

Supplementary material 1. Main characteristics of institutions performing health technology assessment

(n=29)††

Domain	Yes, n (%)	
Main line of work	Health technology assessment (HTA)	18 (62.1%)
	Funding of research	4 (13.8%)
	Clinical practice guidelines	7 (24.1%)
	Conducting research	14 (48.3%)
	Quality assessment and patient safety	12 (41.4%)
	Healthcare organisation and management	15 (51.7%)
	Health policy activities	19 (65.5%)
	Other*	4 (10.1%)
Scope of collaboration with others institutions	Domestic	11 (39.9%)
	International	1 (3.6%)
	Both domestic and international	16 (57.1%)
Type of HTA product	Systematic review	15 (38.5%)
	Economic evaluation	15 (38.5%)
	Clinical practice guideline	5 (12.8%)
	Technical report/working document	15 (38.5%)
	Other†	6 (15.6%)
Type of institutional partner at domestic level (n=28)	Government agency	23 (79.3%)
	Hospital	15 (51.7%)
	Academia/university	18 (62.1%)
	Professional association	17 (58.6%)
	Industry	16 (55.2%)
	Others§	3 (10.2%)
Type of institutional partner at international level (n=27)	Government agency	17 (58.6%)
	Hospital	6 (20.7%)
	Academia/university	13 (44.8%)
	Professional association	7 (24.1%)
	Industry	5 (17.2%)
	Others¶	4 (14.6%)
Type of requester of HTA product	Government	18 (62.1%)
	Health professional	4 (13.8%)
	Private company	9 (31.0%)
	Consumers/patients/users	5 (17.2%)
	Other	7 (23.8%)
Type of limitation faced by the institution	Skills training	21 (72.4%)
	Domestic HTA network	4 (13.8%)
	International HTA network	7 (24.1%)
	Institutional support	5 (17.2%)
	Other**	5 (17.2%)

* Accreditation, classic public health functions, health information, e-health and providing compulsory health insurance

† Administrative act decision, rational pharmacotherapy guidelines within reimbursement system, critical appraisal, critical review of health economics and rapid relative effectiveness assessment

§ Medical and nursing chambers, non-governmental organisation, public health centres

¶ European Network for Health Technology Assessment (EUnetHTA), Piperska Group, World Health Organization, United Nations International Children's Emergency Fund (UNICEF), etc.

** Access to databases, human resources, lack of more extensive support by clients, lack of real-life outcome data, legal framework, and insufficient number of staff.

†† Multiple choice answer. When all the responses was not achieved, the number of responses are specified.