

## ICMJE DISCLOSURE FORM

**Date:** 10/28/2025

**Your Name:** Wija Oortwijn

**Manuscript Title:** Passende zorg vereist bewijs én duidelijke kaders voor besluitvorming

**Manuscript Number (if known):** D8818R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="font-size: small; color: #ccc; text-align: right;">Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 60px; margin-top: 5px;"> <tr> <td style="width: 60%;">European Commission, World Bank, Roche, Management Sciences for Health</td> <td>Payments to my institution regarding assignments not related to the content of this manuscript</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	European Commission, World Bank, Roche, Management Sciences for Health	Payments to my institution regarding assignments not related to the content of this manuscript					
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		DIA	DIA arranged my travel and hotel accommodation for attending the DIA MENA 2023 meeting – not related to the content of this manuscript
		HTAi	HTAi arranged my travel and hotel accommodation for attending the Global Policy Forum 2023, 2024, 2025; the Latin America Policy Forum 2023, 2024, and partly for the annual meetings of 2023, 2024, 2025 – all not related to the content of this manuscript
		University of Linköping	University of Linköping arranged my travel and hotel accommodation for attending the 12 <sup>th</sup> National Priority Conference in 2023 – not related to the content of this manuscript
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9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> <b>None</b>	

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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Board member, Past President of HTAi (2023-2025)	Unpaid position
		Chair appraisal committee, National Health Care Institute	Paid position to me
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.