Terms of Reference
"HEPAHEALTH: Reducing Liver Mortality in Europe"

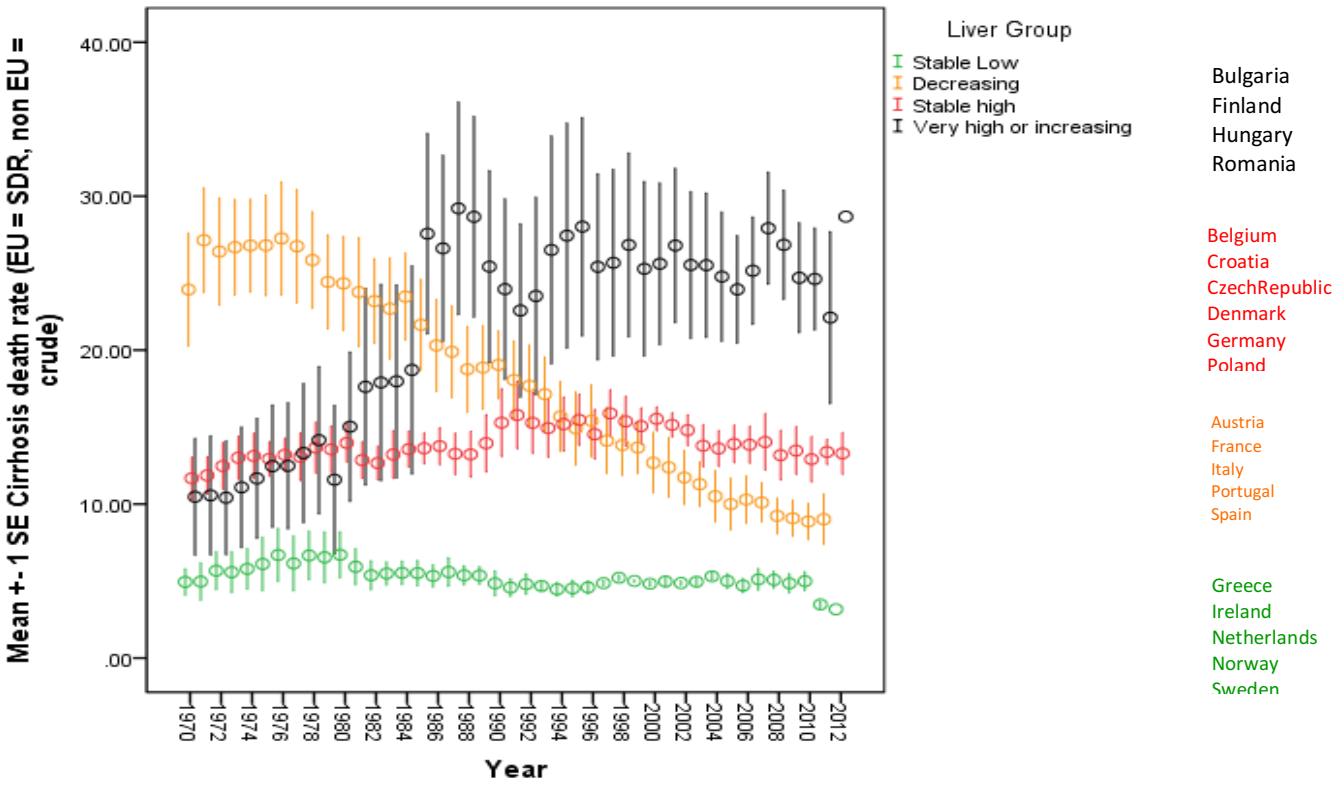
1. Background

The European Society for the Study of Liver Disease (EASL - www.easl.eu/) is a major European association with international influence dedicated to the liver and liver disease, which started in 1966. EASL has over 4,000 members from all over the world and provides an annual platform, The International Liver Congress™, for 11,000 liver experts to meet and discuss the latest scientific research.

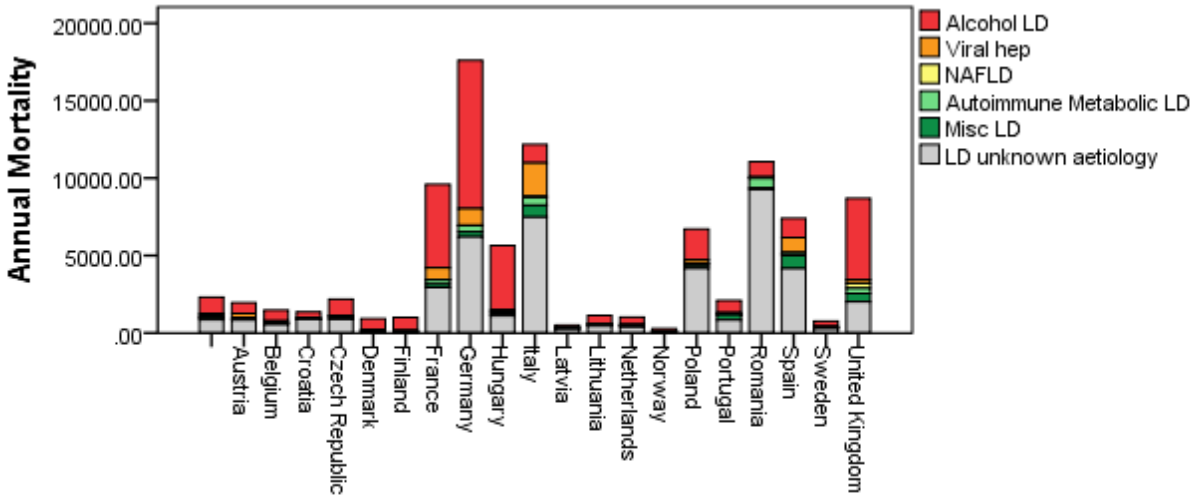
EASL's mission is to be the Home of Hepatology so that all who are involved with liver disease can realize their full potential to cure and prevent it. To this end, EASL:

- Promotes research in the science of liver disease (hepatology)
- Provides state-of-the-art education for physicians and scientists
- Fosters public awareness of liver diseases and their management
- Acts as an advisor to European Health authorities
- Facilitates scientific exchanges and catalyzes European multi-center controlled trials
- Supports young investigators to ensure that the liver remains at the forefront of research.

The problem



Liver mortality varies widely between member states, and within member states has changed markedly over time, with four fold increases in the UK and Finland, and four fold decreases in France and Italy. Further disparities in liver mortality rates are linked to health inequalities[1;2]. The rapid changes in liver mortality over time raise the possibility that by further understanding the underlying mechanisms, it may be possible to reduce liver mortality with effective strategies for the most important drivers: alcohol obesity and viral hepatitis.



There are also significant unknowns, so for example in many countries the aetiology of liver disease as collated from ICD10 codes by the WHO, is unclear – a basic first step in understanding how we might reduce mortality.

The purpose of the report is to:

- To document current knowledge of the nature of liver disease and the underlying risk factors in Europe, identify gaps in this knowledge and the mechanisms whereby these gaps can be closed.

- To begin to identify how best we can reduce mortality in those countries with higher than average liver mortality rates, thus reducing liver mortality and morbidity overall.

- To provide data for phases two and three of the HEPAHEALTH project (modelling the projected burden of liver diseases in Europe and their economic costs – 2020 to 2030) and the establishment of a European observatory on liver disease), both subject to EASL Governing Board approval and identification of funding sources

2. Scope
   The status document/position paper on liver disease in Europe shall address the following:
   - The currently available data in terms of liver disease across the full continuum of population level, primary and secondary care.
   - External determinants of liver mortality, alcohol consumption, fiscal policy, obesity, health inequalities, prevalence of viral hepatitis etc
   - With a view to promoting standardized indicators and data collection tools across European Union Member States, which indicators and definitions are currently employed? In each country, who are the main actors/agencies/institutions?
   - Identify the key interventions that can reduce liver mortality, together with an estimate of the relative costs and benefits.

What are the currently available data in terms of liver disorders / diseases and their underlying risk factors?

- What are the currently available data at international, national, regional level
- To what extent do data feed into national surveillance/reporting/registries e.g WHO, OECD, EUROSTAT, ECDC, EMCDDA
- How may the quality of data be improved by future activities (such as a Liver Observatory and/or European Commission projects)?
- Using a synthesis of these information sources what is the current picture of liver mortality and morbidity?

Where are the best opportunities to intervene to reduce mortality, at a population, primary care, secondary care or individual level, what are the potential impacts and costs and what will be needed to implement these initiatives?

- Alcohol related liver disease
- Obesity related liver disease
- Viral hepatitis
- Primary care
- Secondary care
- Individual level

Recommendations for key indicators to collect/report/standardise, recommendations for interventions, and future steps needed to facilitate these interventions

3. Methodology

The status report shall be developed on the basis of data collected via:

a) Literature review: published data, grey literature and non-published data, PubMed/Medline, Embase, Google Scholar and other relevant databases
b) Interviews with at least 15 different key actors (e.g. medical professionals, community-based/patient organisations, national focal points, CNAPA members, DG Santé/other Commission officials, ECDC, EMCDDA, OECD, EUROSTAT, WHO).

4. Qualifications of the tenderer/Consultant

A tenderer/consultant must have the following qualifications:

- Extensive experience in data collection, literature reviewing and reporting;
- Detailed knowledge within the field of hepatology with a focus on liver disorder indicators, reporting, surveillance – in a European context;
- Strong research, analysis and synthesis;
- Capacity to collect and organise information efficiently;
- Possesses a strong publishing track record
- An excellent command of written and spoken English (UK).

5. Tasks and deliverables

Primarily, the role of the consultant is to execute the report/position paper according to the aforementioned scope.
Specific tasks and deliverables of the consultant include the following:

a) Participate in an online kick-off meeting/teleconference with the EASL Public Health CAG working group within two weeks after the contract signature to discuss and agree on outline and methodology in details. (Deliverable 1, [date tbc in April 2017]

b) Develop the methodology with detailed description of the planned data collection. Submit this to EASL for review and approval (Deliverable 2, 30 April, 2017);
c) Collect data for the status report;
d) Analyse and synthesise data collected and produce the draft status report to EASL for review (Deliverable 3, 15 September 2017);
e) Discussion of the draft report in a meeting/teleconference with EASL;
f) Incorporate comments and suggestions and submit the final report to EASL (Deliverable 4, 15 October 2017).
g) Prepare a power point presentation of 15-20 slides, based on the report and submit to EASL for comments Deliverable 5, (15 October, 2017).

6. Timeline and budget

The consultancy is expected to start work on 1 April 2017 and the overall timeframe for the project duration is 7.5 months from contract signature. The equivalent to up to 50-100 working days is estimated to be required overall. Most of the work is required to be carried out at the contractor's premises. The contractor is required to attend at least three teleconference meetings and two face-to-face meetings.

The maximum available budget for the tender is €130,000 including all taxes, overheads and communication costs, but excluding reasonable travel costs, which will be covered directly by EASL.

7. Process

1. EASL will issue the ToR for tenderers/consultants to submit a proposal in December 2016.
2. EASL will make an analysis of the proposals submitted and will select the best consultant, based on level of experience and subject knowledge, inclusion of non-EU as well as EU countries, and the daily rate. In line with EASL's intention to issue further calls for tender in 2017 and 2018 (see above), preference may be given to a contractor who demonstrates a proven track record in health and economic modelling around chronic diseases in the wider European region and/or who has experience of establishing disease observatories.
3. The consultant will be contracted by EASL.

8. Proposals from consultants/tenderers
Consultants who are invited and who are interested in doing this assignment are asked to submit a proposal of 3 pages excluding annexes. In this proposal the consultants are asked to present the following:

- A list of relevant work carried out in this area;
- An overall action plan on how to carry out the work (with a specific focus on methodology, data collection sources and timeline);
- A unit price in EUR;
- Potential conflicts of interests. Please note that bids will not be considered from tenderers/contractors who have received funding from the alcohol and/or food/soda/beverage companies or their intermediaries within five years of the start date of this contract, or who are involved in the review and supervision of this call for tender.

9. Qualified candidates are invited to submit their proposal and CVs by 15 February 2017 to EASL, for the attention of Fiona Godfrey.

Tenderers shall submit tenders by letter:

1. a) either by post or by courier not later than 15/02/2017, in which case the evidence of the date of dispatch shall be constituted by the postmark or the date of the deposit slip, to Fiona Godfrey, EASL office, Norway House, 17 rue Archimède, Brussels, B-1000, Belgium.
2. b) or delivered by hand not later than 17H00 on 15/02/2017 to the address indicated above. In this case, a receipt must be obtained as proof of submission, signed and dated by the staff member at Norway House who who took delivery.

Tenders (original plus two copies) must be placed inside two sealed envelopes, one inside the other. Both envelopes should mention the following reference: HEPAHEALTH EASL TENDER
The inner envelope, addressed to the EASL Brussels office indicated in the invitation to tender, should be marked: INVITATION TO TENDER FOR - " HEPAHEALTH " - NOT TO BE OPENED BY THE INTERNAL MAIL DEPARTMENT. If self-adhesive envelopes are used, they must be sealed with adhesive tape and the sender must sign across this tape.

The inner envelope must also contain two sealed envelopes, one containing the technical tender and the other the financial tender. Each of these envelopes must clearly indicate the content ("Technical" and "Financial").

Any other method of transmission of the tender (i.e. e-mail, etc.) is not permitted and will automatically render the tender null and void even if the tender has also been sent by the required method specified above.

Tenders must be:

- Signed by a duly authorised representative of the tenderer;
  Perfectly legible so that there can be no doubt as to words and figures;

10. Period of validity of the tender

The period of validity of the tender, during which tenderers may not modify the terms of their tenders in any respect, is nine (9) months from the final date for submission.

Submission of a tender implies acceptance of all the terms and conditions set out in this invitation to tender, in the tender specification and in the draft contract and, where appropriate, waiver of the tenderer's own general or specific terms and conditions. Submission of a tender is binding on the tenderer to whom the contract is awarded for the duration of the contract.

11. Contacts between EASL and tenderers

Contacts between the EASL staff and/or agents acting on behalf of EASL in the tender process and tenderers are prohibited throughout the procedure save in exceptional circumstances and under the following conditions only:

- Before the final date for submission of tenders:

* At the request of the tenderer, the EASL Brussels office may provide additional information solely for the reason of clarifying the nature of the contract.

Any requests for additional information must be made in writing only

Requests for additional information received less than five working days before the final date for submission of tenders will not be processed.

After the opening of tenders

* If clarification is required or if obvious clerical errors in the tender need to be corrected, the contracting authority may contact the tenderer provided the terms of the tender are not modified as a result.

This invitation to tender is in no way binding on EASL. EASL's contractual obligation commences only upon signature of the contract with the successful tenderer.

Up to the point of signature, the contracting authority may either abandon the procurement or cancel the award procedure, without the candidates or tenderers being entitled to claim any compensation. This decision must be substantiated and the candidates or tenderers notified.

12. Relevant jurisdiction

The relevant jurisdiction for the resolution of any disputes arising out of this call for tender is Switzerland. This contract shall also be governed by the applicable data protection and confidentiality provisions under Swiss law.

Reference List

(1) Sheron N. Alcohol and liver disease in Europe - Simple measures have the potential to prevent tens of thousands of premature deaths. J Hepatol 2016; 64(4):957-967.

(2) Mackenbach JP, Kulhanova I, Bopp M, Borrell C, Deboosere P, Kovacs K et al. Inequalities in Alcohol-Related Mortality in 17 European Countries: A Retrospective Analysis of Mortality Registers. PLoS Med 2015; 12(12):e1001909.