**Supplemental Materials**

**Supplemental Material 1. The link between HTA and decision making in Latin America: Survey Results**

|  | **Argentina** | **Brazil** | **Colombia** | **Costa Rica** | **Chile** | **Ecuador** | **El Salvador** | **Mexico** | **Paraguay** | **Panama** | **Peru** | **Uruguay** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Decision making process assessed | Social Security Superintendency of Health Services | National Unified Health System (UHS) | National Public Health System | Social Security Official list of medicines | System of “Ricarte Soto” Law on High Cost Medicines | National Public Health System | Public System List of Essential Medicines | Public System High Cost Diseases and Interventions | National | Social Security Social Security Fund | National | National National Resource Fund |
| Existence of a formal and explicit process to **prioritize** candidate technologies for assessment | | | | | | | | | | | | |
|  | No | No | Yes | No | Yes | No | No | Yes | No | No | No | Yes |
| Stakeholder engagement in the **selection** process and requests for candidate technologies to be assessment | | | | | | | | | | | | |
| Minister of Health | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Industry | ✓ | ✓ | ✓ |  | ✓ |  |  |  | ✓ |  |  | ✓ |
| Patients/users | ✓ | ✓ | ✓ |  | ✓ |  |  | ✓ | ✓ |  |  | ✓ |
| Providers/hospitals | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Scientific societies | ✓ | ✓ | ✓ | ✓ | ✓ |  |  | ✓ | ✓ |  |  | ✓ |
| Other (a) |  | ✓ |  | ✓ | ✓ |  | ✓ |  |  |  | ✓ | ✓ |
| Participation of decision makers in the **prioritization** of technologies to be assessed | | | | | | | | | | | | |
|  | Never/almost never | Never/almost never | Always/almost always | Sometimes | Sometimes | Sometimes | Sometimes | Always/almost always | Always/almost always | Never/almost never | N/A | Always/almost always |
| **Stakeholders** involved in the **assessment** process | | | | | | | | | | | | |
| Decision makers |  | ✓ | ✓ | ✓ |  | ✓ |  | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patients/users |  | ✓ | ✓ |  | ✓ |  |  | ✓ |  |  |  | ✓ |
| General public |  | ✓ |  |  |  |  |  |  |  |  |  |  |
| Industry |  | ✓ |  |  | ✓ |  |  |  |  |  |  | ✓ |
| Scientific societies |  | ✓ | ✓ |  | ✓ |  |  | ✓ | ✓ |  | ✓ | ✓ |
| Other (b) | ✓ |  |  | ✓ | ✓ |  | ✓ | ✓ |  | ✓ |  | ✓ |
| **Dimensions** formally considered in the **assessment** of a technology | | | | | | | | | | | | |
| Efficiency/ effectiveness | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Safety | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cost-effectiveness | ✓ | ✓ |  | ✓ | ✓ |  |  | ✓ | ✓ | ✓ | ✓ | ✓ |
| Evidence quality | ✓ | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Budget impact | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ethics and social impact |  |  |  |  | ✓ |  |  | ✓ | ✓ |  |  | ✓ |
| Organizational impact |  | ✓ |  | ✓ | ✓ |  |  | ✓ | ✓ | ✓ |  | ✓ |
| Technology cost | ✓ | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Disease burden | ✓ |  |  | ✓ |  |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patient perspective |  |  | ✓ |  | ✓ |  |  | ✓ | ✓ |  |  | ✓ |
| Innovation |  |  | ✓ |  |  |  |  |  | ✓ | ✓ |  |  |
| Other (c) |  |  |  |  | ✓ |  |  |  |  | ✓ |  | ✓ |
| **Stakeholders** involved in the **recommendation and/or decision-making** process | | | | | | | | | | | | |
| Decision makers | ✓ | ✓ |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patients/users |  | ✓ | ✓ |  | ✓ |  |  |  | ✓ |  |  | ✓ |
| General public |  |  |  |  | ✓ |  |  |  |  |  |  |  |
| Industry |  | ✓ |  |  |  |  |  |  | ✓ |  |  | ✓ |
| Scientific societies |  | ✓ | ✓ |  | ✓ |  |  | ✓ | ✓ |  |  | ✓ |
| Other (d) |  |  | ✓ |  | ✓ |  |  | ✓ |  | ✓ | ✓ | ✓ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **Argentina** | | **Brazil** | | **Colombia** | | **Costa Rica** | | **Chile** | | **Ecuador** | | **El Salvador** | **Mexico** | | **Paraguay** | | **Panama** | | **Peru** | | | **Uruguay** |
| Decision making process assessed | Social Security Superintendency of Health Services | | National Unified Health System (UHS) | | National Public Health System | | Social Security Official list of medicines | | System of “Recarte Soto” Law on High Cost Medicines | | National Public Health System | | Public System List of Essential Medicines | Public System High Cost Diseases and Interventions | | National | | Social Security Social Security Fund | | National | | | National National Resource Fund |
| During the **assessment** and at the moment of **decision**,  A) The costs and cost effectiveness are assessed only after the assessment of efficiency/effectiveness and safety and where the results are positive  B) The costs and cost-effectiveness are assessed at the same time as the efficiency/effectiveness and safety | | | | | | | | | | | | | | | | | | | | | | | |
|  | | B | | B | | A | | A | | A | | A | A | | B | | A | | A | | Other(e) | A | |
| **Dimensions** formally considered during the issuance of **recommendations and/or decision making** | | | | | | | | | | | | | | | | | | | | | | | |
| Efficiency/effectiveness | |  | | ✓✓ | | ✓✓ | | ✓ | | ✓✓ | | ✓✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Safety | |  | | ✓✓ | | ✓✓ | | ✓✓ | | ✓✓ | | ✓✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Cost-effectiveness | |  | | ✓ | |  | | ✓✓ | | ✓ | |  |  | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Evidence quality | |  | | ✓ | | ✓ | | ✓ | | ✓✓ | |  | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Budget impact | |  | | ✓✓ | | ✓✓ | | ✓✓ | | ✓ | | ✓✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Ethics and social impact of the technology assessed | |  | |  | | ✓ | |  | | ✓ | |  | ✓ | | ✓ | | ✓ | |  | |  | ✓ | |
| Organizational impact | |  | |  | |  | | ✓ | | ✓ | |  |  | | ✓ | | ✓ | | ✓ | |  | ✓ | |
| Technology cost | |  | | ✓ | | ✓ | | ✓ | | ✓ | |  | ✓ | | ✓ | | ✓ | | ✓ | |  | ✓ | |
| Disease burden | |  | |  | |  | | ✓ | |  | |  | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | |
| Patient perspective | |  | |  | | ✓ | |  | | ✓ | |  |  | | ✓ | |  | |  | | ✓ | ✓ | |
| Innovation | |  | |  | | ✓ | |  | |  | |  |  | |  | | ✓ | |  | |  |  | |
| Other dimensions (f) | | ✓ | |  | |  | |  | | ✓ | |  |  | |  | |  | | ✓ | | ✓ | ✓ | |
| Existence of a formal process for issuing the recommendations and decision-making, independent of the preparation of the HTA report | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No | | No | | Yes | | Yes | | No | | No | No | | Yes | | Yes | | No | | No | Yes | |
| Existence of a formal and explicit appeal mechanism that relates the HTA report to the issued recommendation and/or decision | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Never/almost never | | Always/almost always | | Always/almost always | | Never/almost never | | Always/almost always | | Sometimes | Always/almost always | | Always/almost always | | Sometimes | | Sometimes | | Sometimes | Always/almost always | |
| Existence of a formal and explicit mechanism for appeal and/or request to review a recommendation or decision | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sometimes | | Always/almost always | | Always/almost always | | Always/almost always | | Always/almost always | | Never/almost never | Never/almost never | | Sometimes | | Sometimes | | Never/almost never | | Never/almost never | Never/almost never | |
| Existence of formal and explicit processes to implement and monitor coverage decisions | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Never/almost never | | Always/almost always | | Sometimes | | Sometimes | | Always/almost always | | Always/almost always | Never/almost never | | Always/almost always | | Always/almost always | | Sometimes | | Sometimes | Always/almost always | |
| Existence of a formal regulatory framework that institutionalizes the link between HTA and decision making | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No | | Yes | | Yes | | No | | Yes | | No | No | | Yes | | Partly | | Partly | | Partly | Yes | |

(a) In the case of Brazil, State and Municipal Health Secretariats: Cost Rica, Costa Rican Social Security Fund; Chile, Technical Consultation Commissions; El Salvador, Special high-cost drug programs that have external financing; Peru, Other national health entities; Uruguay, Academics.

(b) In the case of Argentina, there are no formally involved stakeholders: Costa Rica, Medical specialists; Chile, Ministry of Health and temporary consultants, El Salvador, Officials of the Directorate of Health Technologies; Mexico, Social security institutions providing health services; Panama, Transitory groups, departments of purchase of provision of services; Uruguay, Academics.

(c) In the case of Chile, equity, other treatment alternatives; Panama, administrative or political needs of the decision maker at meso and macro levels; Uruguay, Prevalence and incidence, Equity, Lack of health technology (HT) in that disease area (therapeutic gap, etc.), Concordance with the defined national health objectives. Applicability of the HT that includes =organizational aspects, equipment and infrastructure considerations, Demands from society or academia.

(d) In the case of Colombia, Methodological experts and independent academics; Chile, Priority Recommendation Committee, which comprises experts in bioethics, public health, health economics, regulatory agencies, etc., Also, participation of two designated patient association representatives who are nominated by their association; Mexico, Ministry of Health/social security institution that deliver health services; Panama, the research team gives recommendations in the report to a group (plenum) of decision makers (CSS); Peru, Ministry of the Economy and Finance; Uruguay, Academics.

(e) In the local context at the point of decision making, the order of the assessment aspects and taken into account during the decision political priorities are prioritized. After this follow the aspects of efficiency/effectiveness/safety/costs/cost effectiveness.

(f) In the case of Argentina, it is not explicit; Peru, political context; Chile, Equity, availability of treatment alternatives for the illness.

✓✓=In addition to this dimension being formally considered, it is also one of the top three most relevant dimensions