CALL FOR TENDER

- Subcontracting for external expertise –

Tender specifications for a leading researcher to conduct a study to explore the scope for a more integrated approach to addressing risk factors for NCDs (principally tobacco, alcohol and unhealthy foods and drinks) and their commercial determinants

Date for publication on the EUROCARE website:	20/02/2024
Deadline for submissions:	07/03/2024
Tender to be submitted by email attention to:	Ms. Florence Berteletti, Secretary General Email address: amalie@eurocare.org Subject: Tender research FILTERED

A confirmation message will be received upon receipt of tender. In case you do not receive an answer to your message, please make sure to write back and inform us in due time.

A. Information and instructions for tenderers

1. About Eurocare

Founded in 1990 with 9 initial members, Eurocare is a coalition of 55 NGOs spanning 19 European countries. Dedicated to EU policy analysis and advocacy for reducing alcohol-related harm in Europe, our members actively contribute to advocacy, research, and service provision. Leveraging partnerships with medical societies, youth organisations, universities, research centres, and patients, Eurocare ensures its impact resonates across the majority of EU Member States, emphasising its commitment to addressing alcohol-related harm through effective policies.

Recognised as a partner by the European Commission, the European Parliament, permanent representations, the OECD, and the World Health Organisation, Eurocare operates as a non-profit international organisation registered in Belgium (AISBL). Importantly, neither Eurocare nor its members receive funding from the alcohol industry or industry-funded organisations.

Eurocare is registered in the Transparency Register under nr: 01546986656-22.

2. Background to the requirement

This Call for tender is part of the Action Grant called *From slLos To synErgies to pRevEnt ncDs* (FILTERED) co-funded by the European Commission under the EU4H-2022-PJ-3 call for proposals.

The Action Grant is implemented by: European Alcohol Policy Alliance (EUROCARE), European Heart Network (EHN), Smoke Free Partnership (SFP), International Youth Health Organization (YHO), Advocacy Center Life (CENTER LIFE), and Charitable Foundation Woman Health and Family Planning (WHFP).

The main objective of the FILTERED project is "to stimulate collaborative advocacy, health promotion*, action and accountability for the prevention of NCDs with a special focus on alcohol, tobacco and unhealthy foods and drinks by uniting and strengthening civil society"*.

The rationale of the Action Grant is to build opportunities and create a space for leading public health stakeholders to explore the scope for a more integrated approach when addressing risk factors for non-communicable diseases (mainly tobacco, alcohol and unhealthy foods and drinks) and their commercial determinants,[14] to ensure that they learn from each other, learn from best practices and start working more constructively together.

Each tender should be submitted by one leading researcher who after the selection and contract signing will contribute together with a selection panel of Consortium partners from Filtered to the selection of a supporting researcher.

The leading researcher will be involved in the design and conducting of a standalone study that will analyse the existing scientific evidence on addressing commercial determinants of health in an integrated approach and explore the opportunity of such an approach through a qualitative intervention.

This tender is open to leading researcher profiles based in an EU country, currently not in a contractual relation with Eurocare, to ensure the independence of study as much as possible.

Details regarding the requirements and value per type of profile and expertise are provided in Specifications.

3. Tender return instructions

Tenderers are required to provide **a Curriculum Vitae (free format)** with evidence on how they fulfil the criteria to conduct the study, including a list of relevant publications. Additionally, tenderers are requested to **submit a proposal for the study** that they will be conducted, according to the Specification included in this Call for tender. Additionally, tenderer should provide the name of **two references,** to whom he/she provided similar services for, that Eurocare may contact.
Tenderers will submit one copy of their tender electronically, via email with the subject heading "Tender research – FILTERED" for the **attention of Ms. Florence Berteletti at: amalie@eurocare.org**

Documents should be in a free format that is compatible with Microsoft Office.
The **tender application** should include the following information:

- Tenderer's name, address and contact details
- Tenderer's affiliation with an organisation / university
- Details on how the proposed study will meet the selection criteria.
- Information on the proposed price/ fee for the research, noting the requirements in the Pricing section.

The Tender application should not be longer than 5-pages.

Eurocare reserves the right to ask for further supplementary information which shall be used in the evaluation process to ensure the selection of the best profile for the research.

4. Contract terms and conditions

In submitting a response to this call for tender, the tenderers agree to be bound by all the provisions of this document.

5. Acceptance of tenders

Eurocare reserves the right to accept only the tenders that comply with the specifications.
The tender is to remain open for acceptance by Eurocare for 15 days from publication.

6. General notes regarding objectives and activities

The objectives and activities included in the Specifications are an estimation of the requirements at the time of preparing this call for tender. The final list of activities, discussed and agreed with the researcher, will be part of the contract.

Tenderers should notify Eurocare promptly of any ambiguity or inconsistency in the call for tenders.

7. Further information

All requests for further information or clarification of the call for tender requirements in relation to this call must be addressed to Eurocare at: **amalie@eurocare.org**

The closing date for any further questions and/ or clarifications will be 05 March 2024
Eurocare will issue the response to any clarification request unless deemed confidential.

8. Contract period

The Contract will run for a period of 12 months commencing on the date of contract signing.

9. Pricing

The tenderer shall offer details of all work to be contracted. A budget of Eur 35,000 (excluding VAT) is available for this work and covers all tasks and deliverables as listed below. An increase in the awarded can be envisaged subject to additional activities and results.

10. Evaluation

Tenders will be evaluated using the following criteria which have been explained in more detail under Specifications.

Evaluation criteria - Quality	**Weighting (%)**
Leading researcher profile	70%
Expertise and experience in undertaking research on risk factors and NCDs	
Understanding of the issues relevant to the study	
Demonstrates a clear commitment and ability to deliver the research on time to an appropriately high standard	
Study project	
Understanding of the study objectives	
An appropriate methodology which is consistent with the research objectives	
Proposal demonstrates the involvement of the appropriate stakeholders	
Proposal includes arrangements for a good organisation of the study project	
Evaluation criterion - Cost	**Weighting (%)**
Value for money (cost breakdown)	30%

11. Timetable

A timetable for the study milestones has been set out in detail under Specifications.

Once awarded the contract, Eurocare will seek to have an early in-person or online meeting with the successful tenderer to confirm the final and detailed timeline for delivery.

12. Conflict of interest

All tenderers shall ensure that as individual experts or part of an organisation or academic institution are not in a situation of conflict of interest regarding this specific assignment and shall include a Declaration of absence of conflict of interest as part of their offer.

Any offer from researchers who collaborate or have collaborated with the alcohol, tobacco or unhealthy foods and drinks' industry will be considered in breach of conflict of interest and will not be accepted.

13. Intellectual property

The study and its results remain the property of Eurocare, which can grant the right to use to Consortium partners, leading researcher and other stakeholders.

The data included in the study article which will be published in a peer-reviewed journal, as open access, will be released from copyright rights.

B. Specifications for the call for tender

The deadline to submit proposals is **7 March 2024**.

Eurocare reserves the right to ask for clarifications and start discussions with researchers who submitted their proposal, in order to advance in the procurement process before the deadline.

The Call for tender, along with the offer submitted, will also serve as the technical annex of the contract between the service provider and the contracting entity for the execution of the study.

14. Study context

In the EU, chronic non-communicable diseases (NCDs) account for over 80% of all deaths and disabilities, as well as the majority of premature deaths. Not only do they diminish people's quality of life, affect life expectancy and create numerous challenges – both for those affected, as well as their families – they also account for a significant amount of spending in national health budgets. It is estimated that improved health promotion and disease prevention could reduce the burden of NCDs by 70%[1]. Yet, only around 3% of the total health spendings within the EU is currently targeted towards health promotion and disease prevention. In this context, it should be noted that highly modifiable behaviours, such as tobacco use, alcohol consumption and unhealthy foods and drinks all increase the risk of NCDs. Regarding alcohol consumption, and its related burden of disease, it is responsible for some of the greatest health and societal challenges faced by EU Member States and the WHO European Region. Around 1 in 10 deaths in the European Region is caused by alcohol, amounting to almost 1 million each year, many of which occur among young people.

Regarding tobacco use, around 7 million NCDs deaths in Europe and 700,000 deaths in the EU are attributed to tobacco use; these are largely avoidable, with the implementation of effective WHO FCTC measures at population and individual levels[2]. In 2019, tobacco use was associated with 12.88% of all CVD deaths in the EU, which translates to more than 250,000 CVD deaths every year (around 165,872.07 male and 92,089.16 female deaths).

Regarding unhealthy foods and drinks consumption, poor diet is a leading contributor to ill-health and premature death in the EU. The GBD study estimates that, over 950,000 deaths and over 16 million Disability-adjusted life years (DALYs) were attributted to unhealthy diets in the European Union, in 2017. Overweight and obesity, two risk factors associated with unhealthy diets, are significantly high in the EU. Eurostat estimates for 2019, suggests

[1] https://health.ec.europa.eu/non-communicable-diseases/overview_en#:~:text=Non%2Dcommunicable%20diseases%20(NCDs),causes%20of%20avoidable%20premature%20deaths

[2] Monitoring noncommunicable disease commitments in Europe 2021: are we on track to reach targets 10 years after the Moscow Declaration and First United Nations High-Level Meeting? Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO.

that 52.7 % of the EU adult population (aged 18 and over) is overweight[3]. Moreover, the number of overweight and obese persons has been growing in recent years and many people find it increasingly difficult to maintain a 'normal' weight in today's largely obesogenic environment. Tackling the abundance and marketing of energy-rich foods is one of the goals of this project.

15. Scope, objectives and study questions

The rationale of the Filtered action grant is to build opportunities and create a space for leading public health stakeholders, in order to explore the scope for a more integrated approach when addressing risk factors for NCDs (mainly tobacco, alcohol and unhealthy foods and drinks) and their commercial determinants. This is to ensure that stakeholders learn from each other, learn from best practices, and start working more constructively together. By creating synergies with the Joint Action on 'Cancer and other NCDs prevention – action on health determinants', the united efforts of civil society will advance the work on health determinants and prevention of NCDs in the Member States and at the EU level.

In this context, an independent study represents an essential step to objectively explore the opportunities and threats for future NCD prevention actions, and issue recommendations to support the specific national and EU priorities.
The study shall include an analysis of the existing scientific evidence on addressing commercial determinants of health, in an integrated approach, and explore the opportunity of such an approach through a qualitative intervention.

The objective of the study is to gather evidence concerning an integrated approach, to address commercial determinants of health, as an NCD prevention action. In particular, the study should aim to:

a) Provide a **literature review** summarising and assessing the latest scientific evidence available at EU and international levels, on an integrated approach to tackling the main risk factors for NCDs, with a specific focus on tobacco, alcohol and unhealthy foods and drinks.

b) Identify **best practices** in the field to avoid manipulation of data or evidence.

c) Gather views, **opinions,and evidence from relevant policy makers and stakeholders** on addressing commercial determinants of health, in an integrated approach (at least 35 Interviews).

d) Identify **acceptability, readiness and capacity for joined-up advocacy**, as well as its perceived benefits and limitations across stakeholders.

e) Identify the **main barriers and facilitators of a joined-up approach** across food & drink, alcohol and tobacco advocacy.

f) Ensure recognition of study results by incorporating **revisions from the study and ensuring publication in a peer-reviewed journal**.

Study questions

With this study, the researchers must answer the following questions concerning the joined-up approach across alcohol, tobacco and unhealthy food and drinks?

1. Is there evidence showing an integrated approach to tackling the main risk factors for NCDs? As described in the literature, this can in practice take various forms, ranging from organisations whose aim is to deal with the risk factors (i.e. NCD Alliance at international level or Fresh/Balance in the UK), greater coordination between partners, through coherence to full integration of campaigning or policy-making[7]
2. Which are the main barriers and facilitators of a joined-up approach across alcohol, tobacco and unhealthy food and drinks?
3. What are the possible solutions to address barriers identified during the qualitative study?
4. What is an appropriate action or approach for a joined-up approach across food & drink, alcohol and tobacco advocacy.

The tenderers may propose additional questions that shall be agreed upon with Eurocare, as part of the inception phase.

[3] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Overweight_and_obesity_-_BMI_statistics

16. Description of tasks

The tasks described below are considered minimum requirements for the fulfilment of the study. They are the responsibilities of the leading researcher; however, the specific details must be agreed upon with Eurocare before signing the contract. The contract will cover all study questions and tasks, as well as the planned timeline to carry out the tasks.
Any addition to these tasks, could be an asset and will be considered in the evaluation of tenders.

There are **4 main tasks** identified in this study:

Task 1 – Planning and study methodology
Period: Month 1- 2
Deliverables: Methodology description

During this task, the researchers will elaborate the methodological approach for the study, with the leading researcher coordinating the work. The methodology shall demonstrate how the study will provide a logical progression from: data collection; identification and validation of findings; to drawing of conclusions.

It must be shown how the contractor proposes to manage the tasks, in terms of both timing and content. The methodological approach will be agreed upon in the inception report. Any further changes to the methodology throughout the study shall be agreed upon with Eurocare.

In the proposal, the tenderer should explain how he/she will ensure that input is sought from all relevant stakeholders, in conduction of the study. The consultation should aim to ensure that stakeholders are informed about the objectives, scope and timing of the consultation process. Evidence collected from stakeholders should complement evidence obtained from other sources.

All consultation activities, run by the contractor, shall be planned and carried out in agreement with Eurocare.

Task 2 – Literature search and systematic review
Period: Month 1- 4
Deliverables: Systematic review protocol, report on findings from the literature review

In this phase, the researchers will carry out the preliminary data collection to improve their understanding of the context, and ensure that the methodological approach is robust and sufficient to meet the requirements of the study. The aim of this task is to collate and identify the relevance of existing quantitative and qualitative evidence that is pertinent to the study questions, particularly with reference to:

- Interventions to prevent harmful effects of alcohol, tobacco and unhealthy food and drinks through integrated and collaborative approaches and
- Effectiveness of a more integrated approach of leading public health stakeholders to address risk factors for non-communicable diseases (mainly tobacco, alcohol and unhealthy foods and drinks) and their commercial determinants.

Within this task, the researchers will review key preceding studies and relevant documentation. The preliminary desk research may be based on the list of available background material provided in the Annex of the Call for tender. As new data sources shall be added during this task, or the subsequent study phases, the list of resources shall also be updated as part of the intermediate and final deliverables.

This task also encompasses the identification of databases, to be used in the search for a systematic review.
A protocol on the methods for the systematic review should be established. This task should compulsorily include an evaluation of quality of the research.

Task 3 – Data collection through surveys and interviews
Period: Month 2- 7
Deliverables: survey report with questionnaire in annex, interview report with interview guidelines attached, summarising the key points made during the interview programme.

As a minimum requirement the targeted consultation shall take the form of:

- A targeted survey for relevant groups of stakeholders (notably the Member States, health professionals, civil society, industry) - quantitative, closed.

An intermediary result of this subtask will be analytical summaries of the key results per survey:

- a minimum of 35 targeted interviews with policy makers/stakeholders, from a list with names provided by the Consortium partners.

Further, the tenderer shall analyse the feedback received, and take into consideration the comments and remarks that are pertinent for the research.

Sub-task 2.3 – Evidence feedback

Task 4 – Analysis
Period: Month 4 – 10
Deliverables: information included in the interim and the final report

The tenderer will assess the findings from literature review, interviews, and questionnaires through methods specific for each type of data collection. He/she will assess data for evidence on collaboration to prevent NCDs through addressing commercial determinants of health.
Based on the findings, the tenderer will look for strengths and weaknesses as well as lessons learned from the evidence gathered through interviews and literature review.

Task 5 – Synthesis and reporting
Period: Month 8 - 12
Deliverables: Final report and published articles

The final report shall cover all study tasks and provide a sound analysis of findings, along with factually based conclusions. It shall also reply to all study questions. The tenderer shall correctly triangulate the quantitative and qualitative evidence gathered.
Furthermore, the final report shall take account of all the comments made by the Eurocare and Filtered partners earlier in the process.

Performance indicators
The Contractor shall collect data on the following specific indicators in their regular reporting activities:

- Number of participants for the exploratory interviews.
- Number of participants for the surveys (breakdown per country andby category of stakeholder).

Tenderers are required to include their additional tender specific indicators, which will be agreed upon with Eurocare, in the inception phase.
Tenderers are required to include in their tender additional specific indicators which will be agreed with Eurocare at the inception phase.
When deemed necessary, Eurocare will, in agreement with the Contractor, require collection of data for additional specific indicators, to complement the above indicators.
An overview of the data on performance indicators, should be included in the final report.

17. Leading researcher's profile – technical and professional capacity

This tender is open for proposals from researcher leading in his/her research area or field. It includes researchers with experience as team leaders of a research group or head of research department. The competences included in the table below are marked as essential (E) and desirable (D). The tenders received from researchers who have all essential competences, will be considered with priority in the selection process.

Competences	Essential (E), desirable (D)
Proves an international reputation based on research excellence in public health field;	**E**
Has senior-level experience of research in non-communicable diseases, prevention of harmful effects of tobacco and/or alcohol and/or ultra-processed food and drink industries	**E**
Has an h-index of 80 or above	**E**
Demonstrates critical judgment in the identification and execution of research activities;	**E**

Demonstrates a substantial contribution (breakthroughs) to their research field or spanning multiple areas;	**E**
Recognises the broader implications and applications of her/ his research (identified in the proposed study)	**E**
Publishes and presents influential papers and books, serves on workshop and conference organising committees and delivers invited talks	**E**
Has over 10 (ten) years of relevant professional (including academic) experience, obtained after their university	**E**
Is an expert at managing and leading research projects	**E**
Is skilled at managing and developing others	**D**
Has a proven record in securing significant research funding / budgets / resources	**D**
Beyond team building and collaboration, focusing on long-term team planning (e.g. career paths for the researchers and securing funding for the team positions)	**D**
Is an excellent communicator and networker within and outside the research community (creating networks)	**D**
Is able to create an innovative and creative environment for research	**D**
Acts as a professional development role model for others	**D**

18. Responsibilities of the leading researcher as part of the tender

The researcher selected to conduct the research is expected to carry the responsibility for the study according to the proposed project and the role assigned in this Call for tender.

As part of its offer, the leading researcher is expected to:

a. Contribute, together with Eurocare, to the selection of a researcher that will work in collaboration with the leading researcher and support the study, and who will be selected at a later stage.
b. Lead the study and liaise with the researcher to organize the research work.
c. Set out the **methodology** to be used to deliver the work necessary to complete the study in collaboration with the researcher, considering all minimum requirements presented in this Call for tender.
d. Explain to Eurocare what shall be done to collect data, covering both the desk and field research.
e. Provide sufficient explanation on any further **tools** proposed.
f. Do desk based rapid systematic review guide development
g. Contribute to and validate the **list of data sources and datasets** that were used to build the Call for tender, as well as a list of further sources that will be used during the study, detailing how they will be validated and used;
h. Interview guide development (semi-structured interviews on barriers and facilitators to joined up advocacy with 35+ policy makers & experts on the prevention of NCDs and their risk factors in Europe and in Brussels)
i. Further elaborate the **study questions** by providing preliminary operational sub-questions under each question;
j. Organise times for interviews with selected participants from the list provided by Consortium partners
k. Provide a **timeline** of the project's implementation, highlighting milestones such as key meetings or individual deliverables;
l. Conduct interviews
m. Perform interpretation of qualitative data
n. Prepare the final report
o. Prepare the manuscript for submission to high-impact journal
p. Communicate and exchange with co-authors on the findings
q. Write a policy brief and a policy report.

19. Evaluation of tenders and award criteria

Researchers' offers are opened and evaluated by Eurocare, on behalf of the Filtered Consortium.

The contract will be awarded to the tenderer whose offer represents the best value for money and scores above medium in terms of quality (more than 35%). Nonetheless, to be awarded, the tenderer shall score at least half for Quality criteria and half for the Pricing criteria.
The contract will not be awarded to a tenderer who receives a total score less than 70%.

The principles of transparency and equal treatment to avoid any conflict of interest, will be respected.

20. Schedule

The contract shall enter into force on the date on which it is signed by all contracting parties.

The period of execution of the contract is **12 months.** The following indicative timetable is envisaged:

Output	Deliverable	Description	Deadline (from starting
Tender selection	Contract		M0
Kick-off meeting	Inception report	The kick-off meeting shall serve to discuss the inception report, including the final methodology for the study, the detailed timetable, the full scope of the tasks, etc.	M1
Interim Meeting	Interim report	The interim progress meeting shall serve to discuss the draft analysis based on the preliminary results of interviews, surveys and literature review carried out to date. Upon submission of the interim report, including all deliverables due up to M6, the contractor may claim the first interim payment.	M6
Final meeting	Final report	The final meeting shall serve to present and discuss the results of the study. All findings of the study shall be described and systematised in the final report. Upon submission of the final report, including all deliverables due up to M12, the contractor may claim the payment of the balance. All findings of the study shall be described and systematised in the final report.	M12

Progress reports and updates

The Tenderer will deliver a 2-page progress report on a bi-monthly basis, summarizing progress with reference to the work plan. The tenderer will report on difficulties encountered and mitigation measures taken or suggest changes to the work plan. Eurocare might call for a meeting if the progress report raises concerns. In addition, the contractor shall provide updates by email, summarising each ongoing task, the state of play, progress made, issues encountered, and next steps.

Annex A: Indicative List of Reading Materials:

- **Tackling risk factors for non-communicable diseases: the pros and cons of a more integrated approach**: https://ash.org.uk/resources/view/tackling-risk-factors-for-non-communicable-diseases-the-pros-and-cons-of-a-more-integrated-approach
- **Holding us back: tobacco, alcohol and unhealthy food and drink**: https://ash.org.uk/resources/view/holding-us-back-tobacco-alcohol-and-unhealthy-food-and-drink
- **Commercial Determinants of Health**: https://www.thelancet.com/series/commercial-determinants-health
- Europe Beating Cancer Plan and related documents (Commission communication, implementation roadmap, etc.): https://ec.europa.eu/commission/presscorner/detail/en/ip_21_342
- Healthier together – EU non-communicable diseases initiative: https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en
- BECA report: European Parliament (2022). Strengthening Europe in the fight against cancer. https://www.europarl.europa.eu/doceo/document/TA-9-2022-0038_EN.html
- REPORT on non-communicable diseases (NCDs) : https://www.europarl.europa.eu/doceo/document/A-9-2023-0366_EN.html

- Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02011R1169-20180101
- Martin S, Fitzgerald N, Arnott D, et al. “SPECTRUM Consortium: Management of Interests and External Interactions Policy.” http://dx.doi.org/10.7488/era/2074