

Rohina Joshi, R Joshi, Joshi R

List of Publications by Year in descending order

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135
papers

10,355
citations

147801
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139
all docs

139
docs citations

139
times ranked

12680
citing authors

#	ARTICLE	IF	CITATIONS
1	Governance systems for skilled health worker migration, their public value and competing priorities: an interpretive scoping review. <i>Global Health Action</i> , 2022, 15, 2013600.	1.9	9
2	Utility of the Right to Health for Addressing Skilled Health Worker Shortages in Low- and Middle-Income Countries. <i>International Journal of Health Policy and Management</i> , 2022, , .	0.9	4
3	Social media interventions targeting exercise and diet behaviours in people with noncommunicable diseases (NCDs): A systematic review. <i>Internet Interventions</i> , 2022, 27, 100497.	2.7	15
4	Challenges in operationalising clinical trials in India during the COVID-19 pandemic. <i>The Lancet Global Health</i> , 2022, 10, e317-e319.	6.3	12
5	Pharmacists' time spent: Space for Pharmacy-based Interventions and Consultation Time (SPICE) – an observational time and motion study. <i>BMJ Open</i> , 2022, 12, e055597.	1.9	7
6	Effects of a Lifestyle Intervention to Prevent Deterioration in Glycemic Status Among South Asian Women With Recent Gestational Diabetes. <i>JAMA Network Open</i> , 2022, 5, e220773.	5.9	19
7	An intervention package for supporting the mental well-being of community health workers in low, and middle-income countries during the COVID-19 pandemic. <i>Comprehensive Psychiatry</i> , 2022, 115, 152300.	3.1	5
8	Applying systems thinking to identify enablers and challenges to scale-up interventions for hypertension and diabetes in low-income and middle-income countries: protocol for a longitudinal mixed-methods study. <i>BMJ Open</i> , 2022, 12, e053122.	1.9	1
9	Are return-of-service bursaries an effective investment to build health workforce capacity? A qualitative study of key South African policymakers. <i>PLOS Global Public Health</i> , 2022, 2, e0000309.	1.6	4
10	Integrated Management of Diabetes and Tuberculosis in Rural India – Results From a Pilot Study. <i>Frontiers in Public Health</i> , 2022, 10, .	2.7	2
11	How do diverse low-income and middle-income countries implement primary healthcare team integration to support the delivery of comprehensive primary health care? A mixed-methods study protocol from India, Mexico and Uganda. <i>BMJ Open</i> , 2022, 12, e055218.	1.9	2
12	Hydroxychloroquine plus personal protective equipment versus personal protective equipment alone for the prevention of laboratory-confirmed COVID-19 infections among healthcare workers: a multicentre, parallel-group randomised controlled trial from India. <i>BMJ Open</i> , 2022, 12, e059540.	1.9	8
13	Exploring complementary and competitive relations between non-communicable disease services and other health extension programme services in Ethiopia: a multilevel analysis. <i>BMJ Global Health</i> , 2022, 7, e009025.	4.7	1
14	The organisation of primary health care service delivery for non-communicable diseases in Nigeria: A case-study analysis. <i>PLOS Global Public Health</i> , 2022, 2, e0000566.	1.6	10
15	Improving cause of death certification in the Philippines: implementation of an electronic verbal autopsy decision support tool (SmartVA auto-analyse) to aid physician diagnoses of out-of-facility deaths. <i>BMC Public Health</i> , 2021, 21, 563.	2.9	6
16	Evaluation of the alignment of policies and practices for state-sponsored educational initiatives for sustainable health workforce solutions in selected Southern African countries: a protocol, multimethods study. <i>BMJ Open</i> , 2021, 11, e046379.	1.9	5
17	An electronic decision support-based complex intervention to improve management of cardiovascular risk in primary health care: a cluster randomised trial (INTEGRATE). <i>Medical Journal of Australia</i> , 2021, 214, 420-427.	1.7	7
18	Why do strategies to strengthen primary health care succeed in some places and fail in others? Exploring local variation in the effectiveness of a community health worker managed digital health intervention in rural India. <i>BMJ Global Health</i> , 2021, 6, e005003.	4.7	6

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19	Additive association of knowledge and awareness on control of hypertension: a cross-sectional survey in rural India. <i>Journal of Hypertension</i> , 2021, 39, 107-116.	0.5	6
20	Do mentoring programmes influence women's careers in the health and medical research sector? A mixed-methods evaluation of Australia's Franklin Women Mentoring Programme. <i>BMJ Open</i> , 2021, 11, e052560.	1.9	11
21	Are there sex differences in completeness of death registration and quality of cause of death statistics? Results from a global analysis. <i>BMJ Global Health</i> , 2021, 6, e006660.	4.7	9
22	Health system capacity and readiness for delivery of integrated non-communicable disease services in primary health care: A qualitative analysis of the Ethiopian experience. <i>PLOS Global Public Health</i> , 2021, 1, e0000026.	1.6	12
23	Integrating community-based verbal autopsy into civil registration and vital statistics: lessons learnt from five countries. <i>BMJ Global Health</i> , 2021, 6, e006760.	4.7	2
24	The impact of errors in medical certification on the accuracy of the underlying cause of death. <i>PLoS ONE</i> , 2021, 16, e0259667.	2.5	3
25	Feasibility and validity of using death surveillance data and SmartVA for fact and cause of death in clinical trials in rural China: a substudy of the China salt substitute and stroke study (SSaSS). <i>Journal of Epidemiology and Community Health</i> , 2021, 75, 540-549.	3.7	2
26	Aligning policymaking in decentralized health systems: Evaluation of strategies to prevent and control non-communicable diseases in Nigeria. <i>PLOS Global Public Health</i> , 2021, 1, e0000050.	1.6	4
27	Lessons Learnt during the Implementation of WISN for Comprehensive Primary Health Care in India, South Africa and Peru. <i>International Journal of Environmental Research and Public Health</i> , 2021, 18, 12541.	2.6	8
28	ASHA-Led Community-Based Groups to Support Control of Hypertension in Rural India Are Feasible and Potentially Scalable. <i>Frontiers in Medicine</i> , 2021, 8, 771822.	2.6	6
29	Charting the Rights of Community Health Workers in India: The Next Frontier of Universal Health Coverage.. <i>Health and Human Rights</i> , 2021, 23, 225-238.	1.3	1
30	Strategic, Successful, and Sustained Synergy: The Global Alliance for Chronic Diseases Hypertension Program. <i>Global Heart</i> , 2020, 14, 391.	2.3	2
31	Effectiveness of a scalable group-based education and monitoring program, delivered by health workers, to improve control of hypertension in rural India: A cluster randomised controlled trial. <i>PLoS Medicine</i> , 2020, 17, e1002997.	8.4	41
32	Access to care for childhood cancers in India: perspectives of health care providers and the implications for universal health coverage. <i>BMC Public Health</i> , 2020, 20, 1641.	2.9	10
33	Reformulation and strengthening of return-of-service (ROS) schemes could change the narrative on global health workforce distribution and shortages in sub-Saharan Africa. <i>Family Medicine and Community Health</i> , 2020, 8, e000498.	1.6	6
34	Hydroxychloroquine plus personal protective equipment versus standard personal protective equipment alone for the prevention of COVID-19 infections among frontline healthcare workers: the HydrOxychloroquine Prophylaxis Evaluation (HOPE) trial: A structured summary of a study protocol for a randomized controlled trial. <i>Trials</i> , 2020, 21, 754.	1.6	7
35	Lifestyle InterVention IN Gestational diabetes (LIVING) in India, Bangladesh and Sri Lanka: protocol for process evaluation of a randomised controlled trial. <i>BMJ Open</i> , 2020, 10, e037774.	1.9	1
36	Community pharmacist workflow: Space for Pharmacy-based Interventions and Consultation Time study protocol. <i>International Journal of Pharmacy Practice</i> , 2020, 28, 441-448.	0.6	2

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37	Improving medical certification of cause of death: effective strategies and approaches based on experiences from the Data for Health Initiative. BMC Medicine, 2020, 18, 74.	5.5	34
38	Automated verbal autopsy: from research to routine use in civil registration and vital statistics systems. BMC Medicine, 2020, 18, 60.	5.5	29
39	Hypertension in Rural India: The Contribution of Socioeconomic Position. Journal of the American Heart Association, 2020, 9, e014486.	3.7	15
40	Non-Medical prescribing policies: A global scoping review. Health Policy, 2020, 124, 721-726.	3.0	10
41	How well are non-communicable disease services being integrated into primary health care in Africa: A review of progress against World Health Organization's African regional targets. PLoS ONE, 2020, 15, e0240984.	2.5	40
42	Addressing barriers to primary health-care services for noncommunicable diseases in the African Region. Bulletin of the World Health Organization, 2020, 98, 906-908.	3.3	7
43	Abstract 13354: Effectiveness of a Complex Intervention Based on Electronic Decision Support to Improve Management of Cardiovascular Disease Risk in Primary Healthcare: A Cluster-randomised Controlled Trial. Circulation, 2020, 142, .	1.6	0
44	Title is missing!. , 2020, 15, e0240984.		0
45	Title is missing!. , 2020, 15, e0240984.		0
46	Title is missing!. , 2020, 15, e0240984.		0
47	Title is missing!. , 2020, 15, e0240984.		0
48	Title is missing!. , 2020, 15, e0240984.		0
49	Title is missing!. , 2020, 15, e0240984.		0
50	Process evaluation in the field: global learnings from seven implementation research hypertension projects in low-and middle-income countries. BMC Public Health, 2019, 19, 953.	2.9	30
51	Monitoring progress in reducing maternal mortality using verbal autopsy methods in vital registration systems: what can we conclude about specific causes of maternal death?. BMC Medicine, 2019, 17, 104.	5.5	3
52	Task-sharing for the prevention and control of non-communicable diseases. The Lancet Global Health, 2019, 7, e686-e687.	6.3	11
53	Strengthening and measuring research impact in global health: lessons from applying the FAIT framework. Health Research Policy and Systems, 2019, 17, 48.	2.8	14
54	The development of an Android platform to undertake a discrete choice experiment in a low resource setting. Archives of Public Health, 2019, 77, 20.	2.4	5

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55	Evaluating access to essential medicines for treating childhood cancers: a medicines availability, price and affordability study in New Delhi, India. <i>BMJ Global Health</i> , 2019, 4, e001379.	4.7	35
56	Lifestyle intervention programme for Indian women with history of gestational diabetes mellitus. <i>Global Health, Epidemiology and Genomics</i> , 2019, 4, e1.	0.8	8
57	SMARThealth India: A stepped-wedge, cluster randomised controlled trial of a community health worker managed mobile health intervention for people assessed at high cardiovascular disease risk in rural India. <i>PLoS ONE</i> , 2019, 14, e0213708.	2.5	45
58	Organisation of primary health care in the Asia-Pacific region: developing a prioritised research agenda. <i>BMJ Global Health</i> , 2019, 4, e001467.	4.7	17
59	Organisation of primary health care systems in low- and middle-income countries: review of evidence on what works and why in the Asia-Pacific region. <i>BMJ Global Health</i> , 2019, 4, e001487.	4.7	29
60	What do community health workers want? Findings of a discrete choice experiment among Accredited Social Health Activists (ASHAs) in India. <i>BMJ Global Health</i> , 2019, 4, e001509.	4.7	38
61	General practitioner and pharmacist collaboration: does this improve risk factors for cardiovascular disease and diabetes? A systematic review protocol. <i>BMJ Open</i> , 2019, 9, e027634.	1.9	3
62	What do Accredited Social Health Activists need to provide comprehensive care that incorporates non-communicable diseases? Findings from a qualitative study in Andhra Pradesh, India. <i>Human Resources for Health</i> , 2019, 17, 73.	3.1	24
63	A health care labyrinth: perspectives of caregivers on the journey to accessing timely cancer diagnosis and treatment for children in India. <i>BMC Public Health</i> , 2019, 19, 1613.	2.9	20
64	Assessment of Barriers and Facilitators to the Delivery of Care for Noncommunicable Diseases by Nonphysician Health Workers in Low- and Middle-Income Countries. <i>JAMA Network Open</i> , 2019, 2, e1916545.	5.9	46
65	A lifestyle intervention programme for the prevention of Type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus [LIVING study]: protocol for a randomized trial. <i>Diabetic Medicine</i> , 2019, 36, 243-251.	2.3	11
66	Methodological challenges to collecting clinical and economic outcome data: Lessons from the pilot dialysis outcomes India study. <i>Nephrology</i> , 2019, 24, 445-449.	1.6	4
67	How to assess and prepare health systems in low- and middle-income countries for integration of services—a systematic review. <i>Health Policy and Planning</i> , 2018, 33, 298-312.	2.7	40
68	Gaps in Guidelines for the Management of Diabetes in Low- and Middle-Income Versus High-Income Countries—A Systematic Review. <i>Diabetes Care</i> , 2018, 41, 1097-1105.	8.6	62
69	TEXT messages to improve MEDication adherence and Secondary prevention (TEXTMEDS) after acute coronary syndrome: a randomised clinical trial protocol. <i>BMJ Open</i> , 2018, 8, e019463.	1.9	19
70	Reporting of ethics in peer-reviewed verbal autopsy studies: a systematic review. <i>International Journal of Epidemiology</i> , 2018, 47, 255-279.	1.9	1
71	Considering pharmacy workflow in the context of Australian community pharmacy: A pilot time and motion study. <i>Research in Social and Administrative Pharmacy</i> , 2018, 14, 1157-1162.	3.0	13
72	Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition. <i>Lancet, The</i> , 2018, 391, 1224-1236.	13.7	101

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73	Population surveillance of cardiovascular diseases in low-income to middle-income countries should leverage existing international collaborations. <i>BMJ Global Health</i> , 2018, 3, e000866.	4.7	8
74	Task-shifting for cardiovascular risk factor management: lessons from the Global Alliance for Chronic Diseases. <i>BMJ Global Health</i> , 2018, 3, e001092.	4.7	39
75	Cardiovascular disease risk and comparison of different strategies for blood pressure management in rural India. <i>BMC Public Health</i> , 2018, 18, 1264.	2.9	14
76	Practice patterns and outcomes after stroke across countries at different economic levels (INTERSTROKE): an international observational study. <i>Lancet</i> , The, 2018, 391, 2019-2027.	13.7	96
77	Evaluation of a training program of hypertension for accredited social health activists (ASHA) in rural India. <i>BMC Health Services Research</i> , 2018, 18, 320.	2.2	41
78	Conversion of gestational diabetes mellitus to future Type 2 diabetes mellitus and the predictive value of HbA _{1c} in an Indian cohort. <i>Diabetic Medicine</i> , 2017, 34, 37-43.	2.3	31
79	New challenges for verbal autopsy: Considering the ethical and social implications of verbal autopsy methods in routine health information systems. <i>Social Science and Medicine</i> , 2017, 184, 65-74.	3.8	21
80	The Potential Impact of Public Health Interventions in Preventing Kidney Disease. <i>Seminars in Nephrology</i> , 2017, 37, 234-244.	1.6	8
81	Effectiveness of community health worker training programmes for cardiovascular disease management in low-income and middle-income countries: a systematic review. <i>BMJ Open</i> , 2017, 7, e015529.	1.9	68
82	A contemporary picture of the burden of death and disability in Indian adolescents: data from the Global Burden of Disease Study. <i>International Journal of Epidemiology</i> , 2017, 46, 2036-2043.	1.9	9
83	Innovative Approaches to Hypertension Control in Low- and Middle-Income Countries. <i>Cardiology Clinics</i> , 2017, 35, 99-115.	2.2	56
84	Implementing the PHMRC shortened questionnaire: Survey duration of open and closed questions in three sites. <i>PLoS ONE</i> , 2017, 12, e0178085.	2.5	3
85	Development of macaronic Hindi-English “Hinglish” text message content for a coronary heart disease secondary prevention programme. <i>Heart Asia</i> , 2016, 8, 32-38.	1.1	13
86	Gaps in Hypertension Guidelines in Low- and Middle-Income Versus High-Income Countries. <i>Hypertension</i> , 2016, 68, 1328-1337.	2.7	52
87	Use of Smartphone for Verbal Autopsy. <i>Asia-Pacific Journal of Public Health</i> , 2016, 28, 601-610.	1.0	9
88	Cluster randomised feasibility trial to improve the Control of Hypertension In Rural India (CHIRI): a study protocol. <i>BMJ Open</i> , 2016, 6, e012404.	1.9	17
89	A feasibility study on using smartphones to conduct short-version verbal autopsies in rural China. <i>Population Health Metrics</i> , 2016, 14, 31.	2.7	11
90	The paradox of verbal autopsy in cause of death assignment: symptom question unreliability but predictive accuracy. <i>Population Health Metrics</i> , 2016, 14, 41.	2.7	8

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91	What is the optimal recall period for verbal autopsies? Validation study based on repeat interviews in three populations. Population Health Metrics, 2016, 14, 40.	2.7	25
92	An integrated general practice and pharmacy-based intervention to promote the use of appropriate preventive medications among individuals at high cardiovascular disease risk: protocol for a cluster randomized controlled trial. Implementation Science, 2015, 11, 129.	6.9	7
93	Improving performance of the Tariff Method for assigning causes of death to verbal autopsies. BMC Medicine, 2015, 13, 291.	5.5	80
94	A shortened verbal autopsy instrument for use in routine mortality surveillance systems. BMC Medicine, 2015, 13, 302.	5.5	70
95	How Much Does a Verbal Autopsy Based Mortality Surveillance System Cost in Rural India?. PLoS ONE, 2015, 10, e0126410.	2.5	15
96	Suicide deaths in rural <sc>A</sc>ndhra <sc>P</sc>radesh â€“ a cause for global health action. Tropical Medicine and International Health, 2015, 20, 188-193.	2.3	15
97	Dialysis outcomes in <sc>I</sc>ndia: A pilot study. Nephrology, 2015, 20, 329-334.	1.6	13
98	Deconstructing epidemiology. CHRISMED Journal of Health and Research, 2015, 2, 3.	0.0	0
99	Task Shifting for Non-Communicable Disease Management in Low and Middle Income Countries â€“ A Systematic Review. PLoS ONE, 2014, 9, e103754.	2.5	378
100	Tobacco use, smoking quit rates, and socioeconomic patterning among men and women: a cross-sectional survey in rural Andhra Pradesh, India. European Journal of Preventive Cardiology, 2014, 21, 1308-1318.	1.8	30
101	O043 Task-shifting for cardiovascular disease management â€“ results from a cluster randomised control trial in rural India. , 2014, 9, e11.		1
102	Using verbal autopsy to measure causes of death: the comparative performance of existing methods. BMC Medicine, 2014, 12, 5.	5.5	130
103	Follow-up of Blood-Pressure Lowering and Glucose Control in Type 2 Diabetes. New England Journal of Medicine, 2014, 371, 1392-1406.	27.0	520
104	O112 How much does a non-physician healthcare worker based model of care for cardiovascular disease management cost?. , 2014, 9, e30.		1
105	A multifaceted strategy using mobile technology to assist rural primary healthcare doctors and frontline health workers in cardiovascular disease risk management: protocol for the SMARTHealth India cluster randomised controlled trial. Implementation Science, 2013, 8, 137.	6.9	40
106	Effects of the Endpoint Adjudication Process on the Results of a Randomised Controlled Trial: The ADVANCE Trial. PLoS ONE, 2013, 8, e55807.	2.5	34
107	The Rural Andhra Pradesh Cardiovascular Prevention Study (RAPCAPS). Journal of the American College of Cardiology, 2012, 59, 1188-1196.	2.8	78
108	Population Health Metrics Research Consortium gold standard verbal autopsy validation study: design, implementation, and development of analysis datasets. Population Health Metrics, 2011, 9, 27.	2.7	147

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109	Effects on the estimated cause-specific mortality fraction of providing physician reviewers with different formats of verbal autopsy data. <i>Population Health Metrics</i> , 2011, 9, 33.	2.7	3
110	Comparison of Near-Patient Capillary Glucose Measurement and a Risk Assessment Questionnaire in Screening for Type 2 Diabetes in a High-Risk Population in Rural India. <i>Diabetes Care</i> , 2011, 34, 44-49.	8.6	24
111	Epidemiology of sudden cardiac death in rural South India - insights from the andhra pradesh rural health initiative. <i>Indian Pacing and Electrophysiology Journal</i> , 2011, 11, 93-102.	0.6	11
112	Characteristics of non-fatal fall injuries in rural India. <i>Injury Prevention</i> , 2010, 16, 166-171.	2.4	19
113	Recalibration of a Framingham risk equation for a rural population in India. <i>Journal of Epidemiology and Community Health</i> , 2009, 63, 379-385.	3.7	41
114	Fatal and Nonfatal Cardiovascular Disease and the Use of Therapies for Secondary Prevention in a Rural Region of India. <i>Circulation</i> , 2009, 119, 1950-1955.	1.6	61
115	Validity of self-reported cardiovascular disease. <i>Internal Medicine Journal</i> , 2009, 39, 5-6.	0.8	10
116	Rationale and design of the Rural Andhra Pradesh Cardiovascular Prevention Study (RAPCAPS): A factorial, cluster-randomized trial of 2 practical cardiovascular disease prevention strategies developed for rural Andhra Pradesh, India. <i>American Heart Journal</i> , 2009, 158, 349-355.	2.7	15
117	Routine blood pressure lowering and intensive glucose control in patients with Type 2 diabetes: the ADVANCE trial. <i>Expert Review of Endocrinology and Metabolism</i> , 2009, 4, 111-118.	2.4	1
118	Trials of cardiovascular risk factor management in type 2 diabetes. <i>Current Opinion in Cardiology</i> , 2009, 24, 288-294.	1.8	6
119	An Electronic Clinical Decision Support Tool to Assist Primary Care Providers in Cardiovascular Disease Risk Management: Development and Mixed Methods Evaluation. <i>Journal of Medical Internet Research</i> , 2009, 11, e51.	4.3	59
120	Methodological trends in studies based on verbal autopsies before and after published guidelines. <i>Bulletin of the World Health Organization</i> , 2009, 87, 678-682.	3.3	34
121	Verbal autopsy coding: are multiple coders better than one?. <i>Bulletin of the World Health Organization</i> , 2009, 87, 51-57.	3.3	22
122	ADVANCES IN REDUCING THE BURDEN OF VASCULAR DISEASE IN TYPE 2 DIABETES. <i>Clinical and Experimental Pharmacology and Physiology</i> , 2008, 35, 434-437.	1.9	6
123	Intensive Blood Glucose Control and Vascular Outcomes in Patients with Type 2 Diabetes. <i>New England Journal of Medicine</i> , 2008, 358, 2560-2572.	27.0	6,447
124	Global Inequalities in Access to Cardiovascular Health Care. <i>Journal of the American College of Cardiology</i> , 2008, 52, 1817-1825.	2.8	126
125	Significant lipid, adiposity and metabolic abnormalities amongst 4535 Indians from a developing region of rural Andhra Pradesh. <i>Atherosclerosis</i> , 2008, 196, 943-952.	0.8	88
126	The burden of fatal and non-fatal injury in rural India. <i>Injury Prevention</i> , 2008, 14, 232-237.	2.4	34

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127	Blood pressure lowering with fixed combination perindoprilâ€“indapamide: key findings from ADVANCE. Journal of Hypertension, 2008, 26, S11-S15.	0.5	7
128	Efficacy and safety of fixed combination of perindopril and indapamide in type 2 diabetes: results from ADVANCE in context of available evidence. Journal of Hypertension, 2008, 26, S21-S27.	0.5	5
129	New insights from ADVANCE. Journal of Hypertension, 2007, 25, S23-S30.	0.5	5
130	The challenge of balancing methodological research rigour and practical needs in low-income settings: What we are doing and what we need to do better. Critical Public Health, 2007, 17, 81-89.	2.4	6
131	Level and Treatment of Coronary Heart Disease Risk in A Rural Indian Population. Heart Lung and Circulation, 2007, 16, S60.	0.4	0
132	ADVANCE: breaking new ground in type 2 diabetes. Journal of Hypertension, 2006, 24, S22-S28.	0.5	18
133	ADVANCE: Lessons from the runâ€“in phase of a large study in type 2 diabetes. Blood Pressure, 2006, 15, 340-346.	1.5	7
134	Chronic diseases now a leading cause of death in rural Indiaâ€“mortality data from the Andhra Pradesh Rural Health Initiative. International Journal of Epidemiology, 2006, 35, 1522-1529.	1.9	238
135	Assessing the Diagnostic Accuracy of Physicians for Home Death Certification in Shanghai: Application of SmartVA. Frontiers in Public Health, 0, 10, .	2.7	2