Deliverable 2.2

THERESA PCP OMC Report

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Version 1.4

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Abstract

The THERESA PCP Open Market Consultation (OMC) Report presents a comprehensive analysis of market engagement activities conducted between December 2025 and February 2026 as part of the preparatory phase for the THERESA Pre-Commercial Procurement (PCP). This deliverable documents the structured dialogue between the THERESA PCP Public Buyers Group and European market operators regarding innovative solutions for on-site hospital wastewater treatment.

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Glossary of terms

Term	Description
Advanced Oxidation Process	Chemical treatment processes characterized by the generation of highly reactive species capable of oxidizing and mineralizing persistent organic pollutants, including pharmaceuticals and micropollutants resistant to conventional biological treatment
Antibiotic-Resistant Bacteria	Bacterial strains that have developed resistance mechanisms against one or more antibiotic classes, rendering standard antibiotic treatments ineffective and posing significant public health risks

Antibiotic-Resistant Genes	Genetic elements encoding resistance mechanisms that can be transferred between bacteria through horizontal gene transfer, contributing to the spread of antimicrobial resistance in environmental and clinical settings
Capital Expenditure	Upfront investment costs associated with procuring, installing, and commissioning a treatment system, including equipment purchase, civil works, infrastructure modifications, engineering design, and integration expenses
Contaminant	Hazardous substance that poses environmental or public health risks, including in this case pharmaceuticals (cytostatics, antibiotics), contrast agents, antimicrobial-resistant bacteria and genes, disinfectants, and persistent organic pollutants
Cytostatic Drugs	Pharmaceutical compounds used in cancer chemotherapy that inhibit cell division and proliferation, many of which are highly toxic, persistent in the environment, and resist conventional wastewater treatment processes
Equal Treatment	Fundamental public procurement principle requiring that all potential suppliers receive identical information, opportunities, and procedural treatment throughout consultation and procurement processes, preventing competitive advantage or discrimination
Intellectual Property Rights	Legal rights protecting intellectual creations, innovations, and proprietary information, including patents, copyrights, trade secrets, know-how, and technical documentation, governing ownership, usage, licensing, and commercialization arrangements
Interoperability	Technical capability enabling different components, modules, or systems from multiple suppliers to function together effectively through standardized interfaces, communication protocols, data formats, and integration mechanisms
Matchmaking Platform	Online networking tool enabling technology providers to create organizational profiles, describe expertise using standardized functional labels, and identify potential consortium partners with complementary capabilities for collaborative PCP participation
Membrane Filtration	Physical separation process utilizing semi-permeable membranes to remove contaminants based on size exclusion, charge interactions, or chemical affinity, including nanofiltration, ultrafiltration, and reverse osmosis technologies
Open Market Consultation	Structured pre-procurement market engagement process conducted by public buyers to assess market capabilities, validate technical requirements, gather feedback on procurement design, facilitate consortium formation, and ensure procurement specifications reflect realistic technological and commercial possibilities
Operational Expenditure	Recurring costs associated with operating and maintaining a treatment system throughout its lifetime, including energy consumption, reagent replacement, routine maintenance, spare parts, waste disposal, monitoring, and personnel expenses
Post-Treatment Concentration	Concentration of target contaminants remaining in treated wastewater effluent after processing, typically expressed in micrograms per liter (µg/L or ppb) or milligrams per liter (mg/L or ppm), used to quantify treatment system removal efficiency
Pre-Commercial Procurement	Innovation procurement mechanism enabling public buyers to share research and development risks and benefits with suppliers through phased competitive development of innovative solutions not yet available commercially

Prior Information Notice	Official announcement published in the Official Journal of the European Union informing market operators of upcoming procurement opportunities, launching the Open Market Consultation period, and inviting market engagement
Public Buyers Group	Consortium of public procuring entities jointly defining requirements, conducting market consultation, evaluating tenders, and awarding PCP contracts
Removal Efficiency	Percentage reduction in contaminant concentration achieved by treatment process, calculated as: [(inlet concentration - outlet concentration) / inlet concentration] × 100%, used to quantify treatment system effectiveness
Request for Information	Structured questionnaire instrument distributed during OMC to systematically collect technical, operational, regulatory, and commercial information from market operators regarding proposed solutions, capabilities, maturity levels, costs, and implementation approaches
Source Separation	Wastewater management strategy involving collection and treatment of high-concentration pharmaceutical streams at point of excretion or departmental level before dilution in general hospital discharge, enabling more efficient targeted treatment
State-of-the-Art	Comprehensive analysis of current technological capabilities, scientific knowledge, commercial offerings, research developments, and innovation trends relevant to hospital wastewater treatment, establishing baseline against which PCP innovation ambitions are defined
Technology Readiness Level	Standardized metric (scale 1-9) assessing maturity of a technology from basic principles observation (TRL 1) through experimental proof of concept, validation in relevant environments, prototype demonstration, to proven system operation in real-world conditions (TRL 9)
Tender	Formal competitive procurement procedure through which public buyers solicit proposals from suppliers, evaluate submissions against defined criteria, and award contracts for delivery of specified goods, services, or research and development activities
Transparency	Fundamental public procurement principle requiring that procurement procedures, evaluation criteria, decision-making processes, and information provision are conducted openly, documented comprehensively, and accessible to all stakeholders, enabling accountability and fair competition

Glossary of acronyms

Acronyms	Description
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
AOP	Advanced Oxidation Process
API	Application Programming Interface
ARB	Antibiotic-Resistant Bacteria
ARG	Antibiotic-Resistant Genes

AZM	Academisch Ziekenhuis Maastricht
BAT	Best Available Techniques
CA	Consortium Agreement
CAPEX	Capital Expenditure
CET	Central European Time
CGR	Corvers Greece Monoprosopi I.K.E.
CHV	Consorcio Hospitalari De Vic
CPS	Corvers Procurement Services BV
DoA	Description of Action
EC	European Comission
EEA	European Economic Area
ENS	Esquema Nacional de Seguridad (National Security Framework)
EQS	Environmental Quality Standards
EU	European Union
ESBL	Extended-Spectrum Beta-Lactamase
FAQ	Frequently Asked Questions
FMS	Fundación Pública Miguel Servet
FPS	Fundación Pública Andaluza Progreso y Salud, M.P.
FRAND	Fair, Reasonable, and Non-Discriminatory
GA	Grant Agreement
GDPR	General Data Protection Regulation
HaDEA	European Health and Digital Executive Agency
HCWH	Health care Without Harm Europe
HUN	Hospital Universitario de Navarra
HUVM	Hospital Universitario Virgen Macarena
HWW	Hospital wastewater
IETU	Instytut Ekologii Terenow Uprzemyslowionych
IoT	Internet of Things
IPR	Intellectual Property Rights
ISO	International Organization for Standarization
IT	Information Technology
ITCL	Instituto Tecnológico de Castilla y León
KPI	Key Performance Indicator
LCA	Life Cycle Assessment
LOPD	Ley Orgánica de Protección de Datos
MQTT	Message Queuing Telemetry Transport

MRI	Magnetic Resonance Imaging
OMC	Open Market Consultation
OPEX	Operational Expenditure
P4H	Procure4Health
PBG	Public Buyers Group
PCP	Pre-Commercial Procurement
PERH	Sihtasutus Pohja-Esti Regionanaalhaigla
PIN	Prior Information Notice
PPE	Personal Protective Equipment
ppm	Parts per million
PTC	Post-Treatment Concentration
Q&A	Questions and Answers
R&D	Research and Development
REACH	Registration, Evaluation, Authorisation and Restriction of Chemicals
RFI	Request for Information
SAS	Servicio Andaluz de Salud
SC	Steering Committee
SCADA	Supervisory Control and Data Acquisition
SILO	Science & Innovation Link Office, S.L.
SME	Small and Medium-sized Enterprises
SOTA	State-of-the-art
SUNINN	Science Union for Innovation
TBM	TICBIOMED Tecnologías de la información para la salud en la región de Murcia.
TED	Tenders Electronic Daily
TRL	Technology Readiness Level
UM	Universiteit Maastricht
UV	Ultraviolet
WIPO	World Intellectual Property Organization
WP	Work Package
WSS	Wojewodzki Szpital Specjalistyczny Wolsztynie
WWT	Wastewater treatment
ZAS	Ziekenhuis Aan De Stroom

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Executive summary

The THERESA Pre-Commercial Procurement (PCP) Open Market Consultation (OMC) Report documents a comprehensive three-month market engagement process (December 2025 – February 2026) conducted as preparatory groundwork for an innovative PCP addressing Hospital WasteWater (HWW) contamination. THERESA PCP brings together six hospitals and two supporting entities from six European countries to jointly procure breakthrough technologies for on-site treatment of hazardous pharmaceutical substances, antimicrobial-resistant bacteria and genes (ARB/ARG), and persistent micropollutants that conventional municipal wastewater treatment plants cannot adequately remove. **The OMC achieved substantial pan-European participation through six complementary mechanisms**: online information events with 300 registrations and 240 attendees, a structured Request for Information (RfI) questionnaire (14 submissions), company pitch sessions (14 presentations), bilateral meetings (9 sessions with selected organizations), a Questions and Answers (Q&A) repository (46 questions processed), and a matchmaking platform (14 registered organizations). The balanced participation between commercial entities (SMEs /start-ups /private companies) and research institutions (universities /research centres) confirms that THERESA PCP successfully attracted both innovation-driven technology developers with deep technical expertise and commercially capable suppliers with industrialization capacity.

The consultation revealed a European innovation ecosystem characterized by substantial technological diversity but fragmented market positioning, with most suppliers offering component-level solutions rather than integrated end-to-end systems. Four distinct technological approaches emerged: source-separation strategies (point-of-excretion capture treating concentrated pharmaceutical streams), advanced oxidation processes (ozone, UV, plasma, electrochemical mechanisms), membrane-based filtration (nanofiltration, ultrafiltration, ceramic membranes), and integrated multi-stage treatment trains. Technology Readiness Levels (TRL) spanned TRL 4–9, with a critical finding that while individual components frequently demonstrate high maturity, integrated systems remain at mid-TRL due to limited validation under real HWW conditions, confirming system-level integration and operational validation as the primary innovation gap. Economic analysis exposed dramatic cost variation reflecting fundamental strategic differences between deployment approaches, with main cost drivers identified as energy consumption, reagent replacement, waste disposal, monitoring systems, and integration complexity. Multiple cross-cutting barriers were identified including technical integration challenges (retrofitting requirements, space constraints, hospital layout variability), technology validation needs (performance data gaps for certain contaminants, real-time monitoring limitations), regulatory uncertainties (unclear pathways for on-site pharmaceutical degradation, environmental impact assessment needs), and economic obstacles (high upfront CAPEX, economies of scale requirements, hospital budgetary pressures).

The THERESA PCP OMC successfully validated the project's strategic positioning at the intersection of urgent environmental and public health challenges, confirming that **HWW** treatment represents a recognized innovation

frontier where technological capabilities exist, but system-level integration, operational validation, and commercial pathways remain underdeveloped. The PCP mechanism is particularly well-suited to bridge this gap between component-level maturity and deployable hospital solutions, enabling phased development, structured risk-sharing, and competitive down-selection based on progressive validation. The consultation confirmed genuine market interest extending well beyond opportunistic responses to funding availability, with suppliers recognizing the innovation gap and viewing PCP as an appropriate mechanism for collaborative development addressing integration challenges, operational validation requirements, and commercial pathway establishment that individual companies struggle to advance independently. **The THERESA PCP OMC has successfully achieved its objectives of validating technical requirements, assessing market capabilities, identifying barriers and opportunities, facilitating consortium formation, and gathering actionable recommendations** that will directly inform final PCP tender documents.

1. Introduction

1.1. THERESA PCP project overview

HWW poses a significant environmental and health risk due to the presence of pharmaceuticals, pathogens, and other hazardous substances that are administered in healthcare institutions. Current urban wastewater treatment (WWT) plants are not capable of effectively removing many of the pollutants generated by hospitals. As a result, these contaminants reach and accumulate in natural water bodies, threatening ecosystems and biodiversity, and public health through the contamination of drinking water or food. In addition, public health is also menaced by HWW as it contains important amounts of antibiotic-resistant microorganisms and genes. In fact, Antimicrobial Resistance (AMR) is one of the greatest health threats of our times.

While most common medicines are consumed in households, specialized drugs such as cytostatic drugs, some antibiotics, or X-ray contrast agents are mainly distributed in hospitals. Furthermore, HWW is a hotspot for the transmission of antibiotic-resistant bacteria (ARB) and antibiotic-resistant genes (ARG). To reduce the risk associated to these contaminants, it is key to remove them as close to their source as possible, and before they are discharged to the municipal water network. Despite the existence of different technologies that efficiently remove contaminants from HWW, currently, there is no single process that can be used for the comprehensive treatment of HWW regarding the elimination of a mix of pollutants to a high degree.

Moreover, technology may be further developed to be more efficient, environmentally sustainable, and cost-effective for hospitals. In this context, **the main objective of THERESA PCP is to launch and execute a PCP based on the development of an environmentally sustainable on-site system to decontaminate HWW, being capable of effectively removing, among other contaminants, cytostatic drugs, X-ray contrast agents, antibiotics, ARB and ARG, from HWW**.

1.2. Deliverable purpose, scope and context

This deliverable serves as the official report of the OMC conducted as part of the THERESA PCP preparatory phase. **Its primary purpose is to document and present the results of the OMC process,** consolidating the outcomes of all consultation activities carried out between December 2025 and February 2026.

The scope of this deliverable encompasses the complete documentation and analysis of all OMC activities including: the RfI questionnaire; the online information events and company pitch sessions; the bilateral meetings with selected market operators; the Q&A repository; the matchmaking platform; and the dissemination strategy and activities carried out throughout the consultation period. The deliverable also synthesizes the key findings, market suggestions and conclusions emerging from the consultation process.

4 D2.2. OMC Report

This report enables evidence-based refinement of procurement specifications, evaluation criteria, intellectual property arrangements, and tender design decisions, demonstrating compliance with EU procurement principles as required by Directive 2014/25/EU Article 58.

This deliverable is produced within the framework of the THERESA PCP initiative (GA 101226565) and is intended to directly inform the preparation of the tender documentation for the three-phase PCP process (Solution Design, Prototype Development, and Validation in real operational environment).

2. Purpose of the Open Market Consultation

2.1. Introduction

THERESA PCP builds upon the foundational work established by the Procure4Health (P4H) project. The OMC conducted under P4Hidentified significant market feasibility and interest and validated the need for a coordinated European PCP approach to address this critical environmental and public health challenge. Several experts who participated in the Procure4Health project have continued their involvement in THERESA PCP, providing valuable continuity, institutional knowledge, and established relationships that have strengthened the current OMC process. This continuity between P4H and THERESA PCP demonstrates the progressive nature of innovation procurement, where initial exploratory consultations evolve into structured, multi-country PCP initiatives capable of driving breakthrough technological development at European scale.

The OMC is **a structured dialogue between the THERESA Public Buyers Group (PBG) and the market.**

Its purpose is to validate technical requirements, assess innovation readiness, and **gather feedback** from technology providers, research organisations, utilities, and other relevant stakeholders before the launch of the THERESA PCP. The OMC **ensures that procurement specifications reflect real market capabilities** and that potential suppliers clearly understand the challenge THERESA PCP aims to address.

The OMC is not part of any pre-qualification or selection process, and participation does not confer any advantage in the future PCP. All contributions are voluntary, non-binding, and treated in accordance with the principles of equal treatment, transparency and confidentiality.

2.2. OMC rationale and methodology

The OMC was organised as part of the preparatory phase of the THERESAPCP, with the objective of engaging the market prior to the launch of the procurement procedure and ensuring that the future tender specifications are aligned with the state of the art and market capabilities.

The main objectives of THERESA PCP OMC are:

- Validate findings from the State-of-the-Art (SOTA) analysis.
- Confirm the feasibility of preliminary technical and functional requirements.
- Confirm the need of further R&D activities to solve the shared unmet need.
- Identify potential risks, barriers, and innovation opportunities.
- Refine procurement conditions before tender publication.
- Facilitate early networking and consortium building among suppliers.

The consultation took place between **December 22nd2025 and February 28th 2026** following the publication of the Prior Information Notice (PIN). At the start of the

consultation, the **THERESA PCP Scope document (Document) describing the challenge, scope of the procurement, and preliminary functional and technical requirements** was published to inform potential suppliers about the objectives and expected outcomes of the future PCP.

To facilitate broad participation and structured feedback, the OMC combined several complementary consultation mechanisms, including **a structured** RfI **survey, public hybrid and online events addressing different aspects of the challenge and company pitches, matchmaking platform, Q&As, and bilateral meetings with suppliers**. These activities enabled the THERESA PCP PBG to gather qualitative and technical input from the market while ensuring that all suppliers had equal access to the same information.

Participation in the OMC was open to all organisations with relevant expertise or technological capabilities that could contribute to addressing the THERESA PCP challenge. This included SMEs, start-ups, large technology providers, research institutions, environmental and water-sector organisations, hospitals, wastewater utilities, and other stakeholders involved in innovation procurement ecosystems.

The consultation was conducted in accordance with the principles of **transparency, proportionality, equal treatment and non-discrimination**. Participation was voluntary and free of charge, and involvement in the OMC did not constitute a pre-qualification or selection stage for the future PCP. All information shared by suppliers was treated in accordance with the applicable confidentiality provisions, and only non-confidential insights have been included in this report. In addition, all questions raised during events and bilateral meetings were consolidated and published in the dedicated Q&A section, ensuring equal access to information for all interested parties.

The consultation mechanism also enabled:

- The **exploration of potential consortium configurations** and partnerships that could enhance the overall value proposition beyond what individual organizations could deliver independently.
- **Receive feedback** through questionnaire responses, pitches, live interactions during webinars, bilateral meeting discussions, and written questions submitted to the Q&A repository that would directly influence final decisions on requirement specifications, performance targets, testing protocols, budget allocations, evaluation criteria weightings, and intellectual property models in the final PCP tender documents.

To ensure transparency and equal access to the information generated during the consultation process, the **main non-confidential insights collected throughout the OMC were consolidated and presented during the final OMC event.** This session provided participants with an overview of the feedback received from the market, the key lessons learned during the consultation activities, and the way in which this input will inform the preparation of the THERESA PCP tender documentation.

The **results of the consultation** have informed the refinement of the technical and functional requirements and contributed to the preparation of the tender documentation that will be developed within the framework of the THERESA PCP.

2.3. Participation summary in the OMC

The THERESA PCP OMC achieved acceptable participation across multiple engagement channels, demonstrating European market interest in HWW treatment innovation. The consultation period ran from December 22nd, 2025, to February 28th, 2026.

The OMC generated engagement through six complementary mechanisms: online information events, company pitch sessions, structured RfI questionnaire, bilateral meetings, Questions and Answers repository, and matchmaking platform. Aggregate participation across all the online events totalled 300 registered and **240 attendees** from 12 countries across Europe: Spain, Belgium, the Netherlands, United Kingdom, Finland, Denmark, Austria, France, Portugal, Germany, Poland and Estonia. Participants represented diverse stakeholder categories including small and medium enterprises, start-ups, research institutions, universities and technology centres.

Event participation

Six online events were conducted between January 8th and February 26th, 2026, comprising five national-focused sessions hosted by participating countries (Spain, Estonia, Poland, Belgium, The Netherlands) and one final consolidation event presenting comprehensive OMC findings.

Event participation summary:

Event	Date	Country	Registrations	Attendees	Attendance Rate
Event 1	08/01/2026	Spain	89	71	80%
Event 2	13/01/2026	Estonia	39	38	97%
Event 3	19/01/2026	Poland	36	30	83%
Event 4	23/01/2026	Belgium	36	26	72%
Event 5	26/01/2026	Netherlands	27	23	85%
Final Event	26/02/2026	Pan-European	73	52	71%

Total			**300**	**240**	**80%**

Table 1. Events participation summary

Organizational type distribution across all events:

- **SMEs, start-ups, and private organizations:** 39 organizations
- **Universities, research centres, and public organizations:** 29 organizations

Company pitch participation

Structured pitch sessions were integrated into all five national OMC events, providing market operators with 10-minute presentation slots to showcase technologies and consortium partnership needs.

Company pitch statistics:

- Organizations registered for events with pitch sessions: 35
- Pitches delivered during events: 14
- Treatment-focused solutions: 14 (100%)
- Monitoring-only solutions: 0

All delivered pitches focused exclusively on treatment technologies, with no standalone presentations addressing monitoring or digital-only capabilities.

Request for Information questionnaire participation

The structured RfI questionnaire, launched via EU Survey tool on December 22, 2025, received **14 formal submissions** by the extended deadline of February 28, 2026, at 17:00 CET.

Organization type distribution:

- Research and academic institutions: 5 organizations (36%)
- SME companies: 7 organizations (50%)
- Start-ups: 2 organizations (14%)

Respondents proposed 11 water treatment technologies and 3 monitoring solutions. technology portfolios addressing different modules of the HWW treatment challenge.

Bilateral meeting participation

Following preliminary analysis of questionnaire responses, the PBG conducted **9 bilateral meetings** between February 6 and February 24, 2026 with selected organizations that had formally submitted complete questionnaires and met objective selection criteria defined in the THERESA PCP Scope Document.

Bilateral meetings followed structured protocols ensuring equal treatment, transparency, and unidirectional information flow (only buyers could ask questions about supplier solutions, with no preferential information provided to participating

organizations versus non-participants). All non-confidential clarifications of general relevance were anonymised and published via the project Q&A repository.**Q&A participation**

The Q&A repository, accessible through the THERESA PCP website throughout the consultation period, generated **46 total questions** submitted through multiple channels including web form, dedicated email (questions@theresa-pcp.eu), live event Q&A sessions, and bilateral meeting discussions.**Matchmaking platform participation**

The online matchmaking platform, enabling suppliers to create organizational profiles describing expertise using predefined functional labels and identify potential consortium partners with complementary capabilities, attracted **14 registered organizations.**

3. Activities during OMC

The THERESA PCP OMC comprises a coordinated sequence of activities conducted between December 2025 and February 2026:

- **Publication of the PIN:** Published on October 31st, 2025, in TED, initiating the formal OMC period and dissemination campaign.

- **THERESA PCP Scope Document:** At the launch of the consultation on December 22nd, 2025, the THERESA PCP consortium published the **THERESA PCP Scope Document,** included in Annex IV, **describing the challenge, scope of the PCP and the preliminary functional and technical requirements** to inform the market about the objectives of the future procurement.

- **THERESA PCP OMC Questionnaire (RFI):** In parallel with the previous, a **structured** RfI **questionnaire** was launched via the **EU Survey tool**, designed to collect targeted feedback from suppliers on the elements presented in the THERESA PCP Scope Document. The questionnaire, in Annex II, enabled suppliers to provide detailed technical information on their solutions, indicate which priority contaminants and functionalities they could address in relation to the published requirements, comment on feasibility and innovation challenges, highlight potential regulatory or interoperability barriers, and suggest improvements to the draft PCP specifications. The submission deadline for suppliers was initially set for **February 24th, 2026, at 17:00 CET** and **extended until February 28th, 2026, at 17:00 CET** due to significant market interest expressed during the final days of the consultation period. This extension was publicly announced through multiple channels in accordance with the transparency commitments outlined, which specified that any changes to OMC schedules, dates, content, or documentation would be communicated publicly via the project website. The deadline extension was additionally announced during the final OMC event on February 26th, 2026 (with the announcement captured in the publicly available event recording), and disseminated through THERESA PCP's social media channels including LinkedIn (Extension post), ensuring that all interested parties had equal access to this procedural update and adequate time to prepare comprehensive submissions.to allow additional market participation.

- **Events**: A total of five national-focused OMC events were organised, followed by a final event presenting the consolidated findings of the consultation. The recordings can be found

- **Q&A Repository:** Continuous Q&A support mechanism was accessible through the THERESA PCP website (https://theresa-pcp.eu/frequently-asked-questions/), enabling interested parties to submit questions and clarifications from the consortium. Questions received through multiple channels (web form, dedicated email, information events, and bilateral meetings), each question was categorized, assigned to the appropriate expert, reviewed for technical accuracy and legal compliance, and approved before publication within a standard 14-calendar-day timeline or 20 days for

complex queries. All responses are anonymized and published on the public Q&A platform to maintain equal treatment principles. Full management procedure is described in the THERESA PCP Scope Document.

- **Matchmaking Platform:** Online tool enabling suppliers to create a profile with the description of their organisation, describe their expertise related to THERESA PCP using predefined functional labels (challenge-oriented functional labels, system-enabling functional labels, and role labels), and identify potential consortium partners with complementary capabilities. Available through https://theresa-pcp.eu/matchmaking.

- **Bilateral Meetings:** Individual meetings between the PBG supported by THERESA PCP consortium members and selected market operators. These meetings, as expressed in THERESA PCP Scope Document available in THERESA PCP website and in the Annex I of this report, were only available to organizations that have formally participated in the OMC by submitting the THERESA PCP OMC complete questionnaire and are active in fields relevant to the PCP challenge and based on objective criteria: relevance of their role to the PCP solution; experience in integrating solutions and working within ecosystems or open architectures; innovative or distinctive features highlighted in their OMC contributions; and representativeness of different market segments.

3.1. RFI Questionnaire (EU Survey)

THERESA PCP launched a comprehensive **Request for Information (RfI) questionnaire** via the EU Survey tool on **December 22nd, 2025**. This structured digital instrument was designed to enable potential suppliers, technology providers, research institutions, and other market actors to provide detailed technical information on their proposed solutions in relation to the THERESA PCP challenge. The questionnaire served as a critical mechanism for collecting systematic, comparable, and traceable technical data to inform the final PCP tender specifications and evaluation criteria.

The original submission deadline was set for **February 24th, 2026, at 17:00 CET**. And due to significant market interest expressed during the final days of the consultation period, the deadline was **publicly extended until February 28th, 2026, at 17:00 CET**, ensuring that all interested parties had adequate time to prepare and submit comprehensive responses.

The full RfI Questionnaire is included in the Annex 2 in this document.

3.1.1. Rationale and design principles

The RfI questionnaire was structured to systematically capture essential technical, operational, regulatory, and commercial information across multiple dimensions:+

Core technical information

- **Solution architecture and components**: Description of proposed technologies, modular elements, integration approach, and system boundaries.

- **Technology Readiness Level (TRL)**: Self-assessment of maturity level with supporting evidence.
- **Target contaminants and performance**: Identification of which priority contaminant groups (cytostatics, antibiotics, X-ray and MRI contrast agents, antimicrobial-resistant bacteria [ARB], antimicrobial-resistant genes [ARG]) the solution addresses, with expected removal efficiencies and performance validation data.
- **Operational specifications**: Flow rate capacity, footprint, energy consumption, reagent/consumable requirements, maintenance frequency, waste streams, expected lifetime, and scalability potential.

Functional and integration requirements

- **Installation type and infrastructure needs**: Compatibility with existing hospital infrastructure, space requirements, special installation conditions (thermal control, structural reinforcement, odour/noise mitigation).
- **Interoperability and modularity**: Capability for integration with components from other suppliers, sensor integration, control system compatibility, data exchange protocols.
- **Monitoring and automation**: Sensors included, control/automation systems, cybersecurity considerations, compatibility with hospital Building Management Systems.
- **Worker safety and environmental considerations**: Exposure risks, containment measures, waste management, compliance with hazardous substance handling regulations.

Economic and commercial aspects

- **Cost structure**: Breakdown of Capital Expenditure (CAPEX) including equipment, installation, civil works, engineering/design; and Operational Expenditure (OPEX) including energy, reagents, maintenance, parts replacement, waste disposal.
- **Main cost drivers**: Identification of factors that most significantly impact total cost of ownership.
- **Business model preferences**: Preferred commercial arrangements (purchase, leasing, pay-per-use, subscription/service-based, outcome-based, hybrid models).
- **PCP phase cost estimates**: Detailed budget proposals for Phase 1 (Solution Design), Phase 2 (Prototype Development), and Phase 3 (Field Testing and Validation).

Intellectual Property Rights (IPR) and licensing

- **IPR ownership and protection stance**: Willingness to share foreground IPR generated during PCP with Public Buyer Group, conditions for licensing, royalty arrangements.
- **Background IPR**: Identification of pre-existing proprietary technologies, patents, or know-how that would be incorporated into the PCP solution.

- **Third-party dependencies**: Dependencies on commercial software, hardware, or licensed technologies that may constrain openness or interoperability.

Regulatory compliance and certification

- **Current certifications**: CE marking, ISO certifications, sector-specific approvals, environmental certifications.
- **Regulatory barriers**: Identification of regulatory, administrative, or approval challenges that may impact deployment in hospital environments.
- **Compliance with standards**: Adherence to EU regulations (Urban Wastewater Treatment Directive 2024/3019, Water Reuse Regulation 2020/741, REACH, WFD, EQS Directive), national hospital discharge standards, hazardous substances handling, occupational safety.

Innovation and feasibility challenges

- **Open-ended sections**: Opportunities for respondents to comment on technical feasibility challenges, innovation gaps, suggestions for improving draft PCP specifications, and identification of barriers to market uptake.
- **Consortium and partnership needs**: Indication of whether the proposed solution requires collaboration with other technology providers, research partners, or service providers.

3.1.2. RfI questionnaire participation data

The RfI questionnaire received a **total of 14 submissions** by the extended deadline, representing a diverse cross-section of the European water treatment and hospital infrastructure innovation ecosystem.

Organization type distribution

- **5 research & academic institutions** (universities, technology centres, research organizations).
- **7 SME companies** (small and medium enterprises).
- **2 start-ups** (early-stage commercial entities).

This distribution indicates interest from both established research institutions with deep technical expertise and innovation-driven commercial entities capable of translating research into deployable solutions.

Geographic Distribution

Country	Number of submissions
Spain	7
The Netherlands	2
Denmark	1
Estonia	1
Germany	1
Portugal	1

The Netherlands	1
Total	**14**

Table 2. Geographic distribution of RfI submissions

Technology type classification

Respondents proposed a heterogeneous mix of technologies addressing different segments of the HWW treatment challenge:

Type of technology	Description	Methodology	Description	Number of proposals
Water treatment technologies	Core removal/transformation technologies	Source-separation technologies	Urine diversion, point-of-excretion capture systems	3
		Advanced oxidation processes (AOPs)	Ozonation, UV-based, electrooxidation, plasma oxidation	3
		Membrane-based filtration solutions	Nanofiltration, ultrafiltration, membrane bioreactors	3
		Integrated treatment trains	Full multi-barrier systems combining biological, physicochemical, and advanced processes	3
Total				**11**
Monitoring solutions	Digital platforms, AI-driven decision support, interoperability layers	Operational monitoring systems	Process control, SCADA integration, predictive maintenance	2

		Testing/analytical monitoring solution	Point-of-care testing for rapid contaminant quantification	1
Total				**3**

Table 3. Technology classification of RfI submissions

This classification reveals two types of technology and several methodology approaches, ranging from **source-based interventions** (capturing contaminants at the point of patient excretion before dilution) to **centralized end-of-pipe treatment systems**, as well as critical **digital infrastructure components** essential for monitoring, validation, and interoperability in multi-supplier environments. The presence of multiple AOP-based solutions reflects the market's recognition of advanced oxidation as a key enabling technology for recalcitrant micropollutant removal.

3.2. Q&A

As part of the THERESA PCP OMC, a structured Q&A mechanism was established to ensure transparency, equal treatment, and timely clarification of questions from potential suppliers throughout the OMC period.

3.2.1. Rationale and design principles

The Q&A system was designed to collect, process, and publicly disseminate questions and answers through multiple complementary channels:

Primary submission channels

1. **Official web form**: Available on the THERESA PCP website (https://theresa-pcp.eu/frequently-asked-questions/), providing a structured submission format with logging and immediate acknowledgment.
2. **Dedicated OMC email**: questions@theresa-pcp.eu,
3. **Live Q&A sessions during OMC events**: Each of the five national webinars (Spain, Estonia, Poland, Belgium, The Netherlands) included dedicated Q&A segments (typically 15-20 minutes), allowing real-time interaction between suppliers and the Public Buyers Group.

Question collection and processing

All questions, regardless of submission channel, were:

- **Logged centrally** by SunINN (communication lead) in a standardized tracking system within 24 hours of receipt
- **Categorized** according to six main topics:
  - **Technical**: Technology, performance specifications, treatment requirements.
  - **Legal/Regulatory**: Compliance, IPR, procedural aspects.
  - **Financial**: Budget allocation, cost structures, payment terms.
  - **Procedural**: PCP phases, submission formats, evaluation criteria.

  - **Clarification**: Documentation interpretation, requirement refinements.
  - **General**: Project context, hospital infrastructure, operational constraints.
- **Assigned** to relevant technical, legal, or procurement experts within the consortium.
- **Reviewed** through a two-level internal process (expert review + legal/procurement compliance check) before publication.
- **Published** on the public Q&A repository within **14 calendar days** (standard questions) or up to 20 working days (complex questions requiring extended consultation).

To guarantee compliance with EU procurement principles of transparency, equal treatment, and non-discrimination, the following safeguards were implemented:

- **Anonymization**: All published Q&As removed supplier identities and company-specific references, preventing competitive advantage.
- **Biweekly publication cycles**: Updated Q&As were published every 14 days on the THERESA PCP website, ensuring regular dissemination and equal access to information.
- **Unified repository**: All Q&As from web forms, emails, webinars, and bilateral meetings were consolidated into a single, searchable FAQ section on the project website, organized chronologically and by category.
- **Audit trail**: A complete record of all questions was maintained for compliance verification and European Commission reporting.
- **No preferential treatment**: Questions from bilateral meetings and live events received the same treatment as those submitted via official channels, with all answers made publicly available within the standard response timeline.

3.3. Online events

During the OMC period, THERESA PCP organised a structured programme of six online events between January 8th and February 26th, 2026.

These events were designed to:

- Present the THERESA PCP challenge and its objectives.
- Clarify the PCP instrument and upcoming tender structure.
- Address national specificities of participating countries.
- Deep-dive into technical key thematic areas.
- Facilitate direct interaction between public buyers and suppliers.
- Encourage consortium building and through structured company pitches.

A total of five national-focused OMC events were organised, followed by a final event presenting the consolidated findings of the consultation.

3.3.1. Rationale and design principles

The event programme was structured around the following principles:

1. Online accessibility

All events were organised online (with one hybrid session in Spain) to facilitate international participation and reduce geographical barriers.

Each local event focused on one participating country, allowing specific regulatory, operational and hospital-context aspects to be addressed in detail.

2. Multilingual accessibility

Events were conducted either in English or in bilingual format. Automatic translation tools and subtitles were used to ensure that local stakeholders could participate while maintaining international accessibility.

3. Thematic deep-dive approach

Each national event included a full presentation of THERESA PCP challenge, OMC description and PCP principles but on each of them a specific key dimension of the challenge was addressed, and special emphasis was made on the context and particularities of the local participating hospital:

Date	Type of Event	Country	FORMAT	Thematic Focus	Language
08/01/2026	Local OMC Event 1 Online	Spain	HYBRID	GENERAL PRESENTATION	Spanish /English
13/01/2026	Local OMC Event 2 Online	Estonia	ONLINE	Introduction to PCP & Tendering	Estonian/English
19/01/2026	Local OMC Event 3 Online	Poland	ONLINE	SOTA, Functional & Technical Requirements	Polish/English
23/01/2026	Local OMC Event 4 Online	Belgium	ONLINE	Legal, Ethical & Interoperability Aspects	French / English
26/01/2026	Local OMC Event 5 Online	The Netherlands	ONLINE	Verification, Validation and Exploitation	Dutch/English
26/02/2026	**FINAL EVENT**	GENERAL	ONLINE	Wrap up of OMC findings, main messages	ENGLISH

Table 4. Events during OMC

This approach ensured that suppliers attending multiple sessions gained a progressively deeper understanding of the challenge.

4. Structured company pitches

All local OMC events included a company pitch session (10 minutes per company).

This served multiple purposes:

- Improve the vision of the PBG about the possible approaches of potential solutions and the state of the art and provide the PBG with direct visibility of market capabilities.
- Complementing the information received by questionnaires.
- Broaden participation and increase engagement.
- Encourage early consortium building.
- Participation in company pitches was linked to OMC engagement and organised on a first-come, first-served basis to ensure fairness. The full process is described in the THERESA PCP Scope Document.

5. Transparency through Q&A

Each event concluded with a structured Q&A session.

Questions were either addressed live or, where further internal coordination was required, answered subsequently, were published in the official Q&A repository on the THERESA PCP website.

This ensured transparency, equal treatment and traceability of information shared during the OMC.

6. Recorded content and ongoing accessibility

All national OMC events and the Final Event were **recorded and published** on the THERESA PCP project website repository (https://theresa-pcp.eu/repository/), ensuring permanent accessibility for potential suppliers unable to attend live sessions and creating a reference library for proposal development.

Published materials include:

- Full event recordings with presentation slides synchronised
- Separated technical aspects videos recordings
- Company pitch recordings
- Supplementary technical documentation

This comprehensive documentation serves multiple strategic purposes including ensuring **equal treatment** by providing identical information access to all potential suppliers regardless of live attendance capability, creating an **audit trail** demonstrating transparency and compliance with public procurement principles, enabling **asynchronous learning** for organizations discovering the THERESA PCP opportunity after initial events concluded, and providing **reference materials** for consortium formation and proposal preparation during the tender response period.

The recorded content has generated **significant ongoing engagement** beyond the live OMC period, with more than 230 video views and accessing published materials after event conclusion, suggesting continued market interest and active proposal preparation activity.

3.3.2. Events Agenda

LOCAL EVENT 1: GENERAL PRESENTATION

Hosting country: **Spain**

Date and time: **January 8th 10:00-12:30 CET**

Language: **English (spoken) / Spanish (automatic subtitles)**

Format: Hybrid - **Pamplona, Navarra (SPAIN) | ON-LINE Teams (Register in the event)**

Coordinator/Moderator: **Navarrabiomed**

Speakers: **Navarrabiomed, SunINN, FPS, Corvers, CHV**

- General presentation (50')
  - Welcome and introduction (10') - Navarrabiomed
  - Overview of the OMC structure and events (10') - SunINN
  - What THERESA PCP is aiming for (10') - FPS
  - Introduction to PCP (10') - Corvers
  - Expectations for suppliers during the OMC (10') - SunINN
- Hospital participant(s) context in Spain (15') - Navarrabiomed
- Company pitches (60') – 10 minutes per company
- Q&A session (30')

LOCAL EVENT 2: Estonia

Hosting country: **Estonia**

Date and time: **January 13th 10:00-12:30 CET**

Language: **English (spoken) / Estonian (automatic subtitles)**

Format: **ON-LINE Teams (Register in the event)**

Coordinator/Moderator: **PERH**

Speakers: **PERH, Navarrabiomed, SunINN, Corvers**

- Welcome and introduction (10') - PERH
- What THERESA PCP is aiming for? (15') - PERH
- Introduction to PCP & tendering (30') - Corvers
- What's an OMC? (10') - SunINN
- Hospital participant(s) context in Estonia (10') - PERH
- Company pitches (60') – 10 minutes per company
- Q&A session (30')

LOCAL EVENT 3: Poland

Hosting country: **Poland**

Date and time: **January 19th 10:00-12:30 CET**

Language: English (spoken) / Polish (automatic subtitles)

Format: **ON-LINE Teams (Register in the event)**

Coordinator/Moderator: **WSS**

Speakers: **WSS, SunINN, IETU, HCWH**

- Welcome and introduction (10') - WSS
- What THERESA PCP is aiming for / What is a PCP? (15') - SunINN
- Functional & technical requirements (30') - IETU/HCWH
- Hospital participant(s) context in Poland (10') - WSS
- Company pitches (60') – 10' per company
- Q&A session (30')

LOCAL EVENT 4: Belgium

Hosting country: **Belgium**

Date and time: **January 23rd 10:00-12:30 CET**

Language: **English (spoken) / Dutch (automatic subtitles)**

Format: **ON-LINE Teams (Register in the event)**

Coordinator/Moderator: **ZAS**

Speakers: **ZAS, Navarrabiomed, Corvers**

- Welcome and introduction (10') - ZAS
- What THERESA PCP is aiming for / What is a PCP? (15') - Navarrabiomed
- Legal, ethical & interoperability aspects (30') - Corvers
- Participating hospital context in Belgium (10') - ZAS
- Company pitches (60') – 10' per company
- Q&A session (30')

LOCAL EVENT 5: The Netherlands

Hosting country: **The Netherlands**

Date and time: **January 26th 10:00-12:30 CET**

Language: **English (spoken) / Dutch (automatic subtitles)**

Format: **ON-LINE Teams (Register in the event)**

Coordinator/Moderator: **MUMC+**

Speakers: **MUMC+, SunINN, IETU, HCWH, SILO**

- Welcome and introduction (10') - MUMC+
- What THERESA PCP is aiming for / What is a PCP? (15') - SunINN
- Verification, validation & exploitation (30') - IETU/HCWH/SILO
- Participating hospital context in The Netherlands (10') - MUMC+
- Company pitches (60') – 10' Each company
- Q&A session (30')

3.3.3. Final OMC event participation summary

The final event (February 26th, 2026) consolidated the outcomes of the entire OMC process and included:

- Recap of THERESA PCP objectives and PCP structure.
- Overview of participating hospitals and pilot environments.
- Preliminary evaluation framework and sustainability approach.
- Summary of technical and market insights collected during the OMC.
- Recommendations for suppliers regarding upcoming PCP phases.
- Final open Q&A session.

This closing session ensured that all market participants had equal access to the consolidated findings before the launch of the PCP tender.

Participation

Spain demonstrated the strongest market interest (71 attendees from 89 registered), and the Final Event successfully consolidated participation from committed potential tenderers, showing serious market interest. The presence of a total of **68 SMEs/Startups and research centres** confirms that THERESA PCP attracted innovation-driven organizations with specialized technical capabilities rather than solely large industrial players.

The THERESA OMC events achieved engagement across Europe with:

Date	Country	Registration	Attendees
08/01/2026	Spain	89	71
13/01/2026	Estonia	39	38
19/01/2026	Poland	36	30
23/01/2026	Belgium	36	26
26/01/2026	The Netherlands	27	23
26/02/2026	General final event	73	52
Total		**300**	**240**

Table 5. Engagement from online events

3.4. Company pitches

As part of each local OMC event, a structured company pitch session was organised to provide market operators with the opportunity to present their technologies, concepts or approaches in relation to the THERESA PCP challenge.

3.4.1. Rationale and design principles

Each potential supplier was allocated a 10-minute slot at the end of every national event (except for the Final Event) and was asked how their technology addresses the challenge, what is the overall proposed solution, the maturity of the involved

technologies, their needs for consortium building and what is the expected impact and how it works.

To facilitate a **consistent and comparable presentation of the information**, participants were provided with a **THERESA PCP PowerPoint template**, which guided suppliers in structuring their pitches according to the key elements relevant for the PCP preparation.

Participation figures

Across the five local OMC events:

- **14 total pitches were delivered during the events**
- Of the pitching organisations, **100% presented treatment-focused s**

3.5. Bilateral meetings

Following the preliminary analysis of the OMC questionnaire responses, **9 bilateral meetings were conducted** with a selected group of participating companies and research groups. The minutes of each meeting can be found in the Annex I.

These meetings **aimed to clarify, expand and further explore** specific technical, operational and strategic aspects of the solutions proposed in relation to the THERESA PCP challenge.

3.5.1. Rationale and design principles

Participation in bilateral meetings was limited to organisations that had formally **submitted the THERESA PCP OMC complete questionnaire** and **met the objective criteria defined in the THERESA PCP Scope Documentation**. Selection was based on: (i) relevance of the proposed role within the overall PCP solution architecture; (ii) demonstrated experience in solution integration or operation within complex ecosystems; (iii) innovative or distinctive technical features highlighted in the OMC contribution; and (iv) representativeness across different market segments and technology domains.

The main objectives and topics of this process were:

- To **clarify** and further detail the technical information provided in the OMC questionnaire.
- To **assess the innovation potential** of proposed approaches in relation to THERESA PCP's functional requirements and system-level objectives.
- To discuss **technical feasibility aspects**, including scalability, interoperability, modular integration, and deployment within operational hospital environments.
- To explore **regulatory considerations,** safety requirements, and potential barriers to field validation.
- To **better understand the technical and organisational capacity** of the participating entities, including prior experience, available resources, and technology maturity level (TRL).

The bilateral meetings followed a structured agenda to ensure consistency, equal treatment and comparability across participants. The main topics addressed in each session included:

- **Vision of the technology and alignment with the THERESA PCP challenge**
  Presentation of the proposed solution concept and explanation of how it addresses HWW contamination, including system architecture, innovation level and intended deployment model.
- **Target contaminants and expected performance**
  Identification of contaminant groups addressed (e.g., cytostatics, antibiotics, contrast agents, antimicrobial-resistant bacteria and genes), expected removal efficiencies, validation status and technological maturity.
- **Functional and operational requirements**
  Discussion of scalability, integration within existing hospital infrastructures, footprint, energy consumption, solids management, safety considerations, monitoring capabilities, interoperability and adaptability to different hospital layouts.
- **Costs, business model and scalability**
  Overview of CAPEX and OPEX considerations, cost drivers, scalability potential, industrialisation strategy and service versus product-based models.

Structure and governance of the meetings

The bilateral meetings were conducted between February 6th and February 24th, 2026, under a structured protocol designed to ensure compliance with EU procurement principles.

- **One-way information format:** meetings followed a structured agenda that ensured consistency across sessions.
- **Equal treatment and transparency.**
- **Confidentiality management:** participants were required to clearly identify any information considered confidential at the time of disclosure. Non-confidential information of general relevance was anonymised, consolidated and subsequently published via the project's Q&A repository and shared though the THERESA's online final event to ensure equal access to information for all potential suppliers.
- **Communication channel:** all formal communications were channelled through the dedicated THERESA PCP OMC contact points and archived to ensure traceability.
- **Documentation:** two types of records were produced for each meeting:
  - An internal technical report containing detailed discussions and assessments for internal use by the Buyers Group.
  - A public anonymised summary capturing non-confidential clarifications of general relevance, published through the project website and referenced in the FAQ section.

Participation in bilateral meetings did not constitute pre-selection, did not confer any competitive advantage, and does not form part of the selection or award criteria for the subsequent PCP procedure.

3.6. Matchmaking platform

The Matchmaking Platform was designed to achieve the following objectives during the OMC:

- Enable early-stage connections between potential consortium partners.
- Allow organisations to showcase their capabilities and areas of interest.
- Help identify technical and functional complementarities between different market actors.
- Ensure equal access to collaboration opportunities for all OMC participants.

3.6.1. Rationale and design principles

The platform was open to all organisations that formally participated in the OMC by submitting the THERESA PCP OMC Questionnaire.

To facilitate structured classification and searchability, a **three-tier functional labelling system** was designed based on the functional requirements defined in the THERESA PCP Scope Document.

Challenge-oriented functional labels

These labels indicate which aspect(s) of the THERESA PCP challenge an organisation can address:

Label ID	Title	Definition
C-LOAD-MANAGEMENT	Pollutant/hydraulic load management	Contribution to managing incoming pollutant/hydraulic load to ensure treatment stability
C-TARGETED-CHALLENGE	Addresses specific contaminant groups	Ability to address contaminant groups prioritised in THERESA PCP (cytostatics, antibiotics, contrast agents, ARB/ARG)
C-QUALITY-IMPROVEMENT	Water quality improvement	Contribution to improving water quality at any point in the treatment chain
C-RISK-REDUCTION	Environmental or health-related risk reduction	Contribution to reducing operational, environmental or health-related risks
C-SYSTEM-RESILIENCE	Robustness under variable conditions	Contribution to increasing robustness under variable or challenging operating conditions

C-COMPLIANCE-SUPPORT	Supports regulatory compliance	Contribution to enabling or facilitating compliance with relevant regulatory requirements

Table 6. Challenge-oriented functional labels

System-enabling functional labels

These labels indicate transversal capabilities that support overall system functionality:

Label ID	Title	Definition
E-MONITORING-CAPABILITY	Monitoring or data provision function	Contribution to generating operational, environmental or performance-related data
E-CONTROL-AUTOMATION	Control, automation or coordination function	Contribution to supporting safe, stable or optimised system operation through control logic
E-SYSTEM-INTEGRATION	Supports interoperability between components	Contribution to facilitating interoperability, interfacing or harmonisation between components

Table 7. System-enabling functional labels

Role labels

These labels indicate an organisation's preferred role in a potential consortium:

Label ID	Name	Definition
R-COORDINATOR	Coordinator	The organisation is willing and capable to act as consortium coordinator. Non-binding.
R-PARTNER	Partner	The organisation prefers to participate as a consortium partner, contributing specific functional capabilities
R-BOTH	Coordinator or Partner	The organisation is open to either role depending on consortium composition

Table 8. Role labels

4. OMC Dissemination

4.1. Dissemination strategy

The **dissemination strategy for the Open Market Consultation** (OMC) was coordinated by TICBIOMED and structured into three distinct communication waves, each strategically designed to inform and engage target audiences regarding the THERESA PCP project's requirements. The timing and content of these waves were carefully planned to maximize market reach and ensure visibility of the consultation process.

These specific campaigns (waves) are fully aligned to Work Package 2 responsible for the OMC activities and are focused on three core pillars:

- **Market Engagement:** Actively identifying and reaching out to potential solution providers.
- **Insight Gathering:** Collecting technical and commercial feedback to refine the PCP tender specifications.
- **Matchmaking Platform:** Ensuring a diverse and competitive pool of participants for the future Tender.

The campaign plan remains a living document. It is subject to updates based on consortium feedback and evolving communication requirements to ensure the OMC objectives are fully met. The specific goals and outputs for each of the three OMC waves are detailed in the following table:

Campaign	Months	Objective
Wave I OMC: Launch	M3-M5 (Nov 25- Jan 26)	To communicate the PIN & OMC Launch.
Wave II OMC: Events, Matchmaking Platform and Survey	M4-M7 (Dec 25- Feb 26)	To communicate the events specific dates, and the availability of the Survey, Matchmaking platform and FAQs web section.
Wave III OMC: Closure and findings	M7-M8 (Feb 26-Mar 26)	To communicate the OMC results.

Table 09. Theresa PCP Communication Waves

Project Website

The THERESA PCP website acts as a central hub to gather all the information available, making it accessible to everyone, to promote transparency and publication rules for PCP. Since the PIN publication, the **website has received a total of 9,760 visits from 2,505 visitors.**

For the Open Market Consultation period, **a specific website section** was created (https://theresa-pcp.eu/omc/), and all the relevant information about the events, the survey, the FAQs, the matchmaking platform and other opportunities, like bilateral meetings with procurers, had a space in this section. After the home page, the OMC section was the most visited during the period, especially since the beginning of the year, when the events started.

Website sections	Visits	Active users	Visits per active user
Theresa PCP	2.573 (26,36%)	1.152 (45,99%)	2,23
OMC – Theresa PCP	1.939 (19,87%)	784 (31,3%)	2,47
About us – Theresa PCP	554 (5,68%)	297 (11,86%)	1,87
News & Events – Theresa PCP	517 (5,3%)	176 (7,03%)	2,94
Matchmaking – Theresa PCP	480 (4,92%)	142 (5,67%)	3,38
Phase 0 – Theresa PCP	434 (4,45%)	206 (8,22%)	2,11
OMC International Event – Theresa PCP	413 (4,23%)	186 (7,43%)	2,22
Repository – Theresa PCP	258 (2,64%)	107 (4,27%)	2,41
FAQ – Theresa PCP	236 (2,42%)	96 (3,83%)	2,46
OMC Final Event – Theresa PCP	210 (2,15%)	158 (6,31%)	1,33
Total	9.760 100% of the total	2.505 100% of the total	3,90 Average 0%

Table 10. Theresa PCP Website Analytics

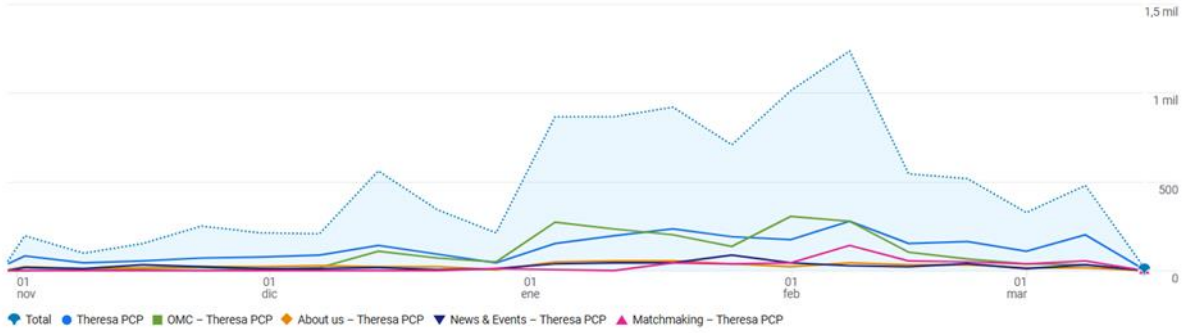

Figure 1. Website analytics

Wave I OMC: Launch

The first campaign (OMC I), carried out from **Month 3 (November 2025) to Month 5 (January 2026)**, focused on raising awareness of THERESA PCP by communicating the Prior Information Notice (PIN) and the Official Market Consultation (OMC) activities launched. The table below shows an overview of the main communication activities carried out:

Communication activities	Total
Website articles	2
LinkedIn Posts	8

Local webinars	1
Total n° of registered for the events	89
OMC Newsletters	1

Table 11. Wave I Communication Actions

Newsletter

As part of the campaign to announce the Prior Information Notice (PIN) and the launch of the OMC, a dedicated newsletter was issued on 17th of December 2025. The newsletter provided key details on the events dates and guided readers to the project website for more in-depth content.

The newsletter can be accessed on the following link: https://preview.mailerlite.io/emails/webview/1801618/174024980188628084

News and articles

On the **4th of November of 2025**, a piece of news was published on the website about the PIN publication of the THERESA PCP OMC. The news can be accessed here: https://theresa-pcp.eu/2025/11/a-prior-information-potice-has-been-published-to-announce-the-theresa-pcp-open-market-consultation/

Social Media posts

A series of **8 LinkedIn posts** were posted to communicate the PIN publication, the OMC brochure availability and the first set of save the dates posts for the communication of the OMC events local events dates.

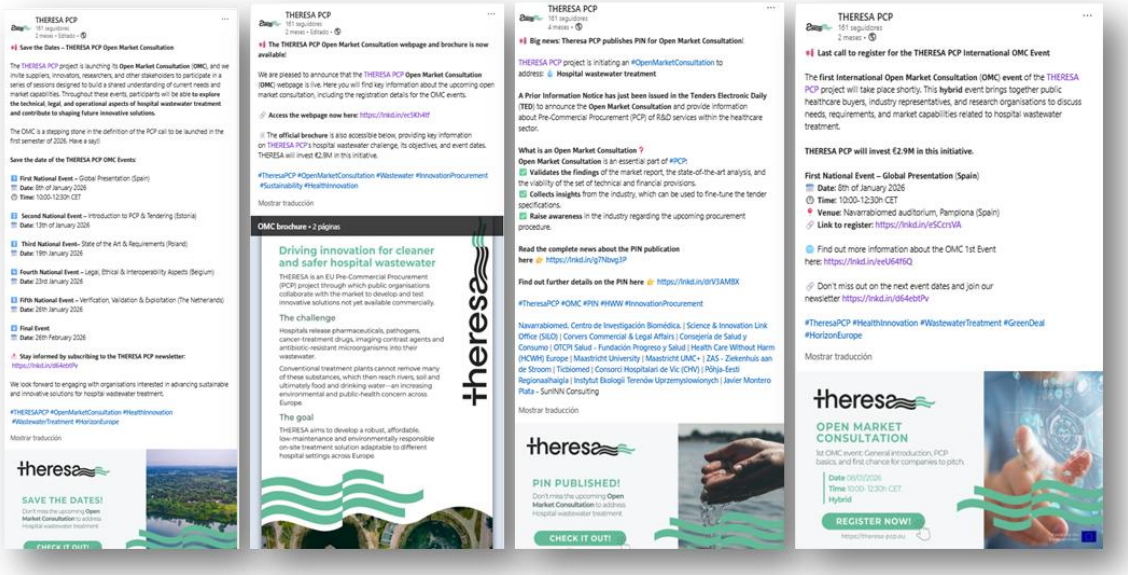

Figure 2 Wave I LinkedIn posts

Webinars

The first Open Market Consultation (OMC) local event of the THERESA PCP was held in Pamplona, on the **8th of January 2026**, bringing together **89 participants**, both on-site and online. Afterward the event recording was uploaded on YouTube and further shared on LinkedIn.

The recording of the event can be accessed here: https://youtu.be/TVmcOx4JJWg

Graphic Material – brochure

For the wider dissemination of the Open Market Consultation (OMC), **campaign-specific banners** were developed, including a dedicated **brochure** explaining the purpose and process of the OMC. These materials were published alongside LinkedIn posts with the objective of increasing visibility with an easy to digest format. In addition, the brochure was included on the project website so it can be accessed at any time. The brochure can be accessed here: https://theresa-pcp.eu/wp-content/uploads/2026/03/OMC-Brochure.pdf

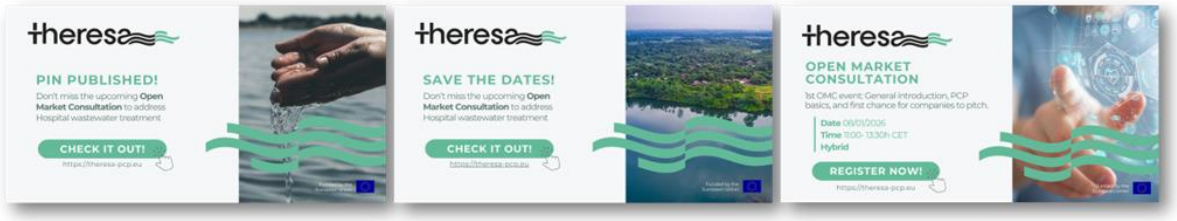

Figure 3 Wave I banners

Figure 4 OMC Brochure

Wave II OMC: Events, Matchmaking Platform and Survey

The second campaign (OMC II), implemented from **Month 4 (December 2025) to Month 6 (January 2026)**, aimed to:

- Inform stakeholders about specific event dates.
- Invite suppliers to provide feedback through the Survey based on the scope document.
- The access to the Matchmaking platform.
- FAQs web section.

The following activities were carried out to achieve these objectives

Communication activities	Total
Website articles	6
LinkedIn Posts	18
Local webinars	4
Total n° of registered for the events	138
Newsletters	2
Email campaign	3

Table 12. Wave II Communication Actions

Newsletter

The second and third OMC newsletters were launched to announce to share all the information regarding the local events that were carried out in January 2026 by each local procurer. In addition, the newsletters provided details on the availability of national events recordings, the matchmaking platform, and the RfI questionnaire (OMC survey).

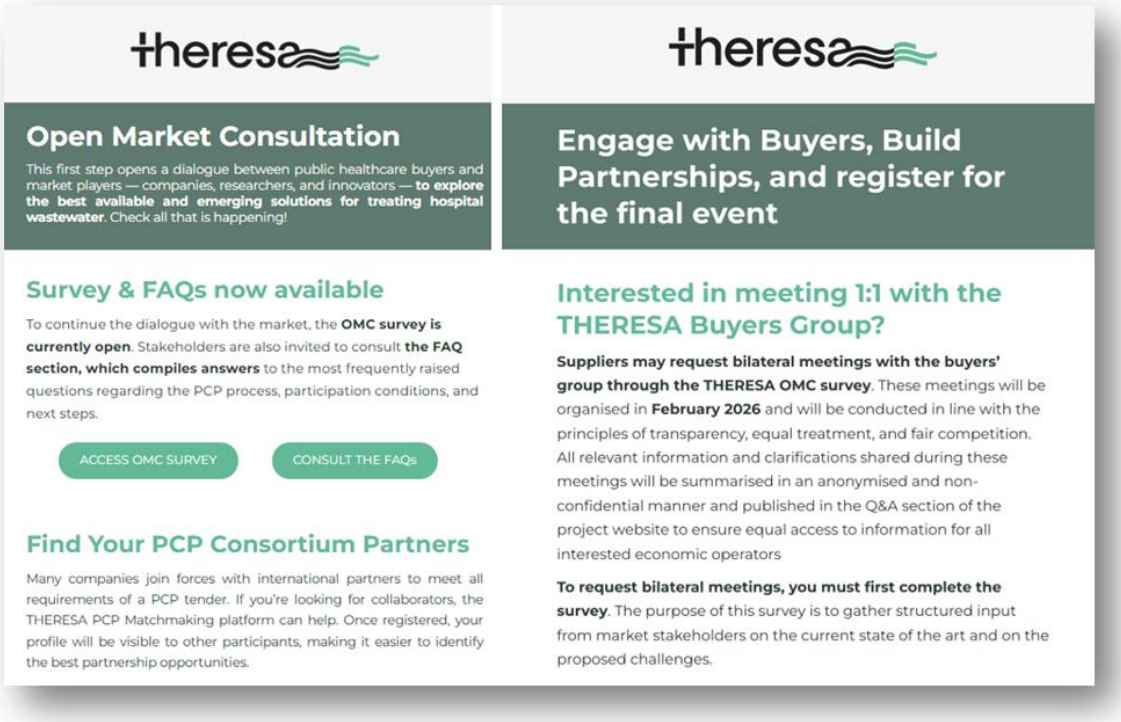

Figure 5. OMC Newsletters #2 & #3

News and articles

A series of **5 news items** have been published on the website until M6. These posts were about each OMC event that was carried out. They included a brief description

of the event, the slides and recording.

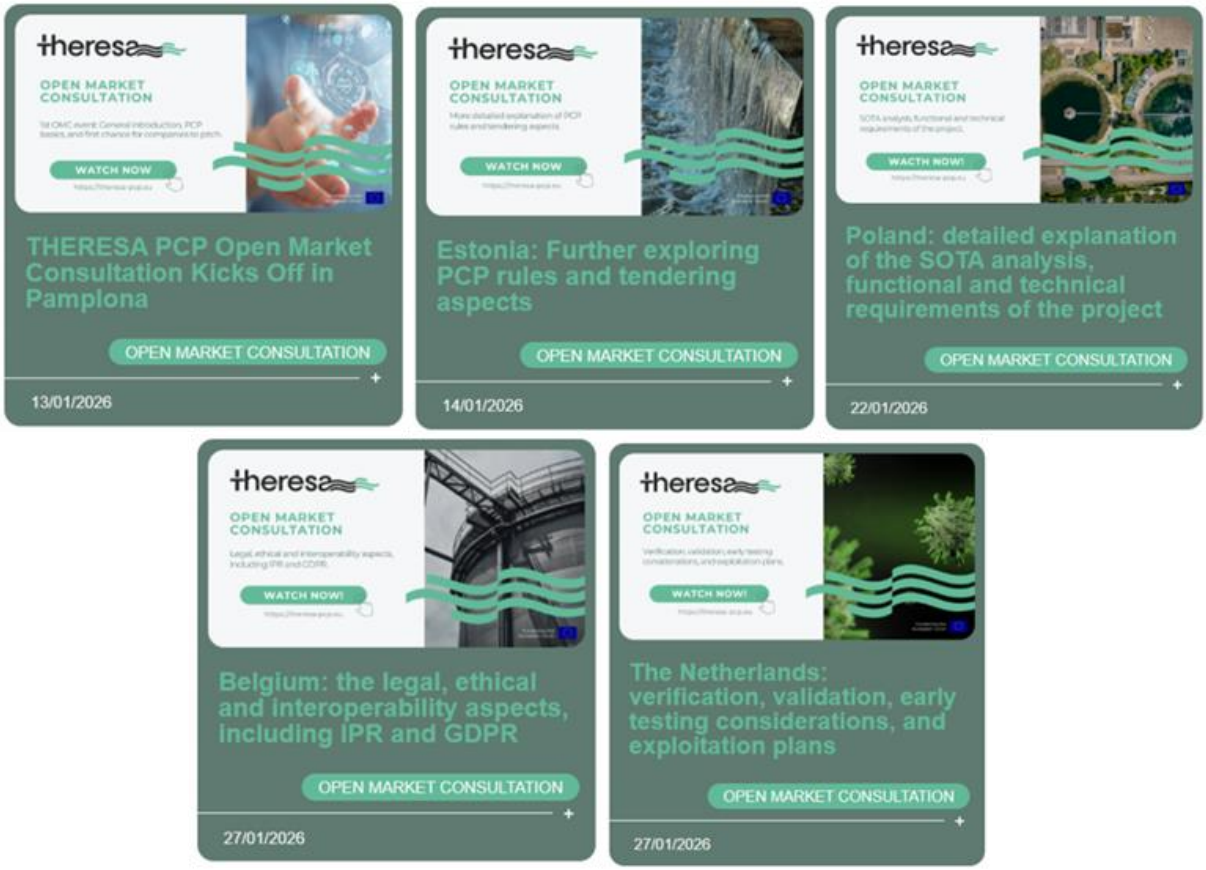

Figure 6 OMC Website Newsbits

Webinars

The local OMC events were always held **online** in English but with subtitles available in each of the local languages. After each event, the recording was uploaded on YouTube and further shared on LinkedIn. Below is the list of the events held with their YouTube link, n° of registered participants and current YouTube views:

Date	Title	N° Registered	N° YouTube Visualizations	Link
8th January 2026	THERESA PCP Global presentation first national event	89	79	https://youtu.be/TVmcOx4JJWg?si=OhPTd8kb-qS8ufnk
13th January 2026	TGERESA PCP Estonia	39	32	https://youtu.be/vfTXc4b_nW4

19th January 2026	THERESA PCP Poland	36	42	https://www.youtube.com/watch?v=bJmRSJWoj1M
23rd January 2026	THERESA PCP Belgium	36	19	https://youtu.be/clJiL4_nNes
26th January 2026	THERESAPCP The Netherlands	27	24	https://youtu.be/LEF-LBfIZ10

Table 13. Communication OMC Wave II webinars

Mailing campaign

Three informational emails regarding the OMC were send out to the database contacts. The opening rate was highly positive (see the images below), reaching a total of **273 potential suppliers.** Additionally, **56 multipliers,** including water clusters, other projects, networks, and platforms, were contacted to disseminate information about the Open Market Consultation across their respective channels.

The opening rate of each recruitment mailing campaign is shown in the figure below:

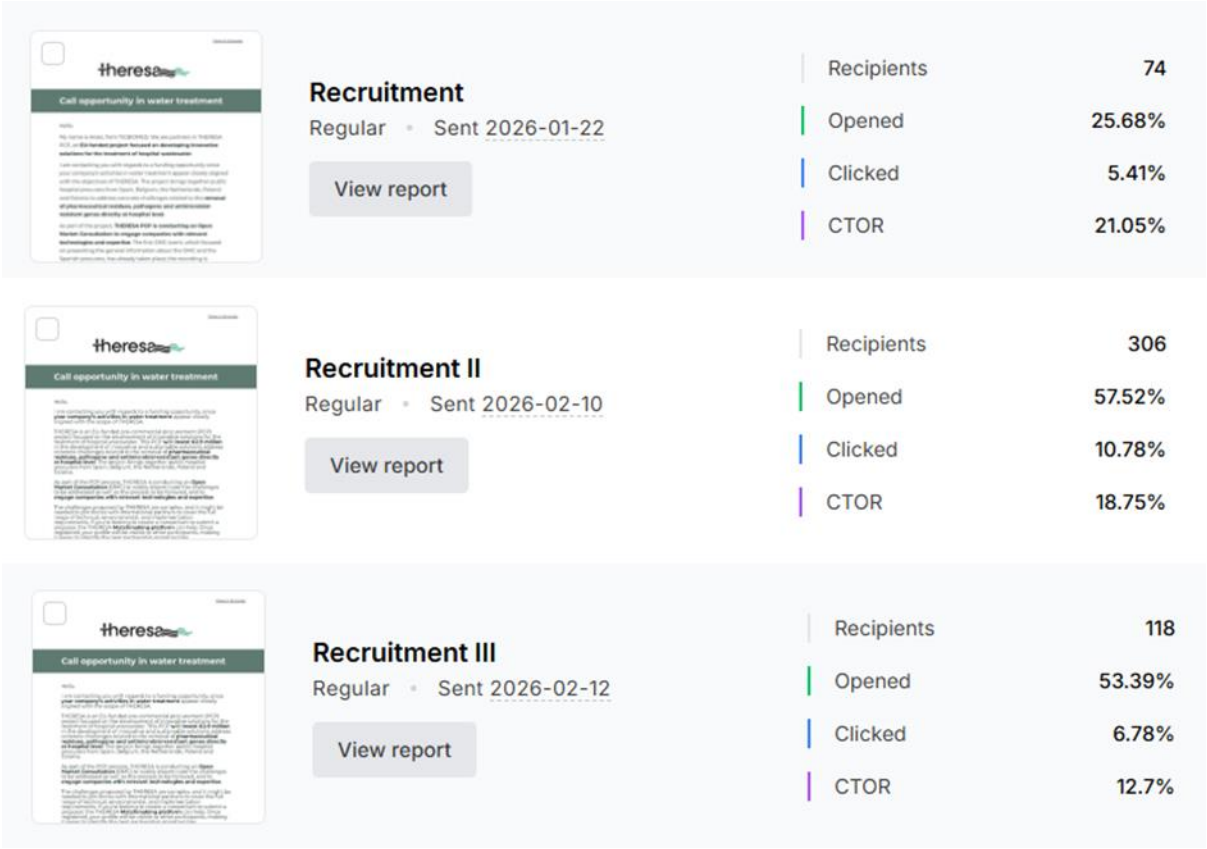

Figure 7. Openings of mailing recruitment campaign

Social Media posts

A series of **18 LinkedIn posts** in diverse formats (Carrousel, banner, document) were published to communicate the local events dates, the recordings availability and the Matchmaking and survey.

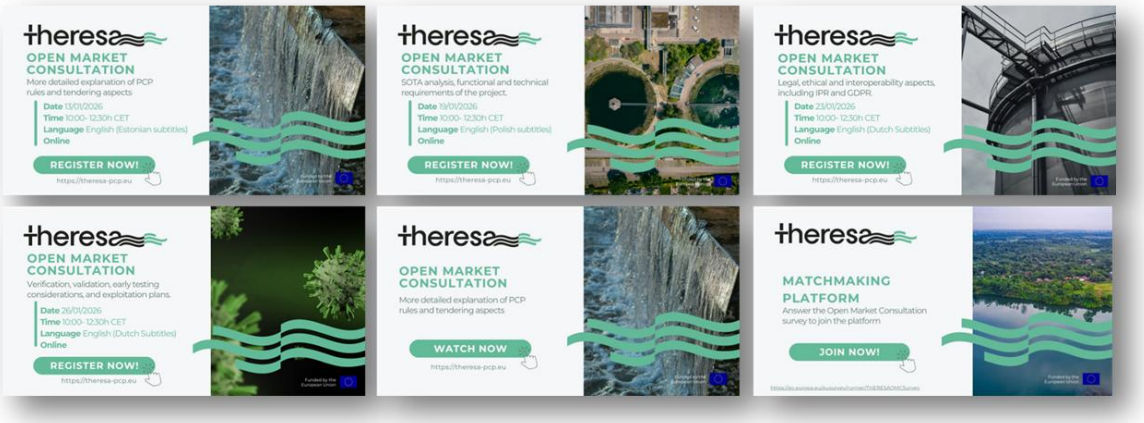

Figure 8. OMC Wave II Banners

Graphic Material

Carousel format banners were created to disseminate the bilateral meetings and the OMC procedure (see the figures below) to create further engagement, as this format tends to work better in terms of the number of clicks obtained on LinkedIn.

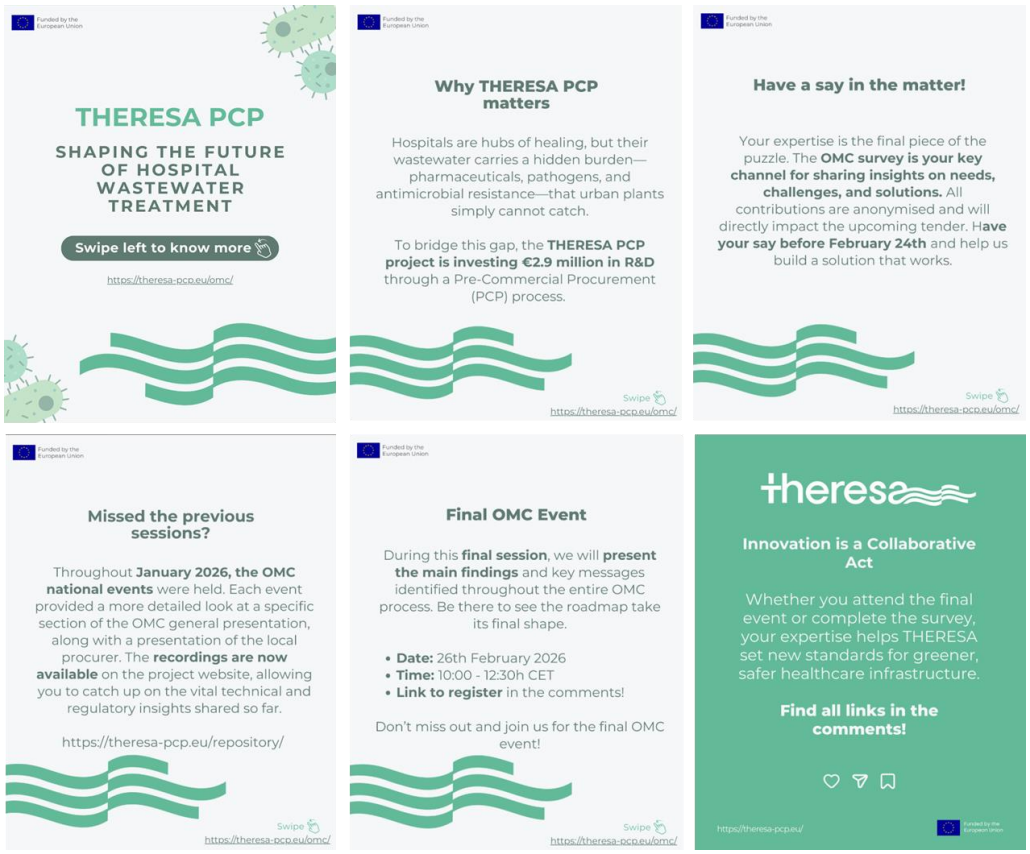

Figure 9. OMC Carousel

Figure 10. Bilateral Meetings Carousel

Additionally, a PDF document was created for the bilateral meetings where all the information could be found, which was made available on the website. The document can be accessed here: https://theresa-pcp.eu/wp-content/uploads/2026/02/THS_BILATERAL-MEETINGS.pdf

BILATERAL MEETINGS WITH PROCURERS

Shape the future of Hospital Wastewater Treatment

The THERESA Open Market Consultation offers a unique opportunity to engage directly with European public buyers through one-on-one bilateral meetings. These sessions are designed to foster meaningful dialogue, clarify technical requirements, and support the development of a fair, transparent and innovation-driven procurement process.

Why participate?

Bilateral meetings provide a valuable platform to:

- Provide information on how you can tackle the THERESA PCP challenge, requirements, and process.
- Share your expertise and technological capabilities with decision-makers
- Explain what public buyers need to consider in relation to their real needs and eventual constraints of participating hospitals across Europe.

Improve the PCP design by providing market feedback that will help to shape the final tender specifications. Gain early visibility among procurers and potential consortium partners

Who can request a meeting?

Bilateral meetings are open to organisations that:

- Have **formally participated** in the OMC by submitting the complete THERESA OMC Questionnaire
- Are active in fields relevant to the PCP challenge (e.g., wastewater treatment, environmental technology, monitoring systems, automation, sensing, civil engineering)

How does it work?

1. Express your interest
Indicate your interest in a bilateral meeting when completing the THERESA OMC Questionnaire (deadline: February, 24th, 2026, 17:00 CET).

2. Meeting Invitation
The Public Buyers Group will review all requests and invite selected organisations based on relevance, innovation potential, diversity of approaches and degree of completion of THERESA OMC Questionnaire

3. Prepare your input
You'll receive a meeting agenda in advance. Come prepared to discuss your solution, ask questions, and explore how your technology can address the THERESA challenge.

4. Join the conversation
Meetings will be held online between 6-24 February 2026, lasting approximately 60. Public buyers asks questions to suppliers, if suppliers have questions, these will be gathered and answered only in the omc report so that all interested parties have the same level of information.

What will be discussed?

During bilateral meetings, you can:

- Present your organisation and solution based on your questionnaire responses
- Ask questions about hospital infrastructure, operational constraints, and regulatory requirements.
- Discuss partnership needs and consortium-building strategies who are already in the matchmaking platform of THERESA.
- Clarify technical, functional, or non-functional requirements of the solution
- Share feedback on feasibility, risks, and innovation challenges
- Explore IPR models, testing approaches, and validation methods

Disclaimer: *All information shared by public buyers during bilateral meetings will be limited to information already made available to the market*

Figure 11. Bilateral meetings pdf

Wave III OMC: Closure and Findings

The final OMC campaign took place, from M7 (February 2026) to M8 (March 2026), to communicate the OMC closure and findings. It also served to promote the ongoing availability of the Matchmaking platform, and the Q&A and repository updates.

Communication activities	Total
Website articles	1
LinkedIn Posts	10
International webinars	1
Total n° of registered for the events	72
Newsletters	1

Table 14. Communication OMC Wave III actions

Newsletter

The final OMC related newsletter will be launched to announce findings, closure and the availability of all the information from the Q&As in the project website.

News and articles

An article was published regarding the expectations of an OMC and its strategic importance to the THERESA PCP project. The article was written by Corvers and can be read here: https://theresa-pcp.eu/2026/03/engaging-with-the-market-what-the-omc-means-for-theresa-pcp/

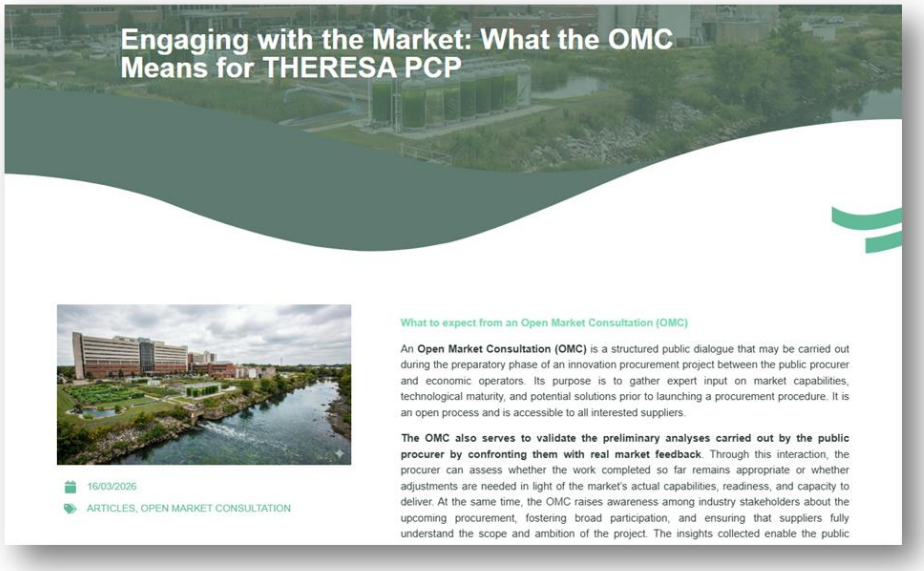

Figure 12. OMC website article

Additionally, a carousel format in information pills was created to share the article on LinkedIn, using a visual, step-by-step layout that breaks down the key points and encourages reader engagement.

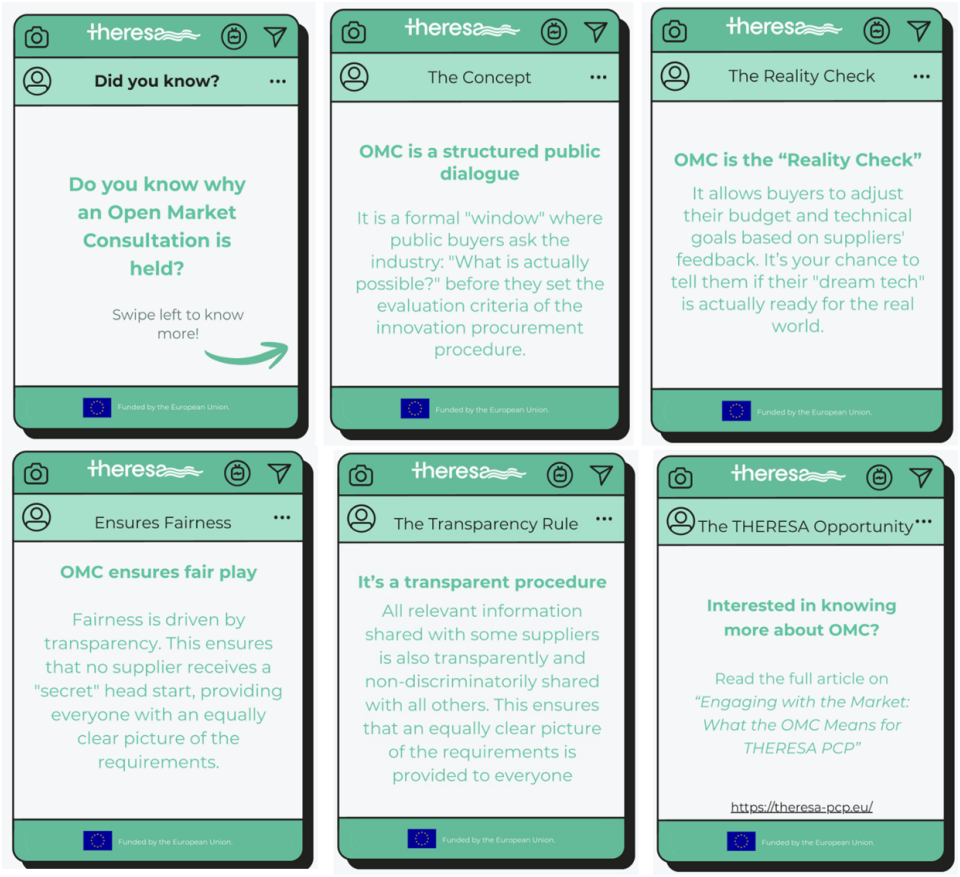

Figure 13. OMC article carousel banner

Webinars

The final OMC event was held on the 26th of February 2026, with a total of 72 registered. During the session, the OMC findings were formally presented.

Date	Title	N° Registered	N° YouTube Visualizations	Recording Link
26th February 2026	Theresa PCP Final Event	73	24	https://www.youtube.com/watch?v=P5BnaOlwgrs

Table 15. Communication Campaign #5 webinars

Social Media posts

A series of **10 LinkedIn posts** have been published to share the last OMC updates.

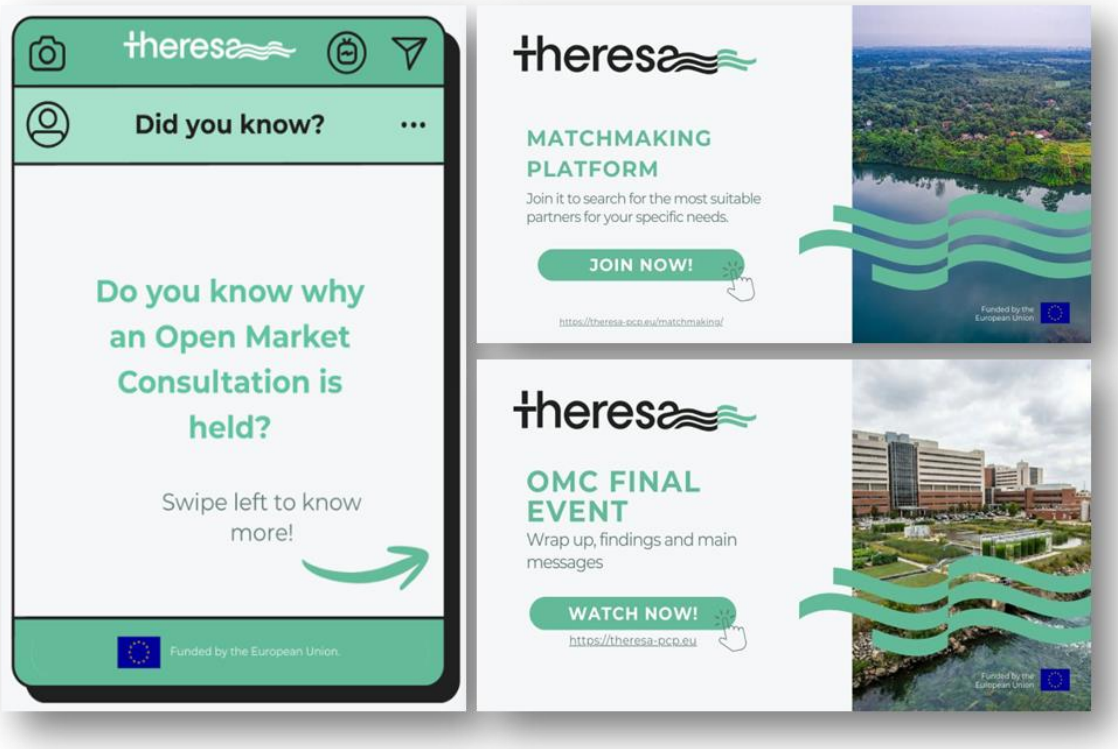

Figure 14. OMC Wave III Banners

4.1.2. Recruitment of Providers

As part of the dissemination strategy, a GDPR-compliant database was established, consolidating and expanding upon the partners' collective pool of contacts. This database categorizes suppliers into detailed technical segments, including Biological Treatment, Membrane Technology, Physical Treatment, Chemical Treatment, Integrated Treatment Systems, and Advanced Oxidation Processes (AOPs). Additionally, each supplier is ranked based on project relevance using four categories: Ideal match, Strong match, Fair match and Limited match. The **recruitment effort was a collaborative process** in which all partners participated. Ticbiomed (TBM) used a specialized tool named Foundernest to pinpoint potential **suppliers specifically related to wastewater treatment.** Foundernest draws on one of the world's largest market data resources to identify opportunities, monitor emerging trends, and deliver detailed competitive and market intelligence. In addition, Maastricht shared the Aqualand exhibition website with SunINN and Ticbiomed. This provided access to a valuable directory of participating supplier contacts, which was subsequently integrated into the recruitment pool. Furthermore, Navarrabiomed collaborated in the process by facilitating the website of some trade fairs in the water sector so that they could act as multipliers in the recruitment campaign.

The database will be treated as a living resource, continuously reviewed and updated throughout the project. All consortium partners will actively contribute to expanding and refining it, ensuring its coverage grows in a structured and consistent way.

Tool/Platform	N° Suppliers identified
Foundernest	185
Aqua Netherland	135

Table 16. Suppliers Database

In addition to identifying suppliers, another database was made identifying **multipliers** to whom the OMC information was send out to help disseminate information about the project. The Multipliers identified are listed below:

Multiplier	N° identified
Water Clusters	51
Projects	6
Platforms	1
Networks	9
Other	2

Table 17. Multipliers Database

5. OMC Results

5.1. OMC procedure and reporting

The THERESA PCP OMC was conducted in full compliance with the principles established in the Horizon Europe Pre-Commercial Procurement framework. All activities were designed to ensure transparency, proportionality, equal treatment, non-discrimination and traceable documentation throughout the consultation period.

The OMC procedure followed a **sequential and complementary structure** comprising publication of the Prior Information Notice, deployment of a structured Request for Information questionnaire, organisation of six online information events across participating countries, facilitation of bilateral meetings with selected market operators, maintenance of a continuous Questions and Answers repository, and provision of a matchmaking platform to support consortium formation. Each component was designed to serve specific informational and strategic objectives while maintaining rigorous compliance with public procurement principles.

All documentation generated during the OMC, including questionnaire responses, meeting minutes, Q&A exchanges, event recordings and matchmaking platform data, has been systematically archived to ensure full auditability and compliance verification. **Non-confidential information of general relevance has been anonymised and published** through the THERESA PCP project website and communication channels to guarantee equal access to information for all potential tenderers. Confidential information disclosed during bilateral meetings has been handled in accordance with explicit confidentiality protocols established at the time of disclosure.

This report consolidates the outcomes of all OMC activities conducted between December 2025 and February 2026, providing the Public Buyers Group with structured insights to inform final PCP tender specifications, evaluation criteria, intellectual property arrangements and procedural design decisions.

5.2. Summary of results

5.2.1. RfI questionnaire (EU Survey)

Key insights from RfI submissions

Technology maturity and deployment readiness

RfI responses spanned a wide range of **Technology Readiness Levels (TRL 4–9)**, with several solutions claiming **TRL 7–9** (system demonstrated or proven in operational hospital environments), indicating immediate deployment potential, while others remained at **TRL 4–6** (laboratory validation or pilot-scale demonstration in relevant environments), requiring further development and scale-up during PCP phases.

Performance claims and validation evidence

Submissions varied significantly in the **quality and completeness of performance data**:

- Some respondents provided detailed removal efficiency data with specified inlet/outlet concentrations, flow rates, and experimental conditions
- Others provided **percentage removal claims without absolute PTC values**, flow rate bases, or experimental validation protocols, limiting comparability and reliability assessment
- Insufficient data on **transformation by-products**, **long-term operational stability**, and **real-world performance under variable HWW conditions**

Cost structure and economic viability

Economic information was **heterogeneous**:

- **CAPEX estimates** ranged from €10k (single point-of-excretion toilet units) to €1–2.75 million (full-scale integrated treatment plants).
- **OPEX** varied widely depending on energy consumption (0.05–5 kWh/m³), reagent usage, and maintenance requirements.
- Several respondents provided **detailed PCP phase cost breakdowns**, while others left costing sections blank or incomplete.
- Main cost drivers identified: **energy consumption**, **reagent/consumable replacement**, **waste disposal**, **monitoring/control systems**, and **integration complexity.**

Intellectual property rights and openness

IPR stances revealed a spectrum of positions:

- **Highly protective**: Some respondents were **not willing to share IPR** with the Public Buyers Group.
- **Conditionally open**: Many respondents expressed willingness to negotiate IPR sharing **under specific conditions**, such as fair compensation, royalty arrangements tied to market exploitation, or non-exclusive licenses for public/non-commercial use.
- **Collaborative approaches**: Several organisations were openness to **co-ownership or extended licensing** arrangements aligned with PCP risk-benefit sharing principles.

Integration and interoperability

A critical finding was the varying degree of **integration readiness**:

- **Standalone solutions** were designed primarily as **independent systems** with limited modular integration capability with multi-supplier treatment trains.
- **High-integration-readiness solutions** were explicitly designed for **modular, vendor-agnostic integration** via standard industrial protocols (OPC-UA, Modbus TCP/RTU, MQTT, REST APIs).

- **Digital infrastructure components** emerged as essential **orchestration and interoperability layers** for coordinating heterogeneous treatment modules, ensuring traceability, cybersecurity, and KPI evidence generation.

Regulatory and safety considerations

Respondents identified several regulatory and operational challenges:

- **Hazardous waste management**: spent filters, exhausted activated carbon, concentrated retentates, and biological sludges containing pharmaceuticals, ARB, and ARG require careful handling, classification, and disposal in accordance with national and EU waste regulations.
- **Hospital IT/cybersecurity constraints**: integration of monitoring and control systems with hospital IT infrastructure and compliance with strict cybersecurity policies (GDPR, LOPD, ENS, ISO 27001).
- **Occupational safety**: ozone generation, chemical handling, and exposure to wastewater containing pathogens and cytostatics require robust safety protocols, containment, ventilation, and PPE.
- **Certification and approval processes**: obtaining CE marking, ISO certifications, BAT (Best Available Techniques) certifications, and hospital authority approvals can impose delays and costs.

Source-Based vs. Centralized approaches

A notable **strategic divergence** emerged between:

1. **Source-separation proponents**: emphasize in **point-of-excretion or departmental-level capture** (urine diversion, contaminated toilet streams) to avoid dilution, reduce treatment volumes by ~1000×, and achieve higher efficiency at source.
2. **Centralized treatment advocates**: propose **whole-hospital or end-of-pipe treatment** using multi-barrier biological, physicochemical, and advanced oxidation processes to address mixed wastewater streams.

Both approaches have merits and limitations:

- **Source-based** systems are highly effective for targeted high-risk streams (oncology, nuclear medicine, radiology) but require **workflow adjustments**, **infrastructure modifications** (separate collection piping).
- **Centralized systems** treat all hospital discharge but face challenges with **dilution**, **flow variability**, **presence of inhibitory substances** (disinfectants, surfactants), and **higher capital/operational costs.**

5.2.2. Q&A

The THERESA PCP Q&A repository was designed as a **comprehensive, continuously accessible clarification mechanism** operating throughout the consultation period from December 22nd 2025 through February 28th 2026 and being visible afterwards. It was divided into 5 main aspects:

- General questions

- Pre commercial procurement questions
- Technical aspects questions
- Procedure questions
- Tech development questions

To maintain consistency and prevent contradictory guidance, all Q&A content underwent **cross-reference checking** against previously published responses, procurement documentation, and PCP regulatory framework requirements. A dedicated Q&A coordination role within the consortium tracked thematic patterns, identified recurring questions indicating systematic documentation gaps, and flagged emerging issues requiring policy decisions.

Across the OMC period (22 December 2025 – 28 February 2026), the Q&A mechanism generated **46 total questions** through all channels. The full Q&A is in Annex 2. The substantive content of submitted questions provides valuable insights into supplier priorities, perceived barriers, and areas of uncertainty or ambiguity in initial procurement documentation.

Most frequently raised topics:

1. **Hospital infrastructure and site-specific constraints**

This category dominated Q&A submissions, reflecting supplier recognition that successful treatment system deployment depends critically on compatibility with existing hospital physical infrastructure, utility availability, and operational workflows. Suppliers are eager to obtain comprehensive information as early as possible to assess feasibility and prepare competitive proposals. Contextual information about hospital facilities has been provided at each event, and more detailed specifications regarding infrastructure requirements and site-specific parameters will be clearly defined in the call for tender documentation.

2. **PCP phases and timeline**

Suppliers sought detailed clarification regarding the structure, deliverables, and transition mechanisms between PCP development phases. These questions reflect **PCP methodology unfamiliarity** among suppliers more accustomed to conventional procurement where selection occurs once based on paper proposals, rather than phased competitive development with progressive down-selection. Responses emphasised the collaborative, iterative nature of PCP enabling ongoing dialogue between buyers and suppliers, while clarifying that fundamental selection criteria and expected deliverables per phase are defined in tender documents to ensure transparency and equal treatment.

3. **Budget allocation and financial structure**

Financial aspects generated substantial questions addressing budget distribution, payment mechanisms, and cost category eligibility. Financial questions revealed **cash flow concerns**, particularly among SMEs and start-ups lacking reserves to fund extensive development activities prior to reimbursement, and **administrative burden apprehensions** regarding documentation requirements and audit procedures.

4. **Technical requirements**

Detailed technical specifications generated numerous questions addressing performance targets, validation protocols, and contaminant priorities. These technical questions highlight the **challenge of specifying quantitative performance requirements** for an emerging application domain where established standards remain limited and treatment efficacy depends heavily on specific pharmaceutical compounds, water matrix characteristics, and operational parameters. Responses generally adopted a balanced approach defining minimum acceptable removal efficiency thresholds and requirements in published documents while acknowledging that in the Call for Tenders documents will be more specified.

5. **Consortium formation and eligibility**

Partnership arrangements generated questions addressing permitted consortium configurations, role definitions, and coordination mechanisms. Responses clarified that flexible consortium structures are permitted provided they demonstrate requisite technical capabilities.

All approved Q&A responses were published to the **public-facing FAQ repository** on the THERESA PCP website (https://theresa-pcp.eu/frequently-asked-questions/), with categorisation by previously defined aspects.

Published Q&As underwent **anonymisation** removing all identifiable information that could reveal questioner identity or organisational affiliation:

- Company names, trademarks, and product designations removed or generalised.
- Specific technological details uniquely identifying proprietary approaches redacted or abstracted.
- References to ongoing projects, prior installations, or customer relationships anonymised.
- Geographic specificity beyond country-level removed where it could enable indirect identification.

The Q&A repository remains **permanently accessible** on the THERESA PCP website beyond the OMC period conclusion, serving as a valuable reference resource during:

- **Tender response preparation:** potential suppliers developing proposals can review comprehensive clarifications addressing all previously raised questions, reducing need for additional clarification requests during formal tender period and enabling more informed proposal development.
- **Consortium negotiation:** Partners forming consortia can reference Q&A content addressing role definitions, IPR arrangements, and cost allocation mechanisms to inform partnership agreements and proposal structuring.
- **PCP contract execution:** Selected contractors can reference Q&A interpretations of requirements during Phase 1, 2, and 3 execution to resolve ambiguities and support deliverable development aligned with PGB expectations.

5.2.3. Online events

Overall participation and engagement metrics

- **Geographic distribution and events performance**

The five national OMC events demonstrated varying levels of engagement reflecting different market maturity levels, national innovation ecosystem characteristics, and established water technology sector concentrations across participating countries.

Event-by-event breakdown:

Spain (First National Event - January 8th, 2026):

Spain demonstrated the strongest market interest among all participating countries, with nearly double the registration numbers of any other national event. This strong engagement has deep roots in the P4H project, which laid the foundational groundwork for THERESA PCP through an initial Open Market Consultation conducted in Spain. Several key collaborators who participated in Procure4Health are now actively involved in the THERESA PCP consortium, bringing valuable experience and continuity from that pioneering initiative. The hybrid format, which enabled in-person attendance at Navarrabiomed facilities in Pamplona, was particularly valued by local stakeholders who gained direct visibility of hospital infrastructure relevant to future Phase 3 pilot deployments.

Estonia (Second National Event - January 13th, 2026):

Estonia's engagement reflected strong institutional commitment from PERH, the participating hospital, with technical staff members attending to understand infrastructure requirements and operational implications of treatment system deployment. The event attracted significant participation from the Baltic research community, including Tallinn University of Technology, which has established expertise in advanced oxidation processes and pharmaceutical micropollutant removal.

Poland (Third National Event - January 19th, 2026):

Poland's event emphasized technical deep-dive content, which resonated particularly with research institutions and technology providers seeking detailed understanding of performance specifications, analytical validation protocols, and contaminant removal efficiency targets.

Belgium (Fourth National Event - January 23rd, 2026):

Belgium's event attracted attendance from digital solution providers and IT integration specialists, reflecting the country's advanced digital health infrastructure and established expertise in medical device interoperability and cybersecurity. There were valuable perspectives on integration challenges within existing hospital information technology ecosystems.

The Netherlands (Fifth National Event - January 26th, 2026):

The Netherlands event focused on validation methodologies and commercial exploitation pathways, attracting participants with mature technologies seeking to understand performance verification protocols, key performance indicator measurement frameworks, and post-PCP market deployment strategies.

Final Event (February 26th, 2026):

The Final Event successfully consolidated participation from potential suppliers, with a notable presence of organizations that had engaged consistently throughout the OMC period. The attendance of 52 participants, predominantly comprising SMEs, startups, private organisations (17 organisations) and research centres, universities, public organisations (16 organisations), demonstrated serious market interest from innovation-driven entities positioned to submit proposals in the subsequent PCP tender.

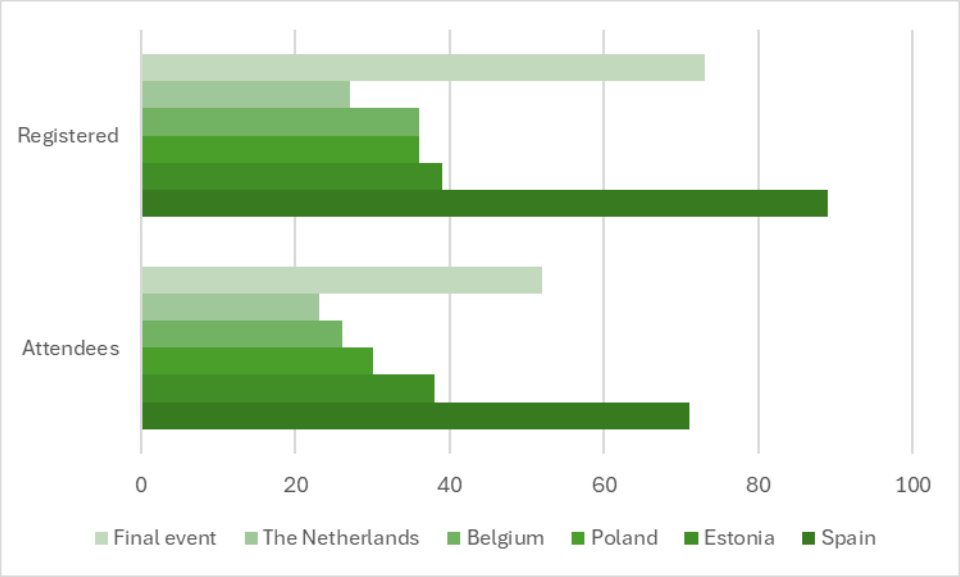

Figure 15. Number of registrations and attendees in the OMC events

Organisational type distribution across all events:

- **SMEs, start-ups and private companies:** 39 organisations.
- **Universities, research centres and public organisations:** 29 organisations.

This balanced distribution confirms that the THERESA PCP successfully attracted both **commercial entities capable of delivering deployable solutions** with established industrialization capacity and market channels, and **research-oriented institutions** with deep technical expertise in emerging treatment technologies, advanced oxidation processes, membrane separation systems, antimicrobial resistance mechanisms, and monitoring systems still at pre-commercial maturity stages.The significant presence of **start-ups and early-stage commercial entities** suggests that the THERESA PCP challenge has captured attention from potentially disruptive innovators developing novel technological approaches not yet widely deployed in HWW treatment contexts. This

entrepreneurial engagement is particularly valuable for the PCP objective of stimulating breakthrough innovation rather than incremental improvement of existing commercial products.

5.2.4. Company pitches

The company pitch sessions, integrated into each of the **five national OMC events**, provided structured opportunities for market operators to present their technological solutions, innovation approaches, and value propositions directly to the PBG and potential consortium partners. Each participating organization was allocated a **10-minute presentation slot** followed by brief clarification questions.

Participation in company pitch sessions was **open to all organizations that formally engaged with the OMC** by submitting the THERESA PCP OMC questionnaire, ensuring equal treatment and avoiding any appearance of pre-selection or preferential treatment. Pitch slots were allocated on a **first-come, first-served basis**.

All pitch presentations (with prior consent from presenters) were **recorded and published on the THERESA PCP website repository** (https://theresa-pcp.eu/repository/).

Overall participation statistics:

- **Total organizations registered for national events with pitch sessions**: 35.
- **Pitches actually delivered during events**: 14.

The pitch sessions provided early visibility of market positioning and revealed several trends:

- A strong presence of **component-level technologies:** Most pitches focused on specific treatment modules rather than complete end-to-end solutions, confirming the need for system integration competencies in successful tender responses. This strongly supports the implementation of a PCP, as not all challenges of THERESA PCP are covered by just one proposition.
- A growing interest in **modular and decentralised approaches:** Multiple suppliers emphasized scalability through modular design, enabling phased deployment (starting with high-risk departments) and adaptation to different hospital sizes and infrastructure constraints.
- Increasing emphasis on **digital integration, data management and cybersecurity:** providers increasingly incorporated digital components (IoT sensors, cloud-based monitoring dashboards, predictive maintenance algorithms, cybersecurity controls) as value-added differentiators.
- **Clear need for consortium building**, as most operators presented partial solutions requiring integration with complementary partners.

Technological focus and solutions categories:

All fourteen delivered pitches focused **exclusively on treatment-focused solutions**, with **no standalone presentations addressing monitoring or digital-only capabilities**. This concentration reflects the current market maturity profile, where monitoring and digital solutions remain largely provided as embedded

components within integrated treatment systems rather than standalone products marketed independently to hospital customers.

However, this apparent absence of pure digital solutions masks an important underlying trend: **several treatment technology providers incorporated substantial digital monitoring, control, and analytics components** into their integrated system proposals, indicating recognition that successful HWW requires sophisticated operational intelligence and remote management capabilities beyond traditional mechanical-physical-chemical process equipment.

Distribution of technological approaches across delivered pitches:

Source-separation technologies:

Organizations presenting source-separation concepts emphasised **point-of-excretion capture systems** designed to intercept high-concentration pharmaceutical streams before dilution in general HWW flows. Pitches focused specifically on **toilet systems** engineered to collect patient urine from oncology departments, nuclear medicine units, or other high-pharmaceutical-use clinical areas where cytostatic drugs, antibiotics, or radioactive contrast agents are administered at high doses and subsequently excreted in concentrated form.

Proponents of source-separation approaches argued that treating approximately **one percent of total HWW volume**, which contains the majority of pharmaceutical mass loading, represents a fundamentally more resource-efficient strategy than attempting dilute micropollutant removal from whole-hospital effluent. They emphasised **dramatically reduced energy requirements**, **higher removal efficiencies** achievable when treating concentrated streams, and **operational flexibility** enabling targeted deployment in high-risk departments without requiring whole-hospital infrastructure modifications.

Advanced Oxidation Processes - AOPs:

Multiple advanced oxidation process (AOP) technologies were presented as potential solutions for HWW treatment, each **emphasizing different technical approaches and advantages.** These systems ranged from ozone-based reactors with enhanced mass transfer efficiency to UV-LED photocatalysis combined with hydrogen peroxide dosing, and plasma-based technologies generating reactive species directly in the liquid phase. Common themes across the presentations included modular and compact designs suitable for space-constrained hospital environments, with flexible deployment options in basements or exterior locations requiring minimal construction work.

The proposed technologies collectively addressed multiple treatment objectives beyond pharmaceutical compound removal, including broad-spectrum antimicrobial efficacy, inactivation of antibiotic-resistant bacteria, degradation of extracellular resistance genes, and viral pathogen destruction. **While the solutions varied in technological maturity and specific mechanisms, all emphasized practical considerations such as energy efficiency, safety of chemical handling, minimal toxic by-product generation**, and adaptability to existing hospital infrastructure constraints.

Membrane-based filtration solutions:

Membrane-based filtration technologies were presented as physical barrier solutions for pharmaceutical micropollutant removal, bacterial retention (including antibiotic-resistant organisms), and capture of particulate-associated contaminants to complement chemical and biological degradation processes. The presentations showcased **different membrane types and configuration**s, including nanofiltration systems engineered specifically for pharmaceutical compound retention and ceramic ultrafiltration membranes, each emphasizing distinct technical and economic advantages for HWW applications.

Key operational and practical considerations addressed across the membrane technology pitches included fouling mitigation strategies through optimized pre-treatment and chemical cleaning protocols, membrane material selection balancing performance and durability, and **concentrate management for pharmaceutical-enriched streams requiring safe disposal or further treatment**. Economic justifications varied, with some solutions emphasizing high removal efficiencies for target compounds, while others highlighted long-term cost-effectiveness through superior chemical stability, mechanical robustness, and extended operational lifetimes that offset higher initial capital investments through reduced replacement and maintenance cost.

Key market positioning themes:

Several **strategic positioning themes** emerged across company pitch presentations, independent of specific technological approaches, providing insights into supplier perceptions of buyer priorities and competitive differentiation strategies.

Modularity and scalability:

Multiple presenters emphasised **modular design philosophies** enabling phased deployment strategies aligned with hospital budget cycles and risk tolerance.

Suppliers argued that modular approaches enable **progressive validation**, starting with treatment of wastewater from single high-risk departments (oncology, nuclear medicine) to demonstrate performance, reliability, and operational compatibility before expansion to additional departments or whole-hospital deployment. This phased strategy **reduces financial risk** for hospital administrators and **builds institutional confidence** in novel treatment technologies before full-scale capital commitment.

Digital integration and operational intelligence:

Even among predominantly hardware-focused treatment technology providers, presentations increasingly incorporated emphasis on **digital monitoring, predictive analytics, and remote management capabilities**. This trend reflects growing market recognition that hospital customers, particularly those in countries with advanced digital health infrastructure such as the Netherlands and Belgium, expect sophisticated operational intelligence and cybersecurity provisions as standard features rather than optional enhancements.

Several pitches highlighted **IoT sensor integration** enabling real-time monitoring of treatment performance indicators, **cloud-based dashboards** accessible to hospital facility management staff and remote service technicians, **predictive maintenance algorithms** using machine learning to anticipate equipment degradation before failures occur, and **cybersecurity frameworks** compliant with hospital IT security policies including network segmentation, encrypted communications, and intrusion detection.

Sustainability and circular economy positioning:

Multiple organizations framed their solutions within **environmental sustainability and circular economy narratives**, emphasising energy efficiency, potential for pharmaceutical resource recovery, water reuse applications, and alignment with hospital environmental management and corporate social responsibility commitments.

However, presenters acknowledged that **regulatory frameworks for HWW reuse** remain underdeveloped in most European countries, requiring careful navigation of approval processes and conservative risk management approaches prioritising public health protection.

These energy efficiency arguments resonate with THERESA PCP challenges, hospital sustainability goals and operational cost minimisation objectives, although direct comparison across technologies requires careful consideration of system boundaries and treatment stream characteristics.

Consortium building and partnership signals:

An important **secondary function of company pitch sessions** involved signalling consortium partnership intentions and identifying potential complementary collaborators among attending market operators.

Several presenters **explicitly invited partnership discussions**, describing their technological offerings as module components requiring integration with complementary systems from other suppliers.

Other presentations adopted **more proprietary positioning**, presenting complete turnkey solutions and signalling preference for coordinating role in potential consortia rather than participating as component suppliers within architectures led by other organisations.

5.2.5. Bilateral meetings

The consultation confirmed a strong level of market interest in the challenge of HWW treatment and monitoring. Participants demonstrated diverse technological approaches and varying degrees of maturity, ranging from component-level solutions to more integrated system proposals.

Market landscape

The bilateral meetings revealed three main categories of operators:

- Suppliers providing **partial monitoring or digital solutions**, focused on detection technologies, data analytics, dashboards, cybersecurity, asset management, AI and decision-support systems.
- Suppliers offering **partial HWW treatment technologies**, such as membrane filtration, advanced oxidation processes, adsorption systems, plasma-based treatment, or source-separation concepts.
- A smaller group proposing **integrated or near-complete technological trains**, combining multiple treatment stages and, in some cases, embedded monitoring and digital control systems.

In most cases, even where individual components were mature, the fully integrated system required further validation under real HWW conditions.

Technological approaches

Several recurring technical concepts emerged:

Source-separation strategies, particularly urine-focused treatment models, aimed at **reducing hydraulic load** and **increasing treatment efficiency.**

Advanced oxidation processes (AOPs) as a key method for degrading pharmaceuticals and reducing antimicrobial resistance.

- Membrane-based filtration technologies targeting micropollutants and resistant microorganisms.
- Modular and containerised systems, designed to minimise disruption in operational hospital environments.
- Digital monitoring layers, including AI-based prediction tools and asset management platforms, positioned as enabling components within larger system architectures.

Contaminants and performance expectations

Participants reported experience or development work addressing cytostatics, antibiotics, contrast agents, antimicrobial-resistant bacteria and resistance genes.

However, the following common patterns emerged:

- **Performance data for some contaminants remains compound-specific** and dependent on matrix conditions.
- Validation under real HWW conditions is often limited.
- Real-time continuous monitoring of all priority contaminants is currently technologically constrained.
- Removal of antimicrobial resistance elements and degradation by-products requires further optimisation and validation.

Maturity and validation needs

While many individual technologies are at mid-to-high TRL, the integration of treatment, monitoring and digital components into a cohesive, hospital-ready system remains at **intermediate maturity levels**.

Key development needs identified include:

- Validation in complex wastewater matrices with solids and variable loads.
- Optimisation of energy consumption and operational parameters.
- Definition of robust monitoring and verification protocols for Phase 3 deployment.
- Demonstration of system reliability in continuous hospital operation.

Economic and deployment considerations

Several cross-cutting considerations were highlighted:

- Capital expenditure and engineering costs are significant drivers, particularly in small-scale installations.
- Economies of scale strongly influence cost-effectiveness.
- Service-based business models are emerging as an alternative to equipment-only approaches.
- Retrofitting existing hospital infrastructure may require structural adaptations.
- Long-term sustainability and life-cycle impacts require further assessment in some cases.

Relevance for the PCP design

The bilateral meetings confirmed that **the market currently operates largely at component level**, with integration and system-level validation representing the main innovation gap. This reinforces the appropriateness of the PCP approach, which enables phased development, structured risk-sharing and competitive down-selection based on progressive validation.

Overall, the bilateral meetings demonstrated both technological diversity and a clear need for structured co-development in order to deliver deployable, performance-based solutions adapted to real hospital environments.

Insights

Across the **nine bilateral meetings conducted during the OMC period**, several cross-cutting open issues and perceived barriers were identified by market operators. These aspects are summarised below in anonymised and non-attributable form.

Technical integration within existing Hospital infrastructure

- Retrofitting solutions into existing hospital buildings may require structural modifications (e.g., drainage separation, installation of dedicated tanks, routing of pipes through limited technical spaces).
- Space constraints in basements or technical rooms may limit the deployment of larger treatment units.
- Variability across hospital layouts makes standardisation challenging.
- Management of solids and sludge, particularly in decentralised systems, remains a relevant technical consideration.

Technology maturity and system-level validation

- In many cases, individual components are at high TRL, but the integrated treatment train remains at mid-TRL due to limited validation under real HWW conditions.
- Performance data for certain contaminants (e.g., contrast agents, advanced antibiotics, antimicrobial resistance genes) is still incomplete or based on laboratory-scale studies.
- Validation in complex wastewater matrices containing suspended solids and variable loads was identified as a development need.
- Real-time monitoring of specific pharmaceutical compounds remains technologically challenging and, in some cases, economically unfeasible with current solutions.

Monitoring and data availability constraints

- Continuous real-time monitoring of all priority contaminants is not currently achievable in a cost-effective manner.
- Many digital solutions depend on the availability of compatible sensors and interoperable APIs.
- Integration with hospital IT systems and cybersecurity compliance may increase system complexity and cost.
- Data ownership, access and governance within hospital environments require careful consideration.

Regulatory and environmental uncertainty

- Uncertainty remains regarding regulatory pathways for on-site pharmaceutical degradation systems.
- Environmental impact of oxidation by-products requires further validation and ecotoxicity assessment.
- Life Cycle Assessment (LCA) data is not always available or complete for emerging technologies.
- Alignment with national and EU reclaimed water regulations may require additional testing and documentation.

Economic and market barriers

- High upfront CAPEX was frequently identified as a barrier, particularly for smaller hospitals.
- Several technologies benefit significantly from economies of scale, making small-scale deployments less economically attractive.
- Hospitals under budgetary pressure may prioritise mandatory investments unless regulatory drivers or clear financial incentives are established.
- For some technologies, a “chicken-and-egg” dynamic was described: cost reductions depend on scaling, but scaling depends on demand.
- Long-term service models require multi-year contractual stability, which may not always align with procurement cycles.

Consortium and integration challenges

- Most of the operators provide partial solutions (treatment or monitoring only), requiring consortium formation to deliver a fully integrated system.
- Integration responsibility between treatment providers and digital solution providers must be clearly defined. Water analysis, system control and performance validation requires clarification during PCP phases.

5.2.6. Matchmaking tool

14 organizations have engaged with the matchmaking tool, some of them marked 2 or more types of partnerships. Of these, 13 organisations also submitted a response to the RfI during the OMC. One additional organisation joined afterwards the consultation phase.

The different types of partnerships that they need is classified in:

Status	Number of organizations
Open to discuss	8

Seeking a coordinator	5
Seeking a partner	6

Table 18. Engagement with the matchmaking tool

Overall, the distribution of responses suggests a **balanced mix of exploratory interest and more targeted partnership needs**, with a slightly higher inclination towards open-ended collaboration. This pattern is consistent with early-stage engagement, where organizations are still defining their potential role and identifying suitable partners.

6. Market suggestions

The THERESA PCP OMC engaged a diverse European ecosystem of technology providers, research institutions, and start-ups, generating substantial insights into market capabilities, commercial readiness, innovation gaps, and perceived barriers to HWW treatment deployment. This chapter synthesizes the strategic recommendations, technical observations, and procurement design suggestions emerging from questionnaire responses, bilateral meeting discussions, company pitch presentations, and Q&A exchanges.

The suggestions received have been organized into strategic, technical, operational, and economic dimensions to inform the finalization of PCP tender documentation.

6.1. Strategic suggestions

- **Plan for integration into national and regional water quality improvement strategies**: Some respondents suggested that THERESA PCP should explicitly **coordinate with municipal wastewater utilities, river basin management authorities, and national environmental agencies** to ensure that validated hospital treatment solutions integrate coherently with regional pollution control strategies rather than creating isolated interventions.
- **Align with EU regulatory evolution and anticipate future discharge standards**: THERESA PCP solutions could be designed not only to meet current discharge standards but to **anticipate and exceed likely future regulatory requirements**, positioning validated technologies as proactive compliance tools rather than reactive responses to imminent mandates.

6.2. Technical suggestions

- **Validate feasibility of simultaneous multi-contaminant removal**: Several respondents questioned whether achieving high removal efficiencies (>90%) across all priority contaminant classes simultaneously (cytostatics, antibiotics, contrast agents, ARB, and ARG) is technically feasible within realistic budget and footprint constraints, or whether prioritization and trade-off decisions may be necessary. Some suggested establishing **primary and secondary contaminant tiers**, where solutions must demonstrate excellence in removing at least one complete contaminant category while achieving minimum acceptable performance across others, rather than requiring uniform excellence across all classes.
- **Provide HWW characterization data including baseline contaminant concentrations**: Technology providers emphasized that solution design optimization depends critically on understanding **expected influent pharmaceutical concentrations, flow variability, organic matter levels, suspended solids, pH ranges, temperature fluctuations, and disinfectant presence** characteristic of HWW.
- **Support both centralized and decentralized deployment approaches**: Rather than prescribing architectural preferences, multiple respondents recommended that specifications **remain flexible** regarding deployment

topology, enabling suppliers to propose approaches matching their technological strengths and hospital-specific contexts while establishing **performance-normalized evaluation metrics** allowing fair comparison across architecturally different solutions.

6.3. Economic and compliance suggestions

- **Clarify post-PCP procurement pathways and adoption incentives**: Some of the suppliers addressed concerns about the **commercial adoption**, particularly in healthcare sectors because they face budget constraints and competing investment priorities. Respondents recommended that the PBG **explain post-PCP intentions** regarding potential early adoption commitments, or collaborative procurement frameworks facilitating broader European hospital deployment of validated solutions.
- **Establish clear regulatory compliance roadmaps for each participating country**: The substantial variation in national hospital discharge regulations, environmental permitting procedures, and waste management frameworks led respondents to request **country-specific regulatory guidance documents** (where it existed) clarifying applicable requirements, approval procedures, timeline expectations, and responsible authorities for each participating hospital jurisdiction. This guidance would enable more accurate Phase 1 design planning, reduce regulatory compliance surprises during Phase 3 field validation, and support post-PCP commercial exploitation planning.
- **Clarify expectations regarding water reuse authorization**: Given the substantial interest in non-potable water reuse applications, respondents requested that the PBG **clearly communicate whether water reuse constitutes mandatory requirement, encouraged option, or discouraged pathway** for the procedure.

7. Conclusions

The THERESA PCP OMC successfully validated the project's strategic positioning at the intersection of urgent environmental and public health challenges. HWW treatment has emerged from the OMC as a recognized innovation frontier where technological capabilities exist, but system-level integration, operational validation, and commercial pathways remain underdeveloped. **The consultation confirmed that the Pre-Commercial Procurement mechanism is particularly well-suited to bridge this gap between component-level maturity and deployable hospital solutions**.

The consultation revealed a European ecosystem characterized by substantial technological diversity but fragmented market positioning. Fourteen formal questionnaire submissions spanning seven countries, complemented by nine bilateral meetings and fourteen company pitches, demonstrated genuine market interest extending well beyond opportunistic responses to funding availability. The balanced participation between commercial entities (seven SMEs and two start-ups) and research institutions (five organizations) indicates that the **THERESA PCP challenge has attracted both innovation-driven technology developers with deep technical expertise and commercially oriented suppliers** capable of industrialization and market deployment.

The technological approaches presented ranged from source-separation strategies targeting concentrated pharmaceutical streams at point of excretion, through advanced oxidation processes leveraging ozone, UV, plasma, or electrochemical mechanisms, to membrane-based physical barriers and integrated multi-stage treatment trains. **This heterogeneity validates the decision to maintain technology-neutral functional requirements rather than prescribing specific treatment methods.**

The consultation exposed substantial uncertainty and diverse perspectives regarding economic viability and post-PCP commercialization prospects. Capital expenditure estimates ranged dramatically from €10,000 for individual urine diversion toilet units through €100,000-500,000 for department-level treatment systems to €1-2.75 million for whole-hospital integrated plants. **This cost variation reflects fundamental strategic differences between source-separation advocates treating small volumes of concentrated pharmaceutical streams and centralized treatment** proponents addressing entire hospital discharge flows. However, it also revealed that many suppliers have not yet developed detailed cost models validated through actual installations.

The proposed budget distribution and phase timeline was validated as generally appropriate, though a small minority expressed concern about Phase 1 funding sufficiency for comprehensive consortium formation and integrated design development. The predominant market response, however, considered three months and €20,000-50,000 per Phase 1 contractor adequate for conceptual design and feasibility validation. Budget allocation for Phase 2 prototype development and Phase 3 field validation was broadly accepted as reflecting the increasing resource requirements for progressing from laboratory demonstration through pilot-scale validation to full operational deployment in hospital environments.

The consultation also revealed that supplier participation in competitive PCPs requires more than technical capability and commercial interest. Organizations must possess or acquire familiarity with PCP mechanisms, procurement compliance requirements, consortium formation dynamics, intellectual property negotiation principles, and public sector contracting practices that differ substantially from commercial customer relationships.

The THERESA PCP challenge clearly constitutes such a genuine gap, where component technologies exist but integrated, validated, hospital-ready solutions remain largely absent from European markets. **The consultation validated that suppliers recognize this gap and view PCP as an appropriate mechanism for collaborative development** addressing integration challenges, operational validation requirements, and commercial pathway establishment that individual companies struggle to advance independently.

The THERESA PCP OMC has successfully achieved its objectives of validating technical requirements, assessing market capabilities, identifying barriers and opportunities, facilitating consortium formation, and gathering actionable recommendations for tender refinement.

Annex I. Bilateral meetings external minutes

Within the framework of the OMC of the THERESA PCP, bilateral meetings were conducted with selected market operators that had formally participated through submission of the OMC questionnaire.

This Annex provides the public, external summaries of those meetings. The objective is to ensure transparency, traceability, proportionality, equal treatment and non-discrimination throughout the consultation process. Only non-confidential information of general relevance is reflected below.

Participation in bilateral meetings did not constitute pre-selection, did not provide any competitive advantage, and does not form part of the evaluation criteria of the subsequent PCP procedure.

The following section provides the external summaries of the bilateral meetings held during the THERESA PCP OMC, outlining in a concise and structured manner the key topics addressed in each session.

VuOxi - TALTECH

Date	18/02/2026
Attendees	
VUOXI-TALTECH	• Technology Director (VuOxi) • CEO (VuOxi) • Researcher (Tallinn University of Technology – TALTECH)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Ana Isabel Peiró Baquedano – Senior consultant (CORVERS) • Ewa Neczaj – Senior consultant (IETU)
Public Buyers Group	• Ben Janssen – AZM

CENIOS

Date	19/02/2026
Attendees	
CENIOS	• Founder & CEO (CENIOS) • CIO (CENIOS)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Ewa Neczaj – Project Manager (IETU) • Lucrezia Paglia – Consultant (CORVERS)
Public Buyers Group	• Gwen Staes – ZAS • Ben Janssen – AZM

ZEREAU

Date	19/02/2026
Attendees	
ZEREAU	• CCO (ZEREAU)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED)

	• María Bezunartea – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Lucrezia Paglia – Consultant (CORVERS) • Ewa Neczaj – Project Manager (IETU) • Luna – Project Manager (HCWH Europe)
Public Buyers Group	• Ben Janssen – AZM

ATHISA

Date	20/02/2026
Attendees	
ATHISA	• COO (Grupo ATHISA) • Technical Department (Grupo ATHISA) • International Office (Grupo ATHISA)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Lucrezia Paglia – Consultant (CORVERS)
Public Buyers Group	• Gwen Staes – ZAS • Marcin Kautsch – WSS • Ainhoa Pérez – HUN

NX Filtration

Date	23/02/2026
Attendees	
NX Filtration	• Technology Director (NX Filtration)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • María Bezunartea – Project Manager (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN)

Instituto Tecnológico de Castilla y León (ITCL)

Date	23/02/2026
Attendees	
ITCL	• R&D Programs Project Manager (ITCL)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • María Bezunartea – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior Consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Lucrezia Paglia – Consultant (CORVERS)
Public Buyers Group	• Ainhoa Pérez – HUN • Karina Ryzmowska – WSS

LEITAT

Date	24/02/2026
Attendees	
LEITAT	• Senior Researcher (LEITAT) • Senior BID Manager (LEITAT)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • María Bezunartea – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior Consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Lucrezia Paglia – Consultant (CORVERS)

Nido de Ideas

Date	24/02/2026
Attendees	
Nido de Ideas	• Innovation Manager (Nido de Ideas) • Project Manager (Nido de Ideas)
THERESA PCP Consortium (Operational team)	• María Bezunartea – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior Consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN)

CETAQUA/VEOLIA

Date	24/02/2026
Attendees	
CETAQUA/VEOLIA	• Project Manager & Researcher (Cetaqua) • R&D Project Manager (Cetaqua) • Technology Watch & Scouting (Veolia)
THERESA PCP Consortium (Operational team)	• Jon Izaguirre – Project Coordinator (NavarraBIOMED) • Bartos Cañete Gil – Project Manager (SunINN) • Sofía Moreno Pérez – Senior Consultant (SunINN) • Alba Madero Milla – Project Manager (SunINN) • Ewa Neczaj – Project Manager (IETU)

Annex II. Request for Information questionnaire (RfI)

THERESA PCP seeks to address a critical environmental and public health challenge: the presence of hazardous substances in hospital wastewater, including cytostatic drugs, antibiotics, antimicrobial-resistant bacteria and genes (ARB/ARG), X-ray contrast agents, disinfectants, and other persistent pharmaceutical compounds. These contaminants resist conventional wastewater treatment processes and contribute significantly to antimicrobial resistance (AMR), ecosystem damage, and contamination of drinking water sources.

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In a nutshell, THERESA aims to turn hospital wastewater into clean water that can safely return to the environment or be reused

Through this questionnaire, the THERESA Public Buyers Group, comprising six hospitals and two supporting entities from six European countries, invites technology providers to share their insights on:

- Technical feasibility and innovation potential of hospital wastewater treatment solutions.
- State-of-the-art technologies and emerging developments in the field.
- Regulatory, technical, and commercial barriers to implementation.
- Cost estimates and resource requirements for developing scalable solutions.
- Intellectual property considerations and standardization' needs.
- Capabilities to address specific functional requirements established by the consortium.

- Central solutions (pre-treatment of all hospital sewage water) versus Decentral solutions (pre-treatment at local departments in hospital) for selected micropolutants.

The complete THERESA PCP Scope Documentation, including technical requirements, functional specifications, use case scenario, and the State-of-the-Art (SOTA) analysis, can be found on the THERESA project website (https://the resa-pcp.eu/).

QUALITY IS MORE IMPORTANT THAN QUANTITY

Please provide only well-supported information regarding your R&D, focusing on relevant expectations and substantiated evidence (not to be reported at this stage).

The questionnaire is pretty long, but we expect from you to COMPLETE ONLY THE SECTIONS OF THE QUESTIONNAIRE THAT APPLY TO YOUR INNOVATION.

IF YOU HAVE ANSWERS TO QUESTIONS THAT WE DIDNT MENTION

This survey aims to collect comprehensive information from the research and development ecosystem related to wastewater treatment in Hospitals, covering all topics considered relevant by the buyers group.

In some cases, the questionnaire may not fully reflect the specific characteristics or innovative features of certain market solutions. Where an innovation cannot be adequately addressed within the chapters of the questionnaire, a separate document may be provided to describe its added value and any relevant information. This document should be uploaded at the end of the questionnaire and should only be used when the innovation cannot be accommodated within the existing survey sections. Please, don't send us more than 20 pages (font type >= 10 pts)

Confidentiality clause: Participants shall declare together with the information they provide their express consent for the contracting authority to disclose their participation and the issues and/or solutions raised in the consultation procedure.

Participants accept that submission of information means that they give their express consent for the contracting authority to disclose their participation and the issues and/or solutions raised in the consultation procedure.

However, the contracting authority may not disclose technical or commercial information that, where applicable, has been provided by participants and that they have designated and justified as confidential.

- Participants must identify the documentation or technical or commercial information that they consider to be confidential.

- It is not acceptable for them to make a generic statement or declare that all documents or all information is confidential.
- Participants may designate and justify any of the documents provided as confidential.
- This circumstance must be clearly indicated (in any form or in the margin) on the document designated as such.

Important Notice: Participation in this questionnaire is voluntary and at the participant's own expense. **Completing this survey is not a prerequisite for participating in the future THERESA PCP tender and**

does not confer any advantage or preferential treatment. All information provided will be anonymized, analysed, and summarized in the OMC report, which will be published on the project website.

Nevertheless, it is a prerequisite to participate in further activities of the OMC, such as pitch sessions, bilateral meetings and matchmaking platforms.

Data Protection: Your personal data will be collected, processed, and stored by the THERESA Consortium solely for the purpose of gathering market intelligence within the framework of the THERESA project. All personal data will be treated as strictly confidential in accordance with the General Data Protection Regulation (GDPR - Regulation 2016/679). You may exercise your right to access and rectify your personal data by contacting: lopd@suninn.es

☐ I confirm that I have read and understood all the information provided above and agree to the terms stated.

Section 1. Contact Details and Participation in OMC Activities

- * Organisation name:

- Website

- * Email address

- * Contact person

- * Country

- * Type of organisation

- Start-up
- SME
- Public Organisation
- Private Organisation
- Other
- University or research centre

- *Participation intention

- [ ] Intend to participate in the PCP Tender
- [ ] Following the OMC to assess feasibility
- [ ] Not planning to participate

- *Would you like to present a company pitch during one of the THERESA OMC events?

- Yes - No

- If yes, you may select multiple events. We will do our best to accommodate your request but we cannot guarantee the participation and it may happen that we propose you an alternative event for organizational reasons

- [ ] Spain webinar - January 8th
- [ ] Estonia webinar - January 13th
- [ ] Poland webinar - January 19th
- [ ] Belgium webinar - January 23rd
- [ ] The Netherlands webinar - January 26th

- *Would you like to be considered as a candidate for a bilateral meeting with the Public Buyers Group?

- Yes - No

- *Would you like your organisation to appear in the THERESA matchmaking tool? (An online networking tool enabling technology providers to identify potential consortium partners with complementary capabilities for future PCP participation)

- Yes - No

If yes, include the description that will appear in the matchmaking tool and the labels that better represents your company

THERESA PCP Functional Labels

Suppliers may select one or more of the following functional labels to describe the contribution of their proposed solution. These labels are fully technology neutral. Full description can be found in the Theresa THERESA PCP Scope Document

- Select the labels that better define your company (Group 1 - Challenge-Oriented Functional Labels):

☐ C-LOAD-MANAGEMENT – Pollutant/hydraulic load management

☐ C-TARGETED-CHALLENGE – Addresses specific contaminant groups

☐ C-QUALITY-IMPROVEMENT – Water quality improvement

☐ C-RISK-REDUCTION – Environmental or health-related risks reduction

☐ C-SYSTEM-RESILIENCE – Robustness under variable operating conditions

☐ C-COMPLIANCE-SUPPORT – Supports regulatory compliance

- Select the labels that better define your company (Group 2 - System-Enabling Functional Labels):

☐ E-MONITORING-CAPABILITY – Monitoring or data provision function

☐ E-CONTROL-AUTOMATION – Control, automation or coordination function

☐ E-SYSTEM-INTEGRATION – Supports interoperability between components

- Select the labels that better define your company (Group 3 - Role Labels):

☐ R-COORDINATOR – Able and willing to act as consortium coordinator

☐ R-PARTNER – Prefer to join as partner

☐ R-BOTH – Open to either coordinator or partner role

Section 2. Technology Overview

This section collects structured information about each component or module of your proposed solution. **Suppliers offering multiple components should complete a separate subsection 2.2. survey submission for each module only completing mandatory questions and subsection Technology components**

Please provide only factual information that you already know and that is directly related to the component you are describing. Do not make assumptions or provide speculative information.

It is not mandatory to complete all answers

Section 2.1. Scope of the proposed solution

- *Does your solution cover the full end-to-end THERESA challenge, or only a part? Full information available in THERESA THERESA PCP Scope Document

- ○ Full integrated solution
- ○ Partial solution

- If partial, indicate which parts of the treatment chain your solution covers (select all that apply). Full description can be found in the Theresa THERESA PCP Scope Document

- ☐ Contaminant load management
- ☐ Addresses specific contaminant groups
- ☐ Water quality improvement
- ☐ Environmental or health-related risk reduction
- ☐ Robustness under variable operating conditions
- ☐ Supports regulatory compliance
- ☐ Monitoring or data provision function
- ☐ Control, automation or coordination function
- ☐ Supports interoperability between components
- ☐ Other

If other please specify

- Describe how your solution fits within the overall hospital wastewater treatment chain (from source to municipal wastewater treatment plant)

Section 2.2. Technology components

If you need to describe additional modules or components of your solution, please submit a separate response for each one. In these additional submissions, you only need to complete:

- **This subsection (2.2 Technology components)**
- **Mandatory questions**

- Component/module name

- Short Description

1000 character(s) maximum

- Type of component/module (Select all applicable categories)

- [ ] Physical process
- [ ] Chemical process
- [ ] Biological process
- [ ] Electrochemical process
- [ ] Advanced oxidation process (AOP)
- [ ] Membrane-based process
- [ ] Hybrid process
- [ ] Monitoring or sensing
- [ ] Control software or automation
- [ ] Other

If other, please specify

- Part of the pre-treatment chain addressed by the component/module

- [ ] Pharmaceuticals or cytostatics
- [ ] Antibiotics
- [ ] Contrast agents
- [ ] Filtration or separation
- [ ] Disinfection
- [ ] Sludge handling
- [ ] Monitoring
- [ ] Automation or control
- [ ] Other

- If any further comment

- Technology Readiness Level (TRL) of the component/module

- ( ) TRL 1 (Basic principles observed)
- ( ) TRL 2 (Technology concept formulated)
- ( ) TRL 3 (Experimental proof of concept)
- ( ) TRL 4 (Technology validated in lab)
- ( ) TRL 5 (Technology validated in relevant environment)
- ( ) TRL 6 (Technology demonstrated in relevant environment)
- ( ) TRL 7 (System prototype demonstration in operational environment)
- ( ) TRL 8 (System complete and qualified)
- ( ) TRL 9 (Actual system proven in operational environment)

- Existing deployments or experiments

☐ Laboratory testing

☐ Pilot scale (non-hospital environment)

☐ Pilot scale in hospital environment

☐ Full-scale operation in hospitals

☐ Full-scale operation in other sectors

- Please provide details (location, scale, year, key results…)

- Please describe what role this component/module is expected to play within the THERESA challenge

- Expected ability of this component/module to be integrated with components from other suppliers

○ High – already designed for modular integration

○ Medium – integration feasible with adaptations

○ Low – significant redesign would be required

○ Not designed for modular integration

○ Uncertain

- Short explanation

- Component interfaces and dependencies

- Hydraulic interfaces (inlet/outlet requirements)

- Digital or automation interfaces (if applicable)

- Required consumables or reagents

- Known incompatibilities or constraints

- Optional additional technical notes of the component/module

Section 3. Contaminants addressed

Suppliers proposing multiple components must clearly indicate which component addresses each contaminant. You can use the number indicating the order of description.

We need to know the final concentration in the effluent of your technology and the flow rate used in the elimination process.

The final concentration in the effluent may be expressed as:

- Percentage removal
- Post-treatment concentration (PTC) in µg/L (ppB). It means how much of a contaminant is still present after your module has treated the water.
- Log reduction (for ARB and ARG) (if applicable)

Please report per m^3 treated (kWh/m^3, kg reagents/m^3, €/m^3

If you have this information available in a document or if you have a different approach to provide this information, you may upload it here.

Please upload your file(s) maximum 15 pages

Cytostatics

Contaminant ID	Compound name	Component(s) addressing it	Addresses it? (Y/N/P)	Expected removal (%)	PTC (mg/L or ppm)	Flow rate	Comments
C-CYT-01	Ifosfamide		○ Yes ○ No ○ Partial				
C-CYT-02	Temozolomide		○ Yes ○ No ○ Partial				
C-CYT-03	Cyclophosphamide		○ Yes ○ No ○ Partial				
C-CYT-04	Enzalutamide		○ Yes ○ No ○ Partial				
C-CYT-05	Fluorouracil		○ Yes ○ No ○ Partial				
C-CYT-06	Methotrexate		○ Yes ○ No ○ Partial				
C-CYT-07	Abiraterone		○ Yes ○ No ○ Partial				
C-CYT-08	Mycophenolate		○ Yes ○ No ○ Partial				
C-CYT-09	Cisplatin		○ Yes ○ No ○ Partial				
C-CYT-10	Carboplatin		○ Yes ○ No ○ Partial				
C-CYT-11	Oxaliplatin		○ Yes ○ No ○ Partial				
C-CYT-12	Cytarabine		○ Yes ○ No ○ Partial				

C-CYT-13	Gemcitabine		Yes No Partial				
C-CYT-14	Hydroxycarbamide		Yes No Partial				
C-CYT-15	Capecitabine		Yes No Partial				
C-CYT-16	Sorafenib		Yes No Partial				
C-CYT-17	Alpelisib		Yes No Partial				
C-CYT-18	Alectinib		Yes No Partial				
Other contaminants							

X-Ray contrasts agents

Contaminant ID	Compound name	Component(s) addressing it	Addresses it? (Y/N/P)	Expected removal (%)	PTC (mg/L or ppm)	Flow rate	Comments
C-CTA-01	Iopromide		Yes No Partial				
C-CTA-02	Iohexol		Yes No Partial				
C-CTA-03	Gadobutrol		Yes No Partial				
Other contaminants							

Antibiotics

Contaminant ID	Compound name	Component(s) addressing it	Addresses it? (Y/N/P)	Expected removal (%)	PTC (mg/L or ppm)	Flow rate	Comments
C-AB-01	J01CA Penicillins extended spectrum		○ Yes ○ No ○ Partial				
C-AB-02	J01CE Beta lactamase sensitive penicillins		○ Yes ○ No ○ Partial				
C-AB-03	J01CF Beta lactamase resistant penicillins		○ Yes ○ No ○ Partial				
C-AB-04	J01CR Penicillin combinations		○ Yes ○ No ○ Partial				
C-AB-05	J01DD Third generation cephalosporins		○ Yes ○ No ○ Partial				
C-AB-06	J01DH Carbapenems		○ Yes ○ No ○ Partial				
C-AB-07	J01FA Macrolides		○ Yes ○ No ○ Partial				
C-AB-08	J01MA Fluoroquinolones		○ Yes ○ No ○ Partial				
C-AB-09	J01XA Glycopeptides		○ Yes ○ No ○ Partial				
Other contaminants							

Antimicrobial resistant bacteria (ARB)

Contaminant ID	ARB Group	Component(s) addressing it	Addresses it? (Y/N/P)	Expected removal (%)	PTC (mg/L or ppm)	Flow rate	Comments
C-ARB-01	Carbapenem resistant Enterobacterales		○ Yes ○ No ○ Partial				

C-ARB-02	Third generation cephalosporin resistant Enterobacterales		○ Yes ○ No ○ Partial				
C-ARB-03	Carbapenem resistant Acinetobacter baumannii		○ Yes ○ No ○ Partial				
Other contaminants							

Antimicrobial resistant genes (ARG)

Contaminant ID	Compound name	Component(s) addressing it	Addresses it? (Y/N/P)	Expected removal (% or log reduction)	PTC (gene copies/L)	Flow rate	Comments
C-ARG-01	blaKPC		○ Yes ○ No ○ Partial				
C-ARG-02	blaVIM		○ Yes ○ No ○ Partial				
C-ARG-03	blaNDM		○ Yes ○ No ○ Partial				
C-ARG-04	blaIMP		○ Yes ○ No ○ Partial				
C-ARG-05	blaOXA48		○ Yes ○ No ○ Partial				
C-ARG-06	blaCTX-M-1		○ Yes ○ No ○ Partial				
C-ARG-07	blaCTX-M-2		○ Yes ○ No ○ Partial				
C-ARG-08	blaCTX-M-9		○ Yes ○ No ○ Partial				
C-ARG-09	blaCTX-M-25		○ Yes ○ No ○ Partial				

C-ARG-10	blaSHV ESBL variants		○ Yes ○ No ○ Partial				
C-ARG-11	blaDHA AmpC		○ Yes ○ No ○ Partial				
C-ARG-12	blaDHA AmpC		○ Yes ○ No ○ Partial				
Other contaminants							

Section 3.1. Functional capabilities

For each functional requirement listed below, suppliers must indicate:

Component(s) of the solution addressing it. Whether the solution can fulfil the requirement (Yes / No / Partial). Expected performance or metrics

Functional capabilities

Capability ID	Functional requirement	Component(s) addressing it	Addresses it? (Y/N/P)	Expected performance / metrics	Comments
F-FUN-01	Centralised collection and safe handling of hospital wastewater		○ Yes ○ No ○ Partial		
F-FUN-02	Treatment of highly soluble hazardous reagents (e.g. sodium azide)		○ Yes ○ No ○ Partial		
F-FUN-03	Removal of large solid debris and coarse materials		○ Yes ○ No ○ Partial		
F-FUN-04	Stable operation under high concentrations of disinfectants		○ Yes ○ No ○ Partial		
F-FUN-05	Treatment of persistent organic pollutants (including		○ Yes ○ No ○ Partial		

	pharmaceuticals and cytostatics)				
F-FUN-06	Disinfection achieving required wastewater discharge standards		○ Yes ○ No ○ Partial		
F-FUN-07	Reduction of nutrient concentrations (e.g. nitrogen and phosphorus)		○ Yes ○ No ○ Partial		
F-FUN-08	Advanced treatment (e.g. filtration or separation)		○ Yes ○ No ○ Partial		
F-FUN-09	Safe and sustainable sludge handling		○ Yes ○ No ○ Partial		
F-FUN-10	Monitoring and sensors (e.g. pH, temperature, dissolved oxygen, pollutants)		○ Yes ○ No ○ Partial		
F-FUN-11	Odour control		○ Yes ○ No ○ Partial		
F-FUN-12	Potential for non-potable reuse of treated wastewater (subject to regulations)		○ Yes ○ No ○ Partial		
Other functional capabilities of your solution					

Section 3.2 Social and environmental aspects

- Is it known the formation of hazardous transformation by-products?

○ Yes

- No
- Uncertain

Comments

- How much material is produced by treatment process (kg of sludge per m^3 treated)?

- Does the solution enable reuse, regeneration, or valorisation of materials or residues (e.g. carbon regeneration, membrane reuse, sludge recovery)?

- Yes
- No
- Under development

Comments

- How do you plan to mitigate the noise/odour impact?

- Water recovery potential (%) (if applicable)

The following questions refer to the requirements set out in the THERESA PCP Scope Document (https://theresa-pcp.eu/OMCdocument)

- Do you have any comments on the social requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the enviromental requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the reliability and operational stability requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the safety and risk management requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the scalability and adaptability requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the maintainability and serviceability requirements mentioned in the THERESA PCP Scope Document?

- Do you have any comments on the footprint and spatial requirements mentioned in the THERESA PCP Scope Document?

Section 3.3 Operational and integration aspects

This section aims to gather information about how the proposed solution performs under real hospital operating conditions, its integration requirements, and the operational, logistical and environmental implications. Suppliers submitting multiple components or solutions should complete this section for each relevant configuration

- Type of installation required (select all that apply):

☐ New standalone installation

☐ Integration into existing hospital infrastructure

☐ Adaptation of existing technical rooms or spaces

☐ Outdoor installation

☐ Modular containerised solution

☐ Other

If other, please, specify:

- Approximate space requirements (m2 and dimensions)

Special structural requirements (if applicable):

☐ Structural reinforcement

☐ Thermal control

☐ Vibration control

☐ Odour control

☐ Other:

If other, please, specify:

- Energy requirements:

- Approximate consumption (kWh/day and kWh/m3) or treated wastewater
- Type of energy required (electrical, thermal, gas, etc.)

- Reagent consumption (if applicable)

- Type of reagent
- Estimated consumption (m3)

- Additional water requirements (if applicable):

- Other consumables needed:

- Expected operating range

- Minimum and maximum flow rate (m3/day or L/s)
- Variability tolerance in influent quality, including
- Flow fluctuations
- Contaminant load fluctuations
- Presence of disinfectants
- Presence of inhibitory or toxic compounds

- Robustness under real hospital conditions. Describe how the system behaves under:

- Daily and seasonal variability
- Low-activity periods
- Shock loads or sudden contaminant spikes
- Stop-and-start cycles

- Does the solution require integration with existing systems? (select all that apply):

☐ Wastewater collection piping
☐ Pumping systems
☐ Electrical systems
☐ Hospital control systems
☐ Existing sensors SCADA (Supervisory Control and Data Acquisition) integration
☐ Other

Comments

- Sensors included in the solution (select all that apply):

- [ ] pH
- [ ] Temperature
- [ ] Conductivity
- [ ] Dissolved oxygen
- [ ] Turbidity
- [ ] Spectrometry or absorbance
- [ ] Specific pollutant sensors
- [ ] Flow meters
- [ ] Microbiological or genetic sensors
- [ ] Other

If other, please, specify:

- Does the solution include a control or automation system?

- ( ) Yes
- ( ) No

If yes, please, describe briefly:

- Is the solution interoperable with existing digital platforms?

- ( ) Yes, via standard protocol
- ( ) Yes, via API
- ( ) No, requires standalone proprietary platform
- ( ) No digital integration planned

- Frequency of preventive maintenance

- ( ) Daily
- ( ) Weekly
- ( ) Monthly
- ( ) Quarterly
- ( ) Annually
- ( ) Other

If other, please, specify:

- Does the solution require specialised staff for daily operation?

- ○ Yes
- ○ No

If yes, please, the required qualification or training:

- What is the worker exposure to risk during maintenance?

- Does the solution need "time off" to be maintained?

- Expected lifetime of key components or modules:

- Availability of spare parts and consumable supply:

- Sub-products or residues generated by the solution:

- Describe the reagents needed to clean the residues and sub-products and their estimated cost per m3

- Requirements for safe handling and disposal of residues:

- Please indicate regulations that your solution must comply with:

- ☐ National regulations
- ☐ EU regulations
- ☐ Hospital wastewater discharge standards
- ☐ Hazardous substances handling regulations
- ☐ Other

- Please, describe them briefly:

- Is the solution scalable to different sizes?

- ○ Yes
- ○ No

Partially

- Is the solution modular?

Yes

No

Partially

If yes, please, describe how modules can be reconfigured:

- Describe the ability to adapt to different wastewater profiles

- Estimated installation time (weeks or months)

- Estimated time for commissioning and operational validation

Section 3.4. Costing and business model

This section aims to understand the economic profile of the proposed solution, including indicative costs, cost drivers, pricing models and the supplier's preferred contractual approach. The information provided is non- binding and will only be used for market analysis and PCP preparation

- Capital Expenditure (CAPEX)

	Estimation
Equipment costs	
Installation costs	
Civil works or infrastructure modifications	
Engineering, design or integration	
Other CAPEX elements	

- Operational expenditure (OPEX)

	Estimation
Energy consumption	
Reagents or consumables	
Maintenance	
Replacement of parts	
Waste management or disposal costs	
Other OPEX elements	

- Main costs drivers

☐ Energy consumption
☐ Reagent consumption
☐ Equipment size or footprint
☐ Complexity of installation
☐ Maintenance frequency
☐ Replacement of specialised parts
☐ Monitoring or digital components
☐ Waste disposal costs
☐ Other

- Explanation of costs drivers:

- Pricing model options

☐ Purchase of equipment
☐ Leasing model
☐ Pay-per-use model
☐ Subscription or service-based model
☐ Outcome-based model
☐ Hybrid model Other

- Conditions or limitations related to pricing models:

Phase 1 - Solution design (concept and feasibility)

- Estimated costs

Category	Unit price	Quantity	Total
Personnel	Average price per hour	Average number of hours	
Facilities			
Travel and accommodation			
Subcontracting			
Other costs			
Total			

Key assumptions

Phase 2 – Prototype development

- Estimated costs

Category	Unit price	Quantity	Total
Personnel	Average price per hour	Average number of hours	
Facilities			
Travel and accommodation			
Subcontracting			
Other costs			
Total			

Key assumptions

Phase 3 – Original development and field testing

- Estimated costs

Category	Unit price	Quantity	Total
Personnel	Average price per hour	Average number of hours	
Facilities			
Travel and accommodation			

Subcontracting			
Other costs			
Total (est.)			

Key assumptions

- Cost scaling behaviour

- Linear
- Non-linear (economies of scale)
- Stepwise (capacity jumps)
- Other

Please, explain

- Expected lifetime of the full system (if known)

- Expected lifetime of key components or modules (if known)

- Estimated cost of replacing major components (only if available)

- Commercial maturity of the offering

- Prototype pricing only
- Pre-commercial pricing structure defined
- Mature pricing model
- Customised pricing model per project
- Other

Please, explain

Section 3.5 IPR, Consortium preferences and integration readiness

This section aims to understand the supplier's approach to Intellectual Property Rights (IPR), willingness to form or join consortia, and the expected ability of the proposed solution to integrate with components from other suppliers. Information provided here is non-binding and used only for PCP preparation and market analysis

- Would you be willing to share Intellectual Property Rights (IPR) with the Public Buyer Group (PBG)?

- ○ Yes
- ○ No
- ○ Under specific conditions

Please, specify

- Would you be willing to offer royalties to the Public Buyer Group (PBG)?

- ○ Yes
- ○ No
- ○ Under specific conditions

Please, specify

- Does your solution have any dependencies on third-party Intellectual Property Rights (IPR) that should be considered?

- ○ Yes
- ○ No

Please, specify

- Ability of your solution to be integrated with other suppliers' components

- ○ High – already designed for modular integration
- ○ Medium – integration feasible with adaptations
- ○ Low – significant redesign would be required
- ○ Uncertain at this stage

Please, explain

- Technical challenges or dependencies related to integration

- ☐ Interfaces (mechanical, hydraulic, digital)
- ☐ Control or automation compatibility
- ☐ Data sharing or sensor interoperability
- ☐ Space or layout constraints
- ☐ Other

If other, please, explain

Section 3.6 Certifications and Compliance

This section aims to gather information on existing certifications, regulatory compliance, and quality management aspects relevant to the proposed solution or components. Suppliers should provide only information that is known and applicable. No assumptions or speculative statements are expected

- Please indicate any certifications currently held by your product, technology or components

- If your organisation is planning to obtain additional certifications relevant to this PCP, please indicate them

Section 3.7 Additional information

- If there are technical aspects of your solution that were not captured in previous sections but may be relevant for the THERESA challenge, please describe them here

- Are there parts of the challenge description that you believe could be clarified or expanded?

- Are there functional requirements that appear unrealistic or unnecessarily restrictive?

- Are there important needs or use case elements missing from the current description?

- If there are constraints that may prevent or limit your participation in the PCP tender, please indicate them:

- Please share recommendations or suggestions that could support the success of the THERESA PCP process. You may comment on aspects such as:

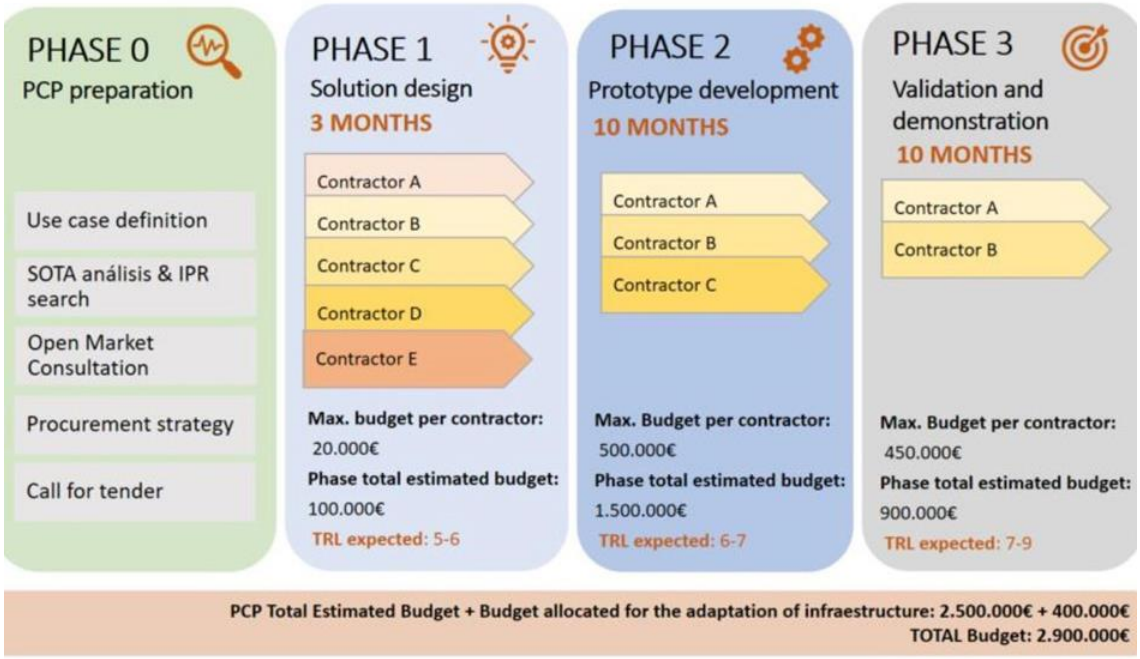
- Testing conditions
- Phase structure
- Information needs

- Potential risks the Buyers Group should consider
- Expected or preferred duration of each PCP phase

- Is this budget distribution per tasks adequated to your expected development pathway?

- Is this budget distribution per tasks adequated to your expected development pathway?

- Yes
- No



- If no or if you wish to propose an alternative distribution, please specify it below

- If you wish to share relevant non-confidential documents, scientific publications, pilot reports or product sheets, you may list them here

- If there is any additional information you believe would be useful to the Buyers Group or you have any suggestions and/or remarks, please include them below:

- Please upload a file if necessary as said in the beggining of the survey

Thank you for your feedback!

If you have any questions please contact us: Contact – Theresa PCP

Useful links

Theresa Web (https://theresa-pcp.eu/)

Contact

bartos.canete@suninn.es

Annex III. Q&A

GENERAL QUESTIONS

1. What is an Open Market Consultation (OMC)?

An OMC is a preliminary market engagement process used in European public procurement. It is a structured dialogue between public procurers and the market (industry, suppliers, research organisations) conducted before launching a formal procurement procedure. The OMC allows public buyers to verify availability of solutions, assess market maturity and procure-ability of innovations, understand technological possibilities, and gather market capacity insights before designing their procurement strategy.

2. Why is an OMC conducted prior to the Pre-Commercial Procurement (PCP)?

- To reveal whether a solution meeting the need is already commercially available (and select the best procurement strategy).
- To reveal the feasibility of developing a solution for the proposed unmet need and the Technology Readiness Level (TRL) of the components.
- To inform the market, raise awareness, and invite participation in the OMC and the future tender.
- To help forming consortia of suppliers.
- To refine the tender scope, specifications, challenge definition and procurement strategy based on market feedback.
- To identify barriers, enablers, state-of-the-art, and remaining R&D gaps.

The OMC helps public buyers understand market capabilities, identify potential solutions, and gather input to improve procurement design before launching formal procedures.

3. Who can participate in the OMC?

Anybody is welcome to participate in an OMC. Usual participants are suppliers/industry, SMEs, start-ups and research organisations.

4. What happens during an OMC?

An OMC may include some or all the following activities:

- **PIN Publication**: Publication of a Prior Information Notice (PIN) in the Official Journal of the EU (Tenders Electronic Daily – TED) to announce the upcoming procurement
- **Questionnaires**: Launch of a written Request for Information (RfI) via EU Survey to gather structured feedback from market actors
- **Questions & Answers**: Q&A platform published on the project website to address participant queries.

- **THERESA PCP Scope Documentation**: Comprehensive documentation including challenge description, requirements, and participation guidelines.
- **Events**: Series of national and international workshops/webinars to present the project, explaining the PCP process.
- **Company pitches**: included frequently in the planned events.
- **Bilateral Meetings**: One-on-one consultation sessions with interested suppliers and research organizations.
- **Matchmaking Tool**: Platform to facilitate consortium formation among potential participants.
- **OMC Dissemination**: Distribution of promotional materials including FAQs and brochures about the OMC.
- **Analysis**: Evaluation of market responses to refine challenge definition, specifications, and procurement approach.

5. Is participation in the OMC mandatory for suppliers?

No, participation is voluntary for suppliers, though it provides valuable insights into upcoming procurement opportunities. Participation in the OMC does not guarantee participation in the upcoming tender (nor it is an eligibility consideration).

6. Are there any restrictions on what can be discussed during an OMC?

Discussions during the OMC should centre on market capabilities, technological possibilities, and high-level requirements, rather than on any procurement-specific details. Information gathered through the OMC may be used to inform the subsequent procurement process; however, this must be done in a transparent manner that avoids granting any unfair advantage to participants over non-participants.

7. What is the output or result of an OMC?

- A report summarising market capabilities, state-of-the-art, gaps, trends, and viable solution approaches.
- A refined specification or challenge description for the upcoming tender.
- A list or map of interested suppliers/consortia and potential match-making

8. What is the difference between OMC and market consultation for standard procurement?

OMC in the context of innovation procurement (PCP/Publis procurement of Innovative solutions – PPI) has a proactive innovation role: exploring whether R&D is needed and feasible, shaping the procurement challenge, engaging early with the market, understanding market dynamics. In standard procurement, market consultation may be more limited to supplying specifications or testing supply capacity.

9. When should an OMC be conducted?

OMCs are typically conducted in the early planning phases, well before launching the formal procurement procedure. While there is no fixed rule, good practice suggests several months ahead of the tender to allow proper market engagement, consortia formation and specification refinement.

10. How should Intellectual Property Rights (IPR) or confidentiality be handled in an OMC?

The procuring authority should ensure that information provided by market participants is treated appropriately (careful balance between confidentiality and transparency and non-discrimination) and that future competition is not distorted. Some THERESA PCP Scope Documents include explicit IPR/confidentiality clauses.

11. What does "phase 0 - Open Market Consultation and preparation" mean in the PCP process?

In many PCP frameworks, Phase 0 is the initial preparation phase (including market consultation/OMC, needs analysis, drafting tender documents) before moving to the actual PCP which includes: Phase I (solution design), Phase II (prototype development), Phase III (pilot/validation). (procure-pcp.eu)

12. Are SMEs/start-ups encouraged to participate in the OMC and subsequent PCP?

Yes, the involvement of SMEs, start-ups and new entrants to stimulate innovation and wide participation is encouraged.

13. What information should the procurer provide to the market in the OMC?

The procurers typically provide: challenge description, objectives, expected user needs, rough timeframe, budget indications (if possible), legal/performance context as well as modes of participation; and invites market feedback on technological, organisational and commercial viability.

14. Is feedback from the OMC binding for the eventual procurement?

No. The feedback helps shape the procurement, but the procurer retains the decision-making power (e.g., what type of procurement to launch, final specifications, contract conditions). The OMC is a consultation tool and thus, not binding.

PRE COMMERCIAL PROCUREMENT

1. Presentations and recordings will be shared?

Yes, they will be shared and accessible through the webpage

2. Will it be possible to amend the questionary after submission?

Yes, you can submit another answer indicating that you are amending some sections

3. Is the questionnaire available as an offline version in word?

The questionnaire is based on a tool provided by the EC (EU Survey tool). It is an online tool. I.e., not available in word to fill by hand.

4. Is there a matching tool at the project site?

Yes, you can register here: https://theresa-pcp.eu/matchmaking/

5. Companies that already presented our solutions at OMC events are expected to be presenting again in next events?

Not necessary, but if there is room, you are welcome to do so. However, we will prioritise the new companies who want to pitch.

6. Within the grant that may potentially be awarded to us, the budget also includes the infrastructure modification/civil works that the hospital must carry out to divert water to our system, or if there is a separate budget line specifically allocated to the hospital.

Please note that suppliers are not warded a grant, but an R&D services contract. R&D covers fundamental research, industrial research and experimental development, as per the definition given in the EU R&D&I state aid framework. R&D does not include quantity production or supply to establish commercial viability or to recover R&D costs. It also excludes commercial development activities. The purchase of commercial volumes of products or services is not permitted.

The definition of R&D services means that the value of the total amount of products covered by the contract must be less than 50 % (fifty) of the total value of the PCP framework agreement:

- The offers for all 3 Phases may include only products needed to address the challenge in question and to deliver the R&D services.
- The total value of products offered in Phase 1 and in Phase 2 must be less than 50% (fifty) of the value of the Phase 1 and Phase 2 contracts' value.

Tenders that go beyond the provision of R&D services will be excluded.

7. Will there be any commercial margin for the execution of the project? Based on our understanding, this would not be the case, but we would like to confirm it, as there are situations in which such a margin is included.

Please not that PCP Theresa aims to buy R&D services to develop a solution. R&D does not include quantity production or supply to establish the commercial viability or to recover R&D costs. It also excludes commercial development activities such as incremental adaptations or routine/periodic changes to existing products, services, production lines, processes or other operations in progress, even

if such changes may constitute improvements. However, the contractors are expected to commercialize their results outside the PCP. Depending on the outcome of the PCP (whether it will result in innovative solutions that meet the tender requirements and offer best value for money), procurers may decide to follow-up the PCP with a Public Procurement of Innovative solutions (PPI).

8. Are the constraints and limitations presented limited to the Polish case? Are they a compendium of the seven hospital cases? It would be very useful to differentiate between them and be more specific.

It was a compendium of the different hospitals with common limitations. But in each event session, the local hospitals present their particular cases. This will be further detailied in the to-be-published tender documents.

9. In order to provide a well-informed and technically sound submission, we would kindly request additional information regarding the participating hospitals. Specifically, we would appreciate details on: Flow design and throughput characteristics Outlet water composition and quality parameters Existing separation and purification technologies in use Operational constraints or particularities relevant to treatment systems

At this stage of the Open Market Consultation, the available information regarding the participating hospitals has been published in the THERESA PCP Scope Documentation and event recordings available on our website: https://theresa-pcp.eu/repository/

Additional technical parameters are currently being finalized and this information will be included in the Request for Tenders documentation when it is officially published. To ensure equal treatment and transparency in accordance with public procurement principles, we cannot disclose unpublished technical specifications.

We recommend:

- Review the THERESA PCP Scope Documentation thoroughly for currently available baseline information
- Submit any clarification questions about already published information

10. Does the PCP focus on solutions that may already exist on the market?

No. While advanced solutions based on installing a dedicated drainage network to collect and route wastewater in specific areas already exist, these are valid approaches and proposals including them are welcome. However, since this infrastructure is not technically or structurally feasible in all hospitals, the PCP also seeks novel approaches that can address those cases and broaden the range of facilities that can effectively treat and remove toxic substances from their wastewater.

11. Can I share additional documentation I didn't share on the survey?

No, since the Open Market Consultation closed on February 28th.

TECHNICAL ASPECTS

1. This is the fourth meeting I have attended regarding the project. The goals are clear, and the targets are well-defined. However, the technical characteristics of each hospital are not included. For example, design flow, concrete concentrations, special needs, differences between the hospitals and their particularities, and the regulations of each country (not only EU compliance). Also, the locations to install the equipment in each case.

We are collecting this information. It is good to know what PRECISELY you want to know.

PROCEDURE

1. Partners, manufacturers: are these are obliged to be from the consortium countries only or any other EU country?

From any EU country, HE associated country or from countries beloning to the EEA.

2. Are there any requeriment related to Consortia configuration like maximum or minimum number of partners, from same or different EU countries, or company type/size leading the consortium?

As long as you, your consortium partners, your subcontractors and third parties on whose capabilities you may be relying on, comply with elegibility aspects, selection criteria and are under no exclusion grounds, you are free to choose with whom you participate. This will be detailed in the to be published Request for Tenders

3. Can we arrange a Meets meeting to discuss some aspects of THERESA PCP with a partner or hospital?

This is not possible due to the rules. In order to arrange a meeting with the public buyers group, first fill the questionaire, and there you can ask for a bilateral meeting in order to solve any particular questions you may have. This procedure is in the THERESA PCP Scope Document.

4. I filled it out the questionnaire but did not get a confirmation. Is that normal?

It may be because of the captcha in the last section. Please, check that last bit and note that we need rigorous details about your solutions, general assessments will not help. And remember: we need QUALITY more than QUANTITY

5. Is there a dedicated budget for the building and construction works required during PCP Phase 3?

Yes. A budget of €100,000 for each of the four hospitals has been allocated for the building and construction works in PCP Phase 3.

6. Do you plan to try the solutions at just one hospital?

No. The suppliers selected for Phase 2 will verify their solutions in two hospitals, while in Phase 3 they will have the opportunity to validate them in two hospitals.

CALL FOR TENDERS

1. Can I associate with a THERESA's partner hospital for the tender or try the technology?

No. Selected contractors will test and pilot their solution withing 2 hospitals of THERESA PCP consortium, but it is not possible to summit a joint tender with any partner of the THERESA consortium.

2. How will Intellectual Property Rights be handled during the Pre-Commercial Procurement (PCP)? Will suppliers retain ownership of their technology?

Each contractor will keep the ownership of their bakcgorund IPRs, as well as the IPR attached to the results they generate during the PCP implementation.

The PBG has the right to:

1. Receive an irrevocable, royalty free, non-exclusive license for all healthcare centres, services and establishments belonging to the PBGs to use the developed technology up until TRL7 or 8 (or up to the point it was developed by contractors of Phase 1 and 2) for indefinite time. This entails the access to the PCP Results, on a royalty-free basis, for their own use, non-commercially and at no additional cost. This includes all IPRs of what has been developed in the PCP and the pre-existing rights that are needed to perform the Project for the purpose of executing the Project as well as for non-commercial research purposes.
2. Grant (or require the contractors to grant) non-exclusive licences to third parties to exploit the results under Fair, Reasonable and Non-Discriminatory (FRAND) conditions (without the right to sub-license).
3. Require the contractors to transfer ownership of the IPR if the contractors fail to comply with their obligations, notably concerning the protection or exploitation of the results or to protect public interests (including security interests) – this applies for Results under the three phases – or to commercialize the solution – this applies for Results under phase.

3. Is it possible to join two organisations to apply for the bid?

Yes. Tenders may be submitted by a single entity or in collaboration with others. The latter can involve either submitting a joint tender or subcontracting, or a combination of the two approaches.

However, each tenderer may only participate in one tender (alone, as part of a consortium, main contractor or as subcontractor). This means that the tenderer may only submit a bid on his own or in one (temporary) consortium. It also means that an economic operator or affiliated entity can participate as a subcontractor in one tender. Failure to do so leads to the exclusion of all bids in which they take part.

TECHNOLOGY DEVELOPMENT

1. As the hospitals that will be part of Phase 2 are already defined (CHV and HUVM), and the Prototypes will be built according to these hospitals needs, will the Phase 3 be implemented in the same hospitals?

In Phase 2, suppliers will be developing the prototype in SAS and CHV premises. Phase 2 prototypes have to demonstrate in lab conditions (SAS, CHV, HUVM) their capacity to remove the toxic substances specified in the requirements from the hospital wastewater, that will be described in the tender documents. Then we are testing the 2 final solutions in phase 3 in 4 different hospitals, 2 hospitals per solution.

Detailed information about the testing sites will be provided in the to-be-published tender documents

2. May phase 1 testing of a hospital wastewater at a laboratory device? The expected results are, e.g., energy doses and the performance of the lab-scale device. Is this the idea?

Phase 1 is the design of a solution. There is no testing at this early stage. Suppliers have to come up wih a proposal to address THERESA PCP challenge and the work for Phase 2 and Phase 3.

3. Should the solution design being supported by experimental data? Previous experiments, for example?

Under selection criteria, the Public Buyers Group will likely ask for previous project references in the field. But in principle it is not necessary that a solution is supported by prior data. Having said that, if a supplier grounds their solution on previously patented solutions, on data sets, data bases... Supplier will be asked to declare it and to ensure that you have full right to use those background information and that the Public Buyers Group will be able to use the solution based on said prior background information.

4. Is there instrumental analysis provider in the existing consortium? Technology needs control of the pharmaceutical contents at the realistic hospital wastewater scale.

The set up of each hospital is very different. In each of the OMC sessions, the hospitals will give suppliers and interested market parties some insights to their needs and set up. This will be further clarified in the tender documents and in particular in the testing strategy.

5. To be able to submit a suitable solution design for Phase 1, the list of compunds that are to be eliminated should be available to suppliers? Various enhanced wastewater treatment solutions may remove various compounds or group of compounds. Or would you prefer, that the supplier lists all possible chemical compounds that are to be eliminated?

This list of compounds is available in the EU Survey questionnaire. Feedback from the industry is needed in order to understand if the demands are reasonable.

6. In most hospitals, wastewater streams are not segregated. Is it expected that section-specific tanks can be implemented or an unique tank to be integrated into the pilot system?

It is not decided yet, it will depend on the location of the installation of the phase 3 pilot.

7. To what extent will real-time monitoring and data availability be required in the PCP, considering current technological limitations?

The THERESA PCP partners are not expecting anything unrealistic or technically unfeasible, but we do expect the proposed solutions to incorporate innovative approaches, particularly in terms of enhanced monitoring capabilities.

8. How can a solution be properly scoped within the PCP framework when some components are at a high TRL and others are still at a low TRL?

The solution should be scoped around the lowest-TRL components and the integration challenges, since combining individually mature components can still result in a low system-level TRL. Higher-TRL elements are treated as enabling technologies, while the PCP focuses on developing, validating, and de-risking whatever is needed to bring the overall solution to market readiness.

9. How could the solution be implemented in an existing hospital building, considering the need for dedicated drainage infrastructure?

In hospitals where the building layout allows it, installing a dedicated drainage network to route wastewater to a holding tank is a valid implementation pathway, with the exact technical design to be proposed by the contractor based on each facility's conditions. However, this type of retrofit can involve significant structural modifications, replacing toilets, routing new piping through limited technical spaces, installing basement tanks, and in buildings where such interventions are not viable, implementation may not be possible. This remains an open limitation of the solution.

Annex IV. THERESA OMC Scope Document

The following section presents the scope document of the OMC carried out within the framework of the THERESA PCP. It defines the core challenge addressed by the project, namely the need to develop innovative on-site pre-treatment solutions capable of reducing a wide range of hazardous contaminants present in HWW, including pharmaceuticals, cytostatics, antibiotic residues, contrast agents, and antimicrobial-resistant bacteria and genes.

1. Executive Summary

The THERESA challenge at a glance

The **THERESA Pre-Commercial Procurement (PCP)** tackles an urgent and complex environmental and public health challenge: the presence of harmful contaminants in **hospital wastewater**. The project aims to support the development of **modular, scalable pre-treatment systems** capable of effectively removing a wide spectrum of priority substances, such as **pharmaceuticals, cytostatics, antibiotic residues, X-ray contrast agents**, and **antimicrobial-resistant bacteria and genes (ARB/ARG),** before wastewater is released into municipal networks.

THERESA builds on previous insights from the Procure4Health OMC and introduces a more targeted, performance-based approach, focusing on real hospital needs and regulatory constraints, with the ultimate goal of reducing ecological and health-related risks through innovative, cost-effective technologies.

Key figures

- **Total budget:** €2.9 million.
- **PCP timeline: December 2025 – May 2029.**
- **Participating hospitals:** 9 reference sites across 5 countries *(Spain, Netherlands, Belgium, Estonia, Poland).*
- **Top priority contaminants:** Antibiotic residues, Cytostatics, ARB/ARG, X-ray contrast agents, Hormones.

PCP structure and phases

The PCP will follow a phased competitive approach to identify, test and validate the most promising solutions:

- **Phase 1: Solution Design**. Up to **5 contractors, 3 months.**
- **Phase 2: Prototype Development & Lab Testing**. Up to **3 contractors, 10 months.**
- **Phase 3: Field Validation in Hospitals**. **2 contractors, 10 months.**

All phases will include structured evaluations, based on harmonised Key Performance Indicators (KPIs), with increasing levels of technical and operational maturity.

Expectations

THERESA is seeking **pre-treatment solutions** that are **modular, interoperable, and adaptable** to a variety of hospital settings. Solutions should be capable of targeting at least one of the priority contaminant groups and must demonstrate **technical feasibility, cost-effectiveness and readiness for integration** into real-world infrastructures.

Rather than prescribing specific technologies, the tender will define a set of **functional requirements** to be met across different stages of the treatment cycle, from pollutant load management and risk reduction to automation, monitoring and compliance support. Suppliers may address one or multiple functions, and collaborative proposals involving complementary partners are strongly encouraged.

The focus is on enabling **smart, decentralised and future-proof systems** that can be implemented near the source (e.g. hospital departments), scaled over time, and easily maintained. THERESA is particularly interested in **solutions combining technological innovation with operational robustness**, with the potential to be adopted in hospitals of varying size, geography and resource availability.

It is desirable the potential non-potable water reuse in any way such as greenery watering, toilet flushing, car washing, etc.

Participation timeline

- **OMC period:** December 2025 – February 2026
- **Deadline to participate in the OMC: 24 February 2026**
- **Tender publication:** Q2 2026
- **Phase 1 start:** December 2026

Why participate?

By joining the THERESA OMC, suppliers will have the opportunity to **influence the final tender**, present their capabilities to a transnational buyers' group, and explore cross-sector partnerships. The PCP offers **fully funded R&D contracts**, real validation settings, and a path toward **early adoption by hospitals** in Europe.

THERESA is more than a procurement, it is a call to co-create the next generation of wastewater pre-treatment technologies for a cleaner, safer and more resilient health system.

2. Introduction

This document serves as a cornerstone in the THERESA Pre-Commercial Procurement (PCP) process. It defines the technological and functional challenges to be addressed by future suppliers, offering a framework for the design, development and validation of innovative on-site hospital wastewater treatment solutions.

It is intended as a reference guide for multiple stakeholders:

- Technology providers preparing for the Open Market Consultation (OMC) and upcoming tender phases
- Consortium members, including procurers and support entities, responsible for refining requirements and evaluating proposals
- External experts, auditors and policy advisors who may assess the alignment of the project with Horizon Europe objectives

The content has been structured to ensure technical clarity, traceability and consistency across all subsequent stages of the PCP, from the market consultation to tender preparation and solution evaluation.

In particular, this document:

- Defines the technical challenge to be solved through the THERESA PCP.
- Lists the priority contaminants and functional capabilities required.
- Establishes the non-functional, regulatory and operational scope.
- Provides a foundation for the THERESA OMC Questionnaire and bilateral dialogue during the OMC.
- Anticipates the evaluation criteria to be applied in Phases 1 to 3 of the PCP.

All definitions, codes and requirement identifiers will be used throughout the PCP lifecycle to ensure consistency and transparency.

3. The THERESA project

THERESA is a European PCP initiative designed to stimulate the development of **innovative, environmentally sustainable and high-performing technologies** for the on-site treatment of hospital wastewater (HWW). The project responds to a pressing environmental and public health challenge: hospitals generate complex wastewater streams containing pharmaceuticals, Antibiotic-resistant Bacteria (ARB), Antibiotic-resistant Genes (ARG), cytostatic drugs and contrast agents, many of which cannot be fully removed by conventional municipal wastewater treatment plants.

THERESA brings together a consortium of public procurers, affiliated entities and expert organisations to jointly steer the development and validation of breakthrough solutions. The treatment cycle is conceived as a **modular and integrated hospital wastewater pre-treatment system**, enabling deployment across diverse hospital settings. It focuses on targeted pre-treatment functions rather than full effluent treatment, with optional modules allowing decentralised implementation and scalable expansion. This flexible approach supports different functional needs while adapting to varied hospital contexts and evolving regulatory and environmental requirements, contribute to the fight against AntiMicrobial Resistance (AMR) and support the EU's Green Deal and zero-pollution objectives.

3.1. Context and rationale

Hospital wastewater contains a concentrated mixture of hazardous substances and biological agents originating from healthcare activities. Hospitals, however, are not wastewater treatment plants, and the objective is not to develop systems equivalent to standalone or decentralised wastewater treatment facilities. Instead, **the focus is on on-site, central or decentralised, pre-treatment solutions** designed to reduce the load of specific hazardous and emerging contaminants at source, prior to discharge into the urban sewer system. Conventional municipal wastewater treatment systems may have limitations in effectively addressing certain emerging contaminants, which can persist through treatment processes and ultimately reach surface and groundwater bodies. This challenge has gained increased regulatory relevance following the adoption of **Directive (EU) 2024/3019 of the European Parliament and of the Council of 27 November 2024 concerning urban wastewater treatment**, which introduces stricter requirements for the removal of a broader range of pollutants, including pharmaceuticals and other micropollutants. Hospitals act as hotspots for **ARB and ARG**, contributing to the spread of AMR.

Existing on-site pilots across Europe tend to remove only one group of pollutants at a time, rather than providing a holistic, integrated treatment. There is currently **no single process or technology** capable of removing the full spectrum of key contaminants in HWW with high efficiency. This technological gap (combined with the urgent policy drive to reduce pharmaceutical pollution) creates a strong rationale for launching a PCP to stimulate a new generation of integrated, sustainable and cost-effective technologies.

3.2. Objectives of THERESA PCP

The **main objective** of THERESA PCP is to develop a cost-efficient and environmentally sustainable solution capable of effectively removing key contaminants from hospital wastewater at source, including hazardous antibiotics, chemotherapeutic agents and contrast agents, before discharge into the municipal wastewater system.

The **specific objectives** are to:

- Promote the **competitive development** of market-ready solutions removing antibiotics, cytostatic drugs, contrast agents, ARB and ARG.
- Facilitate the entry of **European technology providers** into this emerging market through a joint cross-country procurement.
- Support the future **commercialisation and adoption** of integrated HWW treatment solutions.
- Strengthen environmental sustainability in healthcare.
- Solutions must significantly reduce the environmental footprint of hospitals, align with the EU Taxonomy "Do No Significant Harm" principle and support greener, circular and climate-neutral healthcare systems.

These support long-term European goals for environmental protection and health resilience.

3.3. The Public Buyers Group (PBG)

The THERESA Public Buyers Group (PBG) brings together seven public procurers representing diverse hospital environments, regulatory contexts and wastewater treatment challenges across Europe.

The PBG consists of:

- Fundación Miguel Servet (FMS), in name of Navarra University Hospital. Lead Procurer. Spain.
- Servicio Andaluz de Salud (SAS). Spain.
- Consorci Hospitalari de Vic (CHV). Spain.
- Academisch Ziekenhuis Maastricht (AZM). The Netherlands.
- Ziekenhuis Aan De Stroom (ZAS). Belgium.
- Põhja-Eesti Regionaalhaigla (PERH). Estonia.
- Wojewódzki Szpital Specjalistyczny W Olsztynie (WSS). Poland.

The PBG is supported by affiliated entities and competence partners that provide technical, legal, environmental and administrative expertise throughout the PCP preparation and execution.

4. What is a Pre-Commercial procurement (PCP)?

A Pre-Commercial Procurement (PCP) is an EU-recognised procurement approach that enables the PBG to purchase research and development (R&D) services to stimulate the creation of innovative solutions that are not yet available on the market. PCP focuses on early-stage innovation and supports suppliers in designing, prototyping and validating breakthrough technologies.

PCP is characterised by the following **five features**:

1. **Competitive development in phases to identify the solutions offering the best value for money**

PCP targets situations that require radical innovation or R&D and for which there are typically no solutions on or close to the market yet. Different competing providers may have different ideas for solutions to the problem. As R&D is yet to take place, there is not yet any proof as to which of these potential alternative solutions would best meet customers' needs.

PCP therefore awards R&D contracts to a number of competing contractors at the same time, in order to compare different approaches to solving the problem. It thus offers innovators an opportunity to show how well their solution compares with others. It also allows a first customer test reference to be obtained from the countries of the procurers that will test the solutions.

The R&D for this PCP is split into 3 phases (Phase 1: solution design, Phase 2: prototyping and lab testing, Phase 3: original development, installation, wider field testing and validation of a limited set of 'first' products or services).

Evaluations after each phase will progressively identify the solutions that offer the best value for money and meet the customers' needs. This phased approach allows successful contractors to improve their offers for the next phase, based on lessons learnt and feedback from procurers in the previous phase. Using the phased approach with gradually growing contract sizes per phase will also make it easier for smaller companies to participate in the PCP and enable SME to grow their business step-by-step with each phase.

Depending on the outcome of the PCP (whether it will result in innovative solutions that meet the tender requirements and offer best value for money), procurers may or may not decide to follow-up the PCP with a Public Procurement of Innovative solutions (PPI).

2. **Public procurement of R&D services**

PCP addresses mid- to long-term public procurement needs for which either no commercially stable solutions yet exist on the market, or existing solutions exhibit structural shortcomings which require further R&D to resolve. PCP is a way for procurers to trigger the market to develop new solutions that address these shortcomings. PCP focuses on specific identified needs and provides customer feedback to businesses from the early stages of R&D. This improves the likelihood of commercial exploitation of the newly developed solutions.

PCP is explained in the PCP communication COM/2007/799 and the associated staff working document SEC/2007/1668. The R&D services can cover R&D activities ranging from solution exploration and design, to prototyping, right through to the original development of a limited set of 'first' products or services in the form of a

test series. Original development of a first product/service may include limited production/supply in order to incorporate the results of field-testing and demonstrate that the product/service is suitable for production/supply in quantity to acceptable quality standards. However, R&D does not include quantity production or supply to establish the commercial viability or to recover R&D costs[1]. It also excludes commercial development activities such as incremental adaptations or routine/periodic changes to existing products, services, production lines, processes or other operations in progress, even if such changes may constitute improvements.

3. **Open, transparent, non-discriminatory approach - No large-scale deployments**

Unless there are specific participation and/or control restrictions, PCP procurements are normally open at least to all operators in EU Member States or HE associated countries, on equal terms, regardless of the size, geographical location or governance structure[2].

In all cases, there is, however, a place of performance requirement that a predefined minimum percentage of the contracted R&D services must be performed in EU Member State[1]s or HE associated countries.

All communication (before, during and after the procurement) will normally be carried out in English.

Any subsequent PPI for the supply of commercial volumes of the solutions developed in the PCP, will be carried out under a separate procurement procedure. Participation in the PCP is thus not a prerequisite for the provisioning of a solution on a commercial scale.

4. **Sharing of IPR-related risks and benefits under market conditions**

PCP procures R&D services at market price, thus providing contractors with a transparent, competitive and reliable source of financing for the early stages of their R&D.

Giving each contractor the ownership of the IPR attached to the results (foreground) they generate during the PCP means that they can widely commercially exploit the newly developed solutions. Suppliers bear the development risk but retain ownership of the resulting IPR, while procurers benefit from competitive pricing during the PCP and may, where applicable, negotiate favourable conditions such as royalties or access rights to the final solutions developed.

The contractors also retain ownership of their background rights (albeit subject to certain rights of use by the procurers, see chapter 8)[3].

[1] See also Article XV(1)(e) WTO GPA 1994 and the Article XIII(1)(f) of the revised WTO GPA 2014.

[2] Horizon Europe associated countries.

[3] For more information, see PCP on the Europa website

5. **Exemption from EU Public Procurement Directives, World Trade Organisation (WTO) Government Procurement Agreement (GPA) and EU state aid rules**

PCPs are exempted from the EU Public Procurement Directives because the procurers do not retain all the benefits of the R&D (the IPR ownership stays with the contractors)[4.][2]

They are also exempted from the WTO GPA because this Agreement does not cover R&D services[5] (the PCP being limited to such services and any subsequent PPI relating to commercial-scale supply of such solutions not being part of the PCP).

PCPs do not constitute state aid under the EU state aid rules[6] if they are implemented as defined in the PCP communication[7,] namely by following an open, transparent, competitive procedure with risk- and benefit-sharing at market price. The division of all rights and obligations (including IPR) and the selection and award criteria for all phases must be published at the outset; the PCP must be limited to R&D services and clearly separated from any potential follow-up PPI; PCP contractors may not be given any preferential treatment in a subsequent procurement for provision of the final products or services on a commercial scale.

Why PCP?

THERESA requires integrated, high-performance solutions capable of removing a complex mix of contaminants from hospital wastewater. These solutions do not exist on the market today. PCP enables suppliers to propose innovative combinations of technologies and validate them progressively under real conditions.

The PCP model is the most suitable approach for the THERESA challenge because:

- The required solution **does not yet exist on the market**, nor is it close to market-ready.
- Significant **R&D effort** is needed to combine and enhance multiple treatment technologies.
- Procurers must work closely with suppliers to validate feasibility and performance.

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[2] [4] See Article 16(f) of Directive 2004/18/EC (Article 14 of Directive 2014/24/EU), Article 24(e) of Directive 2004/17/EC (Article 32 of Directive 2014/25/EU) and Article 13(f)(j) of Directive 2009/81/EC.

[5] See the EU's Annex IV of Appendix I to the WTO GPA.

[6] See Point 33 of the Commission Communication on a framework for state aid for research and development and innovation (C(2014) 3282).

[7]Commission Communication: Pre-Commercial Procurement: driving innovation to ensure sustainable, high quality public services (COM(2007) 799) and PCP staff working document (SEC(2007)1668).

- The development pathway involves technical risk, which PCP mitigates through phased competitive development.

THERESA PCP will follow a **phased competitive structure** with decreasing numbers of suppliers: up to 5 in Phase 1, 3 in Phase 2, and 2 in Phase 3.

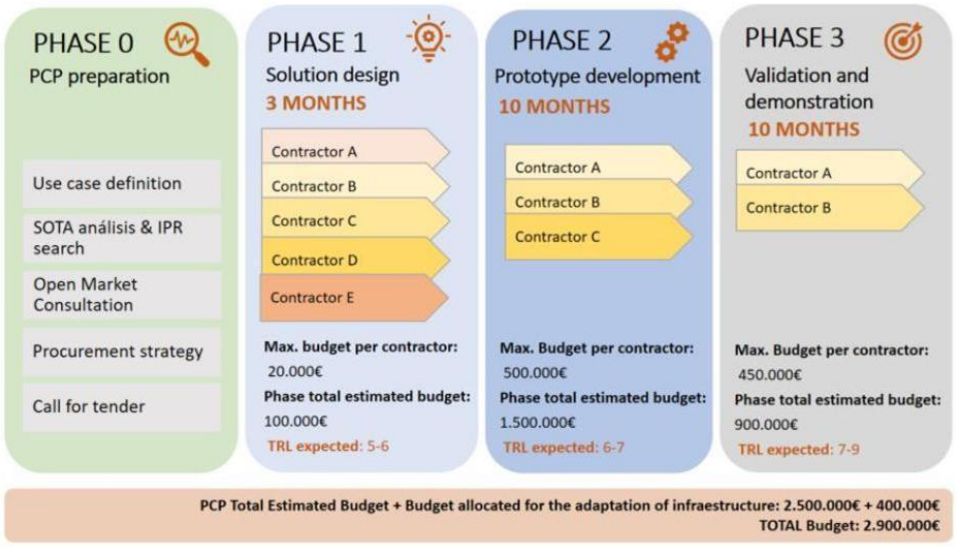

Figure 1. Theresa PCP's phases

PCP is a **risk–benefit sharing model**, allowing suppliers to retain IPR in exchange for reduced R&D prices.

The integration of **ISO 14034 Environmental Technology Verification (ETV)** enables the independent validation of technical and environmental performance. Suppliers established in countries not eligible for Horizon Europe Innovation Actions may join consortia as subcontractors but cannot participate independently in the PCP.

Ultimately, PCP ensures a fair, transparent and innovation-friendly process while reducing technological and financial risks for both procurers and suppliers.

Legal and procedural aspects

Pre-Commercial Procurement (PCP) is exempted from the EU public procurement directives **under the conditions defined in the European Commission PCP framework**, as it concerns the procurement of research and development (R&D) services carried out under market conditions and allows participating suppliers to retain ownership of intellectual property rights. Nevertheless, PCP must be implemented through open, transparent and non-discriminatory procedures and must remain clearly separated from any subsequent commercial procurement phase.

In accordance with **Directive 2014/24/EU, Article 40**, and **Directive 2014/25/EU, Article 58**, contracting authorities and contracting entities may, prior to launching a procurement procedure, conduct preliminary market consultations, commonly referred to as Open Market Consultations (OMC), in order to prepare the procurement and inform economic operators of their plans and requirements. For

this purpose, they may seek or accept advice from independent experts, authorities or market participants, provided that such consultations do not distort competition or lead to a breach of the principles of transparency, equal treatment and non-discrimination.

PCP is further governed by the European Commission Communication *"Pre-commercial Procurement: Driving innovation to ensure sustainable, high-quality public services in Europe"* (COM (2007) 799), which establishes the strategic and legal framework for PCP as an instrument to stimulate innovation while ensuring fair competition and compliance with State aid rules.

In addition, PCP actions supported under Horizon Europe are expected to comply with the relevant requirements and guidance applicable to PCP and PPI instruments, including those set out in **Annex H of the Horizon Europe Work Programme 2023–2027** and in the guidance document *"How to set up and manage Horizon Europe PCP and PPI grants"*. These documents outline the conditions for eligibility, implementation and governance of PCP actions, as well as the required separation between PCP and any subsequent Public Procurement of Innovative Solutions (PPI).

This section is provided for information purposes only and does not replace or anticipate the provisions of the future PCP tender documentation.

Expected outcomes

By the end of the THERESA Pre-Commercial Procurement, the PBG expects to achieve the following outcomes:

- **Validated integrated solutions** for on-site hospital wastewater pre-treatment, capable of addressing priority contaminants under real hospital conditions.
- **Robust performance evidence**, generated through laboratory testing and field validation, supporting future procurement decisions and regulatory dialogue.
- **Improved market readiness** of innovative technologies, enabling suppliers to progress towards commercialization and wider deployment across Europe.
- **Replicable technical and operational models**, demonstrating how modular and decentralized treatment approaches can be integrated into diverse hospital environments.
- **Reduced technological and investment risk** for future adopters, through early-stage validation, benchmarking and comparative assessment of competing solutions.

These outcomes will provide a solid foundation for potential follow-up procurement actions and contribute to advancing environmentally sustainable and resilient wastewater management practices in the healthcare sector.

5. The Open Market Consultation (OMC)

The OMC is **a structured dialogue between the THERESA PBG and the market**, conducted in accordance with the **Directive 2014/24/EU, Article 40.**

Its purpose is to validate technical requirements, assess innovation readiness, and gather feedback from technology providers, research organisations, utilities, and other relevant stakeholders before the launch of the THERESA PCP. The OMC **ensures that procurement specifications reflect real market capabilities** and that potential suppliers clearly understand the challenge THERESA aims to address.

5.1. Objective and scope of the OMC

The THERESA OMC supports the preparation of a PCP that **seeks breakthrough solutions for on-site treatment of HWW**, targeting contaminants of emerging concern such as cytostatic drugs, antibiotics, contrast agents, antimicrobial-resistant bacteria (ARB), antimicrobial resistance genes (ARG), and other hazardous substances.

The consultation runs from 22 December 2025 to 28 February 2026, following publication of the Prior Information Notice (PIN). During this period, market operators can participate in multiple activities designed to:

- Validate findings from the State-of-the-Art (SOTA) analysis.
- Confirm the feasibility of preliminary technical and functional requirements.
- Identify potential risks, barriers, and innovation opportunities.
- Refine procurement conditions before tender publication.
- Facilitate early networking and consortium building among suppliers.

The OMC is not part of any pre-qualification or selection process, and participation does not confer any advantage in the future PCP. All contributions are voluntary, non-binding, and treated in accordance with the principles of equal treatment, transparency and confidentiality.

5.2. The role of the OMC in THERESA PCP

The Open Market Consultation is a central element of the preparatory phase, helping to:

- Verify that the proposed challenge is realistic and achievable.
- Validate and refine the functional and technical requirements.
- Identify state-of-the-art solutions, gaps and innovation potential.
- Build awareness and interest among European suppliers.
- Feed into the preparation of the tender specifications.

The OMC also facilitates early networking, consortium-building and dialogue with suppliers, ensuring that the future PCP tender is well aligned with market capabilities and that the technologies developed in THERESA truly address the needs of the PBG.

5.3. Who can participate in the OMC?

Participation is open to all organisations with an interest in the wastewater treatment, environmental technology, digital monitoring, automation, sensing, or hospital infrastructure sectors. This includes, but is not limited to:

- Technology providers (SMEs, large industry, start-ups).
- Research institutions and universities.
- Environmental and water-sector organisations.
- Hospitals, utilities, and wastewater authorities.
- Intermediaries supporting innovation procurement.

Additionally, companies from any sector of activity are welcome to participate, provided they offer technologies or solutions that could contribute to addressing the challenge identified by the procurers.

Participation in the OMC is cost-free and entirely voluntary.

How to prepare for the OMC

Before taking part in any OMC activity, suppliers are encouraged to:

Review the THERESA challenge and requirements.

Gain familiarity with PCP procedures, including phased competition, risk-benefit sharing, and IPR principles.

Identify internally which contaminants and functionalities their technologies may address.

Assess readiness levels (TRLs) of their solutions or R&D pipelines. As described in the Commission Decision C(2014)4995, where a topic description refers to a TRL, the following definitions apply, unless otherwise specified:

TRL 1 – basic principles observed.

TRL 2 – technology concept formulated.

TRL 3 – experimental proof of concept.

TRL 4 – technology validated in lab.

TRL 5 – technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies).

TRL 6 – technology demonstrated in relevant environment (industrially relevant environment in the case of key enabling technologies).

TRL 7 – system prototype demonstration in operational environment.

TRL 8 – system complete and qualified.

TRL 9 – actual system proven in operational environment (competitive manufacturing in the case of key enabling technologies; or in space).

Determine whether they wish to form or join a consortium for the future PCP phases.

Register via the THERESA website, which provides access to webinars, documentation, THERESA OMC Questionnaire, matchmaking tool and Q&A.

Suppliers may share information through the various OMC channels:

- THERESA OMC Questionnaire.
- Pitching in OMC events.
- Bilateral meetings.

5.4. OMC rules and process

- The OMC process is governed by the following principles:
- Transparency: All non-confidential questions and answers are published through the Q&A repository.
- Equal Treatment: No supplier receives privileged information; responses in bilateral meetings are also anonymised and published.
- Voluntary Participation: Engagement in any OMC activity is optional and confers no preference in the later PCP.
- Applicable Law: The OMC is conducted under Navarra Foral Law, as the Lead Procurer is Fundación Miguel Servet – Hospital Universitario de Navarra (FMS). The PCP tender will follow Horizon Europe rules, and the OMC must not restrict competition.
- Confidentiality: Confidential information may be shared –under conditions- during bilateral meetings but will be acronymised and compiled in the public OMC report.

THERESA OMC Questionnaire responses must not contain confidential information unless it is clearly labelled as such. Any information marked as confidential will be handled accordingly and will not be disclosed.

5.5. After the OMC

Once the OMC **closes on 28 February 2026**, suppliers can follow the progress of THERESA PCP through:

- The **THERESA OMC Summary Report** once published with the findings of the OMC.
- Monitor announcements regarding the **PCP Contract Notice** (expected May 2026).
- Begin preparing for **Phase 1 proposal submission**, including consortium setup and work planning.

And our social media which will inform of any relevant news related to THERESA PCP.

6. OMC activities and agenda

The OMC comprises a coordinated sequence of activities between December 2025 and February 2026, including online events, bilateral interviews, a THERESA OMC Questionnaire, and continuous Q&A support.

All suppliers may freely access the information published during the OMC. **Participation in interactive OMC activities such as the pitches, matchmaking tool and bilateral meetings require the completion of the questionaire.**

Participation is **free of charge**, voluntary and does not influence eligibility or evaluation in the upcoming tender.

Key dates include:

- **31 Oct 2025 –** Publication of PIN and dissemination campaign start.
- **22 Dec 2025 –** Publication of final OMC documentation and official start of the OMC.
- **8–26 Jan 2026 –** National webinars (Spain, Estonia, Poland, Belgium, the Netherlands).
- **24 Feb 2026 –** THERESA OMC Questionnaire submission deadline (17:00 CET).
- **6–24 Feb 2026 –** Bilateral interviews.
- **26 Feb 2026 –** Final OMC findings webinar.
- **28 Feb 2026 –** OMC closes; final Q&A updates published.
- **15 March 2026 –** Publication of the THERESA OMC Summary Report.

6.1. OMC events

Six online events hosted by Spain, Estonia, Poland, Belgium, the Netherlands. Each session combines THERESA project presentations, PCP explanations, national context and company pitches. Online events cover technical, regulatory, procurement and exploitation perspectives.

The Parties interested in participating in the OMC activities can register through:

THERESA website: https://theresa-pcp.eu.

Suppliers wishing **to pitch** during any online event **must indicate this in the THERESA OMC questionnaire**. Slots may be allocated on a first-come, first-served basis while ensuring diversity of technological approaches based on the information provided in the survey.

Date	Focus	Topics
Jan 8	Spain + Global Overview	PCP introduction, THERESA challenge, Spanish hospital context

Jan 13	Estonia + PCP Basics	THERESA challenge. How PCP works, IP rights, Dutch hospital context
Jan 19	Poland + Technical Requirements	THERESA challenge. SOTA analysis, performance targets, Estonian hospital context
Jan 23	Belgium + Legal Framework	THERESA challenge. Regulations, data protection, Belgian hospital context
Jan 26	The Netherlands + Validation	THERESA challenge. Testing methods, commercialization, Polish hospital context
Feb 26	Final Wrap-Up	Summary of findings, next steps

Table 1. Online events

The online events held within the framework of the OMC **will be recorded and published on the project's website.** Activating a camera or microphone during the webinars will be understood as providing consent to be recorded. Participants who do not wish their voice or image to be recorded may submit questions through the chat function. The THERESA Consortium will use these recordings solely for the purposes of the project. The list of participants will not be distributed.

In addition, photographs may be taken during the meetings. These images will be used by the THERESA Consortium exclusively for project-related purposes.

6.2. Engaging mechanisms

The OMC also offers multiple touchpoints for suppliers to understand the THERESA challenge and engage with procurers. The activities are detailed below:

Company pitch sessions

Company pitch sessions are short, **five-minute presentations** delivered by suppliers during the national webinars to showcase technologies, concepts or ongoing research.

These pitches provide visibility, support early networking and consortium-building, and help procurers understand the diversity of potential approaches. Slots are allocated on a first-come, first-served basis while ensuring a balanced representation of solutions.

Suppliers wishing **to pitch** during any online event must indicate this in the THERESA OMC questionnaire.

THRERESA OMC questionnaire

The **THERESA OMC questionnaire**, published on 22 December 2025 and closing on 24 February 2026, is a central tool for collecting structured market intelligence. It enables suppliers to:

- Provide technical details on their existing solutions and R&D pipelines.
- Identify which priority contaminants and functionalities they can address.
- Comment on feasibility, innovation challenges and expected development timelines.
- Highlight regulatory barriers or interoperability issues.
- Suggest improvements to the draft PCP specifications.

All inputs will be anonymised and aggregated for internal analysis and for the public OMC report. The THERESA OMC questionnaire responses must not contain confidential information unless it is clearly labelled as such. Any information marked as confidential will be handled accordingly and will not be disclosed.

Full link: https://ec.europa.eu/eusurvey/runner/THERESAOMCSurvey.

Q&A Repository

This platform enables interested parties to submit questions related to the THERESA PCP OMC and to receive clarifications from the consortium. New Q&A updates are published approximately every 14 days, and users are encouraged to check the platform regularly: https://theresa-pcp.eu/frequently-asked-questions/.

Matchmaking platform

The THERESA challenge is **complex and multidisciplinary**. No single company may have all capabilities. The **matchmaking platform** is an online tool to find consortium partners for the future THERESA PCP tender.

Suppliers might need partners for:

- Complementary treatment technologies (e.g., one supplier does filtration, other partner does oxidation).
- Monitoring and sensor systems.
- Civil engineering and installation.
- Software and data analytics.
- Regulatory compliance expertise.
- Different geographic coverage.

Within this platform, suppliers may create a short organisational profile and describe their expertise, enabling other participants to identify relevant complementarities. Suppliers may also assign predefined tags to their profiles to indicate their technological focus, capabilities or areas of interest, thereby improving visibility and supporting the formation of balanced and competitive consortia.

The set of functional labels to be used in the THERESA OMC for supplier self-identification:

1.Challenge-oriented functional labels		
Label	**Title**	**Formal definition**

C-LOAD-MANAGEMENT	Pollutant/hydraulic load management	Contribution to managing the incoming pollutant/hydraulic load to ensure treatment stability
C-TARGETED-CHALLENGE	Addressesspecific contaminant groups	Ability to address the contaminant groups prioritised in THERESA, regardless of method
C-QUALITY-IMPROVEMENT	Waterquality improvement	Contribution to improving water quality at any point in the treatment chain.
C-RISK-REDUCTION	Environmental or health-related risks reduction	Contribution to reducing operational, environmental or health-related risks in wastewater handling and treatment.
C-SYSTEM-RESILIENCE	Robustness under variable operating conditions	Contribution to increasing robustness under variable or challenging operating conditions.
C-COMPLIANCE-SUPPORT	Supports regulatory compliance	Contribution to enabling or facilitating compliance with relevant environmental, regulatory or operational requirements.
2. System-enabling functional labels		
Label	**Title**	**Formal definition**
E-MONITORING-CAPABILITY	Monitoring or data provision function	Contribution to generating operational, environmental or performance-related data to support system monitoring and decision-making.
E-CONTROL-AUTOMATION	Control, automation or coordination function	Contribution to supporting safe, stable or optimised system operation through control logic, automation or coordination.
E-SYSTEM-INTEGRATION	Supports interoperability between components	Contribution to facilitating interoperability, interfacing or harmonisation between components or subsystems in a multi-provider solution.
3. Role labels		
Label	**Name**	**Formal definition**
R-COORDINATOR	Coordinator	The supplier is willing and capable to act as consortium coordinator, leading technical and organisational aspects. This is non-binding.
R-PARTNER	Partner	The supplier prefers to participate as a consortium partner, contributing specific functional capabilities without coordinating.

R-BOTH	Coordinatoror Partner	The supplier is open to either role depending on consortium composition and complementarity.

Table 2. Matchmaking platform functional labels

The matchmaking platform will be available through the THERESA website: https://theresa-pcp.eu/

Bilateral meetings

Suppliers may request bilateral meetings through the THERESA OMC questionnaire, which will be organised between 6–24 February 2026, ensuring transparency, equal treatment and fair competition. Procedure for the bilateral meetings is described in Annex VI.

All relevant details and clarifications shared by the buyers' groups during the bilateral meetings will be **summarised in an anonymised and non-confidential manner** and published in the **Q&A section of the project website**, in order to ensure transparency and equal access to information for all interested economic operators.

How market feedback will be used

Information gathered through online events, the THERESA OMC questionnaire pitch sessions, Q&A interactions and bilateral interviews will inform:

- Refinement of technical and functional requirements in the PCP tender.
- Refinement of feasibility assessments for removing priority contaminants.
- Refinement of testing conditions for the pilot sites.
- Refinement of time and budget distribution per phase, ensuring alignment with market capabilities and innovation maturity.
- Improvement of procurement documents, including risk-sharing, IPR and contractual provisions.

Market feedback plays a decisive role in ensuring that the PCP tender is well aligned with innovation potential and real-world constraints. OMC findings will be published in the THERESA OMC Summary Report after the OMC ends.

6.3. Next steps in the PCP procedure

Following the conclusion of the OMC on 28 February 2026, the THERESA Consortium will:

1. **Analyse THERESA OMC questionnaire data, webinar insights** and **bilateral meetings** to update requirements and KPIs.
2. **Publish the THERESA OMC Summary Report**, highlighting key messages and market readiness.

3. **Finalise the tender documentation**, incorporating validated requirements and market feedback.
4. **Prepare PCP contract templates**, criteria and instructions for suppliers.
5. **Launch the PCP Contract Notice** (expected May 2026), opening competition for Phase 1.
6. **Begin Phase 1 (Solution Design)** in early 2027, following evaluation and contracting.

These steps ensure continuity from market consultation to procurement execution, maintaining transparency and compliance with Horizon Europe PCP rules.

7. Definition of the challenge and required functionalities

THERESA PCP addresses the critical need to remove a wide spectrum of contaminants present in hospital wastewater. These contaminants include pharmaceuticals, cytostatics, antibiotic residues, contrast agents, antimicrobial-resistant bacteria (ARB) and antimicrobial-resistant genes (ARG). The **PBG** has carried out a thorough refinement of the functional and technical requirements, resulting in an initial shortlist of **priority contaminants** that future PCP solutions must be capable of addressing. This section summarises the AS IS / TO BE situation, the specific priority contaminant groups, and the required functional capabilities to be validated through the PCP phases.

7.1. The current situation (AS IS)

HWW contains a complex mixture of hazardous chemicals, pharmaceuticals, pathogens and antimicrobial-resistant microorganisms. Current treatment systems are unable to:

- Remove many cytostatic drugs and their metabolites.
- Remove persistent X-ray contrast agents (iodinated or gadolinium-based).
- Address the diversity of antibiotic families used in acute care settings.
- Control ARB/ARG spread at the source.
- Ensure stable operation under high loads of disinfectants and chemical reagents.

This leads to uncontrolled emissions of micro-pollutants into surface waters and urban wastewater treatment plants, posing environmental, ecological and human health risks.

7.2. Desired situation (TO BE)

A new generation of integrated on-site treatment solutions is needed. These solutions should:

- Efficiently remove priority contaminants at the hospital before discharge.
- Reduce the environmental risks associated with ARB/ARG spread.
- Enable compliance with current and emerging regulatory expectations for micro-pollutant removal.
- Reduce operational burdens for hospitals and allow stable, automated performance.
- Offer future potential for safe non-potable water reuse.

7.3. Detailed functional requirements and priority contaminants

The PBG has shortlisted priority contaminants and functional capabilities that PCP solutions must be able to significantly remove, inactivate or provide. To facilitate cross-references throughout this document (and later in the tender and the THERESA OMC questionnaire, each requirement is given a unique identifier.

Priority cytostatics

ID	ATC Code	Active substance	Pharmacological group/mode of action	Route	Priority
C-CYT-01	L01AA01	Ifosfamide	Alkylating agent	IV	High
C-CYT-02	L01AX03	Temozolomide	Alkylating agent	Oral	High
C-CYT-03	L01AA01	Cyclophosphamide	Alkylating agent	Oral / IV	High
C-CYT-04	L02BB04	Enzalutamide	Androgenreceptor antagonist	Oral	High
C-CYT-05	L01BC02	Fluorouracil	Antimetabolite	IV	High
C-CYT-06	L01BA01	Methotrexate	Antimetabolite	Oral / IV	High
C-CYT-07	L02BX03	Abiraterone	Steroidhormone synthesis inhibitor	Oral	High
C-CYT-08	L04AA06	Mycophenolate	Immunosuppressant, anti-proliferative	Oral	High
C-CYT-09	L01XA01	Cisplatin	Platinum-containing agent	IV	High
C-CYT-10	L01XA02	Carboplatin	Platinum-containing agent	IV	High
C-CYT-11	L01XA03	Oxaliplatin	Platinum-containing agent	IV	High
C-CYT-12	L01BC01	Cytarabine	Antimetabolite	IV	High
C-CYT-13	L01BC05	Gemcitabine	Antimetabolite	IV	High
C-CYT-14	L01XX05	Hydroxycarbamide	Antimetabolite	Oral	High
C-CYT-15	L01BC06	Capecitabine	Antimetabolite (prodrugof fluorouracil)	Oral	High
C-CYT-16	L01EX02	Sorafenib	Kinase inhibitor (BRAF–VEGFR)	Oral	High
C-CYT-17	L01EM03	Alpelisib	PI3-kinase inhibitor	Oral	High
C-CYT-18	L01ED03	Alectinib	Tyrosinekinase inhibitor (ALK)	Oral	High

Table 3. Cytostatic contaminants (high-priority shortlist)

Note: Additional medium-priority cytostatics may be added at a later stage (IDs C-CYT-19+), following ongoing discussions by the buyers' group.

X-ray contrast agents

Rather than fixing a single molecule, the THERESA PCP will require coverage of **at least one CT and one MRI contrast agent**. For reference, the following agents have been most frequently prioritised by the PGB.

ID	Modality	Active substance	Description / note	Priority
C-CTA-01	CT	Iopromide	IodinatedX-raycontrast agent	High
C-CTA-02	CT	Iohexol	IodinatedX-raycontrast agent	High
C-CTA-03	MRI	Gadobutrol	Gadolinium-basedMRI contrast agent	High

Table 4. Representative X-ray contrast agents

Antibiotic families

Solutions should target a broad range of antibiotic families due to their prevalence and their contribution to AMR. The PCP will focus on the ATC groups listed below.

ID	ATC Code	Sub-group description	Priority / WHO category
C-AB-01	J01CA	Penicillinswithextended spectrum	High – WHO high/medium group
C-AB-02	J01CE	Beta-lactamase-sensitive penicillins	High – WHO high/medium group
C-AB-03	J01CF	Beta-lactamase-resistant penicillins	High – WHO high/medium group
C-AB-04	J01CR	Combinationsincl.beta-lactamase inhibitors	High – WHO high/medium group
C-AB-05	J01DD	3rd-generation cephalosporins	High – WHO critical group
C-AB-06	J01DH	Carbapenems	High – WHO critical group
C-AB-07	J01FA	Macrolides	High – WHO high/medium group
C-AB-08	J01MA	Fluoroquinolones	High – WHO high/medium group
C-AB-09	J01XA	Glycopeptide antibacterials	High – WHO high/medium group

Table 5. Priority antibiotic groups

Antimicrobial-resistant bacteria (ARB) and genes (ARG)

ID	Target organism / phenotype	Description
C-ARB-01	Carbapenem-resistant Enterobacterales	CR-Enterobacterales
C-ARB-02	3rd-generation cephalosporin-resistant Enterobacterales	3GC-resistant Enterobacterales
C-ARB-03	Carbapenem-resistant *Acinetobacter baumannii*	CR-*A. baumannii*

Table 6. Priority ARB

ID	Gene group	Description / Examples
C-ARG-01	blaKPCgr	KPC carbapenemase genes
C-ARG-02	blaVIMgr	VIM carbapenemase genes
C-ARG-03	blaNDMgr	NDM carbapenemase genes
C-ARG-04	blaIMPgr	IMP carbapenemase genes
C-ARG-05	blaOXA-48gr	OXA-48-like carbapenemase genes
C-ARG-06	blaCTX-M-1gr	CTX-M-1 extended-spectrum beta-lactamase genes
C-ARG-07	blaCTX-M-9gr	CTX-M-9 extended-spectrum beta-lactamase genes
C-ARG-08	blaCTX-M-2gr	CTX-M-2 extended-spectrum beta-lactamase genes
C-ARG-09	blaCTX-M-25gr	CTX-M-25 extended-spectrum beta-lactamase genes
C-ARG-10	blaSHV-ESBL	SHV ESBL variants (e.g. SHV-2, SHV-5)
C-ARG-11	blaDHA-AmpC	DHA AmpC beta-lactamase genes
C-ARG-12	blaCMY-AmpC	CMY AmpC beta-lactamase genes

Table 7. Priority ARG

Functional capabilities of the THERESA solutions

In addition to targeting the specific contaminant groups above, PCP solutions must provide a set of **functional capabilities**. These will be used later to define evaluation criteria and to align with the THERESA OMC questions.

ID	Functional requirement
F-FUN-01	Centralise and safely channel hospital wastewater into a controlled treatment line.

F-FUN-02	Separate and/or treat highly soluble reagents (e.g. sodium azide) and other hazardous chemicals.
F-FUN-03	Remove large solid debris and coarse materials from the wastewater.
F-FUN-04	Operate stably under high concentrations of disinfectants and cleaning agents.
F-FUN-05	Treat persistent organic pollutants, including pharmaceuticals and cytostatics.
F-FUN-06	Achieve required wastewater discharge standards through effective disinfection.
F-FUN-07	Reduce nutrient concentrations (e.g. nitrogen and phosphorus).
F-FUN-08	Provide advanced treatment for hospital wastewater streams.
F-FUN-09	Manage and handle any sludge generated in a safe and sustainable way.
F-FUN-10	Integrate monitoring devices and sensors (pH, temperature, DO, pollutants, etc.).
F-FUN-11	Include odour control measures.
F-FUN-12	Where permitted, enable non-potable reuse of treated HWW within the hospital (e.g. irrigation, toilet flushing, cooling towers).

Table 8. Functional capability requirements

Non-functional requirements

These requirements are tentative.

Social requirements

1. Ensure worker safety and exposure control, minimising risks related to chemicals.
2. Take into consideration operational workload and training opportunities, and if additional skilled staff are required.
3. Ensure social acceptability in hospital settings, including:
    a. Low noise levels during normal operation and maintenance,
    b. Minimal or no odour emissions,
    c. A compact and space-saving physical footprint
4. Comply with responsible business conduct and human rights standards, including applicable EU labour and procurement regulations and internationally recognised frameworks (e.g. ILO Core Labour Standards, UN Guiding Principles on Business and Human Rights).

   a. This includes due consideration of human rights and labour risks linked to activities, sourcing, or manufacturing in high-risk or conflict-affected contexts.
5. Support gender inclusive design, operation and training.

Environmental & sustainability requirements (life cycle assessment perspective)

Solutions should be designed to minimise environmental impacts and avoid burden shifting, and should:

1. Demonstrate low environmental intensity, including reduced energy use, limited chemical/reagent consumption, and minimal waste generation;
2. Minimise greenhouse gas emissions, either through low GHG intensity or through transparent reporting of energy use and electricity assumptions;
3. Minimise material and resource use across the life cycle, and, where feasible, enable reuse or recycling of key components;
4. Avoid secondary pollution, including the formation of hazardous treatment by-products;
5. Optimise electricity consumption and water losses during normal operation;
6. Facilitate any potential for water recovery or reuse, where technically and legally feasible.

Reliability and operational stability requirements

1. Operate reliably under **variable influent loads**, contaminant concentrations, pH, temperature, and organic matter fluctuations,
2. Maintain stable performance without frequent recalibration or manual intervention,
3. Include fail-safe behaviours, alarms, and recovery mechanisms.

Safety & risk management requirements

1. Comply with health and **safety standards** for hospital staff, operators, and maintenance personnel,
2. Minimise risks associated with toxic by-products, chemicals, pathogens or aerosols,
3. Implement containment, shielding, or inactivation mechanisms as required.

Scalability & adaptability requirements

1. Be adaptable to different hospital sizes, specialisations, and wastewater profiles,
2. Offer modularity for scaling up or down,
3. Allow integration with existing sewer systems and future upgrades.
4. Allow integration with existing Hospital IT systems and future upgrades.

Maintainability & serviceability requirements

1. Require limited and predictable maintenance,
2. Allow easy access for inspection, replacement of parts, and repair,
3. Provide digital maintenance logs and clear O&M instructions.

Footprint & spatial requirements

1. Minimise required space and allow flexible placement (e.g., basement, container unit),
2. Not interfere with clinical pathways or utility flows.

7.4. Constraints and boundary conditions

The following entities are the hospitals participating in the project:

Representative entity (if any)	Acronym	Hospital	Acronym	Country	Acronym
Fundación Miguel Servet	FMS	Hospital Universitario de Navarra	HUN	Spain	ES
Fundación Miguel Servet	FMS	Clínica Ubarmin	CU	Spain	ES
Fundación Miguel Servet	FMS	HospitalVigen del Camino	HVC	Spain	ES
Servicio Andaluz de Salud	SAS	Hospital Universitario Virgen Macarena	HUVM	Spain	ES
		Consorci Hospitalaride Vic	CHV	Spain	ES

		Maastricht University Medical Center+	AZM	The Netherlands	NL
		Ziekenhuis Aan De Stroom	ZAS	Belgium	BE
		Põhja-Eesti Regionaalhaigla	PERH	Estonia	EE
		Wojewódzki Szpital Specjalistyczny W Olsztynie	WSS	Poland	PL

Table 9. Participating Hospitals

Physical Infrastructure Constraints	
Space Availability • Most hospitals prefer **outdoor installation**, except where not allowed. • Indoor space is generally **very limited** (especially PERH and AZM).	**Access Constraints** Critical across hospitals: • Delivery and installation must avoid blocking: • Emergency routes (AZM). • Patient transfer zones. • Residential areas (HUN).
Modularity Needs • Most agree modularity is beneficial. • CHV does **not require** modularity. • PERH emphasises modularity as a **strong advantage**.	**Utilities** • All hospitals have: • Sewer connection. • Water supply. • Electrical systems (though may be limited or require cabling over long distances, e.g., HUN).
Common Limitations • Almost no direct wastewater monitoring. • Very limited wastewater segregation. • Space constraints, especially indoors. • Strict noise and safety requirements. • Need for real-time alarms but restricted remote access (cybersecurity). • Handling solids remains a major operational challenge.	

Table 10. Hospital Infrastructure and Deployment Constraints

7.5. Verification and validation

Verification and validation approach (OMC version)

The THERESA Pre-Commercial Procurement will apply a structured verification and validation approach across the different PCP phases in order to assess the performance, robustness and suitability of proposed solutions. This section provides potential bidders with an overview of the envisaged evaluation logic. Detailed requirements, KPIs, methods and procedures will be defined and published upfront in the PCP tender documentation.

Verification refers to the generation of objective and reliable evidence on the performance achieved by a solution under stated conditions of application. In the THERESA PCP context, verification focuses on the characterisation of technical, functional and environmental performance parameters, enabling comparison and benchmarking of competing solutions. Verification does not constitute a conformity assessment or pass/fail judgement, but supports informed decision-making by the PBG.

Validation refers to the assessment of whether a solution is fit for its intended use in practice. It considers performance in context, including operational feasibility, integration into hospital environments and the ability to deliver the expected technical, environmental and operational outcomes under real or representative conditions.

PCP Phase 2 – Prototype verification

During Phase 2, participating suppliers are expected to develop and test prototype solutions under controlled conditions. Verification activities will focus on assessing compliance with the defined technical, functional and non-functional requirements, based on a common set of Key Performance Indicators (KPIs) and harmonised test procedures.

For planning purposes, prototype testing and verification activities are currently envisaged to take place at facilities associated with members of the PBG, including hospital sites in Spain (SAS/FPS and CHV). These sites are **indicative and subject to confirmation**, and are intended to provide controlled testing environments representative of hospital wastewater conditions.

Phase 2 verification aims to generate comparable and objective performance evidence across competing solutions, covering aspects such as treatment efficiency, operational stability, safety and environmental performance, and to reduce technological risks prior to any field validation activities.

PCP Phase 3 – Field validation

In Phase 3, a limited number of solutions are expected to undergo field validation in real hospital operational environments across different European contexts. Field validation will assess technical performance, operational robustness, usability and environmental effectiveness under realistic conditions, taking into account user needs and site-specific constraints.

For planning purposes, field validation activities are currently envisaged to take place at hospital sites associated with members of the PBG, including facilities in Spain (FMS), the Netherlands (AZM), Estonia (PERH) and Poland (WSS). These sites are **indicative and subject to confirmation**, and may be adjusted depending on operational feasibility and the final configuration of the PCP.

Further details regarding testing arrangements, validation protocols, performance criteria and verification methods will be defined and communicated in the PCP tender documentation.

8. Intellectual property rights (IPR)

This section outlines the tentative IPR model expected to guide the THERESA PCP. The purpose of presenting a clear IPR framework at the OMC stage is twofold: (1) to provide early visibility and predictability for suppliers regarding ownership and exploitation principles, and (2) to collect industry input on the feasibility, market attractiveness, and possible refinements to maximise participation and innovation impact.

8.1. General principles

The THERESA PCP will apply an IPR model that balances innovation incentives for suppliers with fair access to results for public procurers. The model operates under the following principles:

- Suppliers retain **ownership of the IPR generated** during the PCP phases (Foreground IP), **as well as full ownership of any pre-existing intellectual property, technologies or know-how (Background IP)** contributed to the project
- **Public procurers receive usage rights** allowing them to evaluate, test and operate the solutions developed under the PCP.
- **Ownership does not transfer**, but procurers benefit from preferential conditions when acquiring further deployments.
- **Risk–benefit sharing applies**: suppliers bear the development risk but retain ownership of the resulting IPR, while procurers benefit from competitive pricing during the PCP and may, where applicable, negotiate favourable conditions such as royalties or access rights to the final solutions developed.

As part of the **OMC**, suppliers will be invited to provide feedback on this proposed IPR approach, including:

- Potential barriers or risks.
- Alternative mechanisms or refinements that could improve market participation.

The questions included in the survey regarding IPR are entirely exploratory and non-binding. Their purpose is to gather structured feedback from potential suppliers on the feasibility and attractiveness of different IPR approaches. The insights collected during the OMC will inform the final strategy adopted in the PCP tender, with the aim of ensuring a balanced framework that fosters innovation, encourages broad market participation, and safeguards long-term public value. This dialogue with industry is essential to designing a PCP that is both competitive and appealing to innovative suppliers, while contributing to the development of a robust and sustainable innovation ecosystem.

8.2. Execution of the THERESA PCP

The PCP procedure will follow the sequence below:

- May 2026 - Publication of the THERESA PCP Request for Tender.
- September 2026 - Deadline for submission of tenders.
- December 2026 - Publication of the Contract Award Notice in TED.

- January 2027 - Start of PCP Phase 1 (Solution Design).

PCP phases and duration

The THERESA PCP is organised into three sequential phases. Each phase represents an increasingly advanced level of technological development and testing. Following the evaluation of phase deliverables, only the highest-performing contractors will be invited to continue to the next phase. The structure of the PCP phases is summarised below.

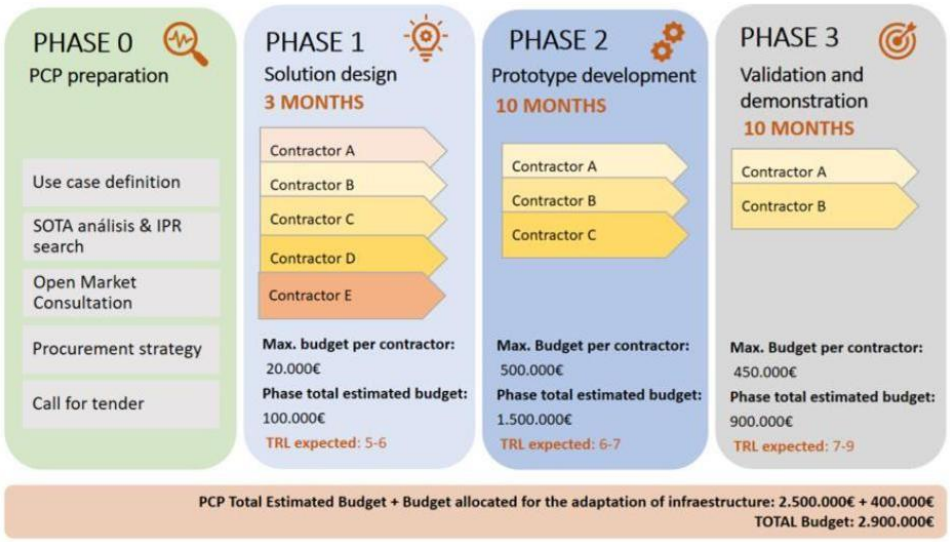

Figure 2. THERESA PCP's phases

PCP Phase	Start	End	Duration	Numberof Contractors Expected	Budget per Contractor
Phase1– Solution Design	Jan 2027	Mar 2027	3 months	5	20.000€
Phase2– Prototype Development	Jul 2027	Apr 2028	10 months	3	500.000€
Phase 3 – Field Validation	Aug 2028	May 2029	10 months	2	450.000€

Table 11. Tentative budget and duration per phase

Expected outputs of each phase

Phase 1: Solution design

- Development of the initial solution architecture.

- Feasibility analysis.
- Planning for prototype development.

Phase 2: Prototype development

- Construction and testing of prototypes.
- Performance characterisation in controlled conditions.
- Updated system architecture.

Phase 3: Field validation

- Deployment of 2 complete solutions. Each of them deployed and validated in a pair of European Hospitals.
- Validation under real hospital conditions
- Final performance evidence and reporting

Annexes

Annex I – THERESA use case

Context

Hospital wastewater (HWW) poses a significant environmental and health risk due to the presence of medicines, pharmaceuticals, pathogens and other hazardous substances. Traditional wastewater treatment systems employed by hospitals and municipal plants are often inadequate to effectively remove these contaminants.

Problem scope

Hospitals discharge substantial amounts of chemicals and microbial agents in their wastewater, including:

- Antibiotics.
- X-ray contrast agents.
- Disinfectants.
- Pharmaceuticals.

Many of these compounds resist normal wastewater treatment processes, contributing to environmental contamination and potential public health impacts.

Use case description

The use case focuses on an on-site treatment system capable of effectively removing toxic substances, infectious compounds, pharmaceutical residues and pathogens from hospital wastewater, thereby reducing environmental burdens and health risks at an affordable cost for health institutions.

AS IS situation

Due to the presence of medicines, pharmaceuticals, pathogens and hazardous substances in HWW, there are significant environmental and health risks for ecosystems and the public.

TO BE situation

With an improved wastewater treatment system:

Discharges from hospitals have a reduced environmental impact.

Toxic substances, infectious compounds, pharmaceutical residues and pathogens are significantly reduced before entering the municipal network or the environment.

Risks to public health are minimised by ensuring the removal of disease-causing agents from hospital wastewater and reducing the

likelihood of waterborne transmission or contamination of drinking water sources.

Required functionalities

The on-site treatment solution is expected to:

Channel hospital wastewater into a centralised treatment facility.

Separate and/or treat highly soluble reagents (e.g. sodium azide) and other hazardous chemicals.

Remove large solid debris and coarse materials from the wastewater.

Operate stably despite high concentrations of disinfection agents.

Treat persistent organic pollutants.

Meet required wastewater discharge standards by effectively disinfecting HWW.

Reduce nutrient concentrations (e.g. nitrogen and phosphorus).

Filter and separate HWW through advanced treatment technologies.

Ensure proper handling of any sludge generated.

Include monitoring devices and sensors to measure key parameters (e.g. pH, temperature, dissolved oxygen, pollutant concentrations).

Provide odour control measures.

Enable, where regulations allow, non-potable reuse of treated HWW within the hospital (e.g. irrigation, toilet flushing, cooling towers).

Steps towards implementation

Identify all sources of HWW discharges within the hospital.

Determine the types of healthcare pollutants present at each identified discharge point.

Review national and EU regulations and guidelines governing HWW discharge.

Assess how innovative solutions can be integrated into the existing wastewater management system.

Train relevant staff members on operation, maintenance and monitoring procedures.

Perform regular sampling and analysis of treated wastewater and periodically assess overall system performance to identify optimisation opportunities.

Annex II – Information about participant hospitals

Operational and technical performance

Water use and flow information

HUVM (ES): 2024 annual consumption 97,273 m³, 2025 YTD 99,021 m³. Monthly values range between 6,688–10,065 m³ in 2024.

CHV (ES): Annual consumption 29,786 m³/year. Minimal seasonal variation.

WSS (PL): Consumption 54,000 m³/year, monthly ~4,500 m³.

AZM (NL): Approx. 160,000 m³/year, with significant summer increase due to cooling. Estimated sewage flow 100,000 m³/year.

FMS (Spain): 2024 combined yearly consumption across three centres:

~260,500 m³/year including:

Hospital	m³/year	Comments
HUN	188,480 m³/year	Seasonal rises linked to irrigation in summer.
HVC	58,851 m³/year	
CU	13,163 m³/year	

Table 12. Water use and flow information per year

PERH (EE): Annual consumption **86,970 m³**, peaks in Jan–Aug, lows in autumn.

ZAS (BE): Combined yearly consumption across campuses : ~**220,789 m³**

including:

Campus	m³/year
ZAS Campus Augustinus	26,129 m³/year
ZAS Campus Vincentius	39,239 m³/year
ZAS Campus Sint - Jozef	7,524 m³/year
ZAS Campus Palfijn	32,411 m³/year
ZAS Campus Middelheim	53,456 m³/year
ZAS Campus Cadix	21,791 m³/year
ZAS Campus Erasmus	3,056 m³/year
ZAS Campus Elisabeth	8,895 m³/year
ZAS Campus Hoge Beuken	8,742 m³/year
ZAS Campus PZ Stuivenberg	9,412 m³/year
ZAS Campus Joostens	10,134 m³/year

Table 13. ZAS Campuses water use and flow information per year

Average daily consumption

Hospital	m³/day	Comments
HUVM	215–335 m³/day	2024 data.
CHV	~82 m³/day	Derived from annual consumption.
WSS	~150 m³/day	
PERH	238 m³/day	
AZM	440 m³/day	
HUN	~715 m³/day	Combined (HUN main campus ~516 m³/day), derived from total annual consumption data.
ZAS	~605 m³/day	Average daily consumption derived from total annual consumption of campuses.

Table 14. Average daily consumption per hospital

Wastewater flow

Directly measured: rarely measured; most hospitals **estimate wastewater flow≈ water consumption**.

Exceptions:

Hospital	Campus	Estimate	Comments
AMZ		100,000 m³/year	~60% of water input (evaporation due to cooling).
WSS		150 m³/day	Estimation based on water consumption.
HUN			Currently does not measure wastewater but plans procurement for future monitoring.
ZAS	ZAS Campus Palfijn	127,4 m³/day	
	ZASCampusHoge Beuken	247,31 m³/day	

	ZAS Campus Erasmus	28,57 m^3/day	
	ZAS Campus Cadix	149,92 m^3/day	Based on 2025 measurements.
	ZAS Campus Vincentius	72,0860 m^3/day	

Table 15. Hospital wastewater flow

Seasonal or operational variations

Common findings:

Minimal seasonal variation in most hospitals (CHV, WSS, PERH).

Cooling-related summer increase in AZM.

Irrigation-related summer increase in Navarra (for HUN).

HUVM and ZAS show no clear seasonal trends based on 2024–2025 consumption charts.

Infrastructure and operational environment

Wastewater pathways and segregation:

Segregation of Streams

Stream	Typical Status Across Hospitals
Rainwater	Mixed or separate depending on building; **separate drainage exists** in Navarra, WSS, PERH. ZAS: Separation of rainwater at ZAS Cadix, ZAS Stuivenberg and ZAS Palfijn – rainwater used for toilets flushing
Laboratory wastewater	Often **not separated** (HUVM, WSS, PERH); **segregated in CHV and ZAS** except for campus Middelheim.
Laundry wastewater	Usually **outsourced**, hence no direct segregation.
Radioactive wastewater	**Segregated only in specific centres** (AZM, HUN) partial separation at ZAS.
Kitchen wastewater	Usually mixed; **grease traps** common (HUVM, PERH).
Septic/collection tanks	HUN, AZM and ZAS Middelheim have holding tanks for radioactive streams only.

Table 16. Hospital wastewater segregation streams

Final discharge points

Hospital	Final discharge points
HUVM	6 discharge points to municipal sewer.
CHV	1 main discharge point, with pre-screening.
WSS	4 discharge points to municipal sewer.
AZM	1main discharge point + two auxiliary points.
HUN	Several discharge connections depending on building (HUN, HVC, UC).
PERH	14 discharge channels converging at a municipal collector.
ZAS	+ 16 discharge points distributed across campuses.

Table 17. Final discharge points

Existing pre-treatment

Hospital	Existing pre-treatment
HUVM	Grease separator + sampling manhole + siphon manhole.
CHV	Mechanical coarse screening.
WSS	None.
AZM	Greasetraps,plastertraps,amalgamseparators;**no centralized pre-treatment**.
HUN	No general pre-treatment; only isolated systems (radioactive tanks, hazard collection tanks).
PERH	**3 grease traps**; otherwise no pre-treatment.
ZAS	Pre-treatment: amalgam separator, hydrocarbon separator, grease separators, mechanical coarse screening, septic tanks for hazard collection.

Table 18. Existing pre-treatment

Cross-connections

All hospitals report **no known cross-connections**.

Monitoring and control systems

Presence of monitoring devices

Hospital	Flow Meters	pH/Temp Sensors	BMS Integration	Water Quality Monitoring
HUVM	Yes (inlet via supplier billing)	Not specified	Not stated	Not stated
CHV	Yes (inlet)	Yes	BMS-ready	Full annual + quarterly analyses; Legionella & metals
WSS	No	No	No	None
AZM	Yes (inlet only)	Tempsensorson cooling discharge	FullBMS 24/7	Legionella only
HUN	Waterinlet monitoring only	Chlorine monitoring	No integrated BMS	No wastewater monitoring
PERH	Inlet flowmeters	Temp/pressure	BMSdata limited	Municipal quarterly wastewater tests
ZAS	Inletand outletflow meters	Temperature/pH sensors	No	Periodic water quality checks for Temp, pH, BOD, COD, total N, P, Suspended solids, metals content: As, Cd, Cr, Cu, Pb, Ni, Zn,Hg,Ag

Table 19. Monitoring and control systems

Remote Access Needs

Common themes:

Most hospitals prefer integration with Building Management System, especially for alarms.

PERH prohibits external remote access due to cybersecurity.

Operational capacity and barriers

Staffing and technical capacity

Hospital	Staffing and technical capacity

HUVM	Maintenance structure not detailed.
CHV	10 technical staff; basic checks feasible; some outsourcing.
WSS	All maintenance outsourced.
AZM	50FTEfacilitystaff;supervisionavailablebutwork outsourced.
HUN	Large in-house team (12 mechanical/plumbing + other tech staff).
PERH	6 specialists; limited on-site interventions; monitoring is strong but constrained by BMS.
ZAS	Limited technical staff (FTEs), no skills and knowledge, supervision, maintenance and monitoring to be outsourced.

Table 20. Staffing and technical capacity

Common limitations

Limited onsite operator hours (nights/weekends).

Reliance on external contractors.

Limited specialised wastewater expertise.

Operational barriers and acceptability

Space constraints

Hospital	Space constraints
HUVM	Multiple manholes, outdoor locations; general constraints not detailed.
CHV	Allocated area available (former WWTP).
WSS	Not specified in detail; space constraints likely.
AZM	**Severe outdoor space limitation: 6×8 m** near main sewage pit.
HUN	Space exists but **collector depth 6 m** is a challenge.
PERH	Extremely limited indoor space (toilet rooms 1.5–4 m^2); outdoor installation requires municipal approval.

ZAS	Limited space, old buildings, differences between the campuses in terms of location, infrastructure, etc, multiple connection points to the sewer.

Table 21. Space constraints

Power, noise, safety aspects

Electrical capacity often available but may require upgrades (HUN-Navarra).

Noise restrictions are critical - especially HUN-Navarra and PERH (max 35–40 dB indoors).

Hospitals emphasize continuous access, no interruption to sewer flow, and need for bypass solutions.

Chemical handling & odour

All hospitals highlight:

Need to avoid harmful vapours.

Need for odour control.

Challenges handling physical waste/coarse materials (Navarra & PERH particularly).

Wastewater segregation & public health considerations

High-risk streams

Mixed in most hospitals.

Radioactive wastewater:

Segregated with holding tanks in *AZM* and *HUN and ZAS Campus Middleheim*.

Not separated elsewhere.

Infection control considerations

Risks mainly associated with:

Physical waste (wipes, organic material).

Potential accumulation of cytostatics/antibiotics.

Need for watertight installations (HUN).

Space & site integration

Physical infrastructure constraints:

Space availability

Most hospitals prefer outdoor installation, except where not allowed.

Indoor space is generally very limited (especially PERH, AZM).

Access Constraints

Critical across hospitals:

Delivery and installation must avoid blocking:

Emergency routes (AZM).

Patient transfer zones.

Residential areas (HUN).

Modularity Needs

Most agree modularity is beneficial.

CHV does not require modularity.

PERH and ZAS emphasises modularity as a strong advantage.

Utilities

All hospitals have:

Sewer connection.

Water supply.

Electrical systems (though may be limited or require cabling over long distances, e.g., HUN).

Summary of the hospital baseline characteristics

Across all hospitals:

Common Strengths

Reliable water supply and consumption data

Basic inlet flow metering

Predictable wastewater volume

Some in-house technical capacity

Common Limitations

Almost no direct wastewater monitoring.

Very limited wastewater segregation including laboratory and radioactive wastewater.

Space constraints, especially indoors.

Strict noise and safety requirements.

Need for real-time alarms but restricted remote access (cybersecurity).

Implications for technology implementation

A future pre-treatment solution must be:

Compact and modular with modules installable outdoors and indoors

Low-noise (<35 dB in some cases).

Highly sealed (especially for odour nuisance).

Cybersecure and compatible with BMS (read-only or restricted integration).

Capable of handling mixed hospital wastewater.

Able to function with limited operator input and without disrupting 24/7 hospital service.

Annex III – How to prepare a good pitch for the OMC

This Annex explains how suppliers may effectively present their solutions within the framework of the THERESA OMC. It aims to enhance visibility among potential consortium partners and to support procurers in gaining a clearer understanding of existing approaches and technologies addressing the THERESA challenge.

Understand the audience

Before preparing a pitch, it is helpful to clarify the following aspects:

Who is the intended audience?

What are their main priorities (e.g. cost, speed, risk, return on investment, usability, scalability)?

What level of prior knowledge can be assumed (e.g. sector expertise, awareness of the challenge, technical depth)?

The **language, level of detail and metrics** used should be adapted accordingly to match the audience.

When designing the slides, the pitch should aim to address:

The specific problem, unmet need or challenge being targeted

How the proposed solution addresses these needs and overcomes the identified challenges

The main value proposition and how it compares with current standards or existing technologies

The current maturity level of the solution and technology, including existing strengths and remaining gaps

The type of support sought (e.g. funding, partnerships, end-users, data access)

Whether the unmet needs can be addressed independently or require partners, and the intended role within a potential consortium (lead or contributing partner)

Tips: to do and to avoid

The following design principles are recommended throughout the presentation:

Use short and concise sentences.

Prioritise icons, visuals and diagrams over dense text

Maintain a clear structure and coherent narrative flow

Focus on outcomes rather than features alone

Adopt a confident yet realistic tone

Anticipate potential objections, gaps or limitations and outline possible mitigation approaches

The following should be avoided:

Overloading the presentation with excessive technical detail

Neglecting the business and operational impact

Underestimating timelines or costs

Presenting an unclear or weak role of the company within the proposed solution

Proposal for the slide design

The content of each slide may be adapted as needed, provided that all expected information is included. Pitch presentations will be uploaded to the THERESA's YouTube channel.

Maximum slides allowed are FIVE.

Maximum time for exposition will be FIVE MINUTES.

The following slide structure is suggested for the presentation:

1. **What is the specific problem?**

The presentation should start by clearly defining the specific problem or unmet need being addressed and explaining why it matters. This may include existing inefficiencies, unresolved challenges, risks or safety concerns.

2. **The proposed solution is…**

The proposed solution should be described in simple, outcome-focused terms, explaining what it is, what it replaces, improves or adds, and how it works at a high level.

3. **Expected impact**

The solution should be linked to its expected impact, including operational efficiency gains (such as time or productivity improvements), cost reductions or revenue gains, risk mitigation, regulatory compliance, and environmental benefits (e.g. reduced carbon footprint, lower pollutant releases or improved resource efficiency).

4. **How is it going to work?**

This section should describe the implementation approach and identify any missing components. It should outline the types of partners required, how the solution would be delivered and integrated, and the expected progress throughout the project, including key phases, a high-level timeline and key milestones.

5. **Is it feasible?**

The presentation should conclude by demonstrating feasibility and readiness, highlighting available resources (including roles and responsibilities),

prior experience or relevant case studies, the technology readiness level, and any vendor or partner support.

Annex IV – Protocol for bilateral meetings

Introduction

The present Annex IV constitutes the protocol for bilateral meetings between the procurers, the public buyers' group and suppliers, with a particular focus on the OMC phase of the project. It also sets out the compliance obligations that must be observed whenever procurers, public buyers and suppliers engage with one another.

Furthermore, it provides a **more detailed examination of the DOs and DON'Ts**, illustrating from a practical standpoint which information-sharing and communication practices are allowed or prohibited during the OMC, so that its objectives can be fulfilled without administrative, legal or compliance-related obstacles.

The aim of these bilateral meetings is to:

- Clarify and deepen the information received through the open OMC channels, specially through the THERESA OMC questionnaire.
- Better understand the capabilities, approaches and constraints of market suppliers.
- Refine the PCP design (scope, architecture, risk allocation, IPR, etc.), without providing any unfair advantage to individual suppliers.

In this regard, particular attention is devoted to ensuring, through specific measures, that all **information disclosed during the OMC is made accessible to any interested party**, thereby safeguarding a level playing field for the subsequent procurement phase and preventing any potential distortion of competition.

Legal framework and principles

All bilateral meetings are conducted in full compliance with the Treaty on the Functioning of the European Union (TFEU), in particular the principles of transparency, proportionality, equal treatment, non-discrimination and fair competition; **Directive 2014/24/EU, in particular Articles 40 and 41** on preliminary market consultations and measures to avoid distortion of competition the applicable regional contracting legislation of the Lead Procurer.

Participation in any OMC activity, including bilateral meetings, **does not**:

Constitute a pre-selection of suppliers.

Create any legitimate expectation or right to be awarded a contract.

Give rise to any obligation for the Procurers to launch or award the PCP.

Eligibility and selection of participants

Bilateral meetings may only be held with organisations that:

Have formally participated in the OMC (by submitting the THERESA OMC questionnaire).

Are active in fields relevant to the PCP challenge.

The PBG will decide which organisations are invited to bilateral meetings, based on objective criteria, such as:

Relevance of the role for the envisaged PCP solution (e.g. open platform providers, application/service providers, system integrators, potential coordinators).

Experience in integrating solutions and working within ecosystems or open architectures.

Innovative or distinctive features highlighted in their OMC contributions (e.g. different technical approaches, IPR models, business models).

Representativeness of different market segments and geographical balance, where applicable.

Confidentiality and publication of information

The Procurers will treat the information received during bilateral meetings as follows:

Suppliers are responsible for clearly identifying, at the time of disclosure, which information is considered **confidential** and which is not, either in writing or orally. Where confidentiality is indicated orally, such designation shall be subsequently confirmed in writing, in order to ensure clarity on what must be identified as confidential.

Information explicitly identified as confidential and reasonably qualifying as such (e.g. trade secrets, sensitive technical details or confidential business strategies) will not be disclosed and will only be used internally for the purpose of understanding the market.

Information of general interest that **does not reveal confidential details may be summarised and published** in the THERESA OMC Summary Report, updated challenge description and requirements, and/or a public Q&A document published in English at https://theresa-pcp.eu/frequently-asked-questions/

Equal treatment and avoidance of undue advantage

To avoid any undue advantage and ensure a level playing field, the same general information regarding the OMC, including scope, budget, high-level requirements and timeline, will be made available to all interested suppliers through the OMC documentation, events and public Q&A, which will be available at https://theresa-pcp.eu/

Any clarification of general relevance that emerges during bilateral meetings will likewise be incorporated into the OMC documentation or the public Q&A, without identifying the supplier who raised the issue. Participation, or lack of participation, in bilateral meetings will not be considered as an award or selection criterion in the subsequent PCP tender.

If, despite these safeguards, a potential risk of distortion of competition is identified for a specific supplier, the procurers will implement proportionate

corrective measures to eliminate any undue advantage. Such measures may include, for example, providing additional disclosures to all bidders, in line with Article 41 of Directive 2014/24/EU.

Agenda for bilateral meetings

Bilateral meetings can be proposed by the PBG to specific market suppliers or requested by market suppliers that meet the eligibility criteria, **though the THERESA OMC questionnaire** between 6–24 February 2026.

A standard agenda will be used for all bilateral meetings with approximate time distribution such as:

Time	Action	Participant
2 min	Welcome and introductions	All participants
5 min	Reminder of the OMC objectives, this Protocol and the non-binding nature of the discussion	Procurers
15 min	Presentation from suppliers on their company and solution (based on the THERESA OMC questionnaire answers)	Suppliers
15 min	Questions from public buyers to suppliers	Buyers/Procurers
20 min	Questions from suppliers to public buyers	Suppliers
5 min	Summary of main takeaways and explanation of how the information will be used.	Procurers

Table 22. Standard bilateral meetings agenda

All information provided by suppliers to the buyers in the context of the PCP THERESA project, whether through the THERESA OMC questionnaire, during bilateral meetings, or via any other communication channel, will be anonymised, summarised, and published in English on the project's website. If any of the information shared at the meetings is **confidential** or could reveal sensitive information, **suppliers must clearly indicate this at the time of submission,** orally or in writing. Where confidentiality is indicated orally, this shall be confirmed in writing. Such information will be treated accordingly and will not be disclosed publicly.

All meetings will:

Last approximately [30–90] minutes.

Be conducted online.

Be attended by at least two representatives of the procurers (one of them from the procurement/legal side) to ensure consistency and proper record-keeping.

Record-keeping

For each bilateral meeting, **the procurers** will keep a short-written record, which will be for internal use including:

Date, time and format of the meeting.

Names and roles of participants on both sides.

Topics discussed and agreements.

A consolidated and **anonymised summary** of the insights gained from the bilateral meetings **should be presented separately.**

Allowed and not allowed topics

This section outlines the boundaries of the information and discussions that may take place during the OMC. It clarifies which topics can be legitimately addressed to support a better understanding of the PCP challenge and ensure an open, fair and well-informed consultation process, and which topics must be strictly avoided to prevent any risk of distorting competition or granting undue advantages to specific suppliers. Below are illustrative examples of allowed and non-allowed discussion areas.

What is discussed?

Proprietary technology details.

Specific cost estimates or pricing models.

Commercial partnerships or business strategies.

Detailed technical specifications.

Regulatory challenges specific to the proposed solution.

Concerns about the PCP process.

Non-allowed topics (examples):

Conduct sales pitches, marketing activities or other commercial solicitation

towards the PBG.

Promote specific products or services with the aim of influencing future purchasing decisions.

Provide individual guidance on how to optimise or structure a future tender submission.

Discuss evaluation criteria, scoring methods, weighting, or selection thresholds.

Grant any supplier competitive advantage over others.

Validate or pre-approve specific solutions, technologies or approaches.

Share confidential or commercially sensitive information about other suppliers.

Commit the PBG to specific technical requirements, budgets, timelines or pilot sites.

Negotiate contractual terms or future procurement conditions.

Template for bilateral meeting notes (internal)

Disclaimer: Any information explicitly identified as **"confidential"** by the supplier, whether orally or in writing, and reasonably qualifying as such (e.g. trade secrets, sensitive technical details or confidential business strategies), **will not be disclosed** and will be used exclusively for internal purposes related to market understanding. Where confidentiality is indicated orally, such designation must be confirmed in writing.

CONTRACTOR NAME:

Meeting information			
Date:		**Location:**	
Time:		**Duration:**	
Meeting objectives:	• 1 • 2 • 3…		
Convened by:			
Attendees (BUYERS):			
• NAME – Position • NAME – Position • NAME – Position			
Attendees (PROCURERS):			
• NAME – Position • NAME – Position • NAME – Position			
• NAME – Position • NAME – Position • NAME – Position			
Attendees (SUPPLIERS):			

• NAME – Position and Company • NAME – Position and Company • NAME – Position and Company • NAME – Position and Company
TOPICS ADDRESSED
TOPIC 1 XXXXX
TOPIC 2 XXXXX
…
COMMENTS

Table 23. Template for bilateral meeting notes (internal)

Template for bilateral meeting notes (external)

Disclaimer: Any information explicitly identified as **"confidential"** by the supplier, whether orally or in writing, and reasonably qualifying as such (e.g. trade secrets, sensitive technical details or confidential business strategies), **will not be disclosed** and will be used exclusively for internal purposes related to market understanding. Where confidentiality is indicated orally, such designation must be confirmed in writing.

COMPANY NAME
• Company name • Company name
Summary
• Topic 1 … • Topic 2 …

Table 24. Template for bilateral meeting notes (external)

theresa