Supplementary table 1. Master lists of the barriers and facilitators to the uptake of HTA

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| **Barriers** | **Facilitators** |
| **Lack of timeliness**. Gap between HTA research and policy making regarding timeliness of research | **Appropriate timing** between HTA research and policy making. |
| **Lack of longstanding relation** between professionals/policymakers and researchers | **Improving longstanding relation** between professionals/policymakers and researchers |
| **Lack of contact and interaction**, among policy-makers, HTA researchers, and other stakeholders | **More personal contact and interaction**, among HTA researchers, policy-makers, and other stakeholders |
| **No availability to relevant HTA research** for policy makers | **Availability to relevant HTA research** for policy makers |
| **No access to relevant HTA research** (or poor dissemination) for policy makers | **Access to relevant HTA research** (or improved dissemination) for policy makers |
| **Lack of financial resources**, to conduct relevant HTA research | **Sufficient financial resources**, to conduct relevant HTA research |
| **Lack of qualified human resources** to conduct or understand relevant HTA research within the policy organisation | **Sufficient qualified human resources** to conduct and understand relevant HTA research within the policy organisation |
| **Absence of policy networks** (or observatories that promote the joint efforts of researchers and policy makers) | **Creation of policy networks** (or observatories that promote the joint efforts of researchers and policy makers) |
| **No guidelines**. Absence of adequate (reliable) HTA guidelines | **Availability of guidelines**. The availability of adequate (reliable) HTA guidelines |
| **Lack of awareness**, within the organisation to the relevance of HTA | **Sufficient awareness**, within the organisation to the relevance of HTA |
| **Lack of support**, **within the organisation** to the use of HTA | **Sufficient support**, within the organisation to the use of HTA |
| **Lack of transparency of HTA research findings**, the process as to how presented research findings emerged is not clear | **Higher transparency** of HTA research findings, the process as to how presented research findings emerged is clear |
| **Insufficient quality, of HTA research findings**: quality not according scientific requirements | **Sufficient quality**, of HTA research findings: quality according scientific requirements |
| **Lack of credibility**, of the HTA research findings (industry-sponsored studies) | **Sufficient credibility**, of the HTA research findings (less industry-sponsored studies) |
| **Lack of consensus between HTA findings**, existence of different and opposing recommendations |  |
| **Limited generalizability**, of HTA studies to the policy maker’s context. |  |
| **Uncertainty** surrounding HTA results |  |
| **Inadequate presentation format**. HTA reports overly long, too theoretical or abounding in technical jargon | **Clear presentation format**. HTA reports with executive summaries and recommendations, and use of bulleted paragraphs or figures to illustrate key-points |
| **No explicit framework for decision making process**, that uses HTA evidence | **Availability of explicit framework for decision making process**, that uses HTA evidence |
| **Insufficient support by stakeholders**. Policy-maker's perception of insufficient support by end-users (e.g. patient associations) | **Sufficient support by stakeholders**. Policy-maker's perception of support by end-users support (e.g. patient associations) |
| **Insufficient legal support**. Lack of legal or legislative support to the use of HTA | **Sufficient legal support**. Legal or legislative support to the use of HTA |
| **Absence of appropriate incentives**, for implementation of cost-effective interventions | **Appropriate incentives**, for implementation of cost-effective interventions |
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