eFigure 1 Summary of two stage survey process



eFigure 2. Selection Sampling of non-EU HTA organisations



EUnetHTA = European network for health technology assessment; HTAi = Health Technology Assessment International; INAHTA = International Network of Agencies for Health Technology Assessment; WHO HTA = World Health Organization HTA Collaborating Centres.

eTable 1. Qualitative interview data analysis: summary of key points addressing the issues associated with HTA of medical devices

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| **HTAperspectives** | **Value** | **Key Point Summary** | **Categorisationa** |
| **Structure** | ***Positive*** | ***Decision Making*** * The framework in place has evolved to meet the needs of funding programmes.
 | Some |
| ***Negative*** | ***Capacity**** Insufficient resources (e.g., budget, economists, and pharmacists) create challenges for organisation to deliver according to its purpose.
 | Many |
| **Process** | ***Positive*** | ***Capacity*** * Experts from external networks augment agencies’ capability to meticulously review applications.
 | Some |
| ***Coordination*** * Integrating feedback from external parties (e.g., patients, clinicians) facilitates stakeholder buy-in and informs the contextualization of data.
 | Some |
| ***Decision Making*** * Standard operating procedures (i.e., approval channels via subcommittees) support the translation of evidence into policy.
 | Some |
| ***Negative*** | ***Coordination**** Heterogeneity of devices makes the coordination of evidence assessment on different system levels difficult.
* Disconnect between the regulator and reimbursement body adversely impacts the timeframe of HTAs.
 | Many |
| **Methods** | ***Positive*** | ***Evidence**** Consistent application facilitates sound evidence synthesis and appropriately informs appraisal.
 | Some |
| ***Negative*** | ***Capacity*** * Staff lacks skills to appropriately assess various types of data (e.g., RCT, qualitative).
 | Some |
| ***Transferability**** Cannot generalise findings due to variation of (local) social context.
 | Many |
| ***Evidence**** Poor quality evidence limits the ability to answer desired questions.
* Industry is unclear about the definition of [adequate] evidence.
 | Most |

1. “Some” corresponds to key points made by 10-30% of interviewees, “Many” corresponds to key points made by 31-65% of interviewees, and “Most” corresponds to key points made by 66-100% of interviewees