## Appendix 2

	Description of code	Inductive categories
Context	<ul> <li>Characteristics of national health care systems</li> <li>References to previously identified needs after terrorist attacks.</li> <li>Political/historical factors</li> </ul>	
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Process	<ul> <li>Timing of measures suggested and/or implemented</li> <li>Different phases in the aftermath and their coverage by (different) plans, and/or acknowledgment in plans.</li> <li>Organization and harmonization of disaster specific measures with and within the regular system.</li> <li>Allocation of resources and the relationship between the use of resources for the specific needs connected to the terrorist attacks versus needs in the regular system.</li> </ul>	
	necus in the regular system.	
Content	<ul> <li>Type of actions/measures prescribed.</li> <li>Specific content, information to be included in prescribed plans.</li> <li>The knowledge base/political base/other background of actions/measures prescribed.</li> </ul>	
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Actors	<ul> <li>Actors <u>providing</u> the actions/measures (e.g. the state, private actors, "society", the health care system, primary care, secondary care, special units activated in the case of disaster, interdepartmental units – beyond the health care system), specific groups of professionals, individual characteristics of these providers.</li> <li>Actors <u>targeted to receive</u> the services/measures (e.g. all citizens, all civilians, everyone in the vicinity of the attack, directly affected victims, everyone involved (civilians and professionals)), mention of specific groups (e.g. migrants, children)</li> </ul>	- Provider - Targets - Partners (Cooperating and/or coordinating partners of providers)