

Bruno Meessen

List of Publications by Year in descending order

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Version: 2024-02-01

70
papers

2,332
citations

236612

25
h-index

214527

47
g-index

74
all docs

74
docs citations

74
times ranked

1758
citing authors

#	ARTICLE	IF	CITATIONS
1	Out-of-pocket health expenditure and debt in poor households: evidence from Cambodia. <i>Tropical Medicine and International Health</i> , 2004, 9, 273-280.	1.0	201
2	To Retain or Remove User Fees?. <i>Applied Health Economics and Health Policy</i> , 2006, 5, 137-153.	1.0	188
3	Performance-based financing: just a donor fad or a catalyst towards comprehensive health-care reform?. <i>Bulletin of the World Health Organization</i> , 2011, 89, 153-156.	1.5	179
4	Removing user fees in the health sector: a review of policy processes in six sub-Saharan African countries. <i>Health Policy and Planning</i> , 2011, 26, ii16-ii29.	1.0	106
5	Access to health care for all? User fees plus a Health Equity Fund in Sotnikum, Cambodia. <i>Health Policy and Planning</i> , 2004, 19, 22-32.	1.0	104
6	Reviewing institutions of rural health centres: the Performance Initiative in Butare, Rwanda. <i>Tropical Medicine and International Health</i> , 2006, 11, 1303-1317.	1.0	93
7	Output-based payment to boost staff productivity in public health centres: contracting in Kabutare District, Rwanda. <i>Bulletin of the World Health Organization</i> , 2007, 85, 108-115.	1.5	87
8	Performance-based financing as a health system reform: mapping the key dimensions for monitoring and evaluation. <i>BMC Health Services Research</i> , 2013, 13, 367.	0.9	85
9	Improving access to hospital care for the poor: comparative analysis of four health equity funds in Cambodia. <i>Health Policy and Planning</i> , 2007, 22, 246-262.	1.0	78
10	Poverty and user fees for public health care in low-income countries: lessons from Uganda and Cambodia. <i>Lancet, The</i> , 2006, 368, 2253-2257.	6.3	75
11	Editorial: Iatrogenic poverty. <i>Tropical Medicine and International Health</i> , 2003, 8, 581-584.	1.0	73
12	A literature review of the disruptive effects of user fee exemption policies on health systems. <i>BMC Public Health</i> , 2012, 12, 289.	1.2	67
13	Studying the link between institutions and health system performance: a framework and an illustration with the analysis of two performance-based financing schemes in Burundi. <i>Health Policy and Planning</i> , 2013, 28, 847-857.	1.0	67
14	Community participation and voice mechanisms under performance-based financing schemes in Burundi. <i>Tropical Medicine and International Health</i> , 2012, 17, 674-682.	1.0	57
15	Composition of pluralistic health systems: how much can we learn from household surveys? An exploration in Cambodia. <i>Health Policy and Planning</i> , 2011, 26, i30-i44.	1.0	55
16	Performance-based financing: the same is different. <i>Health Policy and Planning</i> , 2017, 32, 860-868.	1.0	52
17	Determinants of stunting and severe stunting among Burundian children aged 6-23 months: evidence from a national cross-sectional household survey, 2014. <i>BMC Pediatrics</i> , 2017, 17, 176.	0.7	45
18	Communities of practice: the missing link for knowledge management on implementation issues in low-income countries?. <i>Tropical Medicine and International Health</i> , 2011, 16, 1007-1014.	1.0	43

#	ARTICLE	IF	CITATIONS
19	Removing user fees for health services in low-income countries: a multi-country review framework for assessing the process of policy change. <i>Health Policy and Planning</i> , 2011, 26, ii5-ii15.	1.0	39
20	Assessing communities of practice in health policy: a conceptual framework as a first step towards empirical research. <i>Health Research Policy and Systems</i> , 2013, 11, 39.	1.1	35
21	From Scheme to System (Part 2): Findings from Ten Countries on the Policy Evolution of Results-Based Financing in Health Systems. <i>Health Systems and Reform</i> , 2017, 3, 137-147.	0.6	35
22	Can performance-based financing help reaching the poor with maternal and child health services? The experience of rural Rwanda. <i>International Journal of Health Planning and Management</i> , 2016, 31, 309-348.	0.7	33
23	Translating knowledge into policy and action to promote health equity: The Health Equity Fund policy process in Cambodia 2000-2008. <i>Health Policy</i> , 2010, 96, 200-209.	1.4	32
24	Boosting facility deliveries with results-based financing: a mixed-methods evaluation of the government midwifery incentive scheme in Cambodia. <i>BMC Pregnancy and Childbirth</i> , 2015, 15, 170.	0.9	29
25	How User Fees Influence Contraception in Low and Middle Income Countries: A Systematic Review. <i>Studies in Family Planning</i> , 2016, 47, 341-356.	1.0	27
26	User fee removal in low-income countries: sharing knowledge to support managed implementation. <i>Health Policy and Planning</i> , 2011, 26, ii1-ii4.	1.0	26
27	No universal health coverage without strong local health systems. <i>Bulletin of the World Health Organization</i> , 2014, 92, 78-78A.	1.5	26
28	Self-Reported Serious Illnesses in Rural Cambodia: A Cross-Sectional Survey. <i>PLoS ONE</i> , 2010, 5, e10930.	1.1	26
29	Economic Transition, Institutional Changes and the Health System: Some Lessons from Rural China. <i>Journal of Economic Policy Reform</i> , 2007, 10, 209-231.	1.9	22
30	The Quality of Medicines Used in Children and Supplied by Private Pharmaceutical Wholesalers in Kinshasa, Democratic Republic of Congo: A Prospective Survey. <i>American Journal of Tropical Medicine and Hygiene</i> , 2018, 98, 894-903.	0.6	22
31	Taking Results-Based Financing from Scheme to System. <i>Health Systems and Reform</i> , 2017, 3, 69-73.	0.6	21
32	The Role of Digital Strategies in Financing Health Care for Universal Health Coverage in Low- and Middle-Income Countries. <i>Global Health, Science and Practice</i> , 2018, 6, S29-S40.	0.6	21
33	From Scheme to System (Part 1): Notes on Conceptual and Methodological Innovations in the Multicountry Research Program on Scaling Up Results-Based Financing in Health Systems. <i>Health Systems and Reform</i> , 2017, 3, 129-136.	0.6	19
34	Why Performance-Based Financing in Chad Failed to Emerge on the National Policy Agenda. <i>Health Systems and Reform</i> , 2017, 3, 80-90.	0.6	18
35	Catastrophic health expenditure. <i>Lancet, The</i> , 2003, 362, 996.	6.3	17
36	Catastrophic health expenditure. <i>Lancet, The</i> , 2003, 362, 996-997.	6.3	15

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37	L'abolition systématique du paiement direct en Afrique subsaharienne : une opportunité pour le renforcement des systèmes de santé?. Sante Publique, 2011, Vol. 23, 61-67.	0.0	15
38	Evaluation of the maternal deaths surveillance and response system at the health district level in Guinea in 2017 through digital communication tools. Reproductive Health, 2019, 16, 5.	1.2	15
39	The place of learning in a universal health coverage health policy process: the case of the RAMED policy in Morocco. Health Research Policy and Systems, 2019, 17, 21.	1.1	14
40	Ownership of health financing policies in low-income countries: a journey with more than one pathway. BMJ Global Health, 2019, 4, e001762.	2.0	13
41	Health system governance: welcoming the reboot. BMJ Global Health, 2020, 5, e002404.	2.0	13
42	Formal pooling of health risks in sub-Saharan Africa: Reflections on the obstacles encountered. International Social Security Review, 2002, 55, 71-93.	0.4	12
43	Toward a typology of health-related informal credit: an exploration of borrowing practices for paying for health care by the poor in Cambodia. BMC Health Services Research, 2012, 12, 383.	0.9	12
44	Measuring and understanding the effects of a performance based financing scheme applied to nutrition services in Burundi—a mixed method impact evaluation design. International Journal for Equity in Health, 2016, 15, 93.	1.5	12
45	Learning for Universal Health Coverage. BMJ Global Health, 2019, 4, e002059.	2.0	12
46	Time for innovative dialogue on health systems research. Bulletin of the World Health Organization, 2012, 90, 715-715.	1.5	11
47	Social health assistance schemes: the case of Medical Financial Assistance for the rural poor in four counties of China. International Journal for Equity in Health, 2011, 10, 44.	1.5	10
48	Effects in spite of tough constraints—A theory of change based investigation of contextual and implementation factors affecting the results of a performance based financing scheme extended to malnutrition in Burundi. PLoS ONE, 2020, 15, e0226376.	1.1	10
49	Editorial: The AIDS crisis, cost-effectiveness and academic activism. Tropical Medicine and International Health, 2002, 7, 1001-1002.	1.0	9
50	Addressing malnutrition among children in routine care: how is the Integrated Management of Childhood Illnesses strategy implemented at health centre level in Burundi?. BMC Nutrition, 2019, 5, 22.	0.6	9
51	Le débat autour du financement basé sur la performance en Afrique subsaharienne: analyse de la nature des tensions. Sante Publique, 2015, Vol. 27, 117-128.	0.0	6
52	The impact of reimbursed user fee exemption of health centre outpatient consultations for the poor in pluralistic health systems: lessons from a quasi-experiment in two rural health districts in Cambodia. Health Policy and Planning, 2019, 34, 740-751.	1.0	5
53	Arbitrage d'une controverse de politique de santé: application d'une démarche libérale au Financement basé sur la Performance en Afrique subsaharienne. Sante Publique, 2015, Vol. 27, 425-434.	0.0	4
54	Policy learning and Universal Health Coverage in low- and middle-income countries. Health Research Policy and Systems, 2020, 18, 85.	1.1	4

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55	Mobilizing health district management teams through digital tools: Lessons from the District.Team initiative in Benin and Guinea using an action research methodology. Learning Health Systems, 2021, 5, e10244.	1.1	4
56	Impact of the extension of a performance-based financing scheme to nutrition services in Burundi on malnutrition prevention and management among children below five: A cluster-randomized control trial. PLoS ONE, 2020, 15, e0239036.	1.1	4
57	Predictable threats to public health through delaying universal access to innovative medicines for hepatitis C: a pharmaceutical standpoint. Tropical Medicine and International Health, 2016, 21, 1490-1495.	1.0	3
58	Setting targets, achieving goals: can analysis of past progress help?. The Lancet Global Health, 2014, 2, e673-e674.	2.9	0
59	Governance Issues and Structures. , 2014, , 201-216.		0
60	Evaluations of PBF and Frequently Asked Questions. , 2014, , 285-316.		0
61	Health Facility Autonomy and Governance. , 2014, , 139-147.		0
62	Buying Quantity of Services. , 2014, , 15-41.		0
63	Pilot Testing PBF. , 2014, , 263-284.		0
64	Setting the Unit Price and Costing. , 2014, , 87-111.		0
65	Title is missing!. , 2020, 15, e0239036.		0
66	Title is missing!. , 2020, 15, e0239036.		0
67	Title is missing!. , 2020, 15, e0239036.		0
68	Title is missing!. , 2020, 15, e0239036.		0
69	Title is missing!. , 2020, 15, e0239036.		0
70	Title is missing!. , 2020, 15, e0239036.		0