Additional File 3: Conceptual mapping template

Global assessment of	•
Does the paper focus of	
1 st level relevance	l .
☐ B.1 and B.2, or	
☐ B.1 and B.3, or	D 3
☐ B.1 and B.2 and	B.3
□ B.4	
2 nd level relevance	
	riers of evidence-informed policy-making and relating to
	ons/organizations/partnerships
	ion/scaling-up, systems and/or organizational learning/change
☐ indirect evidend	<u>ce</u> : partnerships and networks
	evance, is the paper of high enough relevance to be included into the Critical
Interpretative Syr	nthesis?
□ yes	
□no	
☐ to be checked	again later
Conceptual mapping (a	ill boxes that apply are to be checked)
The paper include	
☐ Institutionaliz	ation frameworks
□ Domains fram	nework
☐ Process frame	ework
☐ Institutionaliz	ation theory/ies
	ation definition(s)
	of institutionalization
☐ Barriers and f	acilitators of institutionalization
☐ The paper dei	scribes in sufficient detail either of the above-mentioned elements relating to on.

¹ As outlined in Additional File 2:

B.1. stands for articles that focus on institutionalization (and its synonyms such as sustainability, routinization, integration, standardization, legitimization, norms, diffusion of innovation, adoption of innovation/system change, scaling-up, resilience).

B.2. stands for articles that focus knowledge translation processes in view of promoting evidence use in policy/evidence-informed policy-making (including Health Technology Assessment (HTA), National Immunization Technical Advisory Groups (NITAGs), National Health Accounts, health information (e.g. health observatories), health impact assessments).

B.3 stands for articles that focus on frameworks (incl models, concepts and/or theory as well as definitions and measures).

B.4 stands for knowledge translation platforms or similar bodies/infrastructure systematically linking evidence to policy and their establishment, functioning and/or institutional capacity (e.g. HTA, observatories, NITAGs, etc.).