECDC. A tenderer is entitled to obtain access to their personal data on request and to rectify any such data that is inaccurate or incomplete.

If you have any queries concerning the processing of your personal data, you may address them to the ECDC Data Protection Officer dpo@ecdc.europa.eu. You also have the right of recourse at any time to the European Data Protection Supervisor for matters relating to the processing of your personal data

1.12 Contractual details

A draft contract is attached to these technical specifications as **Annex I**.

ECDC wishes to conclude a Framework Service Contract on providing support to the high priority Member States (Bulgaria, Estonia, Latvia, Lithuania and Romania) in prevention and control of (Multidrug Resistant – MDR) Tuberculosis (TB).

The duration of the framework service contract is for an initial period of 12 months from the date of signature with automatic renewals as indicated in Article I.2.5 of the framework service contract (see Annex I).

Signature of the framework contract imposes no obligation on the Centre to order services. Only the implementation of the framework contract through specific contracts/order forms is binding for ECDC.

Each specific contract/order form will contain details of deliverables and timelines for particular services to be provided.

The total estimated maximum ceiling for this framework contract is 400 000 Euro.

1.13 Additional information

By virtue of article 134(1)(f) and article 134(3) of the Rules of Application of the Financial Regulation, ECDC reserves the option to launch further negotiated procedure, with the contractor chosen as a result of the present call for tender, for new services consisting in the repetition of similar services during the three years following the signature of the original contract.

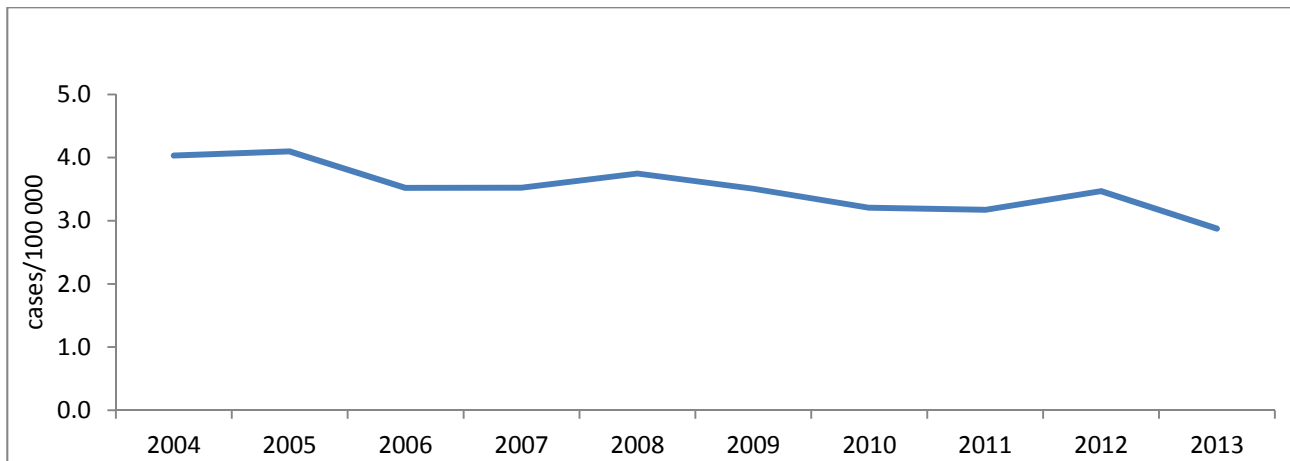
2 Terms of reference

The terms of reference will become an integral part of the contract that may be awarded as a result of this tender procedure.

2.1 Introduction: Background to the invitation to tender

In 2013, a total of 64 844 cases of tuberculosis (TB) were reported in the 30 European Union (EU)/European Economic Area (EEA) countries, giving an overall rate of 12.7 cases per 100 000 population; 21 538 (33%) of these were reported by the five WHO high-priority countries: Bulgaria, Estonia, Latvia Lithuania, and Romania. The TB rates per 100 000 population in 2013 reported by these countries are: Romania (83.5), Lithuania (57.4), Latvia (44.7), Bulgaria (26.5) and Estonia (21.7). The trend of multidrug-resistant (MDR) TB in these five high-priority countries shows little change over the past 10 years (see figure below). In the five high-priority countries a total of 20% of the MDR TB cases were extensively drug-resistant (XDR) and among the MDR TB cases only 33% had a successful treatment outcome at 24 months which is below the average in the EU/EEA (38%).

Figure: MDR TB notification rates per 100 000 population in WHO 5 high priority countries of EU/EEA, 2004-2013



Data source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2015. Stockholm: ECDC, 2015.

In Bulgaria, 1932 TB cases were notified in 2013, i.e. 26.5² per 100 000 population. During the same year, MDR TB was detected in 2.1% of the new TB cases and in 12.8% of previously treated TB cases. In 2013, 27 MDR TB cases were identified out of which 4 were XDR TB cases. Of all TB cases notified in 2012, 84% were treated successfully. Of the MDR TB cases notified in 2011, 55% were treated successfully. The management of TB in Bulgaria is carried out by 36³ medical institutions, financed by the Ministry of Health, and in particular 16 hospitals are focused on TB treatment, five hospitals on rehabilitation, one ward is a psychiatric hospital and one is a specialised hospital for prisoners. The country also benefits from funds of the Global Fund to Fight AIDS, tuberculosis and malaria. The TB laboratory network includes 34 laboratories organised in a pyramidal structure with 4 levels (one national reference laboratory – NRL).

² European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2015. <http://ecdc.europa.eu/en/publications/Publications/tuberculosis-surveillance-monitoring-Europe-2015.pdf>

³ European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Bulgaria. Stockholm: ECDC; 2014. <http://ecdc.europa.eu/en/publications/Publications/tuberculosis-joint-ecdc-who-mission-report-bulgaria-2014.pdf>

In Estonia, a total of 286 TB cases were notified in 2013, which represents a notification rate of 21.7² per 100 000 population. There are six hospitals focused on TB treatment including MDR TB and one prison TB ward. The funding of the National TB programme (NTP) is assured by the Government of Estonia.

In Latvia there were a total of 904 TB cases reported in 2013, which corresponds to a notification rate of 44.7² per 100 000 population. A total of 109 pulmonologists were working in the health system in the same year. There are eight inpatient TB hospitals in Latvia⁴ and 27 ambulatory/outpatient clinics; home care is available if a patient cannot attend the health clinic. The TB laboratory network in Latvia consists of 21 laboratories, on three levels. Latvia also hosts a WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis.

In Lithuania, despite the decline in TB incidence in recent years, the TB epidemiological situation is still complex, with 1 705 TB notified cases in 2013, corresponding to a rate of 83.5² per 100 000 population. There are 256 cases of MDR TB, which represents 19% of all the tested cases. - . About 70% of the TB cases are among unemployed, and 50% of them have other social related conditions, e.g. alcoholism. There are 10 general hospitals with TB wards in Lithuania (including 30 beds for the TB prison system). In the civil wards the total number of beds is 792. There are 112 specialists in pulmonology and 210 TB nurses⁵ currently working in Lithuania.

In Romania, 16 711 new TB cases were recorded in 2013 (a TB notification rate of 83.5² per 100 000 population), representing the highest incidence in the EU/EEA – 6.57 times higher than the average and representing ¼ of the EU/EEA TB burden. While the vast majority of these cases have drug susceptible forms of TB, it is estimated that 710 new TB cases are MDR TB cases, of whom it is estimated that 77% are detected and among the cases notified in 2011 26% are treated successfully. TB-related health services consist of 93 facilities with beds⁶ involved in the diagnosis and treatment of TB and of 105 laboratories structured in three levels, two of them serving as NRL. The total number of speciality staff working under the Ministry of Health (MoH) national TB network is: 725 physician specialists in pulmonology, 2 091 nurses; in the laboratory network there are 60 laboratory physicians, 73 biologists and 294 laboratory technicians.

Specific programs/ approaches to address vulnerable population's needs exist in each country but they vary in content and impact.

ECDC is committed to work with the five WHO high priority countries in the EU to support strengthening the prevention and control of (MDR) TB. In recent years, ECDC contracted out technical assistance projects on tuberculosis infection control (TB IC) in Romania and Lithuania. In 2014, the end of project meeting for the Romania project involved experts from the other high priority countries, and during the meeting gaps and needs were discussed and identified, as well as commonalities and differences. In addition, ECDC and the CDC Latvia organised on 1-2 April an expert meeting in Latvia, in conjunction with the Eastern Partnership Ministerial Conference on Tuberculosis (TB) and its multi-drug resistance organised under the auspices of the Latvia Presidency of the EU Council; the expert meeting aimed at identifying the needs for support that ECDC can meet.

2.2 Description of the scope of the contract

ECDC through the Tuberculosis Disease Programme runs a broad range of activities in support of TB prevention and control. One of these is to provide support and training to professionals working in the Member States (MS). In the EU, there are five MS with a relatively high burden of TB and/or MDR TB. Therefore, the services under this procurement will focus on these five MS: i.e. Bulgaria, Estonia, Latvia,

⁴ European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Latvia <http://ecdc.europa.eu/en/publications/Publications/Mission%20report%20-%20TB%20in%20Latvia%202012%20-%20full%20version%20-%20web.pdf>

⁵ http://www.euro.who.int/_data/assets/pdf_file/0004/168601/Lithuania-country-work-summary_30052012.pdf

⁶ European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Romania http://www.euro.who.int/_data/assets/pdf_file/0007/269269/Review-of-the-national-tuberculosis-programme-in-Romania.pdf

Lithuania and Romania. The aim of the contract is to contribute to capacity building of the five high priority MS in preventing and controlling (MDR) TB by providing consultancy to professionals working in TB prevention and control; providing training opportunities and providing opportunities to exchange experiences and learn from each other and from other MS.

2.2.1 Contract objectives and scope

The current assignment has the following general objectives:

- Increase the country capacity in (MDR) TB prevention and control
- Increase knowledge and skills among TB professionals in the five MS
- Enable exchange of experiences between professionals working in TB prevention and control among the five MS or between these and other MS and institutions

Throughout the life of the project the contractor shall incorporate the following principles in implementing any of the contract activities:

- Build on existing resources, expertise and initiatives that are already in place and successful in the five MS;
- Working based on a team approach, experts from both the contractor as well as from the MS will ensure that the technical assistance is of high quality, relevant and tailored to the existing realities. The contractor shall pro-actively involve relevant professionals from the MS to participate in each and every activity relevant for the project;
- Close collaboration with the MS counterparts and building partnerships – the National TB Focal Points and the National TB Programmes (NTP), as well as with public authorities at national, regional, and local level including facilities, and, if applicable, non-governmental organizations active in this field;
- All activities performed in the project and the materials developed need to build on any relevant previous experiences and projects of ECDC. ECDC shall receive all materials developed in the project lifecycle. Relevant copyright regulations shall be implemented as per Art. I.8, I.10 from the framework contract (see Annex I);
- For every activity of the project ECDC involvement is required and approval is needed for the project deliverables.

2.2.2 Description of the tasks

The contractor is expected to supply expertise in the areas below as ECDC is committed to provide capacity building support to the five high priority MS in the EU in prevention and control of (MDR) TB:

- TB surveillance
- TB laboratory services
- TB prevention and care
- Health communication including behaviour change in TB

In these areas of work, it is expected that the contractor will provide capacity building support through the following activities:

- Consultancy – short term experts
- Training
- Exchange visits for transferring knowledge and skills

The specific tasks for all these services will be detailed in the Requests for Services for Specific Contracts. The tasks will be delivered either by a specific expert in case of smaller tasks or a team of a project manager, senior expert(s) and junior expert(s) in case of more complex tasks and ECDC will take the final decision on this matter.

Type of experts

The types of experts that ECDC is looking for includes:

- Experts in TB surveillance, e.g. electronic surveillance systems, validation, epidemiological analysis, reporting, data interpretation;
- Experts in TB laboratory related aspects, e.g. TB diagnosis, drug susceptibility testing methods including rapid molecular based testing, biosafety, laboratory management, external quality assessment, infection control, molecular genotyping and data analysis and national/ sub-national TB laboratory network management;
- Experts in TB prevention and care, including professionals (physicians and nurses and other staff categories) working in clinical TB and with expertise in MDR TB case management, TB/HIV case management, and management of childhood TB and other vulnerable populations, TB infection control, contact tracing, drug supply and management, and experts in TB program management;
- Experts in health communication and behaviour change, e.g.: social sciences, behaviour sciences, social marketing, risk communication, new technologies and innovations for health communication, and advocacy.

ECDC is looking for both senior level experts, able to advice on strategy and programmes, experts and junior experts capable of implementing actions, or delivering services.

During 1-2 April 2015, a meeting was organised by ECDC in Latvia in collaboration with the Latvian CDC with the potential beneficiaries of the capacity building support in the five high priority MS. The purpose of the meeting was to identify and prioritise needs that experts in these countries have in the area of this FWC. The results of the meeting in the form of the meeting report will be presented during and become fully integrated into the kick-off meeting for this FWC and will shape the priorities for subsequent requests for services for specific contracts.

2.2.3 Deliverables, reporting and project schedule

In all tasks related to this contract, quality is a key criterion that will be taken into account when approving deliverables in the project; as per articles II.1, II.12 from the Framework Contract quality is required by ECDC in order to approve the deliverables and make the payments. During this process, ECDC will use the below aspects in assessing the quality of the deliverables:

- Work that includes most advanced knowledge in this area in Europe (and beyond)
- Promptness, timeliness, completeness of work
- Client satisfaction – the country counterparts are satisfied with the contractors' work
- Client satisfaction – ECDC evaluates the quality of work, timelines, promptness as well as the relationship between the contractor and the beneficiary.

2.2.3.1. Consultancy

In some instances Member States need "hands-on" expertise in order to ensure either the development of a document, or to run a specific activity in the relevant areas in (MDR) TB surveillance, laboratory, prevention and care and health communication. In these instances the tenderer should propose a relevant expert to work in the respective country (the work can be also partially or totally done at the experts' place of origin). The specific topic, as agreed with the specific country will be inserted in the request for services. The assignment shall typically last for up to a maximum of 2 weeks; as this is an estimated duration, the specific length will be mentioned in the request for services. The tenderer shall cover the expert's fee, as well as transportation and accommodation as needed. For each consultancy the tenderer shall provide the following deliverables:

- A preparatory “scope and purpose” document describing the objectives, target audience and expected outputs/ outcomes from the consultancy;
- Review and compilation of the existing documentation relevant for the consultancy;
- Trip to the MS to gather relevant data and/or information and consult with experts (if requested);
- Provision of travel arrangements and accommodation for the expert/s (if requested);
- Regular liaison with ECDC project manager, through tele/video conferences, to inform on the organisation of the exchange visit;
- Production of a summary report of the consultancy including the produced documents.

2.2.3.2 Organise trainings

A well trained workforce in (MDR) TB surveillance, laboratory, prevention and care and health communication is a core need identified during the meeting in Riga. For each course the exact topic shall be defined through the request for services, according to the expressed needs of the five MSs. The tenderer is expected to fully contribute with both logistics and content for the training courses; these are shaped as trainings – combining theoretical lectures/ formal presentations with practical sessions, e.g. working on a case study, exercises, presentation, assignment etc. Other trainings can be shaped as a Training the Trainers (TOT) approach, where a pedagogical/ adult learning session is also included in the course structure. Their typical length is 3 working days; as this is an estimated duration, the specific length will be mentioned in the request for services. The average number of participants is 30, but as this is an estimate, the exact number will be included in the request for service. The trainings will take place in one of the five high priority Member States. All materials should use ECDC templates and logos.

For each training course the tenderer shall provide the following deliverables:

- A preparatory “scope and purpose” document describing the objectives, target audience and agenda;
- Review and compilation of the existing documentation relevant for the training on the topic at hand;
- Compilation of a training curriculum – one version for the trainer and a participant’s curriculum; in the case of TOT also compilation of the pedagogical curriculum;
- Provision of CV for proposed trainer/s (senior experts) for the duration of the training sessions;
- Compilation of the training documents in an electronic format based on input to be provided by ECDC and the involved country professionals;
- A platform/ webpage, if appropriate, developed and updated for accessing all relevant training information, to be hosted on the ECDC website or extranet;
- Provision of the training based on the approved curriculum by the trainer/s previously identified and approved by ECDC;
- Provision of travel arrangements and accommodation for all training participants (except for the self-funded, e.g. ECDC staff or WHO, European Commission staff) and liaising with participants and trainer/s on logistical aspects. The meetings will be held in one of the MS and will be included in the specific contracts stipulations. The tenderer shall cover all costs associated with the travel and accommodation of the non-ECDC and non-self-funded participants, including subsistence allowance;
- Regular liaison with ECDC project manager, through tele/video conferences, to inform on the organisation of the exchange visit;
- Production of a draft summary report of the meeting;
- Signed participants’ attendance list.

2.2.3.3. Organise exchange visits

Exchanging knowledge and experiences between Member States is an important element that enables advancement in various areas of public health, including in (MDR) TB surveillance, laboratory,

prevention and care, and health communication. The tenderer is expected to fully contribute with both logistics and content for the exchange visits; these are shaped as workshops – combining theoretical lectures with practical sessions. Their typical length is 5 working days; as this is an estimated duration, the specific length will be mentioned in the request for services. The number of participants can vary between 10-20 people; as this is an estimated duration, the specific length will be mentioned in the request for services. The exchange visits can take place either in one of the five high priority Member States or in a different country than these five. The specific areas will be drawn from the above mentioned technical areas and will be specified in details in the specific request for service. All materials should use ECDC templates and logos.

For each exchange visit the tenderer shall provide the following deliverables:

- A preparatory “scope and purpose”/ concept note document for the exchange visit describing the objectives, target audience and programme of the exchange visit;
- Preparation of background documents or other relevant documents that will be either discussed during the exchange visit or contain background information relevant to the exchange visit;
- Compilation of meeting documents in an electronic format based on content to be provided by ECDC;
- Provision of travel arrangements, accommodation and other related participation-costs for all participants and liaising with participants and speakers on logistical aspects of the exchange visit. The tender shall cover all costs associated with the participation of non-ECDC participants;
- Develop and update an electronic platform/ extranet where all the exchange visit relevant documents are to be posted; this will be either hosted on the ECDC website or extranet;
- Provision of facilitator/s (senior expert/s) during the exchange visit (if included with rationale in the offer in Annex VII);
- Regular liaison with ECDC project manager, through tele/video conferences, to inform on the organisation of the exchange visit;
- Provision of a summary report from the exchange visit based on participants’ input;
- Signed participants’ attendance list

In terms of reporting the tenderer will submit draft documents in order to receive the interim payment while the balance will be paid only upon approval of the final products (see Art.1.4 of the Framework contract in Annex I). In the case of trainings/ exchange visit and alike, the contractor submits a package of the relevant deliverables (1-4 above) in order to receive an interim payment. After the event is finished the tenderer shall submit a training/ exchange visit report based on which the tenderer will receive the remaining payment. For the consultancy, the contractor receives an interim payment based on submission of the first two deliverables and the final payment after submission and approval of the consultancy report. The specific contracts will include specific timelines for deliverables, reporting and project schedule.

The framework contract will start with a kick-off meeting involving the contractor, ECDC and beneficiary Member States (1 person per Member State) where the results from the meeting in Latvia will be presented, as well as the contractor team. As a result of the kick off meeting, a general workplan will be designed, with milestones, deadlines and responsibilities for a period of at least 12 months; this workplan will also include broad areas of work for the remaining period of the contract.

A mid-term monitoring to assess the client satisfaction (using qualitative tools) will be conducted by ECDC to assess if the designed capacity building activities meet the needs of the five high priority MS; the criteria listed at the beginning of this chapter will be used; appropriate measures will be taken, if necessary in terms of workplan adjustment.

2.2.4 Duration of the contract

ECDC intends to conclude this Framework Service Contract for an initial period of 12 months from the date of signature automatic renewals as indicated in Article 1.2.5 of the framework service contract (see Annex I).

2.2.5 Place of performance of the contract

Tasks are expected to be performed at the contractor's premises; in addition projects may involve experts working at either ECDC's headquarters in Solna, Stockholm area, at the premises of ECDC's national counterpart organisations and other locations as appropriate.

2.2.6 Reference documents

- European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2015. Stockholm: European Centre for Disease Prevention and Control, 2015:<http://ecdc.europa.eu/en/publications/Publications/tuberculosis-surveillance-monitoring-Europe-2015.pdf>
- ECDC: Progressing towards TB elimination. A follow-up to the Framework Action Plan to Fight Tuberculosis in the European Union 2010 (English)
- Migliori, G.B., et al. European Union Standards for Tuberculosis Care, European Respiratory Journal 2012; 39: 807-819 (English)
- Migliori, G.B., et al. TB and MDR/XDR-TB in European Union and European Economic Area countries: managed or mismanaged? European Respiratory journal 2012; 39: 619-625 (English)
- European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Bulgaria. Stockholm: ECDC; 2014. http://www.euro.who.int/_data/assets/pdf_file/0005/268376/Report-of-the-joint-ECDC-and-WHO-review-of-the-national-tuberculosis-programme-in-Bulgaria.pdf?ua=1
- European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Latvia. [Joint WHO/ECDC country visit to Latvia](#)
- European Centre for Disease Prevention and Control. Report of the joint ECDC and WHO review of the national tuberculosis programme in Romania: http://www.euro.who.int/_data/assets/pdf_file/0007/269269/Review-of-the-national-tuberculosis-programme-in-Romania.pdf

2.3 Prices

2.3.1 Currency of tender

Prices must be quoted in Euro.

Conversions should use the rates published in the C series of the Official Journal of the European Union on the day when the invitation to tender was issued. This information is also available on the Website of the European Central Bank at the following URL:

<http://www.ecb.int/stats/eurofxref>

The Financial Proposal Form in **Annex VII** must be used to submit a tender.

2.3.2 All-inclusive prices

Prices submitted in response to this tender must be inclusive of all costs involved in the performance of the contract (e.g. to include delivery, supply and installation, maintenance, travel, subsistence, etc). No expenses incurred in the performance of the services will be reimbursed separately by ECDC.

2.3.3 Price revision

Prices shall be fixed and not subject to revision for the duration of the contract.

2.3.4 Costs involved in preparing and submitting a tender

ECDC will not reimburse any costs incurred in the preparation and submission of a tender. Any such costs must be paid by the tenderer.

2.3.5 Protocol on the Privileges and Immunities of the European Union

The Centre is, as a rule, exempt from all taxes and duties, and in certain circumstances is entitled to a refund for indirect tax incurred, such as value added tax (VAT), pursuant to the provisions of articles 3 and 4 of the Protocol on Privileges and Immunities of the European Union. Tenderers must therefore quote prices which are exclusive of any taxes and duties and must indicate the amount of VAT separately.

2.3.6 Payments

Payments under the contract shall be executed as indicated in Article I.4 of the contract (see draft in Annex I).

2.3.7 Financial guarantees

ECDC may require a pre-financing guarantee or a performance guarantee from the Contractor chosen as a result of this tendering procedure. When such guarantee is requested, the specific conditions related to the provision of a guarantee are included in the draft contract (**Annex I**). The costs for the guarantee shall be borne by the Contractor.

3 Exclusion and selection criteria

3.1 Exclusion criteria

All tenderers shall provide a declaration on their honour (see Annex II), duly signed and dated by an authorised representative of the tenderer, stating that they are not in one of the situations of exclusion listed in the Annex II.

The successful tenderer shall provide the documents mentioned as supporting evidence in Annex II before signature of the contract and within a deadline given by the contracting authority. This requirement applies to all members of the consortium in case of joint tender.

The contracting authority may waive the obligation for a tenderer to submit documentary evidence if such evidence has already been submitted for another procurement procedure and provided the documents were issued not more than one year earlier and are still valid. In such cases, the candidate or tenderer must declare on his honour that the documentary evidence has already been provided in a previous procurement procedure, provide reference to that procedure, and confirm that there has been no change in the situation.

3.2 Selection criteria

Tenderers must submit evidence of their legal, economic, financial, technical and professional capacity to perform the contract.

3.2.1 Legal capacity

Requirement

A tenderer is asked to prove that they are authorised to perform the contract under the national law as evidenced by inclusion in a trade or professional register, or a sworn declaration or certificate, membership of a specific organisation, express authorisation or entry in the VAT register.

Evidence required

The tenderer shall provide a duly filled in and signed Legal Entity Form (see **Annex III**) accompanied by the documents requested therein.

(Where the tenderer has already signed another contract with ECDC, they may provide instead of the legal entity file and its supporting documents a copy of the legal entity file provided on that occasion, unless a change in his legal status occurred in the meantime).

3.2.2 Economic and financial capacity

Requirement

The tenderer must be in a stable financial position and have the economic and financial capacity to perform the contract.

Evidence required

Proof of economic and financial capacity shall be furnished by the following documents:

- balance sheets or extracts from balance sheets for at least the last two years for which accounts have been closed (where publication of the balance sheet is required under the company law of the country in which the economic operator is established);
- a statement of overall turnover and turnover concerning services/supplies covered by the contract during the last three financial years. The minimum yearly turnover shall not exceed two times the estimated annual contract value.

If, for some exceptional reason which ECDC considers justified, the tenderer is unable to provide the references requested by the contracting authority, he may prove his economic and financial capacity by any other means which ECDC considers appropriate.

The Centre reserves the right to request any additional documentary evidence it deems necessary or useful in order to verify a tenderer's economic and financial standing.

3.2.3 Technical and professional capacity

Requirement(s)

The tenderer's technical and professional capacity will be evaluated using the following criteria:

- A) Suitability of the organisation and staffing structure available for the activities covered by the contract;
- B) An organisation/ consortium with experts with minimum of ten years international and national experience in (MDR) TB prevention and control for the senior experts and at least three years of experience for the junior experts;
- C) An existing directory of experts ready and willing to undertake assignments for ECDC in TB prevention and control. This directory shall represent a good mix of both senior experts and experts from different profiles with qualifications in fields such as TB surveillance, TB laboratory, TB prevention and care, health communication in TB and related areas. The experts are expected to possess excellent English skills so as to perform all types of services relevant to this assignment; working knowledge of countries' languages and of Russian would be an asset.
- D) Relevant qualifications in the fields of project management, organising workshops/ exchanges/trainings, language, analysis and knowledge and capability in the areas of the assignment.
- E) Involvement in similar relevant activities, preferably in similar settings as the current tender.
- F) Advantageous:
 - Experience in working with public institutions, non-governmental organisations (NGOs), private sector and academia would be favourable.
 - Working knowledge of languages in the MS and Russian

Evidence required

The following documents or information shall be presented as evidence of compliance with the technical and professional capacity criteria:

- A) Details of the structure of the organisation (including the number of staff and size of the management staff) and relevant subcontractors;
- B) A list with relevant projects for the last three years in the area of this tender and in the countries to be involved. Evidence of use by the organisation of systems for ensuring quality control and custom orientation services;
- C) Professional accreditations or references held by the tenderer and relevant subcontractors; a directory with at least 7 CVs of the key experts to carry out the assignments (preferably using the template in **Annex VI**), covering work experience, including projects involved education and training, organisational and technical skills, attesting the drafting and presentation skills; the level of English language skills shall also be included;

D) A list and description of main clients and services provided in the past three years in the area of prevention and control of TB; including 2 examples of projects on subjects related to this tender conducted in an international environment.

4 Award of the contract

Offers are opened and evaluated by a committee, possessing the technical and administrative capacities necessary to give an informed opinion on the offers. The committee members are nominated on a personal basis by ECDC under guarantee of impartiality and confidentiality. Each of them has equal voting rights.

Only the tenders meeting the requirements of the exclusion and selection criteria will be evaluated in terms of quality and price.

4.1 Technical proposal

The assessment of technical quality will be based on the ability of the tenderer to meet the purpose of the contract as described in the terms of reference. To this end, the technical proposal shall contain the following information to allow evaluation of the tender according to the technical criteria mentioned in section 4.2:

- A paper (maximum 20 pages) describing the general services offered, its relevance to ECDC, the proposed team describing roles and responsibilities for each team member to execute activities, and the system for ensuring quality control and custom orientation service as well as their suggestions to answer the questions raised in the award criteria (section 4.2);
- The below case studies on how the tenderer would deliver a specific project for ECDC. A case study shall not be longer than 3 pages per project and shall include: a description of the approach proposed and proposed methods to be applied; means to be used to meet the objectives of the terms of reference and assessment of the main issues, limitations, risks of the analysis to be carried out as well as the proposed mitigation measures. For the purpose of the evaluation and in order to provide detailed figures, tenderers are invited to formulate prices for each of the case studies. Each case study should include explanations for the rationale for allocating staff and explain each of the functions listed.

Case study no 1 - consultancy

The service is to provide an external expert to provide consultancy for one of the MS for a two weeks duration on a project exploring the factors related to the high number of MDR TB notifications among the population of that respective MS; this would require work both at the consultant's premises, as well as travel to the respective MS (one of the five included in this tender). The work shall include a) consultation with ECDC and the authorities/ experts in the MS; b) design a workplan including timelines and deliverables; propose methods and methodology to gather information and define what information is required and should provide the deliverables as listed in 2.2.3.1. The tenderer is required to also provide prices in the relevant sheet of Annex VII.

Case study no 2 – trainings

The service is to organise a 3 day training with 30 participants from the five MSs on the topic of presenting surveillance data to different audiences (e.g. politicians/ policy makers, other health professionals like GPs, etc). It is expected that the training will take place in one of the five MSs. The tenderer is required to a) consult with ECDC and the authorities/ experts in the MS, and b) design a workplan including timelines and deliverables – as per the deliverables list provided in 2.2.3.2. The tenderer is required to also provide prices in the relevant sheet of Annex VII.

Case study no 3 – Exchange visits

The service is to organise a 5 day exchange visit with 20 experts from the five countries to another (sixth) country focused on contact tracing. The tasks and deliverables are listed in 2.2.3.3. and include communication with ECDC and the relevant experts/ authorities in the five MSs and the sixth MS to host the exchange visit. The tenderer is required to also provide prices in the relevant sheet of Annex VII.

The information in the technical proposal must be consistent with the terms of reference and must be signed by the tenderer.

4.2 Technical evaluation

The quality of technical offers will be evaluated in accordance with the award criteria and the associated weighting as detailed in the evaluation grid below.

No	Criteria	Max points	Awarded score
1	<p>Proposed methodology to address the tender requirements:</p> <ul style="list-style-type: none"> - Staff allocation to reach best balance in obtaining prompt and quality project deliverables - Address the needs of the MS by including a methodology to involve them in the project activities: design, planning, and implementation <p>The case studies will also be used when assessing this criterion.</p>	30	
2	<p>Quality of proposed approach and organisation:</p> <p>Proposed approach for project organisation including in a) identifying further potential partners/experts at national level; b) proposing realistic activities and timelines; c) indicating the average time needed for an expert to take an assignment; d) identifying risks and options to mitigate them</p> <p>The case studies will also be used when assessing this criterion.</p>	45	
3	<p>Project management:</p> <p>Approach proposed for the overall project management: a) coordination with ECDC; b) systems/arrangements to ensure quality control of the services delivered; and c) systems/arrangements in place to ensure client (i.e. MS) orientation.</p> <p>The case studies will also be used when assessing this criterion.</p>	25	
	TOTAL	100	

Only tenders scoring **70 points** or more (of a maximum of 100) points against the technical award criteria will have their financial proposal evaluated.

Offers scoring less than **60%** for any award criterion will be deemed to be of insufficient quality and eliminated from further consideration.

4.3 Financial proposal

The financial proposal should be presented in the format found in **Annex VII**.

4.4 Choice of the selected tender

The contract will be awarded to the tenderer offering the best value for money, taking into account the awarding criteria listed above. No award criteria and sub-criteria other than those detailed above will be used to evaluate the offer.

The weighting of quality and price will be applied as follows:

Score for tender X	=	$\frac{\text{cheapest price}}{\text{price of tender X}}$	*	100	*	40%	+	$\frac{\text{Total quality score (out of 100) for all criteria of tender X}}{100}$	*	60%
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“Price of tender X” is the overall total price in the worksheet 1 (Annex VII).

4.5 No obligation to award

Completing the procedure of the call for tenders in no way imposes on the ECDC an obligation to award the contract. ECDC shall not be liable for any compensation with respect to tenderers whose offers have not been accepted, nor shall ECDC be liable when deciding not to award the contract.

4.6 Notification of outcome

Each tenderer will be informed in writing about the outcome of the call for tender.

If tenderers are notified that a tender has not been successful, tenderers may request additional information by fax or mail. At the discretion of ECDC, this information can be given in a follow-up letter providing further details in writing, such as the name of the tenderer to whom the contract is awarded and a summary of the characteristics and relative advantages of the successful tender. However, ECDC would like to stress that it is not free to disclose any information affecting the commercial interests of other tenderers.

List of Annexes

Annex I — Draft contract

Annex II — Exclusion criteria and non-conflict of interest declaration

Annex III — Legal entity form

Annex IV — Financial identification form

Annex V — Authorised signatory form

Annex VI — Curriculum Vitae template

Annex VII — Financial proposal form

Annex VIII — Confirmation of offer submission

Annex IX — Tender submission checklist