

David Beran

List of Publications by Year in descending order

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Version: 2024-02-01

118
papers

3,273
citations

186265

28
h-index

182427

51
g-index

126
all docs

126
docs citations

126
times ranked

3940
citing authors

#	ARTICLE	IF	CITATIONS
1	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
2	Diabetes and the WHO Model List of Essential Medicines. Lancet Diabetes and Endocrinology, the, 2022, 10, 17-18.	11.4	1
3	Health system responses for type 1 diabetes: A scoping review. Diabetic Medicine, 2022, 39, e14805.	2.3	6
4	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
5	The insulin market reaches 100. Diabetologia, 2022, , 1.	6.3	3
6	Burden of non-communicable diseases among adolescents aged 10â€“24 years in the EU, 1990â€“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
7	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
8	The role of non-governmental organizations in strengthening healthcare systems in low- and middle-income countries: Lessons from Sant'Ã© DiabÃ©te in Mali. Global Health Action, 2022, 15, 2061239.	1.9	4
9	Management of type 1 diabetes in low- and middle-income countries: Comparative health system assessments in Kyrgyzstan, Mali, Peru and Tanzania. Diabetic Medicine, 2022, 39, .	2.3	6
10	Beyond the virus: Ensuring continuity of care for people with diabetes during COVID-19. Primary Care Diabetes, 2021, 15, 16-17.	1.8	66
11	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
12	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
13	Reforms in medical education: lessons learnt from Kyrgyzstan. Global Health Action, 2021, 14, 1944480.	1.9	3
14	A global perspective on the issue of access to insulin. Diabetologia, 2021, 64, 954-962.	6.3	63
15	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
16	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
17	Operational considerations for the management of non-communicable diseases in humanitarian emergencies. Conflict and Health, 2021, 15, 9.	2.7	16
18	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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19	Rethinking research processes to strengthen co-production in low and middle income countries. BMJ, The, 2021, 372, m4785.	6.0	21
20	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
21	Diagnostics and monitoring tools for noncommunicable diseases: a missing component in the global response. Globalization and Health, 2021, 17, 26.	4.9	10
22	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
23	Use of the socio-ecological model to explore factors that influence the implementation of a diabetes structured education programme (EXTEND project) in Lilongwe, Malawi and Maputo, Mozambique: a qualitative study. BMC Public Health, 2021, 21, 1355.	2.9	10
24	Access to insulin: a comparison between low- and middle-income countries and the United Kingdom. Practical Diabetes, 2021, 38, 13-16.	0.3	1
25	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
26	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
27	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
28	Development of a target product profile for a point-of-care cardiometabolic device. BMC Cardiovascular Disorders, 2021, 21, 486.	1.7	2
29	Access to antivenoms in the developing world: A multidisciplinary analysis. Toxicon: X, 2021, 12, 100086.	2.9	28
30	Type 1 diabetes in 2017: global estimates of incident and prevalent cases in children and adults. Diabetologia, 2021, 64, 2741-2750.	6.3	85
31	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
32	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
33	The process of building the priority of neglected tropical diseases: A global policy analysis. PLoS Neglected Tropical Diseases, 2020, 14, e0008498.	3.0	12
34	Lessons learned about co-creation: developing a complex intervention in rural Peru. Global Health Action, 2020, 13, 1754016.	1.9	30
35	Recommendations for the use of mathematical modelling to support decision-making on integration of non-communicable diseases into HIV care. Journal of the International AIDS Society, 2020, 23, e25505.	3.0	8
36	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

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37	Disruption, changes, and adaptation: Experiences with chronic conditions in Mozambique, Nepal and Peru. <i>Global Public Health</i> , 2020, 15, 372-383.	2.0	8
38	Social economic and demographic determinants of non-communicable diseases in Kenya: a secondary analysis of the Kenya stepwise survey. <i>Pan African Medical Journal</i> , 2020, 37, 351.	0.8	7
39	Global Inequality in Type 1 Diabetes: a Comparison of Switzerland and Low-and Middle-Income Countries. <i>Pediatric Endocrinology Reviews</i> , 2020, 17, 210-219.	1.2	1
40	What is innovation in the area of medicines? The example of insulin and diabetes. <i>Diabetic Medicine</i> , 2019, 36, 1526-1527.	2.3	6
41	Insulin prices, availability and affordability in 13 low-income and middle-income countries. <i>BMJ Global Health</i> , 2019, 4, e001410.	4.7	75
42	Noncommunicable diseases, access to essential medicines and universal health coverage. <i>Global Health Action</i> , 2019, 12, 1670014.	1.9	27
43	The process of prioritization of non-communicable diseases in the global health policy arena. <i>Health Policy and Planning</i> , 2019, 34, 370-383.	2.7	51
44	Forty years since Alma-Ata: do we need a new model for noncommunicable diseases?. <i>Journal of Global Health</i> , 2019, 9, 010316.	2.7	11
45	A perspective on global access to insulin: a descriptive study of the market, trade flows and prices. <i>Diabetic Medicine</i> , 2019, 36, 726-733.	2.3	20
46	Analogue insulin as an essential medicine: the need for more evidence and lower prices. <i>Lancet Diabetes and Endocrinology</i> , 2019, 7, 338.	11.4	4
47	“If you will counsel properly with love, they will listen” A qualitative analysis of leprosy affected patients’ educational needs and caregiver perceptions in Nepal. <i>PLoS ONE</i> , 2019, 14, e0210955.	2.5	16
48	Challenges associated with providing diabetes care in humanitarian settings. <i>Lancet Diabetes and Endocrinology</i> , 2019, 7, 648-656.	11.4	30
49	High-quality health systems: time for a revolution in research and research funding. <i>The Lancet Global Health</i> , 2019, 7, e303-e304.	6.3	15
50	Insulin price components: case studies in six low/middle-income countries. <i>BMJ Global Health</i> , 2019, 4, e001705.	4.7	9
51	Ability of verbal autopsy data to detect deaths due to uncontrolled hyperglycaemia: testing existing methods and development and validation of a novel weighted score. <i>BMJ Open</i> , 2019, 9, e026331.	1.9	2
52	Interventions targeting hypertension and diabetes mellitus at community and primary healthcare level in low- and middle-income countries: a scoping review. <i>BMC Public Health</i> , 2019, 19, 1542.	2.9	51
53	Estimation of global insulin use for type 2 diabetes, 2018–30: a microsimulation analysis. <i>Lancet Diabetes and Endocrinology</i> , 2019, 7, 25-33.	11.4	138
54	Evidence-Based Clinical Criteria for Computed Tomography Imaging in Odontogenic Infections. <i>Journal of Oral and Maxillofacial Surgery</i> , 2019, 77, 299-306.	1.2	9

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55	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
56	Access to diabetes care and treatment in Africa: challenges and opportunities. Medecine Et Sante Tropicales, 2018, 28, 351-354.	0.3	1
57	The experience of the Sant'Antonio Diabete NGO in the fight against diabetes in Africa. Medecine Et Sante Tropicales, 2018, 28, 363-367.	0.3	1
58	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
59	Self-management of diabetes in Sub-Saharan Africa: a systematic review. BMC Public Health, 2018, 18, 1148.	2.9	88
60	The impact of chronic disease management on primary care doctors in Switzerland: a qualitative study. BMC Family Practice, 2018, 19, 159.	2.9	11
61	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
62	Availability and Affordability of Essential Medicines: Implications for Global Diabetes Treatment. Current Diabetes Reports, 2018, 18, 48.	4.2	30
63	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
64	Research capacity building: obligations for global health partners. The Lancet Global Health, 2017, 5, e567-e568.	6.3	96
65	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
66	The role of biosimilar manufacturers in improving access to insulin globally. Lancet Diabetes and Endocrinology, 2017, 5, 578.	11.4	15
67	Bringing all together for research capacity building in LMICs – Authors' reply. The Lancet Global Health, 2017, 5, e870.	6.3	0
68	Diabetes in sub-Saharan Africa: from clinical care to health policy. Lancet Diabetes and Endocrinology, 2017, 5, 622-667.	11.4	328
69	Addressing the double-burden of diabetes and tuberculosis: lessons from Kyrgyzstan. Globalization and Health, 2017, 13, 16.	4.9	12
70	“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
71	Non-communicable diseases in humanitarian settings: ten essential questions. Conflict and Health, 2017, 11, 17.	2.7	69
72	Pharmaceutical industry, non-communicable diseases and partnerships: More questions than answers. Journal of Global Health, 2017, 7, 020301.	2.7	5

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73	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
74	Insulin in 2016: Challenge and constraints to access. Diabetes Research and Clinical Practice, 2016, 117, 119-121.	2.8	3
75	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
76	Insulin patents and market exclusivities: unresolved issues. Lancet Diabetes and Endocrinology,the, 2016, 4, 98.	11.4	3
77	The need to focus on primary health care for chronic diseases. Lancet Diabetes and Endocrinology,the, 2016, 4, 731-732.	11.4	8
78	Delivery of Type 2 diabetes care in low- and middle-income countries: lessons from Lima, Peru. Diabetic Medicine, 2016, 33, 752-760.	2.3	32
79	Professional medical associations in low-income and middle-income countries. The Lancet Global Health, 2016, 4, e606-e607.	6.3	4
80	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
81	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
82	Constraints and challenges in access to insulin: a global perspective. Lancet Diabetes and Endocrinology,the, 2016, 4, 275-285.	11.4	134
83	Needs and Needs Assessments. SAGE Open, 2015, 5, 215824401558037.	1.7	33
84	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
85	Medicines availability for non-communicable diseases: the case for standardized monitoring. Globalization and Health, 2015, 11, 18.	4.9	34
86	Diabetes in an emergency context: the Malian case study. Conflict and Health, 2015, 9, 15.	2.7	30
87	Endemic diabetes in the world's poorest people. Lancet Diabetes and Endocrinology,the, 2015, 3, 402-403.	11.4	25
88	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
89	The Impact of Health Systems on Diabetes Care in Low and Lower Middle Income Countries. Current Diabetes Reports, 2015, 15, 20.	4.2	34
90	In defence of NICE draft type 2 diabetes guidelines. Lancet Diabetes and Endocrinology,the, 2015, 3, 406.	11.4	0

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91	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
92	Developing a hierarchy of needs for Type 1 diabetes. Diabetic Medicine, 2014, 31, 61-67.	2.3	23
93	Improving global access to medicines for non-communicable diseases. The Lancet Global Health, 2014, 2, e561-e562.	6.3	13
94	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
95	Difficulties Facing the Provision of Care for Multimorbidity in Low-Income Countries. Key Issues in Mental Health, 2014, , 33-41.	0.6	4
96	Diabetes in Kyrgyzstan: changes between 2002 and 2009. International Journal of Health Planning and Management, 2013, 28, e121-37.	1.7	23
97	Progressive Visual Loss in an Otherwise Healthy Male. Journal of Emergency Medicine, 2013, 45, e23-e24.	0.7	0
98	Delivering Diabetes Care in the Philippines and Vietnam. Asia-Pacific Journal of Public Health, 2013, 25, 92-101.	1.0	27
99	Global Reality of Type 1 Diabetes Care in 2013. Diabetes Care, 2013, 36, e144-e144.	8.6	3
100	Chronic conditions: lessons from the frontlines. Chronic Illness, 2013, 9, 83-86.	1.5	1
101	The double scandal of insulin. Journal of the Royal College of Physicians of Edinburgh, The, 2013, 43, 194-196.	0.6	3
102	Health systems and the management of chronic diseases: lessons from Type 1 diabetes. Diabetes Management, 2012, 2, 323-335.	0.5	9
103	The International Diabetes Federation: losing its credibility by partnering with Nestlé?. Lancet, The, 2012, 380, 805.	13.7	7
104	On the road to the insulin centenary. Lancet, The, 2012, 380, 1648.	13.7	11
105	Non-communicable diseases in Mozambique: risk factors, burden, response and outcomes to date. Globalization and Health, 2012, 8, 37.	4.9	29
106	Apply criteria to improve health systems in developing countries. BMJ: British Medical Journal, 2012, 344, e546-e546.	2.3	0
107	The insulin dilemma in resource-limited countries. A way forward?. Diabetologia, 2011, 54, 19-24.	6.3	50
108	Improving access to insulin: what can be done?. Diabetes Management, 2011, 1, 67-76.	0.5	14

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109	The Diabetes UK Mozambique Twinning Programme. Results of improvements in diabetes care in Mozambique: a reassessment 6 years later using the Rapid Assessment Protocol for Insulin Access. Diabetic Medicine, 2010, 27, 855-861.	2.3	28
110	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
111	Twining 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
112	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
113	Diabetes care in sub-Saharan Africa. Lancet, The, 2006, 368, 1689-1695.	13.7	213
114	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
115	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
116	A theme issue by, for, and about Africa. BMJ: British Medical Journal, 2005, 331, 779.3-780.	2.3	1
117	Prognosis of diabetes in the developing world. Lancet, The, 2003, 362, 1420-1421.	13.7	3
118	COVID-19's impact on type 1 diabetes management: A mixed-methods study exploring the Peruvian experience. International Journal of Health Planning and Management, 0, , .	1.7	3