



EUROPEAN HEALTH AND DIGITAL EXECUTIVE
AGENCY (HADEA)

Unit A2 – EU4Health and SMP Food

Call for tenders [HADEA/OP/2023/0020](#) -

*Capacity-building on mental health: multidisciplinary
training programme and exchange programme for health
professionals*

Open procedure

TENDER SPECIFICATIONS

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1. SCOPE AND DESCRIPTION OF THE PROCUREMENT

1.1. Contracting authority: who is the buyer?

This call for tenders is launched and managed by the European Health and Digital Executive Agency, (henceforth "HaDEA"), referred to as the *contracting authority* for the purposes of this call for tenders.

HaDEA, acting under the powers delegated by the European Commission (henceforth "the Commission"), is launching the present invitation to tender for the conclusion of a service contract (henceforth "the contract").

HaDEA was established on 16 February 2021. HaDEA implements parts of the following Union programmes:

- e. EU4Health Programme
- b. Single Market Programme: Food safety
- c. Horizon Europe, Pillar II, cluster 1: Health
- d. Connecting Europe Facility: Digital
- f. Digital Europe Programme
- f. Horizon Europe, Pillar II, cluster 4: Digital, industry and space

The Agency is entrusted by the Commission with programme implementation tasks and works closely with the Directorate-General for Communications Networks, Content and Technology; Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs; Directorate-General for Research and Innovation; Directorate-General for Defence Industry and Space; Directorate-General for Health and Food Safety and Directorate-General for Health Emergency Preparedness and Response.

1.2. Subject: what is this call for tenders about?

The objective of this call for tenders is:

- the creation, piloting, implementation and evaluation of a multidisciplinary hybrid training programme in the field of mental health; and
- the creation, piloting, implementation and evaluation of an EU exchange programme for professionals working in the area of mental health in the health system.

The purchases that are the subject of this call for tenders, including any minimum requirements and some basic elements underpinning the concept of mental health, are outlined below.

The World Health Organization (WHO) defines mental health as ‘a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community¹’.

For the purpose of this call for tenders, the concept of ‘mental health’ refers not only to the absence of mental health conditions such as mental health illness, but also to other mental disorders that can cause psychological distress and impair to the daily functioning of an individual or increase the risk of self-harm (e.g. anxiety disorders, behavioural and emotional disorders, depression, etc.). It also refers to the provision of support to protect and promote the mental health and mental wellbeing of individuals, especially for vulnerable groups and those experiencing crisis situations.

The overall aim of this call for tenders is to support the promotion of a comprehensive, prevention-oriented approach to mental health as a public health issue, through capacity-building and multidisciplinary trainings of health professionals and other professionals working at community level in multiple settings and covering the life-course of an individual (e.g. health and care services, schools and educational settings, social care services, community care for the elderly, prisons and juvenile detention facilities, job centres, youth centres, etc.).

The multidisciplinary dimension of this call stems from the need to look at mental health from a comprehensive perspective, requiring a coordinated approach across different public sectors, such as health, education, social affairs and other relevant sectors, through a life-course approach addressing needs of different age groups (e.g. infancy, childhood, adolescence, adulthood and older age) as well as factoring in the gender aspect and in line with a mental health-in-all-policies approach².

The expected results are:

1. **A study on the assessment and analysis of the needs, gaps and obstacles in terms of capacities, knowledge, competences and training needs** for professionals, such as health and others working in relevant settings in the community in the area of mental health. The study will include a number of subtasks and one final report covering the participating countries (i.e. 27 EU Member States, Norway, Iceland, and Ukraine) and a summary report for each country in the annexes.
2. Development, piloting, implementation and evaluation of a **multidisciplinary training programme on mental health**, and of **targeted capacity-building**, upskilling and re-skilling sessions for individual groups of professionals working in the mental health systems at different levels in each participating country, including one training module to increase the mental health resilience. The multidisciplinary training programme and targeted capacity-building (hereafter the “multidisciplinary training programme”) will improve the competences, capacities and performance of health professionals and other relevant professionals working in community settings, meaning in direct contact with the general population, vulnerable groups such as

¹ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

² [Mental health in all policies \(europa.eu\)](#)

children, young people and the elderly, and people affected by mental conditions, with respect to addressing mental health challenges in a comprehensive and inter-sectoral manner. The format, methodology and content of this module will be further defined based on the findings of the analysis of the study with a view to achieving a sustainable, wide and long-lasting effect. An evaluation report of the multidisciplinary training programme, assessing its effectiveness, efficiency, feasibility and EU added value, presenting potential caveats and drawing up recommendations for future similar projects will be produced. The Commission - DG SANTE will transfer the content of the trainings, including the curricula, on the Europa website on termination of the contract. The training materials shall be compatible with the EU Academy³.

3. Development, implementation and evaluation of **a toolkit on a multidisciplinary approach to mental health capacity-building (a European blueprint)** to support policy-makers, professionals working in community settings such as health, social care and education, organisations working in the field of mental health to improve the provision of mental health care by means of an integrated, multisector and people-centred approach. The aim of the blueprint is to transform the culture of multidisciplinary within the workforce across Europe by underpinning a greater comprehensive understanding. It will contribute to addressing inequalities within and between the Member States through common guidelines and requirements for a multidisciplinary approach to addressing mental health challenges in the EU. It shall encourage the uptake and best use of technology across disciplines and professions in the prevention, treatment and care of mental health problems. It will also encourage new and promising technologies for the provision of health professional and the professional education of other relevant professions. The toolkit will set the basis for a **European blueprint for a multidisciplinary approach to mental health capacity-building**. The toolkit should also include a monitoring framework with indicators to measure the extent to which what is presented in it is achieving the expected results. The Commission - DG SANTE will transfer the content of the toolkit, on the Europa website on termination of the contract. The toolkit shall be compatible with the EU Academy.
4. **Creation, piloting, implementation and evaluation of a cross-border exchange programme for mental health professionals**, to ensure a mutual and practical learning exercise for training, exchange of knowledge and best practices to promote a comprehensive, prevention-oriented approach to mental health, between the participating countries. The exchange programme will contribute to the sustainable improvement and scaling up of best practices to promote good mental health, prevent mental health problems and improve patient-centred treatment and care, community-based mental health services and addressing the needs of vulnerable and marginalised population groups, such as displaced people from Ukraine and those in conflict-affected areas, in the eligible countries. It shall include training and sharing of expertise also based on the findings of the study carried out in each participating country and with a view to achieving a sustainable, wide and long-lasting effect (Task

³ <https://academy.europa.eu/>

I.1), and in the following areas: (i) promotion of good mental health at both population and individual level; (ii) early detection and screening of mental health problems in various community settings (e.g. schools and educational settings, prisons, refugee/migrant centres, elderly care centres); (iii) evidence-based and innovative approaches to support and improve access to treatment and care of mental health problems including support for the families and (in) formal carers of patients affected by mental health disorders; (iv) improving the quality of life of patients affected by mental health problems including the facilitation of a return to school and work, and breaking through stigma and ensuring the rights of the patient. The results of this exchange programme, including reports, guidelines and recommendations, shall be prepared in view of their utilisation in train-the-trainer programmes to support the shifting of tasks from mental health professionals to non-specialised health and community staff, with a strong focus on primary health care and other non-specialised health care settings.

1.3. Lots: is this call for tenders divided into lots?

This call for tenders is not divided into lots.

1.4. Description: what do we want to buy through this call for tenders?

The purchases that are the subject of this call for tenders, including any minimum requirements, are described in detail below. Variants (alternatives to the model solution described in the tender specifications) are not allowed. The contracting authority will disregard any variants described in a tender.

1.4.1. Background and objectives

Mental health challenges

There is evidence on the magnitude of mental health problems in European countries. Mental disorders are still highly prevalent in Europe and are a major burden on society. The need to address mental health challenges has gained more attention over the past years, given the extensive evidence collected both worldwide and in the EU on the increased prevalence and incidence of mental health conditions. The WHO estimates that one in every eight people in the world live with a mental disorder⁴, which bring significant consequences in thinking, emotional regulation or behaviour. This figure goes up to one in every five in post-conflict settings. Around 20% of the world's children and adolescents have a mental health condition, with suicide being the second leading cause of death among 15-29 years old.

In the EU, 3.9% of all deaths in 2017 resulted from mental and behavioural disorders; in 2019, some 7% of the EU population aged 15 years and over reported experiencing chronic

⁴ <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

depression⁵. The COVID-19 pandemic, the rise in living costs, the war in Ukraine and worries about the climate crisis have further aggravated the mental health situation in the EU. The Health at a Glance: Europe 2022 report⁶ revealed that half of all young Europeans had reported unmet mental health needs and that depression among young people had more than doubled. Children and young people spend more and more time online and using social media which has raised concerns about the effect of digitalisation on increased feelings of anxiety and depression among this age group⁷. The consequences of mental health conditions affect several areas of life, such as school or work performance, relationships with family and friends and ability to live a fulfilling life in the community. Besides the effect on people's well-being, the OECD has estimated that the economic burden of mental ill-health can rise up to 4% of GDP in the EU countries. The Health at a Glance: Europe 2018 report⁸ says that mental health problems, such as depression, anxiety disorders and alcohol and drug-use disorders, affect more than one in six people across the EU in any given year. Despite these figures, human resources' capacities to provide mental health support through professionals and services is insufficient, with some EU countries with less than 10 nurses, psychiatrists and social workers in mental health sector per 100 000 population⁹. This highlights the importance of mental health training for non-specialist health and non-health professionals to strengthen the promotion of good mental health and the prevention of mental health problems in community settings.

'Healthier Together' – EU non-communicable diseases initiative

The European Commission has been working on mental health for the past 25 years. Health policy is primarily a responsibility of the EU Member States, therefore the role of the European Commission is to support the Member States in their efforts to address the challenges of mental health, such as by facilitating collaboration and sharing of best practices.

Mental health is influenced by many factors, including genetic predisposition, socio-economic background, adverse childhood experiences, chronic medical conditions or abuse of alcohol or drugs. The exposure to adverse life events may increase the risk of developing mental health disorders¹⁰, especially in the case of people in vulnerable situations/vulnerable and marginalised groups (e.g. socioeconomically disadvantaged families, young people who are neither in employment nor in any education or training, people living with chronic diseases

⁵ EUROSTAT, data extracted May 2022. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mental_well_being_and_social_support_statistics&oldid=569192

⁶ [Health at a Glance: Europe 2022: State of Health in the EU Cycle | Health at a Glance: Europe | OECD iLibrary \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/health-at-a-glance/europe-2022-state-of-health-in-the-eu-cycle)

⁷ [Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf \(oecd.org\)](https://www.oecd.org/health/children-and-young-people-mental-health-in-the-digital-age/)

⁸ [Health at a Glance: Europe 2018 report](https://www.oecd-ilibrary.org/health-at-a-glance/europe-2018-report)

⁹ https://gamapsrver.who.int/gho/interactive_charts/mental_health/psychiatrists_nurses/atlas.html

¹⁰ Ibidem.

e.g. HIV/AIDS, people with disabilities, Roma communities, LGBTIQ¹¹ people, refugees and migrants, other minority groups, persons deprived of liberty and prison detainees).

Policies in areas such as education, employment, or social affairs can positively affect our mental health and well-being and support mental health resilience, especially when implemented early in life. This complexity needs to be considered when developing a comprehensive approach to mental health and implementing effective interventions to mitigate mental health challenges. Despite Member States' efforts combined with actions at EU level in the past years, there is a need to include mental health among the first priorities of the public health agenda in Europe.

In the context of the final evaluation of the 3rd Health Programme (2014-2020), surveyed stakeholders (e.g. policy-makers, NGOs, public health authorities, organisations representing healthcare providers) found that higher budgets could have helped address problems better, notably in the field of mental health. The final evaluation of the 3rd Health Programme recommended that future EU action in the field of health should continue encouraging cooperation and coordination amongst Member States while also fostering exchange and implementation of best practices in the field of health promotion and disease prevention, in particular sub-themes such as mental health which have emerged in importance.

In June 2022, the European Commission presented the 'Healthier Together' EU non-communicable diseases initiative¹² to support the EU Member States in identifying and implementing effective policies and actions to reduce the burden of non-communicable diseases, including mental health. The initiative covers five strands (health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases, mental health and neurological disorders) to support actions under these major public health challenges. A guidance document, which is a toolkit for action, was co-created with the EU Member States and with the input from stakeholders and international organisations. It identified four priority areas for action on mental health¹³, as follows:

- Supporting favourable conditions for mental health and increasing resilience, implementing mental-health-in-all policies
- Promoting mental well-being and preventing mental health disorders
- Improving timely and equitable access to high-quality mental health services
- Protecting rights, enhancing social inclusion, and tackling stigma associated with mental health problems

The EU4Health programme (2021-2027)¹⁴ is the main financial instrument supporting the Member States' efforts in the implementation of Healthier Together initiative aimed at addressing non-communicable diseases, including those related to mental health. One of the objectives of the EU4Health Programme is to improve and foster health in the EU to reduce

¹¹ Lesbian, gay, bisexual, transgender, intersex, and queer.

¹² ['Healthier Together' EU non-communicable diseases initiative](#)

¹³ [EU Non-communicable diseases \(NCDs\) initiative: Guidance document \(europa.eu\)](#)

¹⁴ [EUR-Lex - 32021R0522 - EN - EUR-Lex \(europa.eu\)](#)

the burden of communicable and non-communicable diseases, by supporting health promotion and disease prevention, by reducing health inequalities, by fostering healthy lifestyles and by promoting access to healthcare. The EU4Health programme, which has a budget of EUR 5.3 billion for the period 2021-27, has foreseen the reservation of a minimum of 20% of the total EU4Health budget to addressing health promotion and disease prevention, including in the field of mental health.

The EU4Health 2022 work programme (2nd amendment), was adopted on 14 January 2022¹⁵ and includes actions to tackle mental health issues under the strand of disease prevention. Thanks to the financial support for this service contract, increasing interest and the step-up of efforts at EU level towards better mental health for European citizens, this action will contribute towards general objective (a) and specific objectives (a), (i) and (j) of the EU4Health Regulation¹⁶.

Towards a comprehensive approach to mental health

The President of the European Commission in her State of the Union (SOTEU) speech of 14 September 2022¹⁷, announced a new initiative on mental health: “*We should take care of each other. And for many who feel anxious and lost, appropriate, accessible and affordable support can make all the difference*”. European citizens had highlighted mental health as a major issue of concern at the Conference on the Future of Europe in May 2022. The Conference on the Future of Europe recommended, inter alia, in its conclusions that EU institutions and relevant stakeholders should organise best practices exchange events and help their members disseminate them in their own constituencies, and also to tackle the issue of availability of professionals.

The Commission is now working on a comprehensive approach to mental health and will build on existing policies and actions to ensure an integrated and intersectoral approach to mental health. The views of stakeholders were collected via a number of initiatives, such as a call for evidence under the Have Your Say portal - "[A comprehensive approach to mental health \(europa.eu\)](#)"¹⁸ – and stakeholder webinars¹⁹. The EU Member States were consulted through the Expert Group on Public Health²⁰. A Commission Communication on a comprehensive approach to mental health is expected to be adopted on 7 June 2023.

The contract resulting from this call for tenders will support the implementation of the Commission Communication by providing capacity-building in the area of mental health,

¹⁵ https://health.ec.europa.eu/publications/2022-eu4health-work-programme_en

¹⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0522>

¹⁷ [State of the Union 2022 \(europa.eu\)](#).

¹⁸ https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13676-A-comprehensive-approach-to-mental-health_en

¹⁹ [Events \(europa.eu\)](#)

²⁰ [PHEG sub-group on mental health \(europa.eu\)](#)

including multidisciplinary training for professionals to promote intersectoral collaboration in the area of mental health, and by providing opportunities for cross-border exchange of professionals working in the mental health systems to strengthened collaboration.

1.4.2. Detailed characteristics of the purchase

Component one – Study and analysis of the needs, multidisciplinary training programme on mental health for health professionals and other professionals working in community settings, capacity-building for targeted health professionals, and the development of a toolkit on mental health capacity-building (European blueprint)

Duration M2-M32 (30 months)

This component entails the implementation of tasks which will converge into two main deliverables, namely the multidisciplinary training programme on mental health and the toolkit on mental health capacity building.

1.4.2.1 List of tasks under Component one

Task I.1 – Setting up a contact group ensuring the broad involvement of stakeholders representing mental health patients, their families and carers, and providing mental health services

Duration M2- M3 (2 months)

The contractor will set up a contact group composed of relevant actors representing and or providing mental healthcare services to people with mental health issues, people in vulnerable situations/vulnerable and marginalised groups at EU and national level. The group should include relevant stakeholders at national and EU level:

- representatives from the academia and research institutions;
- civil society organisations representing mental health patients and their families/carers; organisations representing interest groups in the field of mental health and health professional groups (e.g. psychologists, psychiatrists, nurses, other health professionals and any other relevant organisations with knowledge and concrete experience on this topic);
- stakeholders providing mental care, promoting mental health, working on prevention and early detection of mental health problems, providing innovative treatment and care, improving the quality of life of patients with mental health problems and addressing mental health stigma and discrimination.

Tenderers must present and justify in their offers a list of names of potential stakeholders to be part of the contact group, propose the group structure, its connotation, a method of working, communication pattern and role. The method of working may be adjusted upon the suggestions from the contact group, once it is established.

The contractor needs to be aware that the contact group provides feedback on the tasks of the contract, but does **not** approve the deliverables identified in the Tender Specifications, which is a prerogative of HaDEA as contracting authority. The added value of the contact group is to provide mentoring and relevant feedback throughout the implementation of the tasks thanks to the last-longing and practical experience on the subject matter.

Deliverables linked to Task I.1

DI.1.1 Final list of potential stakeholders identified and included in the contact group

DI.1.2 Concept paper with a proposed method of working with the contact group including meetings, workshops, round tables and topics to be discussed

Task I.2 Study to identify the training audience(s) and training needs in mental health

Duration M4- M10 (7 months)

Under this task, the contractor will assess the gaps in capacity and knowledge, and training needs of health professionals and of other professionals working within various community settings, in promoting mental health, prevention and early detection of mental health problems, providing innovative treatment and care, and improving the quality of life of patients with mental health problems, in the 27 EU Member States, Norway, Iceland and Ukraine.

The target audience for the assessment of gaps and needs are health professionals working in the sector of mental health in the health systems (e.g. psychiatrists, family doctors, nurses, physiotherapists, speech therapists, psychologists, specialised counsellors), other professionals working in various community settings (notably schools and other educational settings, community care centres, refugee/migrant centres, prisons and juvenile detention centres, youth centres community-based facilities, including sports), and other relevant settings.

Taking stock of the results of the study assessing the mental health capacity gaps and training needs of the 27 EU Member States, Norway, Iceland and Ukraine, the contractor is requested to conduct an in-depth analysis of human resources knowledge and skills competency, capacity gaps and training needs to develop and implement the cross-border and national multidisciplinary training programme. The contractor is expected to consider the topics outlined in the design of the training programme under task I.3.

Sub task I.2.1 – Literature review

The contractor shall provide a comprehensive literature review and interpretation of relevant grey literature and journal publications including updates per country to assess gaps, type of competencies required and training needs, by reviewing existing studies or pieces of literature that relate to mental health sector. The review of existing literature includes the review of English scientific literature. Furthermore, the contractor can be also required to review publications in other EU languages. The methods underpinning the literature review should be documented in full.

The contractor may group the 27 EU Member States, Norway, Iceland and Ukraine according to common or similar gaps identified, in a sort of cluster approach, to allow for an easier overall EU-wide assessment of the current state-of-play. The cluster approach means to regroup countries on the basis of regional areas, similar mental health services or health systems, more or less developed policies on mental health including on mental health reform, and other categorisation found useful by the contractor to group and better describe the observed trends.

The literature review will be complemented by participatory methods for the gathering data on training needs, e.g. organisation of surveys, focus groups, structured interviews with national focal points and other relevant stakeholders (such as NGOs, associations, and the members of the Mental Health sub-group of the Public Health Expert Group – PHEG established by the Commission in December 2022) on mental health promotion and prevention, care and treatment.

Sub-task I.2.2 Mapping of existing trainings, stakeholders and potential participants (outreach activities)

In their offers, the tenderers shall include an initial mapping of existing international, regional and national best practices on multidisciplinary training programmes and/or capacity-building activities, including the background documents, evaluation reports and recommendations and training materials where applicable. This mapping will contribute to the development of the multidisciplinary training programme (Task I.3).

The contractor will map relevant stakeholders (e.g. institutions, authorities, organisations, mental health service providers) and potential participants in the training programme, and divide them per country and per type of sector (health care professional/social worker). As part of the mapping, the contractor is expected to identify contact points for mental health in the EU MS, Norway, Iceland and Ukraine by identifying which public authorities at national level have mental health in their portfolio of competences.

To do so, the contractor is expected to carry out relevant outreach activities to build proper engagement with stakeholders for their active participation in the training programme.

Sub-task I.2.3 Consultation of relevant stakeholders

The relevant stakeholders identified in the mapping exercise will be consulted during the design of the multidisciplinary training programme. The contractor will also consult the contact group set up under Task I.1, and its feedback will be sought regularly throughout the whole implementation of the multidisciplinary training programme and of the design of the toolkit.

The objective of the consultation is to:

- Inform country representatives about the objective and design of the multidisciplinary training programme and seek for their feedback;
- Discuss the scoping of the study, the most relevant topics, knowledge and skills to be built through the training programme, its design; and
- Discuss the development of the toolkit and ask for feedback on its content and usefulness.

The contractor is expected to present a methodology to organise at least one round of consultations with relevant stakeholders to gather their views on the design of the training programme, the materials to be prepared and all other relevant aspects for a successful implementation of the programme.

Sub-task I.2.4 Finalisation of the study

Based on the findings gathered from the three sub-tasks described above, the contractor will draft a Study report. The draft Study report will be shared with an extended contact group (Task I.1) with a view to collect their feedback. Organisations such as the Joint Research Center (JRC), the WHO European Regional Office and Member States' authorities should be part of the extended contact group for providing feedback to the draft study. The Commission - DG SANTE will support the contractor with the consultation of the representatives of the Expert Group on Public Health's mental health subgroup for the same purpose. The report will provide recommendations on how to design the trainings, bearing in mind the different needs and challenges related to the specificity of each country.

The study report shall be prepared in English, in Word and PDF format. It should include the following:

1. Study protocol with the research question/review question and the rationale for which is given an introductory chapter
2. Executive summary
3. A methods section used for the mapping exercise
4. Analysis of existing data (comparable data at EU level and national sources of data)
5. Desk research
6. Literature review
7. A description of the stakeholder consultation (e.g. surveys, focus groups, structured interviews) with national authorities and other relevant stakeholders
8. A preliminary list of participants in national workshops organised to inform the EU Member States, Norway, Iceland and Ukraine on the multidisciplinary training programme (per country and type of profession)
9. A list of participants attending the consultation meetings up until the finalisation of the study
10. Repository of training programmes and/or capacity-building activities on mental health identified, including features, functionalities, manuals, instructions, tutorials
11. List of background documents, evaluation reports, recommendations and training materials included in the database
12. A results section where the findings are clearly presented, incorporating the critical appraisal
13. Recommendations on how to design a multidisciplinary training programme
14. Conclusions
15. Annexes (as appropriate)

Performance indicators linked with Task I.2

1. Number of outreach activities carried out by type of activity.
2. Number of training programmes and/or capacity-building activities on mental health included in the database.

3. Number of background documents, evaluation reports, recommendations and training materials included in the database.

Deliverables linked to Task I.2

DI.2.1 – Study protocol with the methodology **for conducting an in-depth analysis of human resources core competencies** on mental health including training needs assessment report of maximum 30 pages.

DI.2.2 – Mapping and analysis of existing mental health multidisciplinary training programmes and capacity-building activities **at EU and international level**, also with a grouping of countries into clusters of maximum 50 pages.

DI.2.3 – Report of the consultation strategy and the outcomes of the consultation, accompanied with the list of relevant stakeholders identified of maximum 30 pages.

DI.2.4 – Study report including the analysis of 27 EU Member States, Norway, Iceland and Ukraine capacity gaps in mental health prevention and promotion, treatment and care, type of competencies and training needs of maximum 80 pages, a summary report for each country of maximum 3 pages each in the annexes.

Task I.3 - Design of a European mental health multidisciplinary training programme to promote a comprehensive, prevention-oriented approach to mental health

Duration M11- – M14 (4 months)

The contractor is expected to design, develop, pilot, implement and evaluate a multidisciplinary training programme on mental health to reinforce capacities of health professionals (e.g. nurses, psychologists, psychiatrists, general practitioners, family doctors, physiotherapists, occupational therapists, speech therapists) and other relevant professionals (e.g. teachers, social workers, educators, youth workers, probation officers and prison staff) working at the decentralised levels of the public sector, notably health, education and social affairs and other relevant sectors²¹. The contractor will design the multidisciplinary training programme also based on the findings of the study to be carried out during M4-M10 (Task I.2).

The training programme should be modular, with core and advanced modules, tailored to countries' specific needs. The multidisciplinary training programme will be a combination of on-line and face-to-face modules. The duration of the programme will be of 18 months in total (M15 – M32), divided for organisational purposes into two rounds: a first round of 6 months (M15 – M20) to test and adapt the modules in a limited number of countries and a second round of 12 months (M21 – M32). The contractor should employ a balanced mix of theoretical and practical approaches with emphasis on multidisciplinary and practical exercises, using also case studies, capacity building methods (mix of methods), including

²¹ Employment policies and workplaces (with the exception of healthcare workplaces) as a setting are excluded from this call.

physical meetings and other learning opportunities, such as workshops, creation of communities of practice, for the interface between the public health experts and the policy makers in mental health. The training programmes shall be tailored to address the mental health of the population, with a focus on vulnerable groups, including displaced people from Ukraine, and socio-economically disadvantaged groups and to target audiences of the training programmes; additional relevant topics are population sub-groups and certain specific conditions (e.g. depression, suicide, drug-use, self-harm and violence against others, etc.).

In their technical offer tenderers should propose the methodology to address all the above characteristics, including the needs assessment, training curricula with core and non-core competencies and related proposed training methods. Training modules shall aim to provide health professionals and other professionals with the knowledge and skills necessary in particular to develop and implement activities addressing mental health in a comprehensive way, including the use of digital tools.

The target audience for the multidisciplinary training programme are health professionals working in the sector of mental health in the health systems (such as psychiatrists, family doctors, nurses, physiotherapists, speech therapists, psychologists, specialised counsellors), other professionals working in various community settings (notably schools and other educational settings, community care centres, refugee/migrant centres, prisons and correctional centres, youth centres, community-based facilities (including sports and recreational centres).

In agreement with the contracting authority and the Commission - DG SANTE, the training courses or modules should be developed to address the mental health of the general population as well as the ones of specific sub-groups or relating to specific issues such as:

- a. children in kindergarten and primary school
- b. adolescents and youths
- c. elderly people
- d. persons in vulnerable situations/vulnerable groups (low income and/or low socio-economic status, isolated people/migrants, displaced persons, homeless people, disabled people, single parent households, victims of violence or crimes, sexual orientation minorities, such as LGBTIQI, pregnant women)
- e. people living with an existing condition (non-communicable and communicable diseases)
- f. substance abuse and drugs-users
- g. violence against others, self-harm, suicide prevention
- h. depression
- i. specific mental health issues emerging from the COVID-19 outbreak, climate crisis, increasing living costs and unemployment, and conflict-affected populations (e.g. Ukraine)
- j. public debate and fight against the stigma and discrimination linked with mental health conditions

- k. promoting a person-centred and rights-based²² approach
- l. improvement of cooperation between healthcare professionals and patients
- m. enhanced integration between health, education and social protection/welfare sectors to better address mental health needs

The gender dimension of mental health issues should also be factored in the design of the trainings.

The above list/breakdown by population sub-groups and mental health topics is indicative. The tenderer is expected to include a proposal in its offer. The contractor is expected to fine-tune its proposal for the inception meeting (M1) to be approved by the contracting authority and the Commission - DG SANTE.

The programme shall encourage the uptake and best use of effective approaches, including, when relevant, technology (e.g. the use of e-health for mental health) in the promotion of mental health and prevention of mental health problems, early detection, and provision of treatment and care, and follow-up to care. In addition, using new technologies for the provision of professional education shall be encouraged to break down silos in the European health professional and other professionals' education sector and by establishing cooperation across sectors to achieve a multidisciplinary approach.

The contractor will have to share the draft multidisciplinary training programme with the contact group for feedback before finalising the overall package.

Sub task I.3.1 Design of the curricula²³

The multidisciplinary training programme shall be tailored on the basis of a minimum of four curricula for at least the following profiles:

1. Health professionals working in mental health sector
2. Teachers and educators working in the educational setting
3. Social workers working in various community settings
4. Professionals working in prisons and juvenile detention centres

The contractor can also suggest additional curricula to integrate the list above.

The programme will include training related to the promotion of good mental health, prevention and early detection of mental health problems, improved access to patient-centred treatment and care and improved quality of life for patients and their families. It will aim to address and respond to the needs of groups under vulnerable situations/vulnerable groups of

²² [The European Pillar of Social Rights in 20 principles \(europa.eu\)](#); [Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030 \(europa.eu\)](#); international human rights standards.

²³ Curriculum is intended here as a set of courses that comprise a given area of study.

the population, including displaced people from Ukraine and those affected by the war in Ukraine.

The multidisciplinary training programme shall be conceived in order to include:

- 1) an introductory module on mental health in its multifaceted dimensions, burden, type of disorders, approaches, prevention, treatment, challenges and ways of addressing it from a multidisciplinary perspective;
- 2) multidisciplinary sessions with a balanced representation of different categories of health and non-health professionals to address the topics listed under Task I.3; and
- 3) targeted capacity-building trainings specifically for individual groups of professionals working in the mental health systems at different levels, including a targeted training module to increase the mental health resilience specific for the mental health workforce.

The curricula should be tailored to the following specific target audiences, such as:

- a. health professionals in governmental organisations;
- b. health professionals working in the sector of mental health (such as psychiatrists, family doctors, nurses, physiotherapists, educational psychologists, speech therapists, psychologists, specialised counsellors); and
- c. other relevant professionals working at community level²⁴ (e.g. schools and other educational settings, community care centres, refugee/migrant centres, prisons and juvenile detention centres, youth centres, community-based facilities (namely sports and recreational centres)).

To better shape the capacity building programme, the contractor will take into consideration the gap analysis and the training needs in the field of mental health for health professionals and other professionals related to Task I.2, and working in different areas:

- schools and other educational settings;
- hospitals and primary health care;
- refugee/migrant centres;
- prisons and juvenile detention centres;
- youth centres;
- elderly care centres;
- community centres (such as sports and recreational)

The above list of population sub-groups and of target audiences of training courses are only indicative. In its offer, the tenderer is expected to include a revised list, that will then be discussed with the contracting authority and the Commission - DG SANTE once the contract starts. The contractor is expected to conduct a mapping exercise to identify the most relevant

²⁴ Workplaces (with the exception of healthcare as a workplace) as a community setting are excluded from this call.

health professionals, academic and patient organisations or similar, in each of the participating countries, working on mental health (e.g. at European and national level) and provide a preliminary list of potential participants by work category and sector to be presented to the contracting authority and the Commission - DG SANTE for approval within M9 of the implementation.

Sub task I.3.2 Preparation of the training material

The contractor will prepare the training materials based on defined curricula, consisting of:

- the training information sheet including the programme, the agenda and the concept note explaining the rationale behind the training programme;
- training presentations;
- the course syllabus in electronic form (covering all on-line modules, this document should be useful for the participants as a reference guide on the different topics covered, glossary of terms and abbreviations used in the course and additional references for further study);
- written guidance on how to actively disseminate course knowledge to colleagues upon participants' return/disconnection to their respective working environments; and
- other information and material delivered during the course such as quizzes, FAQs, etc.

In particular, the syllabus shall be based on the information presented during the training sessions, technical training documentation or other study materials which were used during the trainings. It shall not be only a mere summary of the training presentations, but it shall contain the main messages to be conveyed when disseminating the acquired knowledge, as well as a Q&A part. It shall also have a point suggesting topics for further reading with all relevant links.

The contractor shall also produce interactive learning tools such as role-plays, quizzes, etc., to ensure a complete and better understanding of the multifaceted dimension of mental health and the intersection between different public sectors to cope with mental health needs. The training programme, materials and training sessions themselves should be provided in English and in the languages of the participating countries.

Performance indicators linked with Task I.3

1. Number of curricula designed

Deliverables linked to Task I.3.

D I.3.1 – The multidisciplinary training programme package including the list of identified contact points, the structure, the methodology of training needs' assessment, training curricula, with core and advanced modules, potential case studies, materials to be distributed to the participants and methods used to deliver the training. The package should be of maximum 90 pages, excluded Annexes. The training package shall be submitted after written feedback from the contact group.

Task I.4 –Pilot testing of the multidisciplinary training programme, including evaluation of the trainings and preparation of a final multidisciplinary training programme.

Duration M15 – M20 (6 months)

The multidisciplinary training programme will initially target 6 EU Member States (first round), and later it will be offered to all other participating countries during the second round (i.e. 27 EU Member States, Norway, Iceland and Ukraine²⁵).

As of the first round (M15 - M20), the contractor will identify the 6 EU Member States, taking into account the following criteria:

- Geographical distribution/representativeness (Northern/Western, Eastern and Southern regions)
- Needs emerged from the mapping exercise by clusters of countries
- One country should be a host country for displaced people from Ukraine

This list of criteria is not exhaustive, and the contractor is expected to suggest additional criteria to properly substantiate the selection of 6 EU pilot countries, with a view to achieving a sustainable, wide and long-lasting effect throughout the entire project. **The criteria for the selection of the countries hosting the pilot trainings should be submitted as part of the technical offer. The technical offer should explain how the contractor intends to reach out to national authorities so as to ensure their commitment for the pilot trainings.** The contractor shall share the selection of the six pilot EU countries with the contact group for feedback. The contracting authority and the Commission - DG SANTE will approve the final list.

With the aim to ensure the sustainability and reproducibility of the mental health training, the contractor is requested to contact public health, social and education national authorities in all EU Member States, and ensure the commitment from the national authorities to support the piloting organisation, with involvement of public health experts, from different health system levels in the country (national, regional) and with the intention to allow reusability of the training materials for other groups (e.g. training of trainers) in future similar projects.

Participants

The attendance should be of **minimum 20 participants** for each pilot training. These figures are meant to provide guidance with regards to the tender's calculation of the requested work effort and calculations for budgetary purposes.

Format and content of the pilot trainings

The contractor is expected to provide trainings as follows:

First round (6 months – M15 to M20)

²⁵ For Ukraine the trainings are only online.

- 3 training sessions of 2 full days each to be organised in each of the 6 EU pilot country in a hybrid format (in-person with the possibility to connect remotely); and
- 3 targeted capacity-building, upskilling and reskilling training session of 1 full day each, consisting of minimum 3 modules specifically targeting groups of mental health professionals working in the health systems (such as nurses, doctors and psychiatrists); one of the training modules should be to increase the mental health resilience specific for the mental health workforce;
- a minimum of 20 participants have to attend each training session and targeted capacity-building (in-person and online); a minimum of 10 participants should be on site. The proportion of the rest of participants to be online or in-person will depend on their availability, the design of the training, and other potential factors that the contractor will have to consider;
- a balanced representation of the multidisciplinary nature of the 2 training sessions, reflected in a diverse range of professionals from different sectors participating in the sessions.

Second round (12 months – M21 to M32)

- 3 training sessions of 2 full days each to be organised for the other 21 EU Member States, Norway, Iceland and Ukraine²⁶ (24 countries) in a hybrid format (in-person with the possibility to connect remotely); and
- 3 targeted capacity-building, upskilling and reskilling training session of 1 full day consisting of a minimum of 3 modules specifically targeting groups of mental health professionals working in the health systems (such as nurses, doctors and psychiatrists), one of the training modules should be to increase the mental health resilience specific for the mental health workforce;
- a minimum of 20 participants have to attend each the training session and targeted capacity-building (in-person or online). The proportion of the rest of participants to be online or in-person will depend on their availability, the design of the training, and other potential factors that the contractor will have to consider;
- a balanced representation of the multidisciplinary nature of the 2 training sessions, reflected in a diverse range of professionals from different sectors participating in the sessions.

N.	Type of training	# participants	# countries	# trainings	# days	Total of participants
FIRST ROUND (6 months – M15 to M20)						
1	Multidisciplinary	20	6	3	2	360
2	Targeted capacity building	20	6	3	1	360
SECOND ROUND (12 months – M21 to M32)						
3	Multidisciplinary	20	24*	3	2	1440
4	Targeted capacity building	20	24*	3	1	1440

* the remaining 21 EU Member States, Norway, Iceland and Ukraine (the latter only online).

²⁶ No physical meetings for Ukraine, only online.

It is important to highlight that the figures presented in the table above are not to be taken as mere mathematical allocations among the countries; the contractor is expected to redistribute the figures related to the number of trainings and participants in accordance with the following criteria:

- Population size of the country and needs in terms of mental health;
- Number and type of professionals working in sectors related to mental health services;
- Gaps in knowledge, skills and competences identified through the study and existing documentation (main sources: OECD, WHO, Europa).

The contractor is expected to respect the cumulative numbers related to the total number of days of training (270²⁷) and participants (3600) to be achieved, while the internal distribution may vary in relation to the criteria above listed.

IMPORTANT: The payment will be done based on performance and the costs laid down in the financial offer form, i.e. the contractor will be paid proportionally based on the number of trainings organised weighted by the number of days and participants.

The contractor will organise the trainings in English and will ensure the translation, of training materials and interpretation of the trainings, in the national language of the piloting countries. The EU and national pilot training shall be evaluated by the contractor using a robust methodology, and the result used for improving the remaining training methods and materials to ensure these are available to be deployed at national and EU levels.

The contractor will pay travel, accommodation and per diem for each participant. The tenderer is expected to propose a unit cost per participant in the training in the financial offer form.

The final comprehensive European mental health multidisciplinary training programme will be incorporated in the Commission's website. It could as well be made available on other EC services portals, such as the Health Policy Platform. The final version of the comprehensive European multidisciplinary training programme on mental health, training curricula, core and advanced modules, evaluation tools should be translated into all official EU languages, Norwegian, Icelandic, and Ukrainian²⁸.

²⁷ This counting includes also Ukraine, but only with the remote option for trainings.

²⁸ The EU has 24 official languages: Bulgarian, Croatian, Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Irish, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Romanian, Slovak, Slovenian, Spanish and Swedish.

Sub-Task I.4.1 – National workshops

The contractor will organise national hybrid workshops (27 EU MS, Norway, Iceland, Ukraine²⁹) with 20 representatives from the participating countries at national level or by cluster of countries to inform about and seek feedback on its ongoing development, implementation and evaluation.

During the first round, the contractor is expected to organise 2 workshops per each of the participating country of minimum 2 hours each, with representatives of the participating countries; the timing and details of the workshops, organised upon the request of the contracting authority and the Commission - DG SANTE, will depend on the planning of the multidisciplinary training programme and will be discussed during the regular exchanges with the contracting authority and the Commission - DG SANTE. The contact group should be informed about the schedule and content of the hybrid workshops and participate at national level with relevant members. A minimum of 10 participants should be on site. The proportion of the rest of participants to be online or in-person will depend on their availability, the design of the training, and other potential factors that the contractor will have to consider.

The agenda, presentations, discussion and outcome will be prepared by the contractor.

Performance indicators linked with Task I.4

1. Number of participants in pilot trainings

Deliverables linked with Task I.4

D I.4.1 – 6 European mental health multidisciplinary pilot training courses (two pilots per Northern/Western, Eastern and Southern regions), with programme and course materials.

D I.4.2 – 6 evaluation reports on the pilot training courses, including the level of satisfaction of participants, lessons learnt and suggestions for improvement of the European multidisciplinary mental health training programme of maximum 10 pages each.

D I.4.3 – A concept paper and report of national workshops of minimum 2 hours to be organised in each the countries participating in the pilot-testing to discuss at national level and evaluate the pilot training courses. A concept paper, agenda and a report of maximum 10 pages for each national workshop are expected.

The contractor should, at least 2 weeks ahead of the first training, share with the contracting authority the training materials for review and approval. This step is not requested for the subsequent trainings. For every training and/or course, the contractor will submit the final version of all the materials. In order to ensure sustainability beyond the lifetime of the contract and as applicable, the contractor should use tools compatible with the Commission IT

²⁹ For Ukraine only 1-day online workshop applies.

systems, to host training products. In case of change, the contractor should consult again the contracting authority.

Task I.5 – Delivery of the multidisciplinary training programme to all remaining EU Member States, Norway, Iceland and Ukraine (second round)

Duration M21– M32 (12 months)

After the finalisation of the first round, the contractor will roll out the multidisciplinary training programme in the remaining 21 EU Member States, Norway, Iceland and Ukraine.

The second round of the training programme in Ukraine shall exclude physical meetings and is to be only 1-day long.

The training programme package can be adjusted according to the lessons learnt from the first round and the feedback gathered from the national workshops.

Sub-Task I.5.1 – National workshops

The contractor will organise national hybrid workshops (21 EU MS, Norway, Iceland, Ukraine³⁰) with 20 representatives from the participating countries at national level or by cluster of countries to inform about and seek feedback on its ongoing development, implementation and evaluation. The contact group should be informed about the schedule and content of the hybrid workshops and participate at national level with relevant members.

During the second round, the contractor is expected to organise 2 workshops per each of the participating country of minimum 2 hours with 20 representatives from the participating countries; the timing and details of the workshops, organised upon the request of the contracting authority and the Commission - DG SANTE, will depend on the planning of the multidisciplinary training programme and will be discussed during the regular exchanges (interim meetings) with the contracting authority and the Commission - DG SANTE. The contact group should be informed about the schedule and content of the hybrid workshops and participate at national level with relevant members. A minimum of 10 participants should be on site. The proportion of the rest of participants to be online or in-person will depend on their availability, the design of the training, and other potential factors that the contractor will have to consider.

The agenda, presentations, discussion and outcome will be prepared by the contractor.

Performance indicators linked with Task I.5

1. Number of participants in the second round of the training programme.

³⁰ For Ukraine only 1 day online workshop applies.

Deliverables linked with Task I.5

D I.5.1 – 24³¹ European mental health multidisciplinary rollout training courses.

D I.5.2 – 24 evaluation reports on the rollout training courses, including the level of satisfaction of participants, lessons learnt and suggestions for improvement of the European multidisciplinary mental health training programme of maximum 10 pages each.

D I.5.3 – A concept paper and report of national workshops of minimum 2 hours to be organised **in each of the 21 EU MS, Norway, Iceland, Ukraine participating in the second round** to discuss at national level, and evaluate the ongoing training courses. A concept paper, agenda and a report of maximum 10 pages for each national workshop are expected.

Task I.6 – Development of a toolkit – a European blueprint for a comprehensive approach to mental health capacity-building

Duration M9 – M32 (24 months)

The contractor is expected to develop, implement and evaluate an original and comprehensive toolkit (**a European blueprint for a comprehensive approach to mental health capacity-building**) on achieving multi-disciplinarity within the workforce across the EU. This will be comprised of hands-on and practical recommendations based on good and promising practices and evidence-based information that will support the transition towards a multidisciplinary approach to mental health in the EU.

The European blueprint will incorporate the material developed for the training programme to provide national authorities with the necessary tools for implementation at national level. The particular situation of insular, remote and sparsely populated territories, within the geographical scope of the tender (EU MS, Norway, Iceland and Ukraine) should be considered by the contractor in addressing the tasks described below. The contractor will build on and coordinate with the work and results carried out by WHO and OECD on capacity-building on mental health and making the case for investment in mental health in the EU.

The toolkit will consist of a set of practical information and tools to put in place to respond to the mental health needs of different groups of people, including those in vulnerable situations/ vulnerable groups of the population, war-affected populations, displaced people from Ukraine, minority groups and prison inmates. The themes covered by the toolkit will be broken down in a number of core and additional activities that can be implemented with a view to achieving a sustainable, wide and long-lasting effect. The activities should be available, accessible, of high quality, appropriate to the context and acceptable to the people, namely adequate for those benefitting from mental health care.

The contractor will have the support of the contracting authority and of the European Commission – DG SANTE in communicating with the key contact points in the participating countries and with international organisations. The toolkit shall cover aspects of mental health related to strengthening the capacities of a range of professionals, in particular it must meet the following requirements:

³¹ Ukraine only online.

- An overview of the multidisciplinary dimension of mental health;
- The description of specific needs in terms of knowledge and expertise requested by the different categories of professionals, based on the ones that participated in the training programme;
- Outline clear actions and activities – in a pragmatic approach – that each of the groups of professionals should put in place in order to better address mental health needs;
- Include recommendations based on the outcomes of the capacity-building and multidisciplinary training programme, with a focus on a forward-looking thinking on emerging mental health needs and an outline of which expertise, skills and knowledge will be needed to address them with a view to achieving a sustainable, wide and long-lasting effect;
- Include a chapter on mental health resilience of those professionals working closer to people with mental health disorders;
- The mental health conditions shall be divided by type of vulnerable groups and type of mental disorder;
- Include the aspect of how to address stigma and discrimination;
- Provide concrete actions in relation to the use of effective approaches, including when relevant new technologies to address mental health needs (e.g. e-health) and to acquire further knowledge and competence on the subject by professionals;
- The toolkit must not exceed 80 pages, excluding Annexes;
- The multidisciplinary training programme and the curricula developed have to be part of the toolkit as Annexes;
- An executive summary of the final toolkit must be prepared in all EU languages in Word and (accessible) PDF formats. An easy-to-read version should be produced (in English).

The contractor is expected to produce a PowerPoint presentation of the toolkit. The presentation shall be drafted in English and shall not exceed 30 slides.

During this contract the European blueprint for a comprehensive approach to mental health capacity-building shall be evaluated at national and European level. This evaluation shall include its effectiveness and relevance, efficiency and EU added value. The evaluation of the European blueprint shall be done by applying a sound methodology, and the result used for improving the European blueprint's tools, recommendations and guidelines to ensure these are available to be deployed at national and EU level. The European blueprint must be reviewed, adapted and finalised taking the findings from the pilots into account.

The final European blueprint for a comprehensive approach to mental health capacity-building will be incorporated on the website of DG SANTE. It could as well be made available on other EC services portals, such as the Health Policy Platform.

Deliverables linked with Task I.6

D I.6.1 – The final toolkit on the European blueprint for a comprehensive approach to mental health capacity-building translated in all EU official languages, Norwegian, Icelandic and Ukrainian. The toolkit should be of maximum 80 pages, excluding Annexes. The toolkit shall have received written feedback from the contact group prior to its finalisation.

Task I.7 - Communication strategy, awareness raising and final conference

Duration M4-M35 (31 months)

The contractor is requested to develop a communication strategy to ensure a wide participation to the trainings across the EU Member States, Norway, Iceland and Ukraine.

The contractor will set up a dedicated IT platform to post the training opportunities for potential participants and to become a reference tool for healthcare practitioners and professionals targeted by the trainings. All material produced will be uploaded and made available. The IT platform will be developed to ensure transferability to the European Commission at the end of the contract.

To ensure visibility of the training, the contractor will make sure to make appropriate publicity of the trainings and on the IT platform. The healthcare professionals and other professionals should be able to apply to the trainings via the IT platform. The contractor should make use of social media to disseminate information about the trainings opportunities and material developed in the context of the contract as much as possible.

The contractor will organise and deliver a hybrid conference in 2026 in in Commission's premises (Brussels or Luxembourg), to present the results of the multidisciplinary training programme, the European blueprint (toolkit) and the exchange programme. The conference has the objective to present the results achieved during the implementation of the tasks and to create a space of discussion and exchange on lessons learnt and the way forward on the mental health related topics. This conference shall be organised in close cooperation with the contracting authority and DG SANTE. The contractor shall ensure that the speakers include representatives of the EU Institutions, international organisations (such as WHO and OECD), the contact group set up under Task I.1, national representatives of the health, education and social sectors. The target audience shall include national, sub-national and regional representatives of health systems, mental health professionals (health and non-health), stakeholders working in the area of mental health (e.g. non-governmental organisations, patient organisations, associations representing other relevant professions) and academia. It shall also include national and regional representatives of the education, social and other relevant sectors, and relevant experts and stakeholders from these sectors. The minimum number of participants expected is of 100 in-person and 300 online.

Performance indicators linked with Task I.7

1. Number of communication activities carried out per type.
2. Number of participants in final conference to present the results of the training programme and the European blueprint.
3. Satisfaction rate of participants in final conference.

Deliverables linked with Task I.7

D I.7.1 – A communication strategy to raise awareness on the multidisciplinary training programme, including the use of social media for dissemination purposes.

D I.7.2 - A half-day conference presenting the results of the multidisciplinary training programme and European blueprint for a multidisciplinary approach to mental health capacity building, including a report of the conference with recommendations, and feedback on the degree of satisfaction by participants.

Component two- Exchange programme for health professionals in the field of mental health

Duration M2-M30 (29 months)

This component foresees the implementation of a series of tasks which will result into the implementation of an exchange programme for health professionals in the field of mental health.

1.4.2.2 List of tasks under component two

Task II.1 - Identification of needs and capabilities

Duration M2 – M5(4 months)

The contractor is expected to define the requirements for an exchange programme based on identified needs and gaps in skills and competencies, and on the identified availabilities for the provision of health professionals willing to host other professionals in the same field of expertise by the hosting centres in each eligible country. The contractor will map the eligible countries according to their identified **needs, interests and readiness to provide experts** with a view to achieving a sustainable, wide and long-lasting effect. In the offer, the tenderer is required to explain in detail what will be the proposed methodology for the mapping exercise.

The above-mentioned mapping and requirements shall be incorporated into a **catalogue of exchange needs and capabilities** covering each of the eligible countries. The needs and capabilities shall be structured according to the type of knowledge, experience, expertise and skills on mental health, including multidisciplinary skills and capacity. The draft catalogue of needs and capabilities will have to be shared for feedback with the contact group.

In agreement with the contracting authority and/or the Commission - DG SANTE, the contractor shall select in each eligible country a reference organisation that might be already part of the contact group to facilitate exchange of information and coordination at national level. This reference organisation shall be a public health organisation appointed by the national authorities. The contractor will be assisted by the Commission – DG SANTE in contacting the national competent authorities via the health ministries.

In the offer, the tenderer is expected to **propose a plan to:**

- identify the interested hosting centres in the eligible countries that wish to host the exchange programme and those that will perform the role of experts during the visits, in view of a matching exercise.
- define the objectives and goals of the exchange visit, the activities to be conducted during the visits, the languages used for visits and the duration and venues of the visits. Participants should master the language of the hosting country or should be able to communicate in English (minimum C1 level).
- determine the participants' professional background (e.g. medical doctors and nurses) and experience in the field (seniority level).

- draft an initial list of proposed beneficiaries (visitors), hosting centres and time periods for the exchange visits, and to prepare a work programme including objectives, timeline, evaluation and respective financial offer / budget.
- indicate how in concrete the exchange program will support the countries with a view to achieving a sustainable, wide and long-lasting effect in their capacity to deal with mental health challenges.

For the proposal of hosting centres, beneficiaries and dates, the contractor will use information from the selected reference organisation in each of the participating countries and the result of its own research and analysis of the overall situation of each country in terms of organisation and delivery of mental healthcare, promotion and prevention policies and policies and programmes on mental health.

Where applicable, the **contractor will ensure a link and close alignment between Component one of this tender** (“Multidisciplinary training programmes for mental health professionals and other professionals in various community settings”) **and the implementation of the exchange programme**. In particular, hosting centres will be selected by the contractor on the basis of the in-depth analysis on gaps and knowledge, and training needs to be conducted under Task 1. In addition, the contractor shall take into consideration the following criteria when selecting the hosting centres:

- Application or endorsement of a multidisciplinary approach to mental health;
- Use and application of evidence-based and innovative approaches to the promotion of good mental health and prevention, treatment and care of mental health problems (e.g. social prescribing), including breaking through stigma and discrimination;
- Implementation of best or promising practices in the promotion of good mental health, prevention, treatment and care of mental health problems, including breaking through stigma. Where possible, those organisations which have implemented best practices which have been positively evaluated by the Commission Best Practices Portal, could be included in the list of hosting organisations for the purpose of the exchange programme³²;
- Implementation of ongoing EU-funded projects on mental health to ensure complementarity (e.g. ImpleMentALL³³).

The selection of receiving organisations should also take into account the welcoming capacity of the proposed centres, flexibility for incorporating the visitors in their regular activities, value of the visit, comparison of costs, etc.

The contractor is expected to select the visitors on the basis of the identified needs and the in-depth analysis carried out under Task I.2. The contractor shall ensure an adequate mix of

³² [BP Portal \(europa.eu\)](http://europa.eu)

³³ [Getting eHealth implementation right – ImpleMentAll](#)

professional backgrounds that is compatible with ensuring a multidisciplinary approach to addressing mental health challenges.

The contractor will propose a detailed plan and preliminary timing for the two waves of exchange visits. In this plan, the contractor shall privilege cross-border exchanges or cross-regional exchanges if the hosting centre and the beneficiary (visitor) are located in the same country.

During the preparation phase of the exchange programme, the contractor will produce a short video, of maximum 3 minutes, explaining the exchange programme and its aims and expected benefits including the promotion of a transition towards a multidisciplinary approach to mental health. This video will help to raise awareness of the existence of the exchange programme and help to identify and motivate participation of health professionals in the exchange programme. In order to ensure a balanced participation from all participating countries, the video will be in English and subtitled in all EU official languages.

Performance indicators linked with Task II.1

1. Number of relevant organisations or entities identified
2. Number of potential experts to participate in the programme per country
3. Number of hosting centres per country

Deliverables linked with Task II.1

D II.1 – Report of the mapping methodology and analysis of the requirements for an exchange programme based on identified needs and gaps in skills and competencies for the participating countries. The report should be of maximum 30 pages.

D II.2- Catalogue of exchange needs and capabilities covering each of the participating countries, being discussed with the contact group with written feedback. The catalogue should be of maximum 20 pages.

D II.3– Draft plan of the implementation of the exchange programme including the identification of hosting centres, objective of the exchange visits, identification of participants by profile and seniority, accompanied by a timeline. The draft plan should be of maximum 50 pages.

D II.4 - Video of 3 minutes presenting the exchange programme for awareness raising purposes and promotion.

Task II.2 - Design of the exchange programme

Duration M6 – M8 (3 months)

The exchange programme will bring together mental health professionals from the local, regional or national levels, and contribute to cross-border exchange on knowledge, good practices and expertise in the area of mental health with a view to achieving a sustainable, wide and long-lasting effect.

The main activities will include the development and piloting of a methodology and work plan for cooperation and collaboration between a set of selected legal entities³⁴ in charge of mental health in the eligible countries.

The exchange programme will include mental health professionals from the EU Member States, Norway, and Iceland (“the eligible countries”). The contractor shall facilitate and ensure the inclusion of all eligible countries in the exchange programme by adapting the design and implementation of the programme to the specific needs of the country. The contractor shall also ensure a balanced level of participation from countries in different geographical locations (North, West, East, South) and shall ensure participation of different local and regional parts within a country.

The tenderer shall propose innovative ideas for the creation of such an exchange programme but taking into account the accomplishment of at least the tasks detailed in this *Section 1.4.2.(II)*.

The contractor is expected to prepare a plan for transfer of the knowledge and expertise gained during the exchange visit to the participants’ country of work.

During this exchange visits, these mental health professionals will share expertise and specialised knowledge on field and practical experience on working in healthcare settings on mental health with a view to achieving a sustainable, wide and long-lasting effect. Exchange of practical knowledge on planning and programming and working within a multidisciplinary environment is a key focus of the exchange programme. Tools which could be shared among participants include good and promising practices and evidence-based and innovative approaches to promote good mental health, prevent mental health problems, manage mental health conditions and improve the quality of life of patients in the field of mental health, and to address stigma and discrimination.

The contractor is expected to define a list of clusters of key health professions and to design an exchange programme that would enable the sharing of knowledge and skills between mental health professionals for the benefit of the health professionals and patients. The exchange programme will include hosting centres and participants from the participating countries.

The contractor will identify and map the eligible countries by their interest in participating in the exchange programme and their identified needs in relation to the required expertise and knowledge. The contractor shall ensure sufficient buy-in from the invited public sector bodies in the EU Member States, Norway and Iceland by means of outreach activities.

The contractor shall identify relevant stakeholders (civil society organisations, patient organisations, associations representing professionals in the health and care sector) at local, regional or national level, that will be invited to support the exchange programme by bringing in their regional and national knowledge, in particular the patient experience, lived experience, expertise and skills with a focus on a multidisciplinary approach to mental health.

³⁴ Public sector entities.

These stakeholders may be consulted in the design and development phase and evaluation of the exchange programme.

The contractor will have the support of the contracting authority and/or the European Commission – DG SANTE in communicating with the key contact points in the participating countries and with relevant stakeholders. The contractor will determine the list of eligible countries willing to participate in the exchange programme either as a host country or as a country able to provide experts to act as tutors during the visits.

During the duration of the contract, the contractor is expected to organise two waves of the exchange programme, lasting 22 months in total (First wave: M9 – M18; second wave: M19 – M30).

The contractor will define the objectives and content of the exchange programme and design a core model for an exchange programme, based on the **catalogue of exchange needs and capability** covering each of the eligible countries.

In the development of the exchange programme, the following elements need to be taken into account:

- The contractor shall ensure, when selecting the hosting centres, a good geographical balance between the eligible countries (North, South, East and West).
- The contractor will ensure a good balance between the different health professions and mental health topics included in the visits, by taking into considerations the 4 profiles identified under Sub task I.3.1.
- The contractor shall take into account the experience and lessons learned from similar exchange of professionals' projects done at EU or at national level, with a focus on multidisciplinary knowledge and skills.
- The contractor, in agreement with the contracting authority and Commission – DG SANTE, shall establish a method of redistribution of non-used allocated visits after a certain deadline.
- The contractor shall present in the financial offer form a unit cost per visit. Each visit package will include and cover the cost of travel (organised and managed by the contractor) and an allowance for accommodation and subsistence per day of visit.
- The contractor should allocate exchange packages of minimum 5 days per participant, with the possibility to extend the duration of the visit up to 3 weeks depending on the availability, profile, and needs of the participants, and would give a degree of flexibility to them;
- The participants (a minimum of 4 representatives for each of the 29 countries, representing each of the four profiles) shall be provided with flexible and different modalities of visits, with durations going from 5 days up to 3 weeks to do the exchange programme. For each professional profile, the contractor is expected to organise a minimum of 100 exchange visits of the duration mentioned above;
- The contractor shall provide full administrative support for the management of the travels including the issuing of tickets;
- The beneficiaries shall organise, book and pay their own accommodation using their allowances. The contractor will transfer to each professional participating in the exchange programme a flat lump sum (per diem based) for the total amount of the visit.

The table below provides an overview of the training packages (e.g. each package is represented by 1 up to 3 weeks visit) to be achieved in the implementation of the exchange programme.

Participants	Week(s)	N. of visit packages³⁵
Profile 1	1 to 3	100
Profile 2	1 to 3	100
Profile 3	1 to 3	100
Profile 4	1 to 3	100

In its offer, the tenderer will propose a formula including the management of the whole programme from travel organisation to wire transfer of allowances, including administrative assistance to the professional visitors when needed.

The tenderer shall design and develop the administrative and financial model of the exchange programme.

The tender is expected to organise a minimum of 450 visit packages during each of the two waves. This number stems from calculating 4 representatives for each of the 29 countries involved, multiplied by each of the 4 categories, which gives a total of 464. The final figure was rounded and intended as a minimum. Each visit package can have different duration, as explained above.

IMPORTANT: The contractor will be paid based on the performance based on the unit cost laid down in the financial offer form, meaning based on the number of visit packages organised weighted by the number of participants; the payment will be proportionate to the performance execution of the visits.

Deliverables linked with Task II.2

D II.2.1 – Final plan of the implementation of the exchange programme including the identification of hosting centres, objective of the exchange visits, identification of participants by profile and seniority, accompanied by a timeline divided into the two waves: M9 – M18 and M19 – M30. The plan should include all the administrative arrangements for an efficient management of the programme (e.g. the administrative and financial model). The final plan should be shared with the contact group for written feedback. The final plan should be of maximum 80 pages, excluding the Annexes.

³⁵ Considering 2 weeks average package.

Task II.3 - Implementation of exchange programme

Duration - First wave: M9 – M18 (10 months); Second wave: M19 – M30 (12 months)

The contractor, in close cooperation with the hosting centres, will implement the exchange programme taking care of the details and practicalities of each visit. The contractor is expected to implement the exchange programme in consultation and cooperation with the national reference organisation.

The contractor will provide assistance to the visiting experts in all administrative, financial and practical steps, taking care of information about provision of travel and accommodation and wire transfer of the corresponding daily allowance(s), travel insurances or any other subject related with the visit. While the timeline for payment of travels and accommodation shall be agreed directly between the contractor and the suppliers of those services, the payment to experts (daily allowances or other subject related to the visit) shall be performed at a maximum of 15 days after the end of each programmed visit. All costs related to the implementation of the programme (travel tickets, daily allowances, insurances, administrative assistance, etc.) are to be covered by the contractor under the budget of this contract. No additional cost can be claimed separately.

During the implementation of the programme, the contractor shall ensure that the hosting centre will provide a contact person for the entire duration of the visits.

At the end of the exchange visits, the contractor in close cooperation with the Reference Organisations, shall organise a workshop (hybrid) in each participating country. The purpose of such a hands-on and practical workshop is to present, share and discuss best and promising practices and lessons learnt from the exchange visit in the context of a multidisciplinary approach to mental health. This is also an occasion for the visitors and experts to share their experience. The targeted audience will include:

- a. Visitors and experts
- b. Hosting centres
- c. Local, regional and national stakeholders
- d. Other interested organisations (such as non-governmental organisations working in the area of mental health, associations representing health professionals and patient organisations)

Performance indicators linked with Task II.3

1. Number of participants in the exchange programme
2. Number of countries covered.

Deliverables linked with Task II.3

DII.3.1 – Visit packages organised in the participating countries (1st wave)
DII.3.2 – Visit packages organised in the participating countries (2nd wave)
DII.3.3 – Report of the workshop(s) organised at the end of the 1st wave of maximum 10 pages, including the concept paper, agenda, discussion, outcomes and recommendations.
DII.3.4 – Report of the workshop(s) organised at the end of the 2nd wave of maximum 10 pages, including the concept paper, agenda, discussion, outcomes and recommendations.

Task II.4 - Reporting exercise

Duration M7 – M34 (27 months)

The contractor will design and put in place a **system of reporting on the results of the exchange programme**, which will include the following:

- A monitoring framework with SMART (specific, measurable, achievable, relevant, and time-bound) indicators;
- A reporting template on skills and knowledge acquired by the visitors;
- A reporting template by the experts in the hosting centres;
- A satisfactory survey on the overall exchange programme.

The reporting template on skills and knowledge acquired will be filled in by the visitors and include information on the content of the exchange visit, lessons learnt and on how the knowledge and skills learnt will be applied and further disseminated in the visitors' country of residence. The reporting template shall be filled in at the end of each visit by the participating countries' experts and tutors and will include information on the aim and content of the exchange visit, in view of supporting the continuous professionals training of the visitors.

The contractor shall regularly (every three months) evaluate the reports allowing a timely and constant improvement of the exchange programme. A report with the lessons learnt and recommendations will be provided as part of the contract in view of supporting the development of future exchange programmes.

At the end of each year of the contract, the tenderer will produce a summary report of maximum 20 pages containing references of all visits.

Performance indicators linked with Task II.4

1. Number and type of SMART indicators included in the monitoring framework
2. Number of reports produced regularly on the visit packages
3. Number of updates of the monitoring framework submitted and discussed with the contracting authority

Deliverables linked with Task II.4

DII.4.1 – A monitoring framework with indicators and the reporting templates on skills and knowledge acquired by the visitors and by the experts;

DII.4.2 – Report of the design, implementation, data collection and analysis of the satisfactory survey of maximum 10 pages;

DII.4.3 – Report of each visit package including the concept note, programme, agenda, discussions, outcomes, recommendations of maximum 10 pages each;

DII.4.4 – Power Point presentation summarising the exchange programme, the visits package, with recommendations for the future of maximum 30 slides.

All deliverables must be provided to HaDEA in English; the toolkit (European blueprint) should be translated into all EU official languages, Norwegian, Icelandic and Ukrainian. The contractor shall deliver the outputs relating to the tasks according to the two components under the scope of these tender specifications and respect the following deadlines:

Month	Activity/Deliverables/Meetings
M1	Inception meeting: where the coordination team meets the contracting authority and DG SANTE. Materials to be discussed shall be sent 5 working days before the scheduled inception meeting, for instance a draft list of specific sub-groups or issues for the training programme and the draft Inception Report (task I.3).
M2	Submission of final Inception Report
M3	Submission of final list of potential stakeholders identified and included in the contact group (DI.1.1) and concept paper with a proposed method of working with the contact group including (DI.1.2)
M4	Submission of a communication strategy to raise awareness on the multidisciplinary training programme (DI.7.1)
M6	Submission of 1st draft Interim Progress Report , including deliverables DI.1.1, DI.1.2, DI.2.1, DI.2.2, DI.7.1, DII.1.2, DII.1.3, DII.1.4 and DI.6.1
M6	1st Interim meeting Final 1 st Interim Progress Report with invoice for the 1 st interim payment (10 %) following the approval of the required deliverables (DI.1.1, DI.1.2, DI.2.2, DI.7.1, DII.1.1, DII.1.2, DII.1.3, DII.1.4)
M7	Submission of the monitoring framework of the exchange programme with indicators and the reporting templates of on skills and knowledge acquired by the visitors and by the experts
M9	Submission of potential list of participants by work category and sector to the training programme to the contracting authority and DG SANTE, previously shared with the contact group
M9-M18	Implementation of exchange programme (1 st wave)
M12	1 st summary report of the visits organised as part of the exchange programme
M14	Submission of the modular European mental health multidisciplinary training programme to promote a comprehensive, prevention-oriented approach to mental health; the draft training package shall have been shared with the contact group for feedback.
M15	Submission of 2nd draft Interim Progress Report , including deliverables DI.3.1, DI.3.2, DII.2.1, DII.3.1 and DII.3.2 (to the extent of the implementation)
M15	2nd Interim meeting Final 2 nd Interim Progress Report with invoice for the 2 nd interim payment (40 %) following the approval of the required deliverables, DI.3.1, DI.3.2, DII.2.1, DII.3.1 and DII.3.2 (to the extent of the implementation)
M15-M20	First round of the European multidisciplinary mental health training programme (six EU countries)

M23	Submission of 3rd draft Interim Progress Report , including deliverables D I.4.1, DI.4.2, DI.4.3 (the latter to the extent possible), DII.3.1 and DII.3.3
M23	3rd Interim meeting Final 3 rd Interim Progress Report with invoice for the 3 rd interim payment (20%) following the approval of the required deliverables, DI.4.1, DI.4.2, D I.4.3 (to the extent of the implementation), DII.3.1 and DII.3.3
M24	2 nd summary report of the visits organised as part of the exchange programme
M19-M30	Implementation of exchange programme (2 nd wave)
M21-32	Second round of the training programme to all EU Member States, Norway, Ukraine and Iceland (D I.5)
M30	Submission of 24 evaluation reports on the rollout training courses (D I.5.2)
M30	Submission of the first draft of the toolkit
M32	Submission of 4th draft Interim Progress Report , including deliverables D I.5.1, DI.5.2, DI.5.3. DI.6.1, DI.6.2, DII.3.2, and DII.3.4
M32	4th Interim meeting Final 4 th Interim Progress Report with invoice for the 4 th interim payment (20%) following the approval of the required deliverables, DI.5.1, DI.5.2, D I.5.3, DI.6.1, DI.6.2, DII.3.2, and DII.3.4
M33	Submission of the Final toolkit
M34	Submission of the report of the design, implementation, data collection and analysis of the satisfactory survey of maximum 10 pages and a Power Point presentation summarising the exchange programme, the visits package, with recommendations for the future of maximum 30 slides.
M35	Submission of a concept paper and report of 27 EU MS + 3 (NO, IS and UA) national workshops (in all Member States). A concept paper, agenda and a report of maximum 10 pages for each national workshop are expected (D I.5.3)
M35	Half a day conference
M35	Submission of the draft final report
M36	3 rd summary report of the visits organised as part of the exchange programme
M36	Submission of the final report with all final deliverables. Submission of the invoice for final payment (10%) after the approval of the Final Report and all its deliverables.
M2-M36	Monthly short progress reports and monthly meetings organised with the contracting authority and DG SANTE. Minutes of the meetings will be submitted 5 days at the latest after each meeting.

1.4.3. Indicative timeframe overview of deliverables

Component one - Capacity-building and multidisciplinary training programme on mental health for health professionals and other professionals working in community sectors and the development of a toolkit on mental health (EU blueprint).		
Task I.1 – Setting up a contact group ensuring the broad involvement of stakeholders representing and providing mental healthcare services		
DI.1.1	Final list of potential stakeholders identified and included in the contact group	M3
DI.1.2	Concept paper with a proposed method of working with the contact group including: meetings, workshops, round tables and topics to be discussed	M3
Task I.2 - Study to identify the training audience(s) and training needs in mental health		
<i>Sub-task I.2.1 – Literature review</i>		
DI.2.1	Study protocol with the methodology for conducting an in-depth analysis of human resources core competencies on mental health including training needs assessment	M4
<i>Sub-task I.2.2 - Mapping of existing trainings, stakeholders and potential participants (outreach activities)</i>		
DI.2.2	Mapping and analysis of existing mental health multidisciplinary training programmes and capacity-building activities at EU and international level.	M4-M5
<i>Sub-task I.2.3 – Consultation of relevant stakeholders</i>		
DI.2.3	Report of the consultation strategy and Report of the outcomes of the consultation, accompanied with the list of relevant stakeholders identified.	M7-M8
<i>Sub-task I.2.4 - Finalisation of the study</i>		
DI.2.4	Study report including the analysis of the participating countries' gaps and needs for training and capacity-building on mental health, type of competencies and training needs.	M10
Task I.3 - Design of a European multidisciplinary mental health training programme, to promote a comprehensive, prevention-oriented approach to mental health		
DI.3.1	The European multidisciplinary mental health training programme concept including, list of identified contact points, the structure, the methodology of training needs assessment, training curricula, case studies with core and advanced modules and materials to be distributed to the participants and methods used to be delivered	M10-M14
Task I.4: Pilot testing of the multidisciplinary training programme, including evaluation of the trainings and preparation of a final training programme		
DI.4.1	6 European multidisciplinary mental health training programme pilot training courses materials and tools	M15-M20

D I.4.2	6 evaluation reports on the pilot training courses, including the level of satisfaction of participants, lessons learnt and suggestions for improvement of the European multidisciplinary mental health training programme.	M20
<i>Sub-Task I.4.1 – National workshops</i>		
D I.4.3	A concept paper and report of national workshops/cluster of countries with minimum duration of 2 hours to discuss at national level, and evaluate the pilot training courses.	M15- M31
Task I.5 - Delivery of the training programme to all EU Member States, Norway, Iceland and Ukraine (second round)		
D I.5.1	24 European mental health multidisciplinary rollout training courses.	M21- M32
D I.5.2	24 evaluation reports on the rollout training courses, including the level of satisfaction of participants, lessons learnt and suggestions for improvement of the European multidisciplinary mental health training programme.	M21- M34
D I.5.3	A concept paper and report of national workshops/cluster of countries with minimum duration of 2 hours to discuss at national level and evaluate the pilot training courses.	M35
Task I.6 - Development of a toolkit – a European blueprint for a comprehensive approach to mental health capacity-building		
D I.6.1	The toolkit on the European blueprint for a comprehensive approach to mental health capacity-building translated into all other EU official languages, Norwegian, Icelandic and Ukrainian	M9- M32
Task I.7 - Communication strategy, awareness raising and final conference		
D I.7.1	A communication strategy to raise awareness on the multidisciplinary training programme.	M4- M36
D I.7.2	A half-day conference presenting the results of the multidisciplinary training programme and European blueprint for a multidisciplinary approach to mental health capacity building, including a report of the conference with recommendations, minutes of the discussions, and feedback on the degree of satisfaction by participants	M35
Component two - Exchange programmes for health professionals in the field of mental health		
<i>Task II.1 - Identification of needs and capabilities</i>		
D II.1.1	Report of the mapping methodology and analysis of the requirements for an exchange programme based on identified needs and gaps in skills and competencies for the eligible countries.	M2- M5

D II.1.2	Catalogue of exchange needs and capabilities covering each of the eligible countries.	M2- M5
D II.1.3	Draft plan of the implementation of the exchange programme including the identification of hosting centres, objective of the exchange visits, identification of participants by profile and seniority, accompanied by a timeline divided into the two waves: M9 – M18 and M19 – M30.	M5
D II.1.4	Video of 3 minutes presenting the exchange programme for awareness raising purposes and promotion.	M6
<i>Task II.2 - Design of the exchange programme</i>		
D II.2.1	Final plan of the implementation of the exchange programme including the identification of hosting centres, objective of the exchange visits, identification of participants by profile and seniority, accompanied by a timeline divided into the two waves: M9 – M18 and M19 – M30.	M7- M8
<i>Task II.3 - Implementation of exchange programme</i>		
D II.3.1	Visit packages organised in the eligible countries (1 st wave)	M9- M18
D II.3.2	Visit packages organised in the eligible countries (2 nd wave)	M19- M30
D II.3.3	Report of the workshop(s) organised at the end of the 1 st wave including the concept paper, agenda, discussion, outcomes and recommendations.	M19
D II.3.4	Report of the workshop(s) organised at the end of the 2 nd wave including the concept paper, agenda, discussion, outcomes and recommendations.	M31
<i>Task II.4 - Reporting exercise</i>		
D II.4.1	A monitoring framework with indicators and the reporting templates of on skills and knowledge acquired by the visitors and by the experts.	M7 + ad hoc
D II.4.2	Report of the design, implementation, data collection and analysis of the satisfactory survey.	M34
D II.4.3	Report of each visit package including the concept note, programme, agenda, discussions, outcomes, recommendations.	M7- M30
D II.4.4	Power Point presentation summarising the exchange programme, the visits package, with recommendations for the future.	M34

The start of the service will be formalised by an **inception meeting** which will take place in Brussels or Luxembourg within five weeks (M2) following the signature of the Contract. The purpose of the inception meeting is to discuss and fine-tune the design of the training programme and of the exchange programme, introduce the work teams from DG SANTE and the contracting authority as well as to meet the coordination team and discuss practical aspects concerning working arrangements and the management of the contract.

Inception report

A Draft Inception Report shall be provided in M1 ahead of the inception meeting with the contracting authority and the European Commission which will be organised in Brussels or Luxembourg (or remotely depending on current circumstances).

It should include a detailed work plan and time schedule for all the activities, a clear description of the tasks to be performed and of the deliverables, milestones and reports to be achieved, and the reporting timeframe.

The Final Inception Report shall be provided two weeks after the Inception Meeting (M2).

The Inception Report will be subject to acceptance by the contracting authority and must be submitted in electronic format (Word format and PDF) and in English.

Interim and Final Reports

Three interim progress reports will be submitted to the contracting authority in electronic format (Word document and readable PDF) and in English. These reports must contain at least the following:

- A description of the work carried out. Any deviation from the initial work plan shall be indicated and explained. A description of the difficulties encountered.
- Source data/files and all other relevant documents as annexes.
- Deliverables: final versions of deliverables due within the reporting periods.
- An overview of the performance indicators collected for the tasks performed during the respective reporting period.

The third interim report and the final report will be presented to the contracting authority and DG SANTE during the interim and final meetings to be held in Brussels or in Luxembourg (or remotely depending on the epidemiological situation). The submission and acceptance of a report, preceded by the submission and acceptance of all deliverables foreseen in the reporting periods, will entail a payment according to I.5.2. and I.5.3. of the Draft Service Contract.

The Final Report will describe all the work carried out and the results obtained. It will also contain a summary of the main results obtained as follows:

- clear information on the number of trainings held, the number of countries covered, the number and qualifications (junior/senior, work sector...) of professionals trained, and the total participation to the training activities (signed lists of presences, recapitulative table in Word and/or Excel, etc.);
- evaluation statements of the participants throughout the contracting period;
- any observations from the lecturers and tutors;
- evaluation of the presented topics, perception of the participants, their opinion about the topics chosen, relevance to their work, usefulness of workshops and further needs of the participants regarding training, networking or other support for their oversight activities;
- summary of the results of participants' knowledge testing and analysis of the questionnaires on changes in behaviour and dissemination.

It will also contain:

- all training materials, the presentations, all other documents provided to the participants in electronic format (USB key, etc.) and any other educational or recorded material developed from the training sessions;
- the final training materials provided to the participants, and the final syllabus derived from the implementation of the training activities;
- an overall assessment of the activity's ability to meet the targeted objectives as well as the participants' interests and requirements.

The final report will include a detailed handover including IP rights, all data sets created and processed during the contract in a readable format. The draft "Final Report" must be submitted to the contracting authority no later than 35 months after signature of the contract in order to provide sufficient time to evaluate and send back comments to be implemented in the final version.

The interim and final reports must include:

- an abstract of no more than 200 words and a publishable executive summary of maximum 6 pages, both in English and French;
- specific identifiers which must be incorporated on the cover page provided by the contracting authority;
- the following disclaimer:

"This report was produced under the EU4Health Programme under a service contract with the European Health and Digital Executive Agency acting under the mandate from the European Commission. The information and views set out in this [report/study/article/publication...] are those of the author(s) and do not necessarily reflect the official opinion of the Commission/Executive Agency. The Commission/Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission/Executive Agency nor any person acting on the Commission's/Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein."

a. Requirements for publication on Internet

The Commission/Executive Agency is committed to making online information as accessible as possible to the largest possible number of users including those with visual, hearing, cognitive or physical disabilities, and those not having the latest technologies. The Commission supports the Web Content Accessibility Guidelines 2.1 of the W3C as provided at: [01. Accessibility overview - WEBGUIDE - EC Public Wiki \(europa.eu\)](http://ec.europa.eu/ipg/standards/accessibility/index_en.htm).

For full details on the Commission policy on accessibility for information providers, see: http://ec.europa.eu/ipg/standards/accessibility/index_en.htm.

For the publishable versions of the study, abstract and executive summary, the contractor must respect the W3C guidelines for accessible pdf documents as provided at: <http://www.w3.org/WAI/>.

b. Structure

All reports should have numbered paragraphs and pages and a clear identification, containing:

- the contract number (not the call number),
- the acronym,
- the version (draft, revision or final) and
- the date.

The reports and the deliverables shall be in English, unless otherwise indicated in these tender specifications.

c. Graphic requirements

The contractor must deliver the study and all publishable deliverables in full compliance with the corporate visual identity of the European Commission, by applying the graphic rules set out in the European Commission's Visual Identity Manual, including its logo. The graphic rules, the Manual and further information are available at:

http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

A simple Word template will be provided to the contractor after contract signature. The contractor must fill in the cover page in accordance with the instructions provided in the template. The use of templates for studies is exclusive to European Commission's/HaDEA's contractors. No template will be provided to tenderers while preparing their tenders.

In view of its publication, the study report (DI.2.4) and the toolkit on a multidisciplinary approach to mental health capacity-building by the contractors must be of high editorial quality. In cases where the contractor does not manage to produce a final report of high editorial quality within the timeframe defined by the contract, the contracting authority can decide to have the final report professionally edited at the expense of the contractor (e.g. deduction of these costs from the final payment).

Confidentiality

For the purpose of this contract any facts, information, knowledge, documents or other matters which may have been communicated to or obtained by the contractor in the context of the Contract shall be deemed confidential per se even after the completion of the tasks.

Data protection

Data must be processed only within the EU/servers must be kept in the EU.

Use of specific technical security measures for processing special categories of data (e.g. use of pseudonymisation when processing health data, encryption, etc.).

Tenderers are requested to provide in the technical offer:

- The mapping of all actors involved in the processing of personal data (including subcontractors – identified in the offer or not);
- Proposed measures for ensuring that the service delivery will be compliant with the data protection rules, principles and obligations, including a description of the proposed technical security measures for personal data processing.

Please refer to Criterion 3 in the award criteria, see section 3.4.

Intellectual property rights

Compliance with copyright law and other intellectual property legislation is of utmost importance for the contracting authority. When providing the services, the contractor has to ensure compliance with the applicable copyright and other intellectual property legislation. Tenderers should note that all copyright costs relating to the exploitation of copyright-protected material, which originates from third parties and not from the tenderer, shall be included in the pricing of this call for tender.

It is in the responsibility of the contractor to ensure that all copyright agreements are adhered to, related to the delivery of these services.

The contractor shall hold the contracting authority's harmless and shall provide compensation in the event of any action, claim or proceeding brought against the agency by a third party as a result of damage caused by the contractor in performance of the Contract, especially due to the fact that the contractor would not hold the rights and authorisations required under the contract to be concluded. In the event of any action brought by a third party against the contracting authority in connection with performance of the contract, the contractor shall assist the contracting authority.

Performance Indicators

Contractors shall collect data on the specific action-level indicators as indicated in the specific tasks.

Tenderers are required to include in their tender additional specific action-level indicators which will be agreed with the contracting authority at the inception phase.

When deemed necessary, the contracting authority will require and agree with the contractor to collect data for additional specific action-level indicators, to complement the above-mentioned indicators, with a maximum of three additional specific action-level indicators.

As previously mentioned, an overview of the data on performance indicators should be included in the interim reports (as appropriate) and in the final report.

1.5. Place of performance: where will the contract be performed?

The services will be performed at the following locations:

- the contractor's premises and in the locations defined for the experts' visits, trainings, meetings and workshops, in line with the tasks required;
- in Brussels or Luxembourg, at the premises of the European Commission, for the meetings with the contracting authority/European Commission and for the conference.

1.6. Nature of the contract: how will the contract be implemented?

The procedure will result in the conclusion of a direct contract.

In direct contracts all the terms governing the provision of the services, supplies or works are defined at the outset. Once signed, they can be implemented directly without any further contract procedures.

Tenderers need to take full account of the full set of procurement documents, including the provisions of the draft contract as the latter will define and govern the contractual relationship to be established between the contracting authority and the successful tenderer. Special attention is to be paid to the provisions specifying the rights and obligations of the contractor, in particular those on payments, performance of the contract, confidentiality, and checks and audits.

⚠ Please be aware that if a tenderer to whom the contract is awarded (any of the group members in case of a joint tender) has established debt(s) owed to the Union, the European Atomic Energy Community or an executive agency when the latter implements the Union budget, such debt(s) may be offset, in line with Articles 101(1) and 102 of [Regulation \(EU, Euratom\) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union \(Financial Regulation\)](#)³⁶ and the conditions set out in the draft contract, against any payment due under the contract. The

³⁶ Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No 1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EU, Euratom) No 966/2012 (OJ L 193 of 30.07.2018, p.1).

contracting authority will verify the existence of overdue debts of the successful tenderer (any of the group members in case of a joint tender), and, if any such debt is found, will inform the tenderer (the group leader in case of a joint tender who will then have the obligation to inform all other group members before signing the contract) that the debt(s) may be offset against any payment under due the contract.

1.7. Volume and value of the contract: how much do we play to buy?

The estimated total amount of all purchases under this call for tenders is indicated under Section II.1.5 of the contract notice. The volumes/values of the purchases over the total duration of the contract are specified in Section 1.4 of these specifications.

1.8. Duration of the contract: how long do we plan to use the contract?

The contract resulting from this call for tenders will be concluded for at most **36** months. The details of the initial contract duration and possible renewals are set out in the draft contract.

1.9. Electronic exchange system: can exchanges under the contract be automated?

For all exchanges with the contractor during the implementation of the contract resulting from this call for tenders as well as for future possible subsequent proceedings, including, but not limited to, for the purposes of EDES ([European Union's Early Detection and Exclusion System](#)), the contracting authority may use an electronic exchange system meeting the requirements of Article 148 of the Financial Regulation. At the request of the contracting authority, the use of such a system shall become mandatory for the contractor at no additional cost for the contracting authority. Details on specifications, access, terms and conditions of use will be provided in advance.

2. GENERAL INFORMATION ON TENDERING

2.1. Legal basis: what are the rules?

This call for tenders is governed by the provisions of the Financial Regulation.

The contracting authority has chosen to award the contract resulting from this call for tenders through an open procedure pursuant to Article 164(1) (a) of the Financial Regulation. In an open procedure any interested economic operator (any natural or legal person who offers to supply products, provide services or execute works) may submit a tender.

2.2. Entities subject to restrictive measures and rules on access to procurement: who may submit a tender?

Tenderers must ensure that no involved entities (see Section 2.4) nor any subcontractors, including those which do not need to be identified in the tender (see Section 2.4.2), are subject to [EU restrictive measures](#) adopted under Article 29 of the Treaty on the European Union (TEU) or Article 215 of the Treaty on the Functioning of the EU (TFEU)³⁷, consisting of a prohibition to make available or transfer funds or economic resources or to provide financing or financial assistance to them directly or indirectly, or of an asset freeze. The prohibition applies throughout the whole performance of the contract.

Following the Council Implementing Decision (EU) 2022/2506, as of 16th December 2022, no legal commitments can be signed with Hungarian public interest trusts established under Hungarian Act IX of 2021 or any entity they maintain. This applies to all contractual level commitments, including subcontractors.

Participation in this call for tenders is open on equal terms to all natural and legal persons coming within the scope of the [Treaties](#), as well as to international organisations.

It is also open to all natural and legal persons established in a third country provided that it has a special agreement with the European Union in the field of public procurement on the conditions laid down in that agreement.³⁸

³⁷ Please note that the EU Official Journal contains the official list and, in case of conflict, its content prevails over that of the [EU Sanctions Map](#).

³⁸ EEA Agreement:

Under the EEA Agreement, economic operators established in Iceland, Norway and Liechtenstein have access to all procurement procedures of the EU executive agencies, subject to the limitations set out in Annex XVI.

Stabilisation and Association Agreements:

The Agreement on Government Procurement³⁹ or the Bilateral Free Trade Agreements⁴⁰ concluded within the World Trade Organisation do not apply. Therefore, the participation to this call for tenders is not open to natural and legal persons established in the countries that have ratified these Agreements.

The rules on access to procurement do not apply to entities on whose capacity tenderers rely to fulfil the selection criteria nor to subcontractors. Subcontracting may not be used with the intent or effect to circumvent the rules on access to procurement.

Participation in this call for tenders is also open on equal terms to natural and legal persons established in a third country eligible for funding under the EU4Health programme.

Third countries negotiating association to the programme will be treated as associated countries provided that the association agreement with the third country concerned applies at the time of the award of the contract.

Under the Stabilisation and Association Agreements (SAA) economic operators established in North Macedonia, Albania, Montenegro, Serbia, Bosnia and Herzegovina and Kosovo have access to the procurement procedures of the EU executive agencies, subject to the general security-based restrictions.

Association Agreements:

Under the Association Agreements with Georgia, Moldova and Ukraine economic operators established in those countries have access to procurement procedures of the EU executive agencies, subject to general exceptions.

Association Agreements to Union Funding Programmes:

Association Agreements of third countries for participation in Union Funding Programmes regularly provide that entities established in the third country may participate in actions funded by the programme under conditions equivalent to those applicable to entities established in the European Union. Accordingly, economic operators established in third countries associated to a relevant Union programme under which the call is launched, have the right to participate in procurement procedures funded under that programme unless those Agreements and the rules of the relevant spending programme (the basic act, the work programme, the call text, etc.) have specific provisions regulating or restricting access to procurement.

Overseas Countries and Territories:

Economic operators established in Overseas Countries and Territories (OCT) have the right to participate in EU procurement procedures under Article 176 FR as the OCTs (listed in the Annex II of the TFEU) fall within the scope of the Treaties (under the association regime of Part IV of the TFEU).

³⁹ The full text of the GPA and its annexes per country:

https://www.wto.org/english/tratop_e/gproc_e/gp_gpa_e.htm
<https://e-gpa.wto.org/en/Agreement/Latest>

⁴⁰ The full text of the FTAs and the annexes per country

https://policy.trade.ec.europa.eu/eu-trade-relationships-country-and-region/negotiations-and-agreements_en.

To enable the contracting authority to verify the access, each tenderer must indicate its country of establishment (in case of a joint tender – the country of establishment of each group member) and must present the supporting evidence normally acceptable under the law of that country. The same document(s) could be used to prove the country/-ies of establishment and the delegation(s) of the authorisation to sign, as described in Section 4.3.

2.3. Registration in the Participant Register: why register?

Any economic operator willing to participate in this call for tenders must be registered in the [Participant Register](#) - an online register of organisations and natural persons (participants) participating in calls for tenders or proposals of the European Commission and other EU institutions/bodies.

On registering each participant obtains a Participant Identification Code (PIC, 9-digit number), which acts as its unique identifier in the Participant Register. A participant needs to register only once – the information provided can be further updated or re-used by the participant in other calls for tenders or calls for proposals of the European Commission and other EU institutions/bodies.

⚡ Each participant needs to ensure that its SME status in the Participant Register is registered and kept up to date.

At any moment during the procurement procedure, the Research Executive Agency Validation Services (hereafter *the EU Validation Services*) may contact the participant and ask for supporting documents on legal existence and status and financial capacity. The requests will be made through the register's messaging system to the e-mail address of the participant's contact person indicated in the register. It is the responsibility of the participant to provide a valid e-mail address and to check it regularly. The documents that may be requested by *the EU Validation Services* are listed in the [EU Grants and Tenders Rules on Legal Entity Validation, LEAR appointment and Financial Capacity assessment](#).

⚡ Please note that a request for supporting documents by the *EU Validation Services* in no way implies that the tenderer has been successful.

2.4. Ways to submit a tender: how can economic operators organise themselves to submit a tender?

Economic operators can submit a tender either as a sole economic operator (sole tenderer) or as a group of economic operators (joint tender)⁴¹. In either case subcontracting is permitted.

Tenders must be drawn and submitted in complete independence and autonomously from the other tenders. A declaration in this regard by each tenderer (in case of a joint tender, by each of its members) shall be requested.

⁴¹ Each economic operator participating in the joint tender is referred to as “group member”.

A natural or legal person cannot participate at the same time and within the same procedure either as member of two or more groups of economic operators or as a sole tenderer and member of another group of economic operators. In such case, all tenders in which that person has participated, either as sole tenderer or as member of a group of economic operators, will be rejected.

Economic operators linked by a relationship of control or of association (e.g. belonging to the same economic/corporate group) are allowed to submit different and separate tenders provided that each tenderer is able to demonstrate that its tender was drawn independently and autonomously.

A natural or legal person may act as subcontractor for several tenderers as long as the tenders are drawn and submitted in complete independence and autonomously from each other. However, cross subcontracting among tenderers is forbidden, more precisely an entity “A” may participate as tenderer (either as sole tenderer or as member of a group of economic operators) and as subcontractor to another tenderer “B” within the same procurement procedure. However, in this case it is forbidden that tenderer “B” (or any of its participating members in case of a group of economic operators) is at the same time subcontractor for tenderer “A” (or for the group of economic operators in which “A” participates) within the same procurement procedure. In this case, both tenders A and B shall be rejected.

In order to fulfil the selection criteria set out in Section 3.2 the tenderer can rely on the capacities of subcontractors (see Section 2.4.2) or other entities that are not subcontractors (see Section 2.4.3).

An “**involved entity**” is any economic operator involved in the tender. This includes the following four categories of economic operators:

- sole tenderer,
- group members (including group leader),
- identified subcontractors (see Section 2.4.2), and
- other entities (that are not subcontractors) on whose capacity the tenderer relies to fulfil the selection criteria.

The role of each entity involved in a tender must be clearly specified in the eSubmission application: i) sole tenderer, ii) group leader (in case of a joint tender), iii) group member (in case of a joint tender), or iv) subcontractor⁴².

For an entity on whose capacities the tenderer relies to fulfil the selection criteria (that is not a subcontractor), this role is defined in the commitment letter (*Annex 5.2*).

2.4.1. Joint tenders

A joint tender is a situation where a tender is submitted by a group (with or without legal form) of economic operators regardless of the link they have between them in the group. The group as a whole is considered a tenderer⁴³.

⁴² Only identified subcontractors (see Section 2.4.2) must be specified in the eSubmission application.

All group members assume joint and several liability towards the contracting authority for the performance of the contract as a whole.

Group members must appoint from among themselves a group leader (the group leader) as a single point of contact authorised to act on their behalf in connection with the submission of the tender and all relevant questions, clarification requests, notifications, etc., that may be received during the evaluation, award and until the contract signature. All group members (including the group leader) must sign an Agreement/Power of attorney drawn up in the model attached in *Annex 3*.

The joint tender must clearly indicate the role and tasks of each group member, including those of the group leader who will act as the contracting authority's contact point for the contract's administrative or financial aspects and operational management. The group leader will have full authority to bind the group and each of its members during contract execution.

If the joint tender is successful, the contracting authority shall sign the contract with the group leader, authorised by the other members to sign the contract also on their behalf via the Agreement/Power of attorney drawn up in the model attached in *Annex 3*.

Changes in the composition of the group during the procurement procedure (after the deadline for submission of tenders and before contract signature) shall lead to rejection of the tender, with the exception of the following cases:

- case of a merger or takeover of a group member (universal succession), provided that the following cumulative conditions are fulfilled:
 - the new entity is not subject to restrictive measures, has access to procurement (see Section 2.2) and is not in an exclusion situation (see Section 3.1),
 - all the tasks assigned to the former entity are taken over by the new entity member of the group,
 - the group meets the selection criteria (see Section 3.2),
 - the change must not make the tender non-compliant with the procurement documents,
 - the terms of the originally submitted tender are not altered substantially and the evaluation of award criteria of the originally submitted tender are not modified,
 - the new entity undertakes to replace the former entity for the implementation of the contract, in case of an award.

- case where a group member is subject to restrictive measures or does not have access to procurement (see Section 2.2) or is in an exclusion situation (see Section 3.1), provided the following cumulative conditions are fulfilled:
 - none of the remaining group members is subject to restrictive measures (see Section 2.2),
 - all the remaining group members have access to procurement (see Section 2.2),

⁴³ References to *tenderer* or *tenderers* in this document shall be understood as covering both sole tenderers and groups of economic operators submitting a joint tender.

- the remaining group members meet the selection criteria (see Section 3.2),
- the change must not make the tender non-compliant with the procurement documents,
- the terms of the originally submitted tender are not altered substantially and the evaluation of award criteria of the originally submitted tender are not modified,
- the continuation of the participation of the remaining group members in the procurement procedure does not put the other tenderers in a competitive disadvantage,
- the remaining group members undertake to implement the contract, in case of an award, without the excluded group member.

The replacement of the group member not having access to procurement or in a situation of exclusion is not allowed.

2.4.2. Subcontracting

Subcontracting is the situation where the contractor enters into legal commitments with other economic operators, which will perform part of the contract on its behalf. The contractor retains full liability towards the contracting authority for performance of the contract as a whole.

The following shall not be considered subcontracting:

- a) Use of workers posted to the contractor by another company owned by the same group and established in a Member State (“intra-group posting” as defined by Article 1, 3, (b) of [Directive 96/71/EC concerning the posting of workers in the framework of the provision of services](#)).
- b) Use of workers hired out to the contractor by a temporary employment undertaking or placement agency established in a Member State (“hiring out of workers” as defined by Article 1, 3, (c) of [Directive 96/71/EC concerning the posting of workers in the framework of the provision of services](#)).
- c) Use of workers temporarily transferred to the contractor from an undertaking established outside the territory of a Member State and that belongs to the same group (“intra-corporate transfer” as defined by Article 3, (b) of [Directive 2014/66/EU on the conditions of entry and residence of third-country nationals in the framework of an intra-corporate transfer](#)).
- d) Use of staff without employment contract (“self-employed persons working for the contractor”), without the tasks of the self-employed persons being particular well-defined parts of the contract.
- e) Use of suppliers and/or transporters by the contractor, in order to perform the contract at the place of performance, unless the economic activities of the suppliers and/or the transporting services are within the subject of this call for tenders (see Section 1.4).
- f) Performance of part of the contract by members of an EEIG (European Economic Interest Grouping), when the EEIG is itself a contractor or a group member.

The persons mentioned in points a), b), c) and d) above will be considered as “personnel” of the contractor as defined in the contract.

All contractual tasks may be subcontracted unless the procurement documents expressly reserve the execution of certain critical tasks to the sole tenderer itself, or in case of a joint tender, to a group member.

By filling in the form available in *Annex 4* (List of identified subcontractors), tenderers are required to give an indication of the proportion of the contract that they intend to subcontract, as well as to identify and describe briefly the envisaged contractual roles/tasks of subcontractors meeting any of these conditions (hereafter referred to as *identified subcontractors*):

- subcontractors on whose capacities the tenderer relies upon to fulfil the selection criteria as described under Section 3.2;
- subcontractors whose intended individual share of the contract, known at the time of submission, is above 10 % .

Any such subcontractor must provide the tenderer with a commitment letter drawn up in the model attached in *Annex 5.1* and signed by its authorised representative.

☞ Each tenderer shall identify *such* subcontractors and provide the commitment letters with its tender. The information must be true and correct at the time of submitting the tender. Any changes or additions regarding the envisaged subcontractors after the deadline for submission of tenders must be justified to the contracting authority.

The above rules apply also where the economic operators, which will perform part of the contract on behalf of a successful tenderer, belong to the same economic/corporate group as the sole tenderer or a member of the group submitting the joint tender.

Changes concerning subcontractors identified in the tender (withdrawal/replacement of a subcontractor, additional subcontracting) during the procurement procedure (after the submission deadline and before contract signature) require the prior written approval of the contracting authority subject to the following verifications:

- any new subcontractor is not subject to restrictive measures, has access to procurement if the rules on access to procurement apply also to subcontractors (see Section 2.2) and is not in an exclusion situation (see Section 3.1),
- the tenderer still fulfils the selection criteria and the new subcontractor fulfils the selection criteria applicable to it individually, if any;
- the terms of the originally submitted tender are not altered substantially, i.e. all the tasks assigned to the former subcontractor are taken over by another involved entity, the change does not make the tender non-compliant with the tender specifications, and the evaluation of award criteria of the originally submitted tender is not modified.

Subcontracting to subcontractors identified in a tender that was accepted by the contracting authority and resulted in a signed contract, is considered authorised.

2.4.3. Entities (not subcontractors) on whose capacities the tenderer relies to fulfil the selection criteria

In order to fulfil the selection criteria a tenderer may also rely on the capacities of other entities (that are not subcontractors), regardless of the legal nature of the links it has with

them. It must in that case prove that it will have at its disposal the resources necessary for the performance of the contract by producing a commitment letter in the model attached in *Annex 5.2*, signed by the authorised representative of such an entity, and the supporting evidence that those other entities have the respective resources⁴⁴.

☞ The above rules apply also where the economic operators on whose capacities the tenderer relies to fulfil the selection criteria (that are not subcontractors) belong to the same economic/corporate group as the sole tenderer or a member of the group submitting the joint tender.

2.4.4. Rules common to subcontractors and entities (not subcontractors) on whose capacities the tenderer relies to fulfil the selection criteria

If a successful tenderer intends to rely on another entity to meet the minimum levels of economic and financial capacity, the contracting authority may require the entity to sign the contract or, alternatively, to provide a joint and several first-call financial guarantee for the performance of the contract.

With regard to technical and professional selection criteria, a tenderer may only rely on the capacities of other entities where the latter will perform the works or services for which these capacities are required, i.e. the latter will either assume the role of subcontractors or will fall within the exceptions listed in Section 2.4.2 and will then assume the role of entities (not subcontractors) on whose capacities the tenderer relies to fulfil the selection criteria.

☞ Relying on the capacities of other entities is only necessary when the capacity of the tenderer is not sufficient to fulfil the required minimum levels of capacity. Abstract commitments that other entities will put resources at the disposal of the tenderer will be disregarded.

⁴⁴ This does not apply to subcontractors on whose capacity the tenderer relies to fulfil the selection criteria – for these the documentation required for subcontractors must be provided.

3. EVALUATION AND AWARD

The evaluation of the tenders that comply with the submission conditions will consist of the following elements:

- Check if the tenderer is not subject to restrictive measures and has access to procurement (see Section 2.2);
- Verification of administrative compliance (if the tender is drawn up in one of the official EU languages and the required documents signed by duly authorised representative(s) of the tenderer);
- Verification of non-exclusion of tenderers on the basis of the exclusion criteria;
- Selection of tenderers on the basis of selection criteria;
- Verification of compliance with the minimum requirements specified in the procurement documents;
- Evaluation of tenders on the basis of the award criteria.

The contracting authority will evaluate the abovementioned elements in the order that it considers to be the most appropriate.

If the evaluation of one or more elements demonstrates that there are grounds for rejection, the tender will be rejected and will not be subjected to further full evaluation. The unsuccessful tenderers will be informed of the ground for rejection without being given feedback on the non-assessed content of their tenders. Only tenderers for whom the verification of all elements did not reveal grounds for rejection can be awarded the contract resulting from this call for tenders.

The evaluation will be based on the information and evidence contained in the tenders and, if applicable, on additional information and evidence provided at the request of the contracting authority during the procedure. If any of the declarations or information provided proves to be false, the contracting authority may impose administrative sanctions (exclusion or financial penalties) on the entity providing the false declarations/information.

For the purposes of the evaluation related to exclusion and selection criteria the contracting authority may also refer to publicly available information, in particular evidence that it can access on a national database free of charge.

The contracting authority may reject abnormally low tenders, in particular if it established that the tenderer or an identified subcontractor does not comply with applicable obligations in the fields of environmental, social and labour law.

3.1. Exclusion criteria

The objective of the exclusion criteria is to assess whether the tenderer is in any of the exclusion situations listed in Article 136(1) of the Financial Regulation.

Tenderers found to be in an exclusion situation will be rejected.

As evidence of non-exclusion, each tenderer⁴⁵ needs to submit with its tender a Declaration on Honour⁴⁶ in the model available in *Annex 2*.⁴⁷ The declaration must be signed by an authorised representative of the entity providing the declaration.

Where the declaration has been signed by hand, the original does not need to be submitted to the contracting authority, but the latter reserves the right to request it from the tenderer at any time during the record-keeping period specified in Section 4.3.

The initial verification of non-exclusion of tenderers will be done on the basis of the submitted declarations and consultation of the [European Union's Early Detection and Exclusion System](#). The documents mentioned in the Declaration on Honour as supporting evidence on non-exclusion must be provided with the tender⁴⁸.

At any time during the procurement procedure, the contracting authority may request information on natural or legal persons that are members of the administrative, management or supervisory body or that have powers of representation, decision or control, including legal and natural persons within the ownership and control structure and beneficial owners, and appropriate evidence that none of those persons are in one of the exclusion situations referred to in Section A point (1) (c) to (f) of the Declaration on Honour.

Before the award decision, the contracting authority may request documentary evidence on compliance on the exclusion criteria set out in the present tender specifications. All tenderers are invited to prepare in advance the documents related to the evidence, since they may be requested to provide such evidence within a short deadline. Failure to provide valid

⁴⁵ See Annex 1 which of the involved entities participating in a tender need to provide the Declaration on Honour.

⁴⁶ The European Single Procurement Document (ESPD) may not be used yet in European Commission's calls for tenders.

⁴⁷ Unless the same declaration has already been submitted for the purposes of another award procedure of HaDEAthe European Commission, the situation has not changed, and the time elapsed since the issuing date of the declaration does not exceed one year.

⁴⁸ The obligation to provide the supporting evidence will be waived in the following situations:

- if the same documents have already been provided in a previous award procedure of the European Commission, have been issued no more than one year before the date of their request by the contracting authority and are still valid at that date;
- if such evidence can be accessed by the contracting authority on a national database free of charge, in which case the economic operator shall provide the contracting authority with the internet address of the database and, if needed, the necessary identification data to retrieve the document;
- if there is a material impossibility to provide such evidence.

documentary evidence within the deadline set by the Contracting Authority shall lead to the rejection of the tender for the award of the contract, unless the tenderer can justify the failure on the grounds of material impossibility.

Annex 1 specifies which of the involved entities participating in a tender need to provide the Declaration on Honour and, when requested by the contracting authority, the supporting evidence.

Please note that a request for evidence in no way implies that the tenderer has been successful.

3.2. Selection criteria

The objective of the selection criteria is to assess whether the tenderer has the legal, regulatory, economic, financial, technical and professional capacity to perform the contract.

The selection criteria for this call for tenders, including the minimum levels of capacity, the basis for assessment and the evidence required, are specified in the following subsections.

Tenders submitted by tenderers not meeting the minimum levels of capacity will be rejected.

When submitting its tender each tenderer shall declare on honour that it fulfils the selection criteria for **this call for tenders**. The model Declaration on Honour available in *Annex 2* shall be used.

The initial assessment of whether a tenderer fulfils the selection criteria will be done on the basis of the submitted declaration(s).

The subsections below specify which selection criteria evidence must be provided with the tender or may be requested later, at any time during the procurement procedure, within a deadline given by the contracting authority⁴⁹.

The evidence must be provided in accordance with the applicable basis for assessment of each criterion: in case of a consolidated assessment – only by the involved entities who contribute

⁴⁹ The obligation to provide the supporting evidence will be waived in the following situations:

- if the same documents have already been provided in a previous award procedure of the European Commission and are still up-to-date;
- if such evidence can be accessed by the contracting authority on a national database free of charge, in which case the economic operator shall provide the contracting authority with the internet address of the database and, if needed, the necessary identification data to retrieve the document.

to the fulfilment of the criterion, and in case of individual assessment – by each entity to whom the criterion applies individually.

In case not all selection criteria evidence is requested with the tender, all tenderers are **invited to prepare in advance the documentary evidence**, since they may be requested to provide such evidence within a short deadline. In any event, the tenderer proposed by the evaluation committee for the award of the contract will be requested to provide such evidence.

⚠ If the tenderer does not provide valid documentary evidence within the deadlines set by the contracting authority, the contracting authority reserves the right to reject the tender. In any event, in case a tenderer proposed for the award of the contract fails to comply with the above evidence requirement, its tender will be rejected, unless there is a ground for a waiver.

Please note that a request for evidence in no way implies that the tenderer has been successful.

3.2.1. Legal and regulatory capacity

Tenderers can be natural or legal persons. Tenderers are not obliged to take a *specific* legal form in order to submit their tenders.

Where tenderers submit a tender through an entity, which lacks legal personality (e.g., a branch), the compliance with the exclusion criteria, selection criteria, the rules on access to procurement as well as the absence of restrictive measures shall be assessed at the level of the tenderers.

Tenderers do not need to prove specific legal and regulatory capacity to perform the contract.

In addition, involved entities (see Section 2.4) and all subcontractors, including those which do not need to be identified in the tender (see Section 2.4.2), must not be subject to [EU restrictive measures](#) adopted under Article 29 of the Treaty on the European Union (TEU) or Article 215 of the Treaty on the Functioning of the EU (TFEU)⁵⁰ that constitute a legal impediment to perform the contract. This requirement will be assessed by reference to the EU restrictive measures in force. Therefore, the tenderer is not required to submit any evidence of not being subject to EU restrictive measures.

⁵⁰ Please note that the EU Official Journal contains the official list and, in case of conflict, its content prevails over that of the [EU Sanctions Map](#).

3.2.2. Economic and financial capacity

Tenderers must comply with the following selection criteria in order to prove that they have the necessary economic and financial capacity to perform the contract.

Criterion F1	
Minimum level of capacity	Average yearly turnover of the last two financial years above EUR 3.000.000.
Basis for assessment	This criterion applies to the tenderer as a whole, i.e. a consolidated assessment of the combined capacities of all involved entities will be carried out.
Evidence	Copy of the profit and loss accounts and balance sheets for the last two years for which accounts have been closed from each concerned involved entity, or, failing that, appropriate statements from banks. The most recent year must have been closed within the last 18 months.

👉 All of the above-specified evidence of economic and financial capacity must be provided with the tender.

3.2.3. Technical and professional capacity

With regard to technical and professional selection criteria, a tenderer may only rely on the capacities of other entities where the latter will perform the works or services for which these capacities are required. The entity on whose capacity the tenderer relies will either assume the role of a subcontractor or fall within the exceptions listed in Section 2.4.2.

Tenderers must comply with the following selection criteria in order to prove that they have the necessary technical and professional capacity to perform the contract:

Criterion T1	
The tenderer must prove:	
<ul style="list-style-type: none"> • experience in carrying out studies at EU level (covering minimum 3 EU MS) on health-related topics 	
Minimum level of capacity	At least 3 similar (in scope and complexity) projects in the last five years preceding the tender submission deadline, with a minimum value for each of them of EUR 300 000.
Basis for assessment	This criterion applies to the tenderer as a whole, i.e. the consolidated assessment of combined capacities of all involved entities will be carried out.
Evidence	A list of projects meeting the minimum level of capacity. The list shall include details of their start and end date, total project amount, scope, role and links to the publications.

	<p>In case of projects still on-going only the portion completed during the reference period will be taken into consideration.</p> <p>As supporting documents for each project reference the contracting authority may request statements issued by the clients and take contact with them.</p>
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Criterion T2

<p>The tenderer must prove:</p> <ul style="list-style-type: none"> experience in the organisation, preparation, and delivery of health-related trainings (in person, online and hybrid) and e-learning in English and/or EU languages (including mixed methodologies, on-site, face-to-face, e-training, simulation exercises and e-learning experiences), with expertise on capacity building. 	
Minimum level of capacity	At least 3 similar (in scope and complexity) projects in the last five years preceding the tender submission deadline, with a minimum value for each of them of EUR 300 000.
Basis for assessment	This criterion applies to the tenderer as a whole, i.e. the consolidated assessment of combined capacities of all involved entities will be carried out.
Evidence	<p>A list of projects meeting the minimum level of capacity. The list shall include details of their start and end date, total project amount, scope, role and links to the publications.</p> <p>In case of projects still on-going only the portion completed during the reference period will be taken into consideration.</p> <p>As supporting documents for each project reference the contracting authority may request statements issued by the clients and take contact with them.</p>

Criterion T3

<p>The tenderer must prove experience with management and coordination of projects at EU level (covering at least 3 EU Member States) or national level in the area of mental health and, as a part of this, engagement with and reach out to competent authorities in EU Member States and relevant organisations, associations or entities with expertise on mental health.</p>	
Minimum level of capacity	At least three similar (in scope and complexity) projects completed in the last five years preceding the tender submission deadline, with a minimum value for each of them of EUR 250 000.
Basis for assessment	This criterion applies to the tenderer as a whole, i.e. the consolidated assessment of combined capacities of all involved entities will be carried out. The projects combined

	must cover at least 5 EU Member States. The referenced projects combined must involve concrete collaboration with organisations of professionals working on mental health care.
Evidence	<p>A list of projects meeting the minimum level of capacity. The list shall include details of their start and end date, total project amount and scope, role and amount invoiced. In case of projects still ongoing, only the portion completed during the reference period will be taken into consideration.</p> <p>As supporting documents for each project reference, the contracting authority may request statements issued by the clients and take contact with them.</p>

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

Criterion T4	
<p>The tenderer must demonstrate the ability to provide a core team experienced in:</p> <ul style="list-style-type: none"> - project management - mental health, namely profiles in one of the following domains: psychology, psychiatry, nursing, public health, pedagogy, physiotherapy, occupational therapy, speech therapy, social assistance (in multisector dimension of health, education and social protection); it is important that the experts show experience in working closely on mental health issues - organisation of trainings (online, in-person and hybrid), in-person visit packages, conferences with participants from several countries, - drafting of study/guidelines in English, - IT and communication, - implementation of EU data protection legislation. 	
Profile	Description
Profile and minimum level of capacity	<p>Members of the core team</p> <ul style="list-style-type: none"> - One Project Manager with a university degree (at least master's degree or equivalent) in public health or science or medical or political or social science. - At least 8 years of professional experience with management and coordination of EU-wide projects in the area of public health, including overseeing project delivery, quality control of delivered service, including collaboration with health authorities in the EU Member States in at least 3 projects of at least EUR 200.000 each. - C2 or equivalent competence in English.

- One **deputy Project Manager** with a university degree (at least master's degree or equivalent) in public health or science or medical or political or social science.
- At least 5 years of professional experience with management and coordination of EU-wide projects in the area of public health, including overseeing project delivery, quality control of delivered service, including collaboration with health authorities in the EU Member States in at least 3 projects of at least EUR 150.000 each.
- C2 or equivalent competence in English.

- **At least three specialists in mental health**
- Three members with university degree in psychology or psychiatry or nursing care (with experience on mental health).
- At least eight years of experience with provision of healthcare, identification of needs and best practices in the sector, in particular related to mental health issues.
- C1 equivalent competence in English.

- **At least two experts on education (with experience on mental health)**
- Two members with university degree in education and/or social protection.
- At least eight years of experience with prevention, promotion, early detection or follow-up of mental health needs in education and/or social protection. Each expert can cover one of the two domains.
- C1 equivalent competence in English.

- **At least two experts on social protection (with experience on mental health)**
- Two members with university degree in education and/or social protection.
- At least eight years of experience with prevention, promotion, early detection or follow-up of mental health needs in education and/or social protection. Each expert can cover one of the two domains.
- C1 equivalent competence in English.

- One **Training programme coordinator** with a university degree in public health, psychology, psychiatry, or public administration with at least 5 years of relevant professional experience in the field of health with relevance to health-related training planning, management and evaluation; at least 3 years of experience in the coordination or

	<p>participation in national or EU or international projects in the same areas.</p> <ul style="list-style-type: none"> - C1 equivalent competence in English. - One Exchange programme coordinator with a university degree in public health, psychology, psychiatry or public administration with at least 5 years of relevant professional experience in the field of health with relevance to health-related exchange programme planning, management and evaluation; at least 3 years of experience in the coordination or participation in national or EU or international projects in the same areas. - C1 equivalent competence in English. - At least one Engagement coordinator with university degree in one of the following domains public health, health administration, management, communication with at least 8 years of experience in managing multidisciplinary teams and working in liaison with mental health professionals, organisations, authorities, other relevant professionals. - C1 equivalent competence in English. - One IT expert with university degree in IT tools and at least five years of relevant experience in designing and managing IT platforms. - C1 equivalent competence in English. - One Communication expert with university degree in communication and at least five years of experience in designing and implementing communication plans. - C1 equivalent competence in English. - Three Project Assistants/Event Managers with at least 5-year experience as project management assistant and experience in the organisation and management of workshops and meetings across EU cities. - C1 equivalent competence in English. - One expert in EU data protection with a university degree or other relevant training in EU data protection and at least two years of experience in the implementation of EU data rules. - C1 equivalent competence in English.
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Basis for assessment	This criterion applies to the tenderer as a whole, i.e. the consolidated assessment of combined capacities of all involved entities will be carried out.
Evidence	Tenderers will present the list of members of the core team together with their CVs. The CV of the proposed for experts must be in Europass format ⁵¹ and shall clearly specify how the criteria are met.

All proposed team members must be available from the start of the contract period and as far as possible until the end of the project.

Replacement of persons assigned to carry out the work

The contracting authority expects the Contract to be executed by the specific team members who were identified and named in the tender. The involvement of key experts is considered to be instrumental in the achievement of the Contract objectives.

Any replacement of experts due to unforeseen circumstances outside of the control of the contractor must be notified to the contracting authority who can request to modify the proposal if the expert proposed for replacement does not have at least equivalent qualifications (studies and professional experience) to those proposed in the technical tender. Replacement of experts could cause cancellation of the Contract if not considered acceptable by the contracting authority in advance. Whenever a replacement occurs, the contractor must ensure a high degree of stability of the services and a smooth transfer of information. Any replacement must be submitted to the contracting authority for written approval at least one week before the intended date of replacement which shall not be more than two weeks after the former expert has left the team.

Not respecting these requirements may lead to the application of penalties as foreseen in the Contract (Annex 1, article I.8).

Unless otherwise provided, in the case where the contracting authority in writing requests a replacement, the contractor's proposal for the replacement must be given within one month from receipt of the contracting authority's request. It shall be considered as a breach of Contract if such a proposal is not made within the above specified period.

The replacement shall not oblige the contracting authority to pay any additional remuneration, fees or costs other than those laid down in the initial Contract. The contractor shall bear all the additional costs arising out of or incidental to such replacement. Such costs borne by the contractor shall include the costs of the return journey of the replaced member of staff and his family, the costs of the replacement's training and hand-over of information

⁵¹ <http://europass.cedefop.europa.eu/>

and, if necessary, the expenses arising from the need to maintain simultaneously at the place of work the member of staff to be replaced and his replacement. Replacement shall not lead to any extension of deadlines.

☞ All of the above-specified evidence of technical and professional capacity must be provided with the tender.

3.3. Compliance with the conditions for participation and minimum requirements specified in the procurement documents

By submitting a tender, a tenderer commits to perform the contract in full compliance with the terms and conditions of the procurement documents for this call for tenders. Particular attention is drawn to the minimum requirements specified in Section 1.4 of these specifications and to the fact that tenders must comply with applicable data protection, environmental, social and labour law obligations established by Union law, national legislation, collective agreements or the international environmental, social and labour conventions listed in Annex X to Directive 2014/24/EU.

The minimum requirements shall be observed throughout the entire duration of the contract. Compliance with these requirements is mandatory and cannot be subject to any assumptions, limitations, conditions, or reservations on the part of a tenderer.

Tenderers must declare when submitting their tenders in eSubmission whether their tenders comply with the minimum requirements specified in the procurement documents.

☞ **Tenders that are not compliant with the applicable minimum requirements shall be rejected.**

3.4. Award criteria

The objective of the award criteria is to evaluate the tenders with a view to choosing the most economically advantageous tender.

Tenders will be evaluated on the basis of the following award criteria and their weighting:

1. Price – 30%

The price considered for evaluation will be the total price of the tender, covering all the requirements set out in the tender specifications.

2. Quality – 70%

The maximum total quality score is 100 points.

Tenders must score minimum 60% for each criterion and sub-criterion, and minimum 60 % in total. Tenders that do not reach the minimum quality levels will be rejected and will not be ranked.

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

Quality award criterion	Explanation of the criterion's scope	Maximum number of points per criterion (weighting)	Minimum points to be obtained (60% per criterion)
Award criterion 1 (with 4 sub-criteria): Methodology	<p>This criterion will assess the appropriateness and quality of the proposed methodologies and tools proposed to carry out the tasks described in these tender specifications.</p> <p>The description of the methodologies and tools proposed should be as precise as possible, explaining the rationale behind the choices proposed by the tenderer and demonstrating a state-of-the-art knowledge of the fields concerned, including innovative ideas to approach the requested tasks.</p> <p>The description should include for each methodology related to each component the identification of adequate sources of information, data collection and analysis methods, the presentation of sampling methodologies, approaches to consultation activities and use of the information to the design and implementation of tasks, including the synergies across the two components. .</p> <p>Sub-criterion 1: Methodology used to identify the training audience(s), the gaps and the needs in terms of capacities, knowledge, and competences.</p> <p>Sub-criterion 2: Methodology used to map the existing mental health training programmes at EU and national level and relevant stakeholders, reach out and engagement with potential participants to the training programme and the stakeholder consultation for the design of the training programme.</p> <p>Sub-criterion 3: Methodology and tools</p>	<p>60</p> <p>15</p> <p>15</p> <p>15</p>	<p>36</p> <p>9</p> <p>9</p> <p>9</p>

	<p>used to create the modular European mental health multidisciplinary training programme (first and second round) and the exchange programme (1st and 2nd wave) in all their components, including monitoring framework, the national workshops and evaluation.</p> <p>Sub-criterion 4: Methodology to design, develop and communicate about the toolkit (a European blueprint for a comprehensive approach to mental health capacity-building).</p>	15	9
<p>Award criterion 2:</p> <p>Appropriateness of the organisation of the work and resources</p>	<p>This criterion will assess how the roles and responsibilities of the proposed team are distributed for each activity or deliverable, as well as the organisation of the work and allocation of human resources in terms of adequacy for the implementation of tasks and deliverables. Tenderers should describe clearly how they will define:</p> <p>The composition and structure of the team, the proposed schedule (using Gantt chart or a similar illustrative method) for the implementation of the different tasks and workload for each proposed team member;</p> <p>The tender must give a rationale on the selection of members per task;</p> <p>The supervision of the project and communication with the contracting authority;</p> <p>In the case of joint tenders, tenderers must also define the structure set up to coordinate the work between partners and explain how each partner will provide its best expertise.</p>	25	15

Award criterion 3: Quality of the measures implemented for a continuous high performance, including quality control and data protection strategy	<p>This criterion will assess the quality control system applied to the services foreseen in these tender specifications concerning the quality of the deliverables, the language quality check and the continuity of the service. The quality system should be detailed and specific to the tasks at hand.</p> <p>This criterion will also assess the adequate organisational and technical measures to ensure the full compliance with the data protection legal framework when processing personal data. The data protection plan must specifically refer to the data flows; actors involved, specific actions proposed to comply with data protection principles and obligations.</p> <p>A generic data protection plan will result in a low score under this criterion.</p>	15	9
Total	100	60	

3.5. Award (ranking of tenders)

Tenders shall be ranked according to the best price-quality ratio in accordance with the formula below:

Score for tender X	=	Cheapest price Price of tender X	*	100	*	Price weighting (in 30 %)	+	Total quality score (out of 100) for all award criteria of tender X	*	Quality weighting (in 70%)
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☞ The contract shall be awarded to the tender ranked first, which complies with the minimum requirements specified in the procurement documents and is submitted by a tenderer not subject to restrictive measures, having access to procurement, not in an exclusion situation and fulfilling the selection criteria.

⚡ Detection of abnormally low tenders

Tenderers must be aware of Point 23 of Annex I to the Financial Regulation on abnormally low tenders and of the possibility for rejection of the tender based on it.

4. FORM AND CONTENT OF THE TENDER

4.1. Form of the tender: how to submit the tender?

Tenders are to be submitted via the eSubmission application according to the instructions laid down in the Invitation letter and the eSubmission Quick Guide available at the link below:

https://wikis.ec.europa.eu/display/FTPportal/Open+procedures_EN

☞ Make sure you prepare and submit your tender in eSubmission early enough to ensure it is received within the deadline indicated under Section IV.2.2 of the contract notice and/or on TED eTendering.

4.2. Content of the tender: what documents to submit with the tender?

The documents to be submitted with the tender in eSubmission are listed in *Annex 1*.

The following requirements apply to the technical and financial tender to be uploaded in eSubmission:

- *Technical tender.*

The technical tender must provide all the information needed to assess the compliance with Section 1.4 of these specifications and the award criteria. Tenders deviating from the minimum requirements or not covering all the requirements may be rejected on the basis of non-compliance and not evaluated further.

When submitting the technical tender it is **highly recommended** that the tenderer:

- limits the technical tender to **a maximum of 50 pages**, excluding evidence provided for the assessment of exclusion and selection criteria, such as CVs, past projects or profit and loss accounts, etc.;
- and uses Times New Roman font with a minimum font size of 11, A4 page size and all margins (top, bottom, left, right) at least 15 mm (excluding any footers or headers).

- *Financial tender*

A complete financial tender, including the breakdown of the price, needs to be submitted. For this purpose, the Financial Model in *Annex 6* shall be used.

Any modification of the template of the financial tender may lead to rejection of the tender. The tenderer must not change, add, hide or eliminate any part of the template such as row, column or cell.

The financial tender must fulfil the following requirements:

- prices shall be all-inclusive - all costs associated with the completion of the work, including overheads such as infrastructure, administration costs and travel costs and other costs, even not mentioned, but necessary for the completion shall be included in the overall fixed price in the financial tender (no reimbursable variable costs).
- prices shall be calculated to cover all the expenditure borne by the contractor in the performance of the Contract, including travel and subsistence expenses.
- prices shall be expressed in euros. Tenderers from countries outside the euro zone have to quote their prices in euro. The price quoted may not be revised in line with exchange rate movements. It is for the tenderer to bear the risks or the benefits deriving from any variation.
- prices should be expressed to a maximum of 2 decimal places.
- prices shall be quoted free of all duties, taxes and other charges, i.e. also free of VAT.

† The European Union Institutions are exempt from such charges in the EU under Articles 3 and 4 of the Protocol on the Privileges and Immunities of the European Union of 8 April 1965 annexed to the Treaty on the Functioning of the European Union. Exemption is granted to the Commission/Executive agency by the governments of the Member States, either through refunds upon presentation of documentary evidence or by direct exemption.

In case of doubt about the applicable VAT system, it is the tenderer's responsibility to contact its national authorities to clarify the way in which the European Union is exempt from VAT.

4.3. Signature policy: how can documents be signed?

Where a document needs to be signed, the signature must be either hand-written or, preferably, a qualified electronic signature (QES) as defined in [Regulation \(EU\) No 910/2014 on electronic identification and trust services for electronic transactions in the internal market \(the eIDAS Regulation\)](#).

Tenderers are strongly encouraged to sign with a QES⁵² all documents requiring a signature and only exceptionally to sign such documents by hand as hand-written signatures lead to an additional administrative burden for both the tenderer and the contracting authority. The originals of any hand-signed documents (other than the contract) do not need to be submitted to the contracting authority but the tenderer must keep them for a period of five years starting from the notification of the outcome of the procedure or, where the tenderer has been awarded a contract resulting from this call for tenders and the contract has been signed, the payment of the balance.

⁵² See [here](#) how to apply a QES on a document exchanged with a European institution, body or agency.

All documents must be signed by the signatories (when they are individuals) or by their duly authorised representatives.

For the following documents, when signed by representatives, tenderers must provide evidence for the delegation of the authorisation to sign:

- The Declaration on Honour of the tenderer (in case of a joint tender – the Declarations on Honour of all group members);
- (in the case of a joint tender) the Agreement/Power(s) of attorney drawn up using the model attached in *Annex 3*.

The delegation of the authorisation to sign on behalf of the signatories (including, in the case of proxy(-ies), the chain of authorisations) must be evidenced by appropriate written evidence (copy of the notice of appointment of the persons authorised to represent the legal entity in signing contracts (together or alone), or a copy of the publication of such appointment if the legislation which applies to signatory requires such publication or a power of attorney). A document that the contracting authority can access on a national database free of charge does not need to be submitted if the contracting authority is provided with the exact internet link and, if applicable, the necessary identification data to retrieve the document.

4.4. Confidentiality of tenders: what information and under what conditions can be disclosed?

Once the contracting authority has opened a tender, it becomes its property and shall be treated confidentially, subject to the following:

- For the purposes of evaluating the tender and, if applicable, implementing the contract, performing audits, benchmarking, etc., the contracting authority is entitled to make available (any part of) the tender to its staff and the staff of other Union institutions, bodies and agencies, as well to other persons and entities working for the contracting authority or cooperating with it, including contractors or subcontractors and their staff, provided that they are bound by an obligation of confidentiality.
- After the signature of the award decision, tenderers whose tenders were received in accordance with the submission modalities, who are not subject to restrictive measures, have access to procurement, who are not found to be in an exclusion situation referred to in Article 136(1) of the FR, who are not rejected under Article 141 of the FR, whose tenders are not found to be incompliant with the procurement documents, and who make a request in writing, will be notified of the name of the tenderer to whom the contract is awarded, the characteristics and relative advantages of the successful tender and its total financial tender amount⁵³. The contracting

⁵³ For a call for tenders resulting in multiple framework contracts this information will be provided for all successful tenderers and tenders.

authority may decide to withhold certain information that it assesses as being confidential, in particular where its release would prejudice the legitimate commercial interests of economic operators or might distort fair competition between them. Such information may include, without being limited to, confidential aspects of tenders such as unit prices included in the financial tender, technical or trade secrets⁵⁴.

- The contracting authority may disclose the submitted tender in the context of a request for public access to documents, or in other cases where the applicable law requires its disclosure. Unless there is an overriding public interest in disclosure⁵⁵, the contracting authority may refuse to provide full access to the submitted tender, redacting the parts (if any) that contain confidential information, the disclosure of which would undermine the protection of commercial interests of the tenderer, including intellectual property.

⚡ The contracting authority will disregard general statements that the whole tender or substantial parts of it contain confidential information. Tenderers need to mark clearly the information they consider confidential and explain why it may not be disclosed. The contracting authority reserves the right to make its own assessment of the confidential nature of any information contained in the tender.

⁵⁴ For the definition of trade secrets please see Article 2 (1) of [DIRECTIVE \(EU\) 2016/943 on the protection of undisclosed know-how and business information \(trade secrets\) against their unlawful acquisition, use and disclosure](#). [Directive \(EU\) 2016/943 on the protection of undisclosed know-how and business information \(trade secrets\) against their unlawful acquisition, use and disclosure](#).

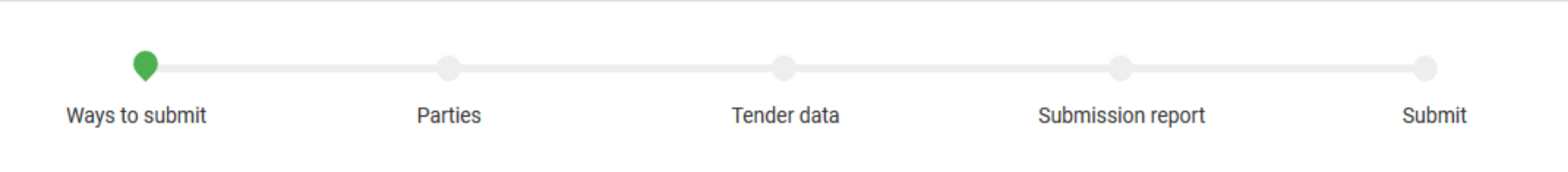
⁵⁵ See Article 4 (2) of the [REGULATION \(EC\) No 1049/2001 regarding public access to European Parliament, Council and Commission documents](#). See Article 4 (2) of the [Regulation \(EC\) No 1049/2001 regarding public access to European Parliament, Council and Commission documents](#).

APPENDIX: LIST OF REFERENCES

<i>Award criteria</i>	See Section 3.4
<i>Contracting authority</i>	See Section 1.1
<i>Entities on whose capacities the tenderer relies to fulfil the selection criteria</i>	See Section 2.4.3
<i>EU Validation services</i>	See Section 2.3 EU Grants and Tenders Rules on Legal Entity Validation, LEAR appointment and Financial Capacity assessment
<i>Exclusion criteria</i>	See Section 3.1
<i>Financial Regulation</i>	Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union
<i>Group leader</i>	See Section 2.4.1
<i>Group member</i>	See Section 2.4.1
<i>Identified subcontractors</i>	See Section 2.4.2
<i>Involved entities</i>	See Section 2.4
<i>Joint tender</i>	See Section 2.4.1
<i>Participating entities</i>	See Section 1.1
<i>Participant Register</i>	See Section 2.3 https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/how-to-participate/participant-register
<i>Selection criteria</i>	See Section 3.2
<i>Sole tenderer</i>	See Section 2.4
<i>Subcontracting/subcontractor</i>	See Section 2.4.2
<i>Treaties</i>	The EU Treaties: https://europa.eu/european-union/law/treaties_en

ANNEXES

Annex 1. List of documents to be submitted with the tender or during the procedure

Description	Sole tenderer	Joint tender		Identified Subcontractor	Entity on whose capacity is being relied (that is not subcontractor)	When and where to submit the document?	Instructions for uploading in eSubmission (if applicable)	
		Group leader	Group member				How to name the file?	Where to upload?
<p>1. Identification and information about the tenderer.</p> <p><i>eSubmission view</i></p> 								
<p>Declaration on Honour on Exclusion and Selection Criteria (see Section 3.1)</p> <p><i>model in Annex 2</i></p>	☒	☒	☒	☒	☒	With the tender in eSubmission	'Declaration on Honour'	<p>With the concerned entity under 'Parties'</p> <p>→'Identification of the participant'</p> <p>→'Attachments'→'Declaration on Honour'.</p> <p>For entities that are not subcontractors and on</p>

								<p>whose capacity the tenderer relies to fulfil the selection criteria, the document must be uploaded in the section of the sole tenderer or group leader:</p> <p>→'Identification of the participant' →'Attachments'→'Other documents'.</p>
<p>Evidence that the person signing the documents is an authorised representative of the entity⁵⁶ (see Section 4.3)</p>	☒	☒	☒			<p>With the tender in eSubmission</p>	<p>'Authorisation to sign documents'</p>	<p>With the concerned entity under 'Parties'</p> <p>→'Identification of the participant' →'Attachments'→'Other documents'.</p>
<p>Agreement/Power of attorney (see Section 2.4.1)</p> <p><i>model in Annex 3</i></p>		☒	☒			<p>With the tender in eSubmission</p>	<p>'Agreement_Power of attorney'</p>	<p>In the group leader's section under 'Parties'</p> <p>→'Identification of the participant' →'Attachments'→'Other documents'.</p>

⁵⁶ A document that the contracting authority can access on a national database free of charge does not need to be submitted if the contracting authority is provided with the exact internet link and, if applicable, the necessary identification data to retrieve the document.

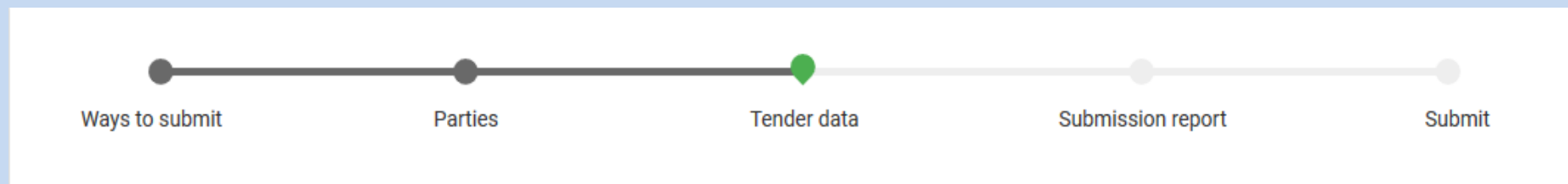
List of identified subcontractors (see Section 2.4.2) <i>model in Annex 4</i>	☒	☒				With the tender in eSubmission	'List of identified subcontractors' 	In the sole tenderer's or the group leader's section under 'Parties' →'Identification of the participant' →'Attachments'→'Other documents'.
Commitment letter (see Section 2.4.2 and 2.4.3)				☒ <i>(model in Annex 5.1)</i>	☒ <i>(model in Annex 5.2)</i>	With the tender in eSubmission	'Commitment letter'	With the concerned entity under 'Parties' →'Identification of the participant' →'Attachments'→'Other documents'.
Evidence of non-exclusion (see Section 3.1)	☒	☒	☒	☒	☒	Tenderers (sole tenderers/all group members in case of a joint tender) must provide the evidence when requested by the contracting authority and, in any event, if a tenderer is successful, before the award of the contract. Subcontractors and entities on whose capacity a tenderer relies to fulfil the selection criteria must provide the evidence only upon request by the	n.a.	n.a.

						contracting authority.		
Evidence of legal existence and status (see Section 2.3)	☒	☒	☒			Only upon request by <i>the EU Validation services</i> At any time during the procedure In the Participant Register	n.a.	n.a.
Evidence of legal capacity (see Section 3.2.1)						Only upon request by the contracting authority At any time during the procedure	n.a.	n.a.
Evidence of economic and financial capacity F1 (see Section 3.2.2)	The documents must be provided only by the involved entities which contribute to reaching the minimum capacity level for criterion F1					With the tender in eSubmission	'Balance_shee t_entity_year' 'Profit_Loss_ Account_entit y_year'	With the group leader or the sole tenderer under 'Parties' →'Identification of the participant' →'Attachments'→'Economic and financial capacity'.

Evidence of technical and professional capacity T1-T3 (see Section 3.2.3)	<p style="text-align: center;">The documents must be provided</p> <p style="text-align: center;">only by the involved entities</p> <p style="text-align: center;">who contribute to reaching the minimum capacity level</p> <p style="text-align: center;">for criteria T1-T3</p>	<p style="text-align: center;">With the tender in eSubmission</p>	<p>Project_ reference_No. 1"</p> <p>Project_ reference_No. 2"....</p>	<p>With the group leader or the sole tenderer under 'Parties'</p> <p>→'Identification of the participant'</p> <p>→'Attachments'→'Technical and professional capacity'.</p>
Evidence of technical and professional capacity T4 (see Section 3.2.3)	<p style="text-align: center;">The documents must be provided</p> <p style="text-align: center;">only by the involved entities</p> <p style="text-align: center;">who contribute to reaching the minimum capacity level</p> <p style="text-align: center;">for criterion 14</p>	<p style="text-align: center;">With the tender in eSubmission</p>	<p>List of members of the core team</p> <p>CVs</p>	<p>With the group leader or the sole tenderer under 'Parties'</p> <p>→'Identification of the participant'</p> <p>→'Attachments'→'Technical and professional capacity'.</p>

2. Tender data.

eSubmission view



Failure to upload the following documents in eSubmission will lead to rejection of the tender.

Technical tender (see Section 4.2)	☒	☒				With the tender in eSubmission	'Technical tender'	Under section 'Tender Data' → 'Technical tender'
Financial tender (see Section 4.2) <i>model in Annex 6</i>	☒	☒				With the tender in eSubmission	'Financial tender'	Under 'Tender Data' → 'Financial tender'

Annex 2. Declaration on Honour on exclusion and selection criteria

Annex 2 is published as a separate document.

Annex 3. Agreement/Power of attorney

Call for tenders *XXX/XX/XX/20XY/XYZ* -
[TITLE OF THE PROCEDURE]

AGREEMENT/POWER OF ATTORNEY

The undersigned:

[- Signatory 1 (Name, Function, Legal entity name, Registered address, VAT Number)]

- Signatory 2 (Name, Function, Legal entity name, Registered address, VAT Number)

- ...

- Signatory N (Name, Function, Legal entity name, Registered address, VAT Number)]

having the legal capacity required to act on behalf of the entities they represent,

HEREBY AGREE TO THE FOLLOWING:

- 1) To submit a joint tender (the tender) as members of a group of tenderers (the group), constituted by *[Insert names of Legal entity 1, Legal entity 2, ... Legal entity N – the name of the group leader must be included here!]* (the group members), and led by *[Insert name of Legal entity 1]* (the group leader), in accordance with the conditions of the procurement documents and the terms of the tender to which this Agreement/Power of attorney is attached.
- 2) If the contracting authority awards a contract resulting from this call for tenders (the contract) to the group on the basis of the tender to which this Agreement/Power of attorney is attached, all group members (including the group leader) shall be considered parties to the contract in accordance with the following conditions:
 - (a) All group members (including the group leader) shall be jointly and severally liable towards the contracting authority for the performance of the contract.
 - (b) All group members (including the group leader) shall comply with the terms and conditions of the contract and ensure the proper delivery of their respective share of the services and/or supplies subject to the contract.
- 3) Payments by the contracting authority related to the services and/or supplies subject to the contract shall be made through the bank account of the group leader indicated in the contract.
- 4) The group members grant to the group leader all the necessary powers to act on their behalf in the submission of the tender and the conclusion of the contract, including:

- (a) The group leader shall submit the tender on its own behalf and on behalf of the other group members and indicate in the "Contact Person" section in eSubmission the name and e-mail address of an individual as a single point of contact authorised to communicate officially with the contracting authority in connection with the submitted tender on behalf of all group members, including in connection with all relevant questions, clarification requests, notifications, etc., that may be received during the evaluation, award and until the contract signature.
- (b) The group leader shall sign any contractual documents — including the contract,[specific contracts] and amendments thereto — and shall warrant the submission of any invoices related to the performance of the contract on behalf of all group members.
- (c) The group leader shall act as a single contact point with the contracting authority in the delivery of the services and/or supplies subject to the contract. It shall coordinate the delivery of the services and/or supplies by the group to the contracting authority, and shall see to a proper administration of the contract.

This Agreement/Power of attorney may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same document.

Any modification to the present Agreement/Power of attorney shall be subject to the contracting authority's express approval. This Agreement/Power of attorney shall expire when all the contractual obligations of the group have ceased to exist. The parties cannot terminate it before that date without the contracting authority's consent.

Name
Function
Name of the legal entity

Name
Function
Name of the legal entity

signature[s]: _____

signature[s]: _____

Done at, on

Done at, on

Name
Function
Name of the legal entity

Name
Function
Name of the legal entity

signature[s]: _____

signature[s]: _____

Done at, on

Done at, on

Annex 4. List of identified subcontractors and proportion of subcontracting

Identification details	Roles/tasks during contract execution	Proportion of subcontracting (% of contract volume)
<i>[Full official name of the identified subcontractor, registered address, statutory registration number, VAT registration number]</i>		
<i>[Full official name of the identified subcontractor, registered address, statutory registration number, VAT registration number]</i>		
<i>[REPEAT AS MANY TIMES AS THE NUMBER OF IDENTIFIED SUBCONTRACTORS]</i>		
Other subcontractors that do not need to be identified under Section 2.4.2 ⁵⁷		
TOTAL % of subcontracting		0,00%

⁵⁷ For this category of subcontractors, please provide in a general manner their intended roles/tasks during contract execution, as well as the aggregated % of contract volume for all non-identified subcontractors.

Annex 5.1. Commitment letter by an identified subcontractor

[Letterhead, if any]

[]

Call for tenders Ref. *[reference number]*

Attn:

[Insert date]

Commitment letter by identified subcontractor

I, the undersigned,

Name:

Function:

Legal entity:

Registered address:

VAT Number:

having the legal capacity required to act on behalf of *[insert name of the entity]*, hereby confirm that the latter agrees to participate as subcontractor in the tender of *[insert name of the tenderer]* for the call for tenders *[insert reference number] – [insert title of procedure]* [Lot *[insert lot number]*].

In the event that the tender of the aforementioned tenderer is successful, *[insert name of the subcontractor]* commits itself to make available the resources necessary for performance of the contract as a subcontractor and to carry out the services that will be subcontracted to it in compliance with the terms of the contract. It further declares that it is not subject to conflicting interests, which may negatively affect the contract performance, and that it accepts the terms of the procurement documents for the above call for tenders, in particular the contractual provisions related to checks and audits.

Done at:

Name:

Position:

Signature:

Annex 5.2. Commitment letter by an entity on whose capacities is being relied

[Letterhead, if any]

[]

Call for tenders Ref. *[reference number]*

Attn:

[Insert date]

Commitment letter by an entity on whose capacity is being relied

I, the undersigned,

Name:

Function:

Legal entity:

Registered address:

VAT Number:

having the legal capacity required to act on behalf of *[insert name of the entity]*, hereby confirm that the latter **authorises the *[insert name of the tenderer]* to rely on its [financial and economic capacity] [technical and professional capacity] in order to meet the minimum levels** required for the call for tenders *[insert reference number] – [insert title of procedure]* [Lot *[insert lot number]*].

In the event that the tender of the aforementioned tenderer is successful, *[insert name of the entity]* commits itself to make available the resources necessary for performance of the contract. It further declares that it is not subject to conflicting interests which may negatively affect the contract performance, and that it accepts the terms of the procurement documents for the above call for tenders, in particular the contractual provisions related to checks and audits.

Done at:

Name:

Position:

Signature:

Annex 6. Financial tender form

Annex 6 is published as a separate document.