David Beran

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1066866/publications.pdf

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		186265	182427
118	3,273	28	51
papers	citations	h-index	g-index
126	126	126	3940
all docs	docs citations	times ranked	citing authors

#	Article	IF	CITATIONS
1	Diabetes in sub-Saharan Africa: from clinical care to health policy. Lancet Diabetes and Endocrinology,the, 2017, 5, 622-667.	11.4	328
2	Diabetes care in sub-Saharan Africa. Lancet, The, 2006, 368, 1689-1695.	13.7	213
3	Access to Care for Patients With Insulin-Requiring Diabetes in Developing Countries: Case studies of Mozambique and Zambia. Diabetes Care, 2005, 28, 2136-2140.	8.6	151
4	Estimation of global insulin use for type 2 diabetes, 2018–30: a microsimulation analysis. Lancet Diabetes and Endocrinology,the, 2019, 7, 25-33.	11.4	138
5	Constraints and challenges in access to insulin: a global perspective. Lancet Diabetes and Endocrinology,the, 2016, 4, 275-285.	11.4	134
6	Burden of asthma and chronic obstructive pulmonary disease and access to essential medicines in low-income and middle-income countries. Lancet Respiratory Medicine, the, 2015, 3, 159-170.	10.7	116
7	Research capacity building—obligations for global health partners. The Lancet Global Health, 2017, 5, e567-e568.	6.3	96
8	Self-management of diabetes in Sub-Saharan Africa: a systematic review. BMC Public Health, 2018, 18, 1148.	2.9	88
9	Type 1 diabetes in 2017: global estimates of incident and prevalent cases in children and adults. Diabetologia, 2021, 64, 2741-2750.	6.3	85
10	Use and Out-of-Pocket Costs of Insulin for Type 2 Diabetes Mellitus From 2000 Through 2010. JAMA - Journal of the American Medical Association, 2014, 311, 2331.	7.4	75
11	Insulin prices, availability and affordability in 13 low-income and middle-income countries. BMJ Global Health, 2019, 4, e001410.	4.7	75
12	Looking beyond the issue of access to insulin: What is needed for proper diabetes care in resource poor settings. Diabetes Research and Clinical Practice, 2010, 88, 217-221.	2.8	72
13	Non-communicable diseases in humanitarian settings: ten essential questions. Conflict and Health, 2017, 11, 17.	2.7	69
14	Beyond the virus: Ensuring continuity of care for people with diabetes during COVID-19. Primary Care Diabetes, 2021, 15, 16-17.	1.8	66
15	Diabetes mortality and trends before 25 years of age: an analysis of the Global Burden of Disease Study 2019. Lancet Diabetes and Endocrinology,the, 2022, 10, 177-192.	11.4	66
16	A global perspective on the issue of access to insulin. Diabetologia, 2021, 64, 954-962.	6.3	63
17	The process of prioritization of non-communicable diseases in the global health policy arena. Health Policy and Planning, 2019, 34, 370-383.	2.7	51
18	Interventions targeting hypertension and diabetes mellitus at community and primary healthcare level in low- and middle-income countries:a scoping review. BMC Public Health, 2019, 19, 1542.	2.9	51

#	Article	IF	Citations
19	The insulin dilemma in resource-limited countries. A way forward?. Diabetologia, 2011, 54, 19-24.	6.3	50
20	Burden of non-communicable diseases among adolescents aged 10–24 years in the EU, 1990–2019: a systematic analysis of the Global Burden of Diseases Study 2019. The Lancet Child and Adolescent Health, 2022, 6, 367-383.	5.6	48
21	Why Are We Failing to Address the Issue of Access to Insulin? A National and Global Perspective. Diabetes Care, 2018, 41, 1125-1131.	8.6	46
22	Assessing health systems for type 1 diabetes in sub-Saharan Africa: developing a 'Rapid Assessment Protocol for Insulin Access'. BMC Health Services Research, 2006, 6, 17.	2.2	37
23	Medicines availability for non-communicable diseases: the case for standardized monitoring. Globalization and Health, 2015, 11, 18.	4.9	34
24	The Impact of Health Systems on Diabetes Care in Low and Lower Middle Income Countries. Current Diabetes Reports, 2015, 15, 20.	4.2	34
25	Needs and Needs Assessments. SAGE Open, 2015, 5, 215824401558037.	1.7	33
26	Delivery of TypeÂ2 diabetes care in low―and middle―ncome countries: lessons from Lima, Peru. Diabetic Medicine, 2016, 33, 752-760.	2.3	32
27	Heat-stability study of various insulin types in tropical temperature conditions: New insights towards improving diabetes care. PLoS ONE, 2021, 16, e0245372.	2.5	32
28	Moving from formative research to co-creation of interventions: insights from a community health system project in Mozambique, Nepal and Peru. BMJ Global Health, 2018, 3, e001183.	4.7	31
29	Diabetes in an emergency context: the Malian case study. Conflict and Health, 2015, 9, 15.	2.7	30
30	Availability and Affordability of Essential Medicines: Implications for Global Diabetes Treatment. Current Diabetes Reports, 2018, 18, 48.	4.2	30
31	Challenges associated with providing diabetes care in humanitarian settings. Lancet Diabetes and Endocrinology,the, 2019, 7, 648-656.	11.4	30
32	Lessons learned about co-creation: developing a complex intervention in rural Peru. Global Health Action, 2020, 13, 1754016.	1.9	30
33	Non-communicable diseases in Mozambique: risk factors, burden, response and outcomes to date. Globalization and Health, 2012, 8, 37.	4.9	29
34	The Diabetes UK Mozambique Twinning Programme. Results of improvements in diabetes care in Mozambique: a reassessment 6â€∫years later using the Rapid Assessment Protocol for Insulin Access. Diabetic Medicine, 2010, 27, 855-861.	2.3	28
35	Access to antivenoms in the developing world: A multidisciplinary analysis. Toxicon: X, 2021, 12, 100086.	2.9	28
36	Delivering Diabetes Care in the Philippines and Vietnam. Asia-Pacific Journal of Public Health, 2013, 25, 92-101.	1.0	27

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37	Noncommunicable diseases, access to essential medicines andÂuniversal health coverage. Global Health Action, 2019, 12, 1670014.	1.9	27
38	Endemic diabetes in the world's poorest people. Lancet Diabetes and Endocrinology, the, 2015, 3, 402-403.	11.4	25
39	Diabetes in Kyrgyzstan: changes between 2002 and 2009. International Journal of Health Planning and Management, 2013, 28, e121-37.	1.7	23
40	Developing a hierarchy of needs for Type 1 diabetes. Diabetic Medicine, 2014, 31, 61-67.	2.3	23
41	Access to essential medicines to treat chronic respiratory disease in low-income countries. International Journal of Tuberculosis and Lung Disease, 2016, 20, 717-728.	1.2	23
42	Nationwide survey of the availability and affordability of asthma and COPD medicines in Nigeria. Tropical Medicine and International Health, 2021, 26, 54-65.	2.3	22
43	Access to medicines versus access to treatment: the case of type 1 diabetes. Bulletin of the World Health Organization, 2008, 86, 648-649.	3.3	22
44	Coping with the economic burden of Diabetes, TB and co-prevalence: evidence from Bishkek, Kyrgyzstan. BMC Health Services Research, 2016, 16, 118.	2.2	21
45	Rethinking research processes to strengthen co-production in low and middle income countries. BMJ, The, 2021, 372, m4785.	6.0	21
46	Partnerships in global health and collaborative governance: lessons learnt from the Division of Tropical and Humanitarian Medicine at the Geneva University Hospitals. Globalization and Health, 2016, 12, 14.	4.9	20
47	A perspective on global access to insulin: a descriptive study of the market, trade flows and prices. Diabetic Medicine, 2019, 36, 726-733.	2.3	20
48	How to bring research evidence into policy? Synthesizing strategies of five research projects in low-and middle-income countries. Health Research Policy and Systems, 2021, 19, 29.	2.8	18
49	"lf you will counsel properly with love, they will listenâ€. A qualitative analysis of leprosy affected patients' educational needs and caregiver perceptions in Nepal. PLoS ONE, 2019, 14, e0210955.	2.5	16
50	Operational considerations for the management of non-communicable diseases in humanitarian emergencies. Conflict and Health, 2021, 15, 9.	2.7	16
51	The role of biosimilar manufacturers in improving access to insulin globally. Lancet Diabetes and Endocrinology,the, 2017, 5, 578.	11.4	15
52	High-quality health systems: time for a revolution in research and research funding. The Lancet Global Health, 2019, 7, e303-e304.	6.3	15
53	Social marketing interventions for the prevention and control of neglected tropical diseases: A systematic review. PLoS Neglected Tropical Diseases, 2020, 14, e0008360.	3.0	15
54	Twinning for better diabetes care: a model for improving healthcare for non-communicable diseases in resource-poor countries. Postgraduate Medical Journal, 2009, 85, 1-2.	1.8	14

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55	Improving access to insulin: what can be done?. Diabetes Management, 2011, 1, 67-76.	0.5	14
56	Why Are Individuals With Diabetes Less Active? The Mediating Role of Physical, Emotional, and Cognitive Factors. Annals of Behavioral Medicine, 2021, 55, 904-917.	2.9	14
57	Access to insulin: applying the concept of security of supply to medicines. Bulletin of the World Health Organization, 2019, 97, 358-364.	3.3	14
58	Improving global access to medicines for non-communicable diseases. The Lancet Global Health, 2014, 2, e561-e562.	6.3	13
59	Addressing the double-burden of diabetes and tuberculosis: lessons from Kyrgyzstan. Globalization and Health, 2017, 13, 16.	4.9	12
60	"My heart burns―– A qualitative study of perceptions and experiences of type 1 diabetes among children and youths in Tajikistan. Chronic Illness, 2017, 13, 128-139.	1.5	12
61	The process of building the priority of neglected tropical diseases: A global policy analysis. PLoS Neglected Tropical Diseases, 2020, 14, e0008498.	3.0	12
62	On the road to the insulin centenary. Lancet, The, 2012, 380, 1648.	13.7	11
63	Health systems research for policy change: lessons from the implementation of rapid assessment protocols for diabetes in low- and middle-income settings. Health Research Policy and Systems, 2015, 13, 41.	2.8	11
64	The impact of chronic disease management on primary care doctors in Switzerland: a qualitative study. BMC Family Practice, 2018, 19, 159.	2.9	11
65	Forty years since Alma-Ata: do we need a new model for noncommunicable diseases?. Journal of Global Health, 2019, 9, 010316.	2.7	11
66	Towards sustainable partnerships in global health: the case of the CRONICAS Centre of Excellence in Chronic Diseases in Peru. Globalization and Health, 2016, 12, 29.	4.9	10
67	Diagnostics and monitoring tools for noncommunicable diseases: a missing component in the global response. Globalization and Health, 2021, 17, 26.	4.9	10
68	Use of the socio-ecological model to explore factors that influence the implementation of a diabetes structured education programme (EXTEND project) inLilongwe, Malawi and Maputo, Mozambique: a qualitative study. BMC Public Health, 2021, 21, 1355.	2.9	10
69	Health systems and the management of chronic diseases: lessons from Type 1 diabetes. Diabetes Management, 2012, 2, 323-335.	0.5	9
70	Insulin price components: case studies in six low/middle-income countries. BMJ Global Health, 2019, 4, e001705.	4.7	9
71	Evidence-Based Clinical Criteria for Computed Tomography Imaging in Odontogenic Infections. Journal of Oral and Maxillofacial Surgery, 2019, 77, 299-306.	1.2	9
72	To tackle diabetes, science and health systems must take into account social context. Nature Medicine, 2021, 27, 193-195.	30.7	9

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73	The need to focus on primary health care for chronic diseases. Lancet Diabetes and Endocrinology,the, 2016, 4, 731-732.	11.4	8
74	Recommendations for the use of mathematical modelling to support decisionâ€making on integration of nonâ€communicable diseases into HIV care. Journal of the International AIDS Society, 2020, 23, e25505.	3.0	8
75	Disruption, changes, and adaptation: Experiences with chronic conditions in Mozambique, Nepal and Peru. Global Public Health, 2020, 15, 372-383.	2.0	8
76	The International Diabetes Federation: losing its credibility by partnering with Nestlé?. Lancet, The, 2012, 380, 805.	13.7	7
77	Social economic and demographic determinants of non-communicable diseases in Kenya: a secondary analysis of the Kenya stepwise survey. Pan African Medical Journal, 2020, 37, 351.	0.8	7
78	What is innovation in the area of medicines? The example of insulin and diabetes. Diabetic Medicine, 2019, 36, 1526-1527.	2.3	6
79	Health system responses for type 1 diabetes: A scoping review. Diabetic Medicine, 2022, 39, e14805.	2.3	6
80	Management of type 1 diabetes in low \hat{a} -and middle \hat{a} -income countries: Comparative health system assessments in Kyrgyzstan, Mali, Peru and Tanzania. Diabetic Medicine, 2022, 39, .	2.3	6
81	Initial versus ongoing education: Perspectives of people with type 1 diabetes in 13 countries. Patient Education and Counseling, 2017, 100, 1012-1018.	2.2	5
82	Pharmaceutical industry, non-communicable diseases and partnerships: More questions than answers. Journal of Global Health, 2017, 7, 020301.	2.7	5
83	Difficulties Facing the Provision of Care for Multimorbidity in Low-Income Countries. Key Issues in Mental Health, 2014, , 33-41.	0.6	4
84	Professional medical associations in low-income and middle-income countries. The Lancet Global Health, 2016, 4, e606-e607.	6.3	4
85	Analogue insulin as an essential medicine: the need for more evidence and lower prices. Lancet Diabetes and Endocrinology,the, 2019, 7, 338.	11.4	4
86	Report of the WHO independent high-level commission on NCDs: where is the focus on addressing inequalities?. BMJ Global Health, 2020, 5, e002820.	4.7	4
87	Spotlight on experiences of medicine unavailability: access to medicines challenges for NCDs and NTDs - the contrasting cases of insulin and praziquantel. Expert Review of Clinical Pharmacology, 2020, 13, 341-353.	3.1	4
88	Forty years after Alma-Ata: primary health-care preparedness for chronic diseases in Mozambique, Nepal and Peru. Global Health Action, 2021, 14, 1975920.	1.9	4
89	Failing to address access to insulin in its centenary year would be a catastrophic moral failure. Lancet Diabetes and Endocrinology,the, 2021, 9, 194-196.	11.4	4
90	Reframing Non-Communicable Diseases and Injuries for Equity in the Era of Universal Health Coverage: Findings and Recommendations from the Kenya NCDI Poverty Commission. Annals of Global Health, 2021, 87, 3.	2.0	4

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91	The role of non-governmental organizations in strengthening healthcare systems in low- and middle-income countries: Lessons from Santé DiabÃ"te in Mali. Global Health Action, 2022, 15, 2061239.	1.9	4
92	Prognosis of diabetes in the developing world. Lancet, The, 2003, 362, 1420-1421.	13.7	3
93	Global Reality of Type 1 Diabetes Care in 2013. Diabetes Care, 2013, 36, e144-e144.	8.6	3
94	The double scandal of insulin. Journal of the Royal College of Physicians of Edinburgh, The, 2013, 43, 194-196.	0.6	3
95	Insulin in 2016: Challenge and constraints to access. Diabetes Research and Clinical Practice, 2016, 117, 119-121.	2.8	3
96	Insulin patents and market exclusivities: unresolved issues. Lancet Diabetes and Endocrinology,the, 2016, 4, 98.	11.4	3
97	Modifying the Interagency Emergency Health Kit to include treatment for non-communicable diseases in natural disasters and complex emergencies: the missing clinical, operational and humanitarian perspectives. BMJ Global Health, 2017, 2, e000287.	4.7	3
98	Reforms in medical education: lessons learnt from Kyrgyzstan. Global Health Action, 2021, 14, 1944480.	1.9	3
99	Technologies for Diabetes Self-Monitoring: A Scoping Review and Assessment Using the REASSURED Criteria. Journal of Diabetes Science and Technology, 2022, 16, 962-970.	2.2	3
100	Process evaluation of complex interventions in chronic and neglected tropical diseases in low- and middle-income countries—a scoping review protocol. Systematic Reviews, 2021, 10, 244.	5.3	3
101	EXTending availability of self-management structured EducatioN programmes for people with type 2 Diabetes in low-to-middle income countries (EXTEND)—a feasibility study in Mozambique and Malawi. BMJ Open, 2021, 11, e047425.	1.9	3
102	The insulin market reaches 100. Diabetologia, 2022, , 1.	6.3	3
103	COVIDâ \in 19's impact on type 1 diabetes management: A mixedâ \in methods study exploring the Peruvian experience. International Journal of Health Planning and Management, 0, , .	1.7	3
104	Ability of verbal autopsy data to detect deaths due to uncontrolled hyperglycaemia: testing existing methods and development and validation of a novel weighted score. BMJ Open, 2019, 9, e026331.	1.9	2
105	Development of a target product profile for a point-of-care cardiometabolic device. BMC Cardiovascular Disorders, 2021, 21, 486.	1.7	2
106	Caring for people with diabetes and non-communicable diseases in Ukraine: a humanitarian emergency. Lancet Diabetes and Endocrinology,the, 2022, 10, 308.	11.4	2
107	Chronic conditions: lessons from the frontlines. Chronic Illness, 2013, 9, 83-86.	1.5	1
108	Accès à l'insuline dans les pays en voie de développement : une problématique complexe. Medecine Des Maladies Metaboliques, 2014, 8, 153-157.	0.1	1

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109	Access to diabetes care and treatment in AfricaÂ: challenges and opportunities. Medecine Et Sante Tropicales, 2018, 28, 351-354.	0.3	1
110	The experience of the Santé Diabète NGO in the fight against diabetes in Africa. Medecine Et Sante Tropicales, 2018, 28, 363-367.	0.3	1
111	Access to insulin: a comparison between low―and middleâ€income countries and the United Kingdom. Practical Diabetes, 2021, 38, 13-16.	0.3	1
112	A theme issue by, for, and about Africa. BMJ: British Medical Journal, 2005, 331, 779.3-780.	2.3	1
113	Diabetes and the WHO Model List of Essential Medicines. Lancet Diabetes and Endocrinology,the, 2022, 10, 17-18.	11.4	1
114	Global Inequality in Type 1 Diabetes: a Comparison of Switzerland and Low-and Middle-Income Countries. Pediatric Endocrinology Reviews, 2020, 17, 210-219.	1.2	1
115	Apply criteria to improve health systems in developing countries. BMJ: British Medical Journal, 2012, 344, e546-e546.	2.3	0
116	Progressive Visual Loss in an Otherwise Healthy Male. Journal of Emergency Medicine, 2013, 45, e23-e24.	0.7	0
117	In defence of NICE draft type 2 diabetes guidelines. Lancet Diabetes and Endocrinology,the, 2015, 3, 406.	11.4	0
118	Bringing all together for research capacity building in LMICs – Authors' reply. The Lancet Global Health, 2017, 5, e870.	6.3	0