**Supplementary Table 1:** Procedural changes made in EUnetHTA JA3 compared to JA2

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| --- | --- | --- | --- |
| **Process phase** | **Procedural change in JA3** | **Pharmaceutical REA** | **Other Technology REA** |
| Project Start | Piloted topic identification, selection, prioritisation processes | X | X |
| Specific selection criteria to ensure a high-quality assessment team, with ideally a geographical spread | X | X |
| Establishment of centrally coordinated expert networks for information retrieval and statistical analysis. | X | X |
| Scoping phase | More focus on defining the PICO for the REA. For pharmaceutical REA this is done by means of a PICO survey for all partners | X | X |
| Immediate publication of project plan once the scoping phase ends. For pharmaceutical REA this means that the project plan is published soon after positive CHMP opinion is adopted | X | X |
| Omitted public consultation of project plans, as this was very time consuming and only limited comments were received in JA2 | X | X |
| If applicable: limited the HTD consultation of the project plan to a factual accuracy check thereof |  | X |
| Submission Dossier | Published submission requirements, which outlined what is requested from the HTD with regard to the submission dossier (including accompanying documents) as well as the publication and citation policy | X | X |
| For pharmaceutical REA the submission dossier is requested around a month prior to positive CHMP opinion and the final core submission dossier is published at time of publication of the REA | X |  |
| Assessment phase | For pharmaceutical REAs a confidentiality framework with the EMA was set up to exchange information under the respective remits and confidentiality, so that REA authors have timely access to relevant information and can prevent duplication with the EPAR. | X |  |
| Standardised and/or created templates for the production of REAs | X | X |
| A procedure was put in place so that draft REAs of other technologies could be shared with partners |  | X |
| Consultation with the HTD is limited to a factual accuracy check of the draft REA report (if applicable in other technology REA) | X | X |
| Pharmaceutical REAs are published closer after EPAR publication to facilitate national uptake | X |  |
| Companion Guide | A one-stop-shop was developed in JA3, named the EUnetHTA Companion Guide (only accessible for EUnetHTA partners) in which all developed SOPs, templates, guidelines, position papers and relevant procedural guidance can be found and were mapped according to type of technology (i.e. pharmaceuticals or other technologies), role in the REA (i.e. author, co-author, reviewer or project manager) and phase of the REA (e.g. scoping or assessment phase) | X | X |
| Dissemination of assessments | A monthly newsletter (only for EUnetHTA partners) was created to keep partners informed about planned, ongoing and published assessments. This newsletter also summarised outstanding actions for partners (e.g. call for collaboration, PICO survey and implementation surveys). | X | X |
| A notification system for publication of project plans and final REAs was established, which includes announcements on social media | X | X |
| The notification of a final REA includes the request to fill in the implementation survey (only for EUnetHTA partners) | X | X |
| A Plain Language Summary Template was developed and was piloted for six REAs | X | X |
| Structured feedback procedures in place | X | X |
| Stakeholder engagement | Recommendations for patient involvement and Health Care Professional involvement were created | X | X |
| A questionnaire/form for patient input was adapted to EUnetHTA needs (adapted from HTAi Interest Group for Patient and Citizen Involvement in HTA - PCIG) and was translated to all official European languages | X | X |
| DOI and ECA | Besides updates to the forms for the DOI and ECA, a COI Committee was established, so that consistent decisions were made for the REA production regarding the in- or exclusion of individuals. | X | X |
| A GDPR compliant DOI and ECA database was developed, to allow a central storage of the relevant forms and decisions | X | X |
| Management tools and a procedure for handling DOI and ECA were created for project managers | X | X |
| Project Management | Activity Center Department Leads were established (in JA3, there were six of these departments selected across Europe), which coordinated some of the REAs and were supervised and trained by the Austrian Institute for HTA/AIHTA |  | X |
| Pharmaceutical REAs were managed via a central procedure, by the Dutch National Healthcare Institute/ZIN, to mimic the EMA central procedure, to ensure procedural fairness for HTD interaction and to ensure consistency and timely publication of the REAs. | X |  |
| Project management was fine-tuned and further standardised. | X | X |

**Note**: The table presents a list of major changes made in JA3 and it is indicated with an ‘X’ if the procedural change applied to the pharmaceutical and/or other technology REAs.

**Abbreviations**: CHMP - Committee for Medicinal Products for Human Use, COI – Conflict of Interest, DOI – Declaration of Interest, ECA – EUnetHTA confidentiality agreement, EMA - European Medicines Agency, EPAR - European public assessment report, EUnetHTA - European Network for Health Technology Assessment, GDPR – General Data Protection Regulation, HTA – Health Technology Assessment, HTD - Health Technology Developer, Joint Action 2 (JA2), Joint Action 3 (JA3), PICO - Population, Intervention, Comparator and Outcomes, REA – Relative Effectiveness Assessment, SOP – Standard Operating Procedure.