Table S2. ***Conceptual Coding Framework***

Code	Definition	Analytic focus	Key indicators
Policy process	Temporal dynamics through which health policies are formulated, adopted, implemented, reformed, or terminated, and the actors, ideas, and institutions shaping them over time.	Agenda-setting and framing; formulation and coalition-building; implementation and instruments; policy change, learning, feedback, and diffusion; reform episodes.	agenda-setting; policy window; framing; reform; implementation; policy feedback; diffusion
Governance & accountability	Institutional arrangements and mechanisms through which health decisions are made, implemented, and held accountable; that is, how decisions are made rather than what is decided or when it changes.	Transparency; accountability and oversight; participation in routine decision-making; integrity and anti-corruption; administrative and stewardship capacity; multi-level coordination (TAPIC).	governance; regulation; oversight; accountability; coordination; stewardship capacity
Interest group politics	Conflict, negotiation, or competition among formally organized actors with material or professional stakes, with power treated as observable influence (Lukes' first and second dimensions; pluralist tradition).	Stakeholder bargaining and lobbying; professional jurisdiction; observable agenda-setting and non-decisions; elite influence and capture as actor behavior; veto players and gatekeeping.	lobbying; coalition; stakeholders; interest groups; capture; veto players
Social movements	Sustained collective challenges by less-institutionalized actors using contentious or rights- and identity-based action to shape health agendas, norms, or practices.	Health social movements; grassroots activism and protest; rights-based campaigns and framing; civil-society networks and collective identity; patient activism and contestation of biomedical authority.	activism; mobilization; protest; advocacy; grassroots; collective identity
Critical power analysis	Analysis treating power as a structural, ideological, or constitutive condition that shapes subjects, knowledge, and norms (Lukes' third dimension; Marxist, Foucauldian, feminist, critical race and decolonial traditions).	Treats class, gender, race, coloniality, etc. as structures of power rather than descriptive variables, and analyzes how they produce subjects, knowledges, exclusions, or norms.	hegemony; biopolitics; structural power; ideology; coloniality; intersectionality
Political economy & welfare state	Distribution of economic resources, financing arrangements, welfare-state structures, and macroeconomic determinants shaping health, analyzed through empirical comparative-institutional lenses.	Health financing and resource allocation; welfare-state design and market and state relations; macro-structural determinants; distributional consequences and investment politics.	financing; welfare state; redistribution; privatization; inequality; resource allocation
Ethics & normative	Normative argumentation about what is just, fair, legitimate, or morally required in health policy, systems, or practice (an evaluative or prescriptive register).	Treats justice, equity, rights, dignity, recognition, or autonomy as objects of argument and advances reasons for evaluating arrangements as just/unjust or legitimate/illegitimate.	justice; equity; rights; legitimacy; dignity; recognition
Other	The focal term is clearly conceptualized but the conceptualization does not fit any of the seven core categories.	Primarily aesthetic, literary, or rhetorical registers; geopolitical or international-relations analyses outside the seven foci; behavioral or psychological treatments of "politics" as an individual attitude; empirical political-exposure studies.	residual; assigned only when an identifiable conceptualization does not fit a core category
Unclear	The focal term appears but its conceptualization cannot be reliably determined from the abstract.	Abstracts too brief to convey orientation; the term used without an articulated framework; multiple co-occurring conceptualizations with none identifiable as dominant.	residual; reliability floor

Note.*Categories represent analytically distinct dimensions of "politics" derived from public health and political science literatures. Coding was based on contextual interpretation of the focal term rather than keyword presence.*