**Supplementary Table 1: Decision attributes identified in the scoping review**

|  |  |
| --- | --- |
| **Attributes** | **Sub-attributes/ concepts** |
|  |  |
| **Disease determinants** | Factors responsible for the incidence/persistence of disease. (1) |
| **Disease burden-clinical** | Prevalence of disease, incidence of disease, absolute number of patients, severity of disease, impact of disease/condition on quality of life, number of potential beneficiaries (direct and indirect) (6) |
| **Need (clinical)** | Availability of treatment alternatives, limitations of comparative interventions, availability of preventative measures, clinical need, emergencies. (5) |
| **Health benefit** | Saving life, life expectancy gains, average life-year benefit per patient, prolongation of disease-free survival, patient reported outcomes, quality of life, enhanced health outcome, quality-adjusted life years gained, disability-adjusted life years gained, overall gain in quality of care, health benefits relative to standard therapy, relative value to patient (12) |
| **Quality of evidence-clinical** | Availability of evidence, strength of evidence, consistency of findings, quality of data, choice of end points, validity of data, certainty, precision of effect, selection of studies, proof, scientific evidence, time of assessment in technology development, therapy mechanism of action. (13) |
| **Safety of the intervention** | Side effects, adverse effects, unintended consequences, safety and tolerability, risks, risk management, harm, risk of toxicity compared with standard therapy. (8) |
| **Relevance (generalizability) of evidence to practice** | Relevance of evidence, representativeness of study patients, representativeness of technology users (e.g. skill of surgeon or health care practitioner in studies vs. real world), representativeness of context (e.g. acute vs long term care; country differences), response rate, patient compliance, level of generalization, effectiveness in practice, evidence of real-world effectiveness. (9) |
| **External health impact of intervention** | Impact on patient’s family, possible harms to others (caregiver burden), transmission of infectious disease, effect on population health (positive or negative), public health interest, social impact, social benefit, prevention of ill health (8) |
|  |  |
| **Disease burden-cost** | Cost to treat disease, cost to prevent disease, national cost of the disease/condition, cost per patient, cost of work absence (5) |
| **Financial/budget impact-costs of intervention** | Budget impact, affordability, operating and start-up costs, national medical costs per year, financial impact on government. (5) |
| **External cost impact** | Cost to patient’s family, possible harms to others, infectious disease involved, population effect (positive or negative), public health interest, social impact, social benefit, prevention of ill health, prevention. (9) |
| **Financial impact-savings of intervention** | Cost-savings, reduced work absence (2) |
| **Efficiency / value for money of the intervention** | Cost-effectiveness, cost-utility, cost per QALY, cost consequence analysis, cost benefit analysis (5) |
| **Quality of evidence (cost and cost effectiveness estimates)** | Uncertainty in QALYs gained, measurement limitations of the QALY, possible benefit/harms not included in the QALY (i.e. non-health benefits, social benefits) (3) |
| **Opportunity costs** | Opportunity costs to the population. (1) |
|  |  |
| **Ethics and moral issues** | Consistency with societal values, moral consequences of HTA, ethical implications, rule of rescue. (4) |
| **Vulnerable and needy populations** | Vulnerable populations (e.g. age, gender, geography, ethnicity, indigenous populations), life extending treatment for end of life, social groups with high risk and/or increased vulnerability, age of targeted group, population equity, positive poverty reduction. (6) |
| **Human dignity** | Human integrity and dignity, basic human rights, meeting patients’ basic needs. (3) |
| **Patient autonomy and patient preference** | Patient autonomy, patient preferences for treatment, patient preferences for outcomes, patient-centred healthcare, patient & public involvement in decision making (5) |
| **Equity, fairness and justice** | Equity, fairness, health equity, equality, distributive justice, formal justice, procedural justice, social justice, addressing health status inequalities at population level, geographical equity, equity of access, timeliness of access. (12) |
| **Utility** | Utility, utilitarianism. (2) |
| **Solidarity** | Solidarity, collectivism, cohesion. (3) |
| **Cultural aspects** | Cultural and religious convictions. (2) |
|  |  |
| **Priorities: national, local level etc.** | National priorities, local priorities (does it meet a local health need? public expectations?), international priorities, strategic direction of the organization. (4) |
| **Stakeholder interests and pressures; political aspects.** | Advocacy, pressure from patient groups, pressure from physician groups, producer interests, recommendations made by other countries, clinical expert opinions; political pressure, political impact. (8) |
|  |  |
| **Feasibility (at the organizational level and at the system level)** | System requirements, physical environment, system capacity, local capacity, ability to implement, organization structure, organizational burden, logistics, process, well-organized, feasibility of delivery; enablers and barriers to diffusion within the health system infrastructure (*operational, capital, human resources, legislative, regulatory*), ease of integration into local community, system integration, system-level acceptability (15) |
| **Flexibility of implementation** | Flexibility, reversibility, revisability, ability to evaluate, ability to change/modify implementation. (5) |
| **Ensuring adequate quality and sustainability of intervention** | Appropriate use of intervention, appropriateness, appropriate setting/level of service, sustainability, longevity. (5) |