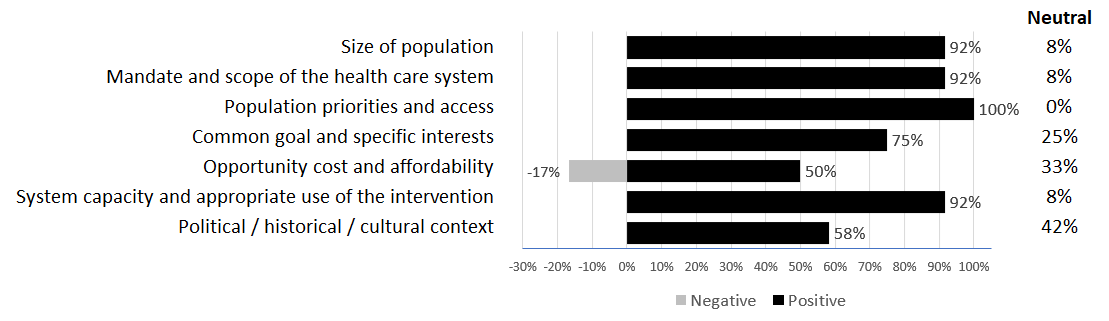
**SUPPLEMENTARY FILE 3: IMPACT OF THE QUALITATIVE (CONTEXTUAL) CRITERIA)**

The experts indicated that evaluating the qualitative criteria implied an intrinsic challenge, given their level of subjectivity and margin for interpretation.

In any case, consensus was achieved by the experts in 5 of the 7 criteria evaluated, which were considered as having a positive impact by more than 75% of them. Those criteria were population priorities and access (positive impact for 100% of the experts); size of population, mandate and scope of the health care system, and system capacity and appropriate use of the intervention (positive impact for 92% of the experts in each criterion); and common goal and specific interests (75%).

The criteria with the greatest variability were the political / historical / cultural context (considered as with a positive impact for 58% of the experts, compared to 42% who considered it neutral) and the opportunity cost and affordability criterion (which was perceived as having a negative impact for 17% of the experts; positive for 50%, and neutral for 33%).

**Supplementary Figure 3.1: Impact of the qualitative criteria, non-IPF PF-ILD and SSc-ILD (n=12)**



*Non-IPF PF-ILD*: non-idiopathic progressive fibrosing interstitial lung disease

*SSc-ILD*: systemic sclerosis-associated interstitial lung disease