**Supplementary file 2.** The social impact of the Western Cape HPSR Journal Club (using the framework of [13] )

| Characteristics of stakeholders including biological and psychological aspects | Academics | Managers |
|---|---|---|
| Individual level (micro) | • Enabled entry into systems thinking ideas and concepts | • Informed our own ideas – given us language/frames to make sense of our experiences |
| | • Fed into own continued, wider ‘thinking work’ and research ideas (eg, marginalised services, ways of learning) | • Stimulated our consciousness, stimulated us to be mindful |
| | • Grounded our thinking in real world & everyday health system realities, allowed theoretical ideas to be tested real world complexity and challenges - demonstrating the substantive relevance of research topics | • Personal leadership development |
| | • Generated greater understanding of the complex, real world challenges associated with system development eg, community participation, and system priorities and realities | |  

| Group (micro) stakeholder relationships within a system | We have developed a strong relational team, by consolidating and strengthening trusting relationships, where tacit and formal knowledge is valued |  
|---|---|---|
| | We have generated shared understandings and collective sense-making around the systems lens – around what thinking and working systemically entails and how it adds value to health system development |  
| | We have validated the system and complexity lenses and perspectives as having practical relevance (set against other dominant research discourses eg, implementation science) |  
| | We have consolidated and accumulated understanding and sense over time |  

| Organizational (meso) organizations including rules, norms (culture), capacity-building and organizational structures | Raised profile of HPSR groups in own organizations - supported eg, UWC HPSR chairs, development of UCT HPS division | In WCG:H/CityHealth applied ideas in our practice, in our engagement with others inside and outside our organization, so have had impact on the management and leadership of people and services |
|---|---|---|
| | Legitimated co-production research approach | In WCG:H, ideas have become part of the discourse of the organization (eg, resilience, systems thinking, boundary spanning); have influenced senior leadership thinking about organizational development towards social justice/health as a right (eg, the Whole of Society Approach - WOSA); have influenced organizational practices (eg, recognising boundary spanners, working towards a learning organization) |
| | University teaching programmes infused with systems thinking, support wider leadership development | In WCG:H/CityHealth: connected to experienced researchers and their |
| | Fed into wider research activities | |  
| | Fed into papers | |  
| | Supported own presentations/roles in HSR symposia | |  
| | Contributed to our ‘social responsiveness’ activities, as researchers in HEIs | |
### Academics

- Academics engaged practitioners in teaching
- Practitioners engaged academics in practice spaces
- Collaborative research projects/engagement of mutual benefit developed and implemented (e.g., the Whole-Syst SA project; the PAHLM; the CityHealth resilience work; the Responsiveness project; engagement with WOSA, and Emergency Medical Services)

### Societal (macro)

**Wider social, economic, policy and political impacts.** Multiple institutions at a national scale. National public engagement, different elements of social and public value

- Fed into wider national & international research
- Fed into our teaching activities, which have national and international participants
- Fed into national HPSR field-building activities eg, through Public Health Association of South Africa
- Fed into global HPSR field building eg, through roles in Health Systems Global and HSR Symposia

- Our collective thinking has included how to engage more widely within South African health policy and system debates and advocacy

### Managers

- ‘resources’, including international experience through HSR symposia
- Fed into wider conversations with other provincial heads of department/public health leaders across the country, about the value of ‘systems thinking’/ of a systems perspective for their work eg, through practical efforts to engage collaboratively across provinces in response to the current NHI debates
- Fed into engagement in HSR Symposia

Sources: CHESA! annual reports 2012-13, 2013-14; notes of JC reflections (November 2013; March 2014; October 2014); May 2019 author reflections