

# Knut LÃ¶nnroth

## List of Publications by Year in descending order

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Version: 2024-02-01

138  
papers

11,644  
citations

44069

48  
h-index

29157

104  
g-index

139  
all docs

139  
docs citations

139  
times ranked

9530  
citing authors

#	ARTICLE	IF	CITATIONS
1	Evaluation of the latent tuberculosis screening and treatment strategy for asylum seekers in Stockholm, Sweden 2015–2018: a record linkage study of the care cascade. <i>European Respiratory Journal</i> , 2021, 57, 2002255.	6.7	3
2	Adaptation of WHO’s generic tuberculosis patient cost instrument for a longitudinal study in Africa. <i>Global Health Action</i> , 2021, 14, 1865625.	1.9	6
3	Cost-effectiveness of the latent tuberculosis screening program for migrants in Stockholm Region. <i>European Journal of Health Economics</i> , 2021, 22, 445-454.	2.8	10
4	“A double-edged sword”: Perceived benefits and harms of active case-finding for people with presumptive tuberculosis and communities—a qualitative study based on expert interviews. <i>PLoS ONE</i> , 2021, 16, e0247568.	2.5	5
5	Comparative Yield of Tuberculosis during Active Case Finding Using GeneXpert or Smear Microscopy for Diagnostic Testing in Nepal: A Cross-Sectional Study. <i>Tropical Medicine and Infectious Disease</i> , 2021, 6, 50.	2.3	7
6	Building on facilitators and overcoming barriers to implement active tuberculosis case-finding in Nepal, experiences of community health workers and people with tuberculosis. <i>BMC Health Services Research</i> , 2021, 21, 295.	2.2	5
7	Capitalizing on facilitators and addressing barriers when implementing active tuberculosis case-finding in six districts of Ho Chi Minh City, Vietnam: a qualitative study with key stakeholders. <i>Implementation Science</i> , 2021, 16, 54.	6.9	8
8	Determinants of household catastrophic costs for drug sensitive tuberculosis patients in Kenya. <i>Infectious Diseases of Poverty</i> , 2021, 10, 95.	3.7	12
9	Barriers and enablers to implementing tuberculosis control strategies in EU and European Economic Area countries: a systematic review. <i>Lancet Infectious Diseases</i> , The, 2021, 21, e272-e280.	9.1	3
10	Barriers and facilitators to accessing tuberculosis care in Nepal: a qualitative study to inform the design of a socioeconomic support intervention. <i>BMJ Open</i> , 2021, 11, e049900.	1.9	17
11	Food for thought: addressing undernutrition to end tuberculosis. <i>Lancet Infectious Diseases</i> , The, 2021, 21, e318-e325.	9.1	39
12	How to reduce household costs for people with tuberculosis: a longitudinal costing survey in Nepal. <i>Health Policy and Planning</i> , 2021, 36, 594-605.	2.7	13
13	Socio-protective effects of active case finding on catastrophic costs from tuberculosis in Ho Chi Minh City, Viet Nam: a longitudinal patient cost survey. <i>BMC Health Services Research</i> , 2021, 21, 1051.	2.2	12
14	Independent evaluation of 12 artificial intelligence solutions for the detection of tuberculosis. <i>Scientific Reports</i> , 2021, 11, 23895.	3.3	46
15	Build back stronger universal health coverage systems after the COVID-19 pandemic: the need for better governance and linkage with universal social protection. <i>BMJ Global Health</i> , 2020, 5, e004020.	4.7	32
16	Income security in times of ill health: the next frontier for the SDGs. <i>BMJ Global Health</i> , 2020, 5, e002493.	4.7	9
17	“Power plays plus push”: experts’ insights into the development and implementation of active tuberculosis case-finding policies globally, a qualitative study. <i>BMJ Open</i> , 2020, 10, e036285.	1.9	13
18	Enhanced Private Sector Engagement for Tuberculosis Diagnosis and Reporting through an Intermediary Agency in Ho Chi Minh City, Viet Nam. <i>Tropical Medicine and Infectious Disease</i> , 2020, 5, 143.	2.3	13

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19	Evaluating the yield of systematic screening for tuberculosis among three priority groups in Ho Chi Minh City, Viet Nam. <i>Infectious Diseases of Poverty</i> , 2020, 9, 166.	3.7	10
20	A comparative impact evaluation of two human resource models for community-based active tuberculosis case finding in Ho Chi Minh City, Viet Nam. <i>BMC Public Health</i> , 2020, 20, 934.	2.9	24
21	Income security during public health emergencies: the COVID-19 poverty trap in Vietnam. <i>BMJ Global Health</i> , 2020, 5, e002504.	4.7	34
22	Association of Tuberculosis With Household Catastrophic Expenditure in South India. <i>JAMA Network Open</i> , 2020, 3, e1920973.	5.9	25
23	Income security during periods of ill health: a scoping review of policies, practice and coverage in low-income and middle-income countries. <i>BMJ Global Health</i> , 2020, 5, e002425.	4.7	23
24	Medical expenditures: not the only source of financial hardship. <i>The Lancet Global Health</i> , 2020, 8, e336.	6.3	6
25	Research protocol for a mixed-methods study to characterise and address the socioeconomic impact of accessing TB diagnosis and care in Nepal. <i>Wellcome Open Research</i> , 2020, 5, 19.	1.8	7
26	Active case-finding policy development, implementation and scale-up in high-burden countries: A mixed-methods survey with National Tuberculosis Programme managers and document review. <i>PLoS ONE</i> , 2020, 15, e0240696.	2.5	9
27	Title is missing!. , 2020, 15, e0240696.		0
28	Title is missing!. , 2020, 15, e0240696.		0
29	Title is missing!. , 2020, 15, e0240696.		0
30	Title is missing!. , 2020, 15, e0240696.		0
31	Title is missing!. , 2020, 15, e0240696.		0
32	Title is missing!. , 2020, 15, e0240696.		0
33	The Financial Burden of Tuberculosis for Patients in the Western-Pacific Region. <i>Tropical Medicine and Infectious Disease</i> , 2019, 4, 94.	2.3	27
34	Development and validation of a prediction model for active tuberculosis case finding among HIV-negative/unknown populations. <i>Scientific Reports</i> , 2019, 9, 6143.	3.3	7
35	Building a European database to gather multi-country evidence on active and latent TB screening for migrants. <i>International Journal of Infectious Diseases</i> , 2019, 80, S45-S49.	3.3	9
36	Diagnostic pathways and delay among tuberculosis patients in Stockholm, Sweden: a retrospective observational study. <i>BMC Public Health</i> , 2019, 19, 151.	2.9	4

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37	Factors influencing active tuberculosis case-finding policy development and implementation: a scoping review. <i>BMJ Open</i> , 2019, 9, e031284.	1.9	33
38	Quality of life of patients on treatment for latent tuberculosis infection: a mixed-method study in Stockholm, Sweden. <i>Health and Quality of Life Outcomes</i> , 2019, 17, 158.	2.4	11
39	The role of active case finding in reducing patient incurred catastrophic costs for tuberculosis in Nepal. <i>Infectious Diseases of Poverty</i> , 2019, 8, 99.	3.7	38
40	TB sequel: incidence, pathogenesis and risk factors of long-term medical and social sequelae of pulmonary TB – a study protocol. <i>BMC Pulmonary Medicine</i> , 2019, 19, 4.	2.0	45
41	Uptake of governmental social protection and financial hardship during drug-resistant tuberculosis treatment in Rio de Janeiro, Brazil. <i>European Respiratory Journal</i> , 2018, 51, 1800274.	6.7	17
42	Sequelae of multidrug-resistant tuberculosis: protocol for a systematic review and meta-analysis. <i>BMJ Open</i> , 2018, 8, e019593.	1.9	8
43	The impact of social protection and poverty elimination on global tuberculosis incidence: a statistical modelling analysis of Sustainable Development Goal 1. <i>The Lancet Global Health</i> , 2018, 6, e514-e522.	6.3	110
44	What value for whom? – provider perspectives on health examinations for asylum seekers in Stockholm, Sweden. <i>BMC Health Services Research</i> , 2018, 18, 601.	2.2	7
45	Towards tackling tuberculosis in vulnerable groups in the European Union: the E-DETECT TB consortium. <i>European Respiratory Journal</i> , 2018, 51, 1702604.	6.7	15
46	Mental health disorders, social stressors, and health-related quality of life in patients with multidrug-resistant tuberculosis: A systematic review and meta-analysis. <i>Journal of Infection</i> , 2018, 77, 357-367.	3.3	60
47	Reflections on the State of the Art series on TB and migration, and the way forward. <i>International Journal of Tuberculosis and Lung Disease</i> , 2018, 22, 829-829.	1.2	0
48	“Valuable but incomplete!” A qualitative study about migrants’ perspective on health examinations in Stockholm. <i>International Health</i> , 2018, 10, 191-196.	2.0	4
49	Response to Letter to the Editor by M. van der Werf, V. Hollo and C. Kärdmån concerning “Multidrug-resistant tuberculosis and migration to Europe”. <i>Clinical Microbiology and Infection</i> , 2017, 23, 580.	6.0	0
50	The long and winding road of chest radiography for tuberculosis detection. <i>European Respiratory Journal</i> , 2017, 49, 1700364.	6.7	13
51	Catastrophic costs potentially averted by tuberculosis control in India and South Africa: a modelling study. <i>The Lancet Global Health</i> , 2017, 5, e1123-e1132.	6.3	41
52	Alcohol consumption as a risk factor for tuberculosis: meta-analyses and burden of disease. <i>European Respiratory Journal</i> , 2017, 50, 1700216.	6.7	170
53	Computer-aided reading of tuberculosis chest radiography: moving the research agenda forward to inform policy. <i>European Respiratory Journal</i> , 2017, 50, 1700953.	6.7	40
54	Multidrug-resistant tuberculosis and migration to Europe. <i>Clinical Microbiology and Infection</i> , 2017, 23, 141-146.	6.0	58

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55	Comparison of two cash transfer strategies to prevent catastrophic costs for poor tuberculosis-affected households in low- and middle-income countries: An economic modelling study. <i>PLoS Medicine</i> , 2017, 14, e1002418.	8.4	37
56	Translational Research for Tuberculosis Elimination: Priorities, Challenges, and Actions. <i>PLoS Medicine</i> , 2016, 13, e1001965.	8.4	50
57	Tuberculosis control. <i>Lancet, The</i> , 2016, 387, 1159-1160.	13.7	6
58	Towards cash transfer interventions for tuberculosis prevention, care and control: key operational challenges and research priorities. <i>BMC Infectious Diseases</i> , 2016, 16, 307.	2.9	50
59	State-of-the-art series on tuberculosis and migration. <i>International Journal of Tuberculosis and Lung Disease</i> , 2016, 20, 1280-1281.	1.2	7
60	Association between spending on social protection and tuberculosis burden: a global analysis. <i>Lancet Infectious Diseases, The</i> , 2016, 16, 473-479.	9.1	84
61	Addressing diabetes mellitus as part of the strategy for ending TB. <i>Transactions of the Royal Society of Tropical Medicine and Hygiene</i> , 2016, 110, 173-179.	1.8	68
62	The WHO's new End TB Strategy in the post-2015 era of the Sustainable Development Goals. <i>Transactions of the Royal Society of Tropical Medicine and Hygiene</i> , 2016, 110, 148-150.	1.8	132
63	Diabetes and tuberculosis co-epidemic: the Bali Declaration. <i>Lancet Diabetes and Endocrinology, the</i> , 2016, 4, 8-10.	11.4	34
64	Cameroon's multidrug-resistant tuberculosis treatment programme jeopardised by cross-border migration. <i>European Respiratory Journal</i> , 2016, 47, 686-688.	6.7	17
65	Diabetes mellitus and tuberculosis: programmatic management issues. <i>International Journal of Tuberculosis and Lung Disease</i> , 2015, 19, 879-886.	1.2	62
66	Costs of diagnostic algorithms: whose perspective counts?. <i>International Journal of Tuberculosis and Lung Disease</i> , 2015, 19, 878-878.	1.2	0
67	What can dissaving tell us about catastrophic costs? Linear and logistic regression analysis of the relationship between patient costs and financial coping strategies adopted by tuberculosis patients in Bangladesh, Tanzania and Bangalore, India. <i>BMC Health Services Research</i> , 2015, 15, 476.	2.2	39
68	Numbers needed to treat to prevent tuberculosis. <i>European Respiratory Journal</i> , 2015, 46, 1838-1839.	6.7	9
69	Colliding epidemics requires collaborating programmes. <i>Lancet Diabetes and Endocrinology, the</i> , 2015, 3, 306-307.	11.4	3
70	WHO's new End TB Strategy. <i>Lancet, The</i> , 2015, 385, 1799-1801.	13.7	834
71	Towards tuberculosis elimination: an action framework for low-incidence countries. <i>European Respiratory Journal</i> , 2015, 45, 928-952.	6.7	608
72	Management of latent <i>Mycobacterium tuberculosis</i> infection: WHO guidelines for low tuberculosis burden countries. <i>European Respiratory Journal</i> , 2015, 46, 1563-1576.	6.7	475

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73	In TB patients from Peruvian shantytowns, catastrophic costs explain as many adverse TB outcomes as MDR TB. <i>Journal of Infection</i> , 2015, 71, 684.	3.3	0
74	Interventions to improve adherence to treatment for paediatric tuberculosis in low- and middle-income countries: a systematic review and meta-analysis. <i>Bulletin of the World Health Organization</i> , 2015, 93, 700-711B.	3.3	27
75	Economic Support to Patients in HIV and TB Grants in Rounds 7 and 10 from the Global Fund to Fight AIDS, Tuberculosis and Malaria. <i>PLoS ONE</i> , 2014, 9, e86225.	2.5	35
76	China Tuberculosis Policy at Crucial Crossroads: Comparing the Practice of Different Hospital and Tuberculosis Control Collaboration Models Using Survey Data. <i>PLoS ONE</i> , 2014, 9, e90596.	2.5	35
77	Pre-entry, post-entry, or no tuberculosis screening?. <i>Lancet Infectious Diseases, The</i> , 2014, 14, 1171-1172.	9.1	14
78	Defining Catastrophic Costs and Comparing Their Importance for Adverse Tuberculosis Outcome with Multi-Drug Resistance: A Prospective Cohort Study, Peru. <i>PLoS Medicine</i> , 2014, 11, e1001675.	8.4	187
79	Beyond UHC: Monitoring Health and Social Protection Coverage in the Context of Tuberculosis Care and Prevention. <i>PLoS Medicine</i> , 2014, 11, e1001693.	8.4	110
80	Toward Tuberculosis Elimination in Low-Incidence Countries: Reflections From a Global Consultation. <i>Annals of Internal Medicine</i> , 2014, 161, 670.	3.9	9
81	Mass prophylaxis of tuberculosis through social protection. <i>Lancet Infectious Diseases, The</i> , 2014, 14, 1032-1034.	9.1	4
82	Choosing algorithms for TB screening: a modelling study to compare yield, predictive value and diagnostic burden. <i>BMC Infectious Diseases</i> , 2014, 14, 532.	2.9	49
83	Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review. <i>European Respiratory Journal</i> , 2014, 43, 1763-1775.	6.7	423
84	The effect of diabetes and undernutrition trends on reaching 2035 global tuberculosis targets. <i>Lancet Diabetes and Endocrinology,the</i> , 2014, 2, 754-764.	11.4	102
85	Improving tuberculosis prevention and care through addressing the global diabetes epidemic: from evidence to policy and practice. <i>Lancet Diabetes and Endocrinology,the</i> , 2014, 2, 730-739.	11.4	194
86	Free tuberculosis diagnosis and treatment are not enough: patient cost evidence from three continents. <i>International Journal of Tuberculosis and Lung Disease</i> , 2013, 17, 381-387.	1.2	95
87	The international study on alcohol and infectious diseases: three priorities for research. <i>Addiction</i> , 2013, 108, 1-2.	3.3	16
88	Tuberculosis comorbidity with communicable and non-communicable diseases: integrating health services and control efforts. <i>Lancet Infectious Diseases, The</i> , 2013, 13, 436-448.	9.1	246
89	Screening of patients with diabetes mellitus for tuberculosis in <sc>I</sc>ndia. <i>Tropical Medicine and International Health</i> , 2013, 18, 646-654.	2.3	60
90	Screening of patients with tuberculosis for diabetes mellitus in <sc>I</sc>ndia. <i>Tropical Medicine and International Health</i> , 2013, 18, 636-645.	2.3	78

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91	Programmatic approaches to screening for active tuberculosis [State of the art series. Active case finding/screening. Number 6 in the series]. International Journal of Tuberculosis and Lung Disease, 2013, 17, 1248-1256.	1.2	42
92	The benefits to communities and individuals of screening for active tuberculosis disease: a systematic review [State of the art series. Case finding/screening. Number 2 in the series]. International Journal of Tuberculosis and Lung Disease, 2013, 17, 432-446.	1.2	206
93	Cured and starved: food for thought [Editorial]. Public Health Action, 2013, 3, 95-95.	1.2	1
94	Systematic screening for active tuberculosis: rationale, definitions and key considerations [State of the art series. Active case finding/screening. Number 1 in the series]. International Journal of Tuberculosis and Lung Disease, 2013, 17, 289-298.	1.2	138
95	Chest radiography for tuberculosis screening is back on the agenda [Editorial]. International Journal of Tuberculosis and Lung Disease, 2012, 16, 1421-1422.	1.2	12
96	Scaling up interventions to achieve global tuberculosis control: progress and new developments. Lancet, The, 2012, 379, 1902-1913.	13.7	300
97	A descriptive study of TB cases finding practices in the three largest public general hospitals in Vietnam. BMC Public Health, 2012, 12, 808.	2.9	2
98	Socio Economic Position in TB Prevalence and Access to Services: Results from a Population Prevalence Survey and a Facility-Based Survey in Bangladesh. PLoS ONE, 2012, 7, e44980.	2.5	32
99	Global tuberculosis control: lessons learnt and future prospects. Nature Reviews Microbiology, 2012, 10, 407-416.	28.6	199
100	Screening of patients with tuberculosis for diabetes mellitus in China. Tropical Medicine and International Health, 2012, 17, 1294-1301.	2.3	85
101	Screening patients with Diabetes Mellitus for Tuberculosis in China. Tropical Medicine and International Health, 2012, 17, 1302-1308.	2.3	75
102	The impact of diabetes on tuberculosis treatment outcomes: A systematic review. BMC Medicine, 2011, 9, 81.	5.5	622
103	Nutrition, Diabetes and Tuberculosis in the Epidemiological Transition. PLoS ONE, 2011, 6, e21161.	2.5	57
104	Tuberculosis and poverty: what is being done [Counterpoint]. International Journal of Tuberculosis and Lung Disease, 2011, 15, 431-432.	1.2	16
105	Global Fund financing of public-private mix approaches for delivery of tuberculosis care. Tropical Medicine and International Health, 2011, 16, 685-692.	2.3	21
106	The looming epidemic of diabetes-associated tuberculosis: learning lessons from HIV-associated tuberculosis. International Journal of Tuberculosis and Lung Disease, 2011, 15, 1436-1445.	1.2	97
107	Tuberculosis and noncommunicable diseases: neglected links and missed opportunities. European Respiratory Journal, 2011, 37, 1269-1282.	6.7	116
108	Defining the research agenda to reduce the joint burden of disease from Diabetes mellitus and Tuberculosis. Tropical Medicine and International Health, 2010, 15, 659-663.	2.3	76

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109	Response to letter from Sarah Bailey and Peter Godfrey-Faussett. <i>Tropical Medicine and International Health</i> , 2010, 15, 1402-1402.	2.3	0
110	Bi-directional screening for tuberculosis and diabetes: a systematic review. <i>Tropical Medicine and International Health</i> , 2010, 15, 1300-1314.	2.3	172
111	A consistent log-linear relationship between tuberculosis incidence and body mass index. <i>International Journal of Epidemiology</i> , 2010, 39, 149-155.	1.9	323
112	MDR Tuberculosis – Critical Steps for Prevention and Control. <i>New England Journal of Medicine</i> , 2010, 363, 1050-1058.	27.0	168
113	Tuberculosis control and elimination 2010–50: cure, care, and social development. <i>Lancet</i> , The, 2010, 375, 1814-1829.	13.7	697
114	Here is diabetes in The Lancet's tuberculosis Series!. <i>Lancet</i> , The, 2010, 376, 1987-1988.	13.7	0
115	Trends in tuberculosis incidence and their determinants in 134 countries. <i>Bulletin of the World Health Organization</i> , 2009, 87, 683-691.	3.3	282
116	Drivers of tuberculosis epidemics: The role of risk factors and social determinants. <i>Social Science and Medicine</i> , 2009, 68, 2240-2246.	3.8	775
117	The association between alcohol use, alcohol use disorders and tuberculosis (TB). A systematic review. <i>BMC Public Health</i> , 2009, 9, 450.	2.9	319
118	Alcohol use as a risk factor for tuberculosis – a systematic review. <i>BMC Public Health</i> , 2008, 8, 289.	2.9	382
119	Global Epidemiology of Tuberculosis: Prospects for Control. <i>Seminars in Respiratory and Critical Care Medicine</i> , 2008, 29, 481-491.	2.1	240
120	Social franchising of TB care through private GPs in Myanmar: an assessment of treatment results, access, equity and financial protection. <i>Health Policy and Planning</i> , 2007, 22, 156-166.	2.7	80
121	Editorial: MDR and XDR – the price of delaying engagement with all care providers for control of TB and TB/HIV. <i>Tropical Medicine and International Health</i> , 2007, 12, 473-474.	2.3	11
122	Planning to improve global health: the next decade of tuberculosis control. <i>Bulletin of the World Health Organization</i> , 2007, 85, 341-347.	3.3	59
123	Do policy changes in the pharmaceutical reimbursement schedule affect drug expenditures?. <i>Health Policy</i> , 2006, 79, 231-243.	3.0	50
124	Improving tuberculosis control through public-private collaboration in India: literature review. <i>BMJ: British Medical Journal</i> , 2006, 332, 574-578.	2.3	115
125	Turning liabilities into resources: informal village doctors and tuberculosis control in Bangladesh. <i>Bulletin of the World Health Organization</i> , 2006, 84, 479-484.	3.3	57
126	Cost and cost-effectiveness of PPM-DOTS for tuberculosis control: evidence from India. <i>Bulletin of the World Health Organization</i> , 2006, 84, 437-445.	3.3	82



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127	Hard gains through soft contracts: productive engagement of private providers in tuberculosis control. <i>Bulletin of the World Health Organization</i> , 2006, 84, 876-883.	3.3	58
128	Using pooled budgets to integrate health and welfare services: a comparison of experiments in England and Sweden. <i>Health and Social Care in the Community</i> , 2005, 13, 531-541.	1.6	38
129	What are the obstacles to generic substitution? An assessment of the behaviour of prescribers, patients and pharmacies during the first year of generic substitution in Sweden. <i>Pharmacoepidemiology and Drug Safety</i> , 2005, 14, 341-348.	1.9	89
130	PHP17 EFFECTS OF GENERIC SUBSTITUTION ON THE DEVELOPMENT OF PHARMACEUTICAL EXPENDITURES DURING THE PERIOD JANUARY 1 998 TO MAY 2005. <i>Value in Health</i> , 2005, 8, A186.	0.3	0
131	PHP22 EFFECTS OF DECENTRALIZED RESPONSIBILITY FOR COSTS OF OUTPATIENT PRESCRIPTION DRUGS ON THE PHARMACEUTICAL COST DEVELOPMENT IN SWEDEN. <i>Value in Health</i> , 2005, 8, A187.	0.3	0
132	Interdisciplinary collaboration between primary care, social insurance and social services in the rehabilitation of people with musculoskeletal disorder: Effects on self-rated health and physical performance. <i>Journal of Interprofessional Care</i> , 2005, 19, 115-124.	1.7	25
133	Spatial pattern of private health care provision in Ujjain, India: a provider survey processed and analysed with a Geographical Information System. <i>Health Policy</i> , 2004, 68, 211-222.	3.0	38
134	Co-financing as a means to improve collaboration between primary health care, social insurance and social service in Sweden. A qualitative study of collaboration experiences among rehabilitation partners. <i>Health Policy</i> , 2003, 64, 143-152.	3.0	27
135	Can I afford free treatment?: Perceived consequences of health care provider choices among people with tuberculosis in Ho Chi Minh City, Vietnam. <i>Social Science and Medicine</i> , 2001, 52, 935-948.	3.8	65
136	Utilization of private and public health-care providers for tuberculosis symptoms in Ho Chi Minh City, Vietnam. <i>Health Policy and Planning</i> , 2001, 16, 47-54.	2.7	47
137	Risks and benefits of private health care: exploring physicians' views on private health care in Ho Chi Minh City, Vietnam. <i>Health Policy</i> , 1998, 45, 81-97.	3.0	28
138	Experiences of conditional and unconditional cash transfers intended for improving health outcomes and health service use: a qualitative evidence synthesis. <i>The Cochrane Library</i> , 0, , .	2.8	1