Table S3. ***Illustrative Coding Examples***

Example context (title / abstract)	Primary code	Rationale
A scoping review of the drivers of (non-)reform in sub-Saharan Africa that treats politics as the agenda-setting and policy-formulation dynamics behind health reform (Mhazo & Maponga, 2022)	Policy process	Focus on policy change, sequencing, and implementation over time.
A cross-national panel study positioning governance quality as the institutional determinant that translates health spending into lower maternal mortality (Tiwari et al., 2023)	Governance & accountability	Emphasis on institutional oversight and coordination; that is, how decisions are routinely made and implemented.
An expert-interview study of how industry and vested interests are platformed over independent expertise in gambling-marketing policy consultations (Thomas et al., 2025)	Interest group politics	Power treated as observable influence by organized actors through lobbying, bargaining, and coalition politics (Lukes' first and second dimensions).
A study of community environmental-justice organizing that frames asthma as a collective, politically contested illness experience (Brown et al., 2003)	Social movements	Collective mobilization by less-institutionalized actors using contentious or rights-based action.
A Lancet–University of Oslo Commission locating health inequity in transnational power asymmetries among states, corporations, and global norms (Ottersen et al., 2014)	Critical power analysis	Power treated as a structural and constitutive condition (Marxist / Foucauldian), not as observable actor influence (Lukes' third dimension).
An argument that domestic welfare-state and fiscal politics, alongside global economic forces, structure health equity (Schrecker, 2015)	Political economy & welfare state	Distributional consequences of financing arrangements and welfare-state structures (comparative-institutional).
A normative reflection on how far prevention obligations should extend, distinguishing clinician preference from bias and stigma (Dubin, 2019)	Ethics & normative	Explicit normative argument about what is just, fair, or legitimate.
An ecological study operationalizing county unincorporation as a measured political determinant regressed on life expectancy (Gomez-Vidal et al., 2024)	Other (empirical political-exposure)	Politics operationalized as a measured exposure regressed on health outcomes, with no analytic lens of process, power, governance, or political economy.
"Implications for health politics" (no elaboration)	Unclear	Focal term used rhetorically without conceptual specification.
Chronic disease prevention and the politics of scale: lessons from Canadian health reform	Policy process (primary) / Governance & accountability (secondary)	Politics framed as moving health-promotion strategies through provincial policy climates during reform, emphasizing reform dynamics and sequencing rather than regulatory structure; governance appears secondarily via provincial institutional contexts.
Global tobacco control: an integrated approach to global health policy	Governance & accountability (primary) / Policy process (secondary)	The FCTC framed as a shift in global governance architecture, emphasizing institutional structure and coordination across states; policy process secondary via multi-stakeholder negotiation.