

Cluster	Components of value assessment (alphabetical by cluster)	Definition	Scoring scale	
			Low value	High value
Quality of evidence				
Q1	Adherence to requirements of decisionmaking body	Extent to which evidence on the proposed intervention submitted to a decisionmaking body fulfills requirements of that body with respect to the type of evidence to be provided, level of detail to be presented, sources to be supplied/indicated etc.	Low adherence	High adherence
Q2	Completeness and consistency of reporting evidence	Extent to which reporting of evidence on the proposed intervention is complete (i.e., meeting international standards on reporting) and consistent with the sources cited	Many gaps / inconsistent	Complete and consistent
Q3	Relevance and validity of evidence	Extent to which evidence on the proposed intervention is relevant to the decisionmaking body (in terms of population, disease stage, comparator interventions, outcomes etc.) and valid with respect to international standards (i.e., study design etc.) and conclusions (agreement of results between studies)	Low relevance / validity	High relevance / validity
Disease impact				
D1	Disease severity	Severity of the health condition targeted by the proposed intervention with respect to mortality, disability, impact on quality of life, clinical course (i.e., acuteness, clinical stages)	Not severe (minor inconvenience)	Very severe
D2	Size of population affected by disease	Number of people affected by the condition (targeted by the proposed intervention) among a specified population at a specified time; can be expressed as annual number of new cases (annual incidence) and/or proportion of the population affected at a certain point of time (prevalence)	Very rare disease	Common disease
Intervention				
I1	Current clinical guidelines	Concurrence of the proposed intervention (or similar alternatives) with the current consensus of a group of experts on what constitutes state-of-the-art practices in the management of the targeted health condition; guidelines are usually developed via an explicit process and are intended to improve clinical practice	No recommendation	Strong recommendation
I2	Current interventions' limitations	Shortcomings of current interventions in their ability to prevent, cure, or ameliorate the condition targeted by the proposed intervention; also includes shortcomings with respect to safety, convenience or patient acceptance	No or very minor limitations	Major limitations
I3	Improvement of efficacy/effectiveness	Capacity of the proposed intervention to produce a desired (beneficial) change in signs, symptoms or course of the targeted condition above and beyond beneficial changes produced by alternative interventions. Includes efficacy and effectiveness data, as available	Lower efficacy/ effectiveness than comparators presented	Major improvement in efficacy/ effectiveness
I4	Improvement of safety & tolerability	Reduction in intervention-related health effects that are harmful or undesired compared to alternative interventions	Lower safety/ tolerability than comparators presented	Major improvement in safety/ tolerability
I5	Improvement of patient reported outcomes, convenience & adherence	Capacity of the proposed intervention to produce beneficial changes in patient-reported outcomes (PROs) (e.g., quality of life) above and beyond beneficial changes produced by alternative interventions; also includes improvement in convenience to patients and adherence to treatment course	Worse PROs / lower convenience/ lower adherence than comparators presented	Major improvement
I6	Public health interest	Nature of the health benefit provided by the proposed intervention at the population-level (e.g., impact on prevention, reduction in disease transmission, reduction in the prevalence of risk factors, etc.)	No risk reduction	Major risk reduction
I7	Type of medical service	Nature of the clinical benefit provided by the proposed intervention at the patient-level (e.g., symptom relief, prolonging life, cure, diagnostic, prevention etc.)	Minor service	Major service
Economics				
E1	Budget impact on health plan	Net impact of covering the intervention on the budget of the target health plan (excluding other spending, see E3). This represents the differential between expected expenditure for the proposed intervention and cost savings that may result from replacement of other intervention(s) currently covered by the health plan. Limited to cost of intervention (e.g. acquisition cost)	Substantial additional expenditures	Substantial savings for health plan
E2	Cost-effectiveness of intervention	Ratio of the incremental cost of the proposed intervention to its incremental benefit. Benefit can be expressed as number of events avoided, life-years gained, quality-adjusted life-years gained, additional pain-free days etc.	Not cost-effective	Highly cost-effective
E3	Impact on other spending	Impact of providing coverage for the proposed intervention on other expenditures (excluding intervention cost, see E1) such as hospitalization, specialist consultations, adverse events, long-term care, disability costs, lost productivity, caregiver time, equipment maintenance cost etc.	Substantial additional other spending	Substantial savings