

# Nathan Ford

## List of Publications by Year in descending order

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Version: 2024-02-01

56  
papers

3,822  
citations

172457

29  
h-index

149698

56  
g-index

57  
all docs

57  
docs citations

57  
times ranked

5261  
citing authors

#	ARTICLE	IF	CITATIONS
1	Integrating Sexual and Reproductive Health Services Within HIV Services: WHO Guidance. <i>Frontiers in Global Women S Health</i> , 2021, 2, 735281.	2.3	2
2	Comparative efficacy, tolerability and safety of dolutegravir and efavirenz 400mg among antiretroviral therapies for first-line HIV treatment: A systematic literature review and network meta-analysis. <i>EClinicalMedicine</i> , 2020, 28, 100573.	7.1	54
3	Persistent High Burden of Advanced HIV Disease Among Patients Seeking Care in South Africaâ€™s National HIV Program: Data From a Nationwide Laboratory Cohort. <i>Clinical Infectious Diseases</i> , 2018, 66, S111-S117.	5.8	114
4	Use of network meta-analysis in clinical guidelines. <i>Bulletin of the World Health Organization</i> , 2016, 94, 782-784.	3.3	92
5	Ten priorities for expanding access to HCV treatment for people who inject drugs in low- and middle-income countries. <i>International Journal of Drug Policy</i> , 2015, 26, 1088-1093.	3.3	27
6	Maximising the benefits of home-based HIV testing. <i>Lancet HIV,the</i> , 2015, 2, e4-e5.	4.7	5
7	Life expectancy among HIV-positive patients in Rwanda: a retrospective observational cohort study. <i>The Lancet Global Health</i> , 2015, 3, e169-e177.	6.3	96
8	Strength of recommendations in WHO guidelines using GRADE was associated with uptake in national policy. <i>Journal of Clinical Epidemiology</i> , 2015, 68, 703-707.	5.0	28
9	Definitions of implementation science in HIV/AIDS. <i>Lancet HIV,the</i> , 2015, 2, e178-e180.	4.7	46
10	The future role of CD4 cell count for monitoring antiretroviral therapy. <i>Lancet Infectious Diseases, The</i> , 2015, 15, 241-247.	9.1	115
11	Immunodeficiency at Start of Antiretroviral Therapy: The Persistent Problem of Late Presentation to Care. <i>Clinical Infectious Diseases</i> , 2014, 60, 1128-30.	5.8	23
12	Simplification of antiviral hepatitis C virus therapy to support expanded access in resource-limited settings. <i>Journal of Hepatology</i> , 2014, 61, S132-S138.	3.7	30
13	Impact of point-of-care CD4 testing on linkage to HIV care: a systematic review. <i>Journal of the International AIDS Society</i> , 2014, 17, 18809.	3.0	104
14	Interventions to promote adherence to antiretroviral therapy in Africa: a network meta-analysis. <i>Lancet HIV,the</i> , 2014, 1, e104-e111.	4.7	103
15	Moxifloxacin for Buruli ulcer/HIV-coinfected patients. <i>Aids</i> , 2014, 28, 1845-1846.	2.2	0
16	Safety of efavirenz in the first trimester of pregnancy. <i>Aids</i> , 2014, 28, S123-S131.	2.2	183
17	Minimum Costs for Producing Hepatitis C Direct-Acting Antivirals for Use in Large-Scale Treatment Access Programs in Developing Countries. <i>Clinical Infectious Diseases</i> , 2014, 58, 928-936.	5.8	197
18	Lifelong ART for 20 million people in sub-Saharan Africa: communities will be key for success. <i>The Lancet Global Health</i> , 2014, 2, e262-e263.	6.3	4

#	ARTICLE	IF	CITATIONS
19	Towards Universal Voluntary HIV Testing and Counselling: A Systematic Review and Meta-Analysis of Community-Based Approaches. <i>PLoS Medicine</i> , 2013, 10, e1001496.	8.4	322
20	Modelling the Strategic Use of Antiretroviral Therapy for the Treatment and Prevention of HIV. <i>PLoS Medicine</i> , 2013, 10, e1001535.	8.4	4
21	The 2013 WHO guidelines for antiretroviral therapy. <i>Current Opinion in HIV and AIDS</i> , 2013, 8, 528-534.	3.8	54
22	Scaling up antiretroviral therapy in resource-limited settings. <i>Current Opinion in HIV and AIDS</i> , 2013, 8, 12-18.	3.8	38
23	Community-based antiretroviral therapy programs can overcome barriers to retention of patients and decongest health services in sub-Saharan Africa: a systematic review. <i>International Health</i> , 2013, 5, 169-179.	2.0	136
24	CD4 T-cell recovery after initiation of antiretroviral therapy in a resource-limited setting: a prospective cohort analysis. <i>Antiviral Therapy</i> , 2013, 19, 31-39.	1.0	11
25	Adverse events associated with nevirapine and efavirenz-based first-line antiretroviral therapy. <i>Aids</i> , 2013, 27, 1403-1412.	2.2	136
26	Long-Term Health Care Interruptions Among HIV-Positive Patients in Uganda. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2013, 63, e23-e27.	2.1	16
27	Moxifloxacin for Buruli ulcer/HIV coinfecting patients. <i>Aids</i> , 2013, 27, 2177-2179.	2.2	10
28	Increased mortality among HIV-positive men on antiretroviral therapy: survival differences between sexes explained by late initiation in Uganda. <i>HIV/AIDS - Research and Palliative Care</i> , 2013, 5, 111.	0.8	15
29	Outcomes for Efavirenz versus Nevirapine-Containing Regimens for Treatment of HIV-1 Infection: A Systematic Review and Meta-Analysis. <i>PLoS ONE</i> , 2013, 8, e68995.	2.5	51
30	Getting to zero HIV deaths: progress, challenges and ways forward. <i>Journal of the International AIDS Society</i> , 2013, 16, 18927.	3.0	18
31	Uptake of Home-Based Voluntary HIV Testing in Sub-Saharan Africa: A Systematic Review and Meta-Analysis. <i>PLoS Medicine</i> , 2012, 9, e1001351.	8.4	182
32	Commentary: The past, present and future of affordable antiretroviral therapy in Africa. <i>International Journal of Epidemiology</i> , 2012, 41, 460-461.	1.9	4
33	Home-Based HIV Counseling and Testing as a Gateway to Earlier Initiation of Antiretroviral Therapy. <i>Clinical Infectious Diseases</i> , 2012, 54, 282-284.	5.8	16
34	Risk factors, barriers and facilitators for linkage to antiretroviral therapy care. <i>Aids</i> , 2012, 26, 2059-2067.	2.2	364
35	Earlier Initialization of Highly Active Antiretroviral Therapy Is Associated With Long-Term Survival and Is Cost-Effective. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2012, 61, 364-369.	2.1	8
36	Treatment outcomes of patients on second-line antiretroviral therapy in resource-limited settings. <i>Aids</i> , 2012, 26, 929-938.	2.2	151

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37	Efavirenz is not a Known Teratogen. <i>Pediatric Infectious Disease Journal</i> , 2012, 31, 999.	2.0	4
38	Association between older age and adverse outcomes on antiretroviral therapy. <i>Aids</i> , 2012, 26, S31-S37.	2.2	42
39	HIV and Africa's elderly. <i>Aids</i> , 2012, 26, S85-S91.	2.2	39
40	The prognostic value of baseline CD4+ cell count beyond 6 months of antiretroviral therapy in HIV-positive patients in a resource-limited setting. <i>Aids</i> , 2012, 26, 1425-1429.	2.2	20
41	The 2012 world health report "no health without research": the endpoint needs to go beyond publication outputs. <i>Tropical Medicine and International Health</i> , 2012, 17, 1409-1411.	2.3	4
42	Is operational research delivering the goods? The journey to success in low-income countries. <i>Lancet Infectious Diseases, The</i> , 2012, 12, 415-421.	9.1	74
43	Preferred antiretroviral drugs for the next decade of scale up. <i>Journal of the International AIDS Society</i> , 2012, 15, 17986.	3.0	11
44	Improving Effective Surgical Delivery in Humanitarian Disasters: Lessons from Haiti. <i>PLoS Medicine</i> , 2011, 8, e1001025.	8.4	65
45	Safety of efavirenz in the first trimester of pregnancy. <i>Aids</i> , 2011, 25, 2301-2304.	2.2	108
46	Life Expectancy of Persons Receiving Combination Antiretroviral Therapy in Low-Income Countries: A Cohort Analysis From Uganda. <i>Annals of Internal Medicine</i> , 2011, 155, 209.	3.9	342
47	The first decade of antiretroviral therapy in Africa. <i>Globalization and Health</i> , 2011, 7, 33.	4.9	72
48	Male gender predicts mortality in a large cohort of patients receiving antiretroviral therapy in Uganda. <i>Journal of the International AIDS Society</i> , 2011, 14, 52-52.	3.0	55
49	Safety of efavirenz in first-trimester of pregnancy: a systematic review and meta-analysis of outcomes from observational cohorts. <i>Aids</i> , 2010, 24, 1461-1470.	2.2	94
50	Universal Access in the Fight Against HIV/AIDS. <i>Science</i> , 2010, 329, 147-149.	12.6	8
51	Rethinking surgical care in conflict. <i>Lancet, The</i> , 2010, 375, 262-263.	13.7	66
52	Treating AIDS in complex emergencies. <i>Progress in Development Studies</i> , 2009, 9, 55-61.	1.7	3
53	Response to Abbott: Governments, not companies, must be able to decide what is an affordable price. <i>Aids</i> , 2007, 21, S129-S130.	2.2	1
54	Access to drugs: the case of Abbott in Thailand. <i>Lancet Infectious Diseases, The</i> , 2007, 7, 373-374.	9.1	16

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55	DO AID AGENCIES HAVE AN ETHICAL DUTY TO COMPLY WITH RESEARCHERS? A RESPONSE TO RENNIE1. Developing World Bioethics, 2006, 6, 78-80.	0.9	4
56	HIV/AIDS prevention and treatment. Lancet, The, 2002, 360, 86-87.	13.7	15