List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/2161205/publications.pdf Version: 2024-02-01

| | | 126907 | 98798 |
|-----------------|-----------------------|---------------------|------------------------|
| 111 | 5,161 | 33 | 67 |
| papers | citations | h-index | g-index |
| | | | |
| 112 all docs | 112 docs citations | 112 times ranked | 6956 citing authors |

| # | Article | IF | CITATIONS |
|----|---|------|-----------|
| 1 | Urban Informal Food Traders: A Rapid Qualitative Study of COVID-19 Lockdown Measures in South Africa. Sustainability, 2022, 14, 2294. | 3.2 | 5 |
| 2 | Hypertension in the South African public healthcare system: a cost-of-illness and burden of disease study. BMJ Open, 2022, 12, e055621. | 1.9 | 8 |
| 3 | Costs of seasonal influenza vaccination in South Africa. Influenza and Other Respiratory Viruses, 2022, 16, 873-880. | 3.4 | 5 |
| 4 | Perspective: Food Environment Research Priorities for Africa—Lessons from the Africa Food Environment Research Network. Advances in Nutrition, 2022, 13, 739-747. | 6.4 | 12 |
| 5 | Estimating the healthcare cost of overweight and obesity in South Africa. Global Health Action, 2022, 15, 2045092. | 1.9 | 12 |
| 6 | Double-duty solutions for optimising maternal and child nutrition in urban South Africa: a qualitative study. Public Health Nutrition, 2021, 24, 3674-3684. | 2.2 | 16 |
| 7 | A cost-effectiveness analysis of South Africa's seasonal influenza vaccination programme. Vaccine, 2021, 39, 412-422. | 3.8 | 17 |
| 8 | Availability and advertising of sugar sweetened beverages in South African public primary schools following a voluntary pledge by a major beverage company: a mixed methods study. Global Health Action, 2021, 14, 1898130. | 1.9 | 14 |
| 9 | Barriers to, and facilitators of, the adoption of a sugar sweetened beverage tax to prevent non-communicable diseases in Uganda: a policy landscape analysis. Global Health Action, 2021, 14, 1892307. | 1.9 | 13 |
| 10 | The data availability landscape in seven sub-Saharan African countries and its role in strengthening sugar-sweetened beverage taxation. Global Health Action, 2021, 14, 1871189. | 1.9 | 4 |
| 11 | The political economy of sugar-sweetened beverage taxation: an analysis from seven countries in sub-Saharan Africa. Global Health Action, 2021, 14, 1909267. | 1.9 | 24 |
| 12 | Study design: policy landscape analysis for sugar-sweetened beverage taxation in seven sub-Saharan African countries. Global Health Action, 2021, 14, 1856469. | 1.9 | 17 |
| 13 | Nutrition-related non-communicable disease and sugar-sweetened beverage policies: a landscape analysis in Kenya. Global Health Action, 2021, 14, 1902659. | 1.9 | 8 |
| 14 | Facility standards and the quality of public sector primary care: Evidence from South Africa's "Ideal Clinics―program. Health Economics (United Kingdom), 2021, 30, 1543-1558. | 1.7 | 2 |
| 15 | The roles of men and women in maternal and child nutrition in urban South Africa: A qualitative secondary analysis. Maternal and Child Nutrition, 2021, 17, e13161. | 3.0 | 12 |
| 16 | Changes in beverage purchases following the announcement and implementation of South Africa's Health Promotion Levy: an observational study. Lancet Planetary Health, The, 2021, 5, e200-e208. | 11.4 | 38 |
| 17 | South Africa's Health Promotion Levy: Excise tax findings and equity potential. Obesity Reviews, 2021, 22, e13301. | 6.5 | 15 |
| 18 | Deliberative engagement methods on health care priority-setting in a rural South African community. Health Policy and Planning, 2021, 36, 1279-1291. | 2.7 | 7 |

| # | Article | IF | CITATIONS |
|----|--|------|-----------|
| 19 | Health economic evidence in clinical guidelines in South Africa: a mixed-methods study. BMC Health Services Research, 2021, 21, 738. | 2.2 | 2 |
| 20 | Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. Lancet Diabetes and Endocrinology,the, 2021, 9, 462-470. | 11.4 | 138 |
| 21 | Barriers to, and facilitators of, the adoption of a sugar sweetened beverage tax to prevent non-communicable diseases in Namibia: a policy landscape analysis. Global Health Action, 2021, 14, 1903213. | 1.9 | 8 |
| 22 | Strengthening prevention of nutrition-related non-communicable diseases through sugar-sweetened beverages tax in Rwanda: a policy landscape analysis. Global Health Action, 2021, 14, 1883911. | 1.9 | 12 |
| 23 | The legal feasibility of adopting a sugar-sweetened beverage tax in seven sub-Saharan African countries. Clobal Health Action, 2021, 14, 1884358. | 1.9 | 9 |
| 24 | Nutrition related non-communicable diseases and sugar sweetened beverage policies: a landscape analysis in Zambia. Global Health Action, 2021, 14, 1872172. | 1.9 | 12 |
| 25 | Realising the potential human development returns to investing in early and maternal nutrition: The importance of identifying and addressing constraints over the life course. PLOS Global Public Health, 2021, 1, e0000021. | 1.6 | 5 |
| 26 | Assessing sugar-sweetened beverage intakes, added sugar intakes and BMI before and after the implementation of a sugar-sweetened beverage tax in South Africa. Public Health Nutrition, 2021, 24, 2900-2910. | 2.2 | 13 |
| 27 | Attitudes and perceptions among urban South Africans towards sugar-sweetened beverages and taxation. Public Health Nutrition, 2020, 23, 374-383. | 2.2 | 27 |
| 28 | Introducing health technology assessment in Tanzania. International Journal of Technology Assessment in Health Care, 2020, 36, 80-86. | 0.5 | 16 |
| 29 | The global diet and activity research (GDAR) network: a global public health partnership to address upstream NCD risk factors in urban low and middle-income contexts. Globalization and Health, 2020, 16, 100. | 4.9 | 20 |
| 30 | Implications of COVID-19 control measures for diet and physical activity, and lessons for addressing other pandemics facing rapidly urbanising countries. Global Health Action, 2020, 13, 1810415. | 1.9 | 28 |
| 31 | Industry strategies in the parliamentary process of adopting a sugar-sweetened beverage tax in South Africa: a systematic mapping. Clobalization and Health, 2020, 16, 116. | 4.9 | 30 |
| 32 | The potential health and revenue effects of a tax on sugar sweetened beverages in Zambia. BMJ Global Health, 2020, 5, e001968. | 4.7 | 13 |
| 33 | â€~l'd say l'm fat, l'm not obese': obesity normalisation in urban-poor South Africa. Public Health Nutrition, 2020, 23, 1515-1526. | 2.2 | 15 |
| 34 | Public health response to ultra-processed food and drinks. BMJ, The, 2020, 369, m2391. | 6.0 | 59 |
| 35 | CHAT SA: Modification of a Public Engagement Tool for Priority Setting for a South African Rural Context. International Journal of Health Policy and Management, 2020, , . | 0.9 | 2 |
| 36 | The direct medical cost of type 2 diabetes mellitus in South Africa: a cost of illness study. Global Health Action, 2019, 12, 1636611. | 1.9 | 45 |

| # | Article | IF | CITATIONS |
|----|---|-----|-----------|
| 37 | Sugar-based beverage taxes and beverage prices: Evidence from South Africa's Health Promotion Levy. Social Science and Medicine, 2019, 238, 112465. | 3.8 | 56 |
| 38 | The distributional impact of taxing sugar-sweetened beverages: findings from an extended cost-effectiveness analysis in South Africa. BMJ Global Health, 2019, 4, e001317. | 4.7 | 27 |
| 39 | Immunization decision-making capacity building in low- and middle-income countries through teaching vaccine economics everywhere: a program evaluation. Journal of Global Health Science, 2019, 1, . | 0.3 | 0 |
| 40 | Simulating the impact of excise taxation for disease prevention in low-income and middle-income countries: an application to South Africa. BMJ Global Health, 2018, 3, e000568. | 4.7 | 15 |
| 41 | Strengthening health technology assessment systems in the global south: a comparative analysis of the HTA journeys of China, India and South Africa. Global Health Action, 2018, 11, 1527556. | 1.9 | 50 |
| 42 | Sugar-Sweetened Beverage Taxes: Industry Response and Tactics. Yale Journal of Biology and Medicine, 2018, 91, 185-190. | 0.2 | 41 |
| 43 | Sugar and health in South Africa: Potential challenges to leveraging policy change. Global Public Health, 2017, 12, 98-115. | 2.0 | 23 |
| 44 | The history of the South African sugar industry illuminates deeply rooted obstacles for sugar reduction anti-obesity interventions. African Studies, 2017, 76, 475-490. | 0.9 | 5 |
| 45 | Energy drink consumption and marketing in South Africa. Preventive Medicine, 2017, 105, S32-S36. | 3.4 | 19 |
| 46 | Modelling the cost of community interventions to reduce child mortality in South Africa using the Lives Saved Tool (LiST). BMJ Open, 2017, 7, e011425. | 1.9 | 9 |
| 47 | â€~First 1000 days' health interventions in low- and middle-income countries: alignment of South African policies with high-quality evidence. Global Health Action, 2017, 10, 1340396. | 1.9 | 19 |
| 48 | Nudging for Prevention in Occupational Health and Safety in South Africa Using Fiscal Policies. New Solutions, 2017, 27, 176-188. | 1.2 | 1 |
| 49 | Sugary beverage taxation in South Africa: Household expenditure, demand system elasticities, and policy implications. Preventive Medicine, 2017, 105, S26-S31. | 3.4 | 21 |
| 50 | Strengthening expertise for health technology assessment and priority-setting in Africa. Global Health Action, 2017, 10, 1370194. | 1.9 | 21 |
| 51 | Evidence-informed capacity building for setting health priorities in low- and middle-income countries: A framework and recommendations for further research. F1000Research, 2017, 6, 231. | 1.6 | 35 |
| 52 | Health Technology Assessment: Global Advocacy and Local Realities Comment on "Priority Setting for Universal Health Coverage: We Need Evidence-Informed Deliberative Processes, Not Just More Evidence on Cost-Effectiveness". International Journal of Health Policy and Management, 2017, 6, 233-236. | 0.9 | 28 |
| 53 | Informing road traffic intervention choices in South Africa: the role of economic evaluations. Global Health Action, 2016, 9, 30728. | 1.9 | 13 |
| 54 | Modelling the potential impact of a sugar-sweetened beverage tax on stroke mortality, costs and health-adjusted life years in South Africa. BMC Public Health, 2016, 16, 405. | 2.9 | 41 |

| # | Article | IF | CITATIONS |
|----|--|-----|-----------|
| 55 | Cost of inaction on sugar-sweetened beverage consumption: implications for obesity in South Africa. Public Health Nutrition, 2016, 19, 2296-2304. | 2.2 | 17 |
| 56 | Health care utilization and outpatient, out-of-pocket costs for active convulsive epilepsy in rural northeastern South Africa: a cross-sectional Survey. BMC Health Services Research, 2016, 16, 208. | 2.2 | 25 |
| 57 | What the InBev merger means for health in Africa. BMJ Global Health, 2016, 1, e000099. | 4.7 | 15 |
| 58 | Bibliometric trends of health economic evaluation in Sub-Saharan Africa. Globalization and Health, 2016, 12, 50. | 4.9 | 22 |
| 59 | Economic evaluations of interventions to reduce neonatal morbidity and mortality: a review of the evidence in LMICs and its implications for South Africa. Cost Effectiveness and Resource Allocation, 2016, 14, 2. | 1.5 | 11 |
| 60 | Priority-setting for achieving universal health coverage. Bulletin of the World Health Organization, 2016, 94, 462-467. | 3.3 | 108 |
| 61 | Nutrition labelling: a review of research on consumer and industry response in the global South. Global Health Action, 2015, 8, 25912. | 1.9 | 60 |
| 62 | Strategic planning for saving the lives of mothers, newborns and children and preventing stillbirths in KwaZulu-Natal province South Africa: modelling using the Lives Saved Tool (LiST). BMC Public Health, 2015, 16, 49. | 2.9 | 7 |
| 63 | National Health Insurance in South Africa: Relevance of a national priority-setting agency. South African Medical Journal, 2015, 105, 739. | 0.6 | 10 |
| 64 | Cost and impact of scaling up interventions to save lives of mothers and children: taking South Africa closer to MDGs 4 and 5. Global Health Action, 2015, 8, 27265. | 1.9 | 45 |
| 65 | A Successful Failure: Missing the MDG4 Target for Under-Five Mortality in South Africa. PLoS Medicine, 2015, 12, e1001926. | 8.4 | 6 |
| 66 | Scaling Up Family Planning to Reduce Maternal and Child Mortality: The Potential Costs and Benefits of Modern Contraceptive Use in South Africa. PLoS ONE, 2015, 10, e0130077. | 2.5 | 88 |
| 67 | Obesogenic Environments: Access to and Advertising of Sugar-Sweetened Beverages in Soweto, South Africa, 2013. Preventing Chronic Disease, 2015, 12, E186. | 3.4 | 30 |
| 68 | Human resources for research: building bridges through the Diaspora. Global Health Action, 2015, 8, 29559. | 1.9 | 16 |
| 69 | Triple return on investment: the cost and impact of 13 interventions that could prevent stillbirths and save the lives of mothers and babies in South Africa. BMC Pregnancy and Childbirth, 2015, 15, 39. | 2.4 | 33 |
| 70 | Reducing diarrhoea deaths in South Africa: costs and effects of scaling up essential interventions to prevent and treat diarrhoea in under-five children. BMC Public Health, 2015, 15, 394. | 2.9 | 35 |
| 71 | Determinants of Obesity and Associated Population Attributability, South Africa: Empirical Evidence from a National Panel Survey, 2008-2012. PLoS ONE, 2015, 10, e0130218. | 2.5 | 75 |
| 72 | Decreasing the Burden of Type 2 Diabetes in South Africa: The Impact of Taxing Sugar-Sweetened Beverages. PLoS ONE, 2015, 10, e0143050. | 2.5 | 47 |

| # | Article | IF | CITATIONS |
|----|---|-----|-----------|
| 73 | The Potential Impact of a 20% Tax on Sugar-Sweetened Beverages on Obesity in South African Adults: A Mathematical Model. PLoS ONE, 2014, 9, e105287. | 2.5 | 86 |
| 74 | Non-communicable diseases in South Africa: A challenge to economic development. South African Medical Journal, 2014, 104, 647. | 0.6 | 33 |
| 75 | Applying a private sector capitation model to the management of type 2 diabetes in the South African public sector: a cost-effectiveness analysis. BMC Health Services Research, 2014, 14, 444. | 2.2 | 11 |
| 76 | The cost of injury and trauma care in low- and middle-income countries: a review of economic evidence. Health Policy and Planning, 2014, 29, 795-808. | 2.7 | 107 |
| 77 | Expanding access to mental health care: a missing ingredient. The Lancet Global Health, 2014, 2, e183-e184. | 6.3 | 11 |
| 78 | Hypertension education and adherence in South Africa: a cost-effectiveness analysis of community health workers. BMC Public Health, 2014, 14, 240. | 2.9 | 45 |
| 79 | Closing the mental health treatment gap in South Africa: a review of costs and cost-effectiveness. Global Health Action, 2014, 7, 23431. | 1.9 | 75 |
| 80 | Preventing diabetes blindness: Cost effectiveness of a screening programme using digital non-mydriatic fundus photography for diabetic retinopathy in a primary health care setting in South Africa. Diabetes Research and Clinical Practice, 2013, 101, 170-176. | 2.8 | 58 |
| 81 | Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis. BMC Public Health, 2013, 13, 1072. | 2.9 | 238 |
| 82 | Population health in South Africa: a view from the salt mines. The Lancet Global Health, 2013, 1, e66-e67. | 6.3 | 23 |
| 83 | Addressing research capacity for health equity and the social determinants of health in three African countries: the INTREC programme. Global Health Action, 2013, 6, 19668. | 1.9 | 30 |
| 84 | Supplementary immunization activities (SIAs) in South Africa: comprehensive economic evaluation of an integrated child health delivery platform. Global Health Action, 2013, 6, 20056. | 1.9 | 17 |
| 85 | Impact of supplemental immunisation activity (SIA) campaigns on health systems: findings from South Africa. Journal of Epidemiology and Community Health, 2013, 67, 947-952. | 3.7 | 34 |
| 86 | Cost-effectiveness analysis of infant feeding strategies to prevent mother-to-child transmission of HIV in South Africa. African Journal of AIDS Research, 2013, 12, 151-160. | 0.9 | 8 |
| 87 | The Disability Adjusted Life Years Due to Stroke in South Africa in 2008. International Journal of Stroke, 2013, 8, 76-80. | 5.9 | 32 |
| 88 | The non-fatal disease burden caused by type 2 diabetes in South Africa, 2009. Global Health Action, 2013, 6, 19244. | 1.9 | 57 |
| 89 | Measles control in Sub-Saharan Africa: South Africa as a case study. Vaccine, 2012, 30, 1594-1600. | 3.8 | 30 |
| 90 | Reducing the sodium content of high-salt foods: Effect on cardiovascular disease in South Africa. South African Medical Journal, 2012, 102, 743. | 0.6 | 62 |

| # | Article | IF | CITATIONS |
|-----|--|------|-----------|
| 91 | Recommendations to improve the National Development Plan for Health. South African Medical Journal, 2012, 102, 827. | 0.6 | 4 |
| 92 | Response to Schoonbaert. Journal of the Medical Library Association: JMLA, 2009, 97, 243-243. | 1.7 | 0 |
| 93 | Mapping the health research landscape in Sub-Saharan Africa: a study of trends in biomedical publications. Journal of the Medical Library Association: JMLA, 2009, 97, 41-44. | 1.7 | 55 |
| 94 | The Globalization of Health Research: Harnessing the Scientific Diaspora. Academic Medicine, 2009, 84, 525-534. | 1.6 | 20 |
| 95 | Implementation Science. Science, 2007, 318, 1728-1729. | 12.6 | 270 |
| 96 | Stigma and global health: looking forward. Lancet, The, 2006, 367, 538-539. | 13.7 | 15 |
| 97 | Reporting of non-communicable disease research in low- and middle-income countries: a pilot bibliometric analysis. Journal of the Medical Library Association: JMLA, 2006, 94, 415-20. | 1.7 | 29 |
| 98 | A case for developing North-South partnerships for research in sickle cell disease. Blood, 2005, 105, 921-923. | 1.4 | 67 |
| 99 | Addressing the Growing Burden of Trauma and Injury in Low- and Middle-Income Countries. American Journal of Public Health, 2005, 95, 13-17. | 2.7 | 304 |
| 100 | The Global Burden of Chronic Diseases. JAMA - Journal of the American Medical Association, 2004, 291, 2616. | 7.4 | 1,080 |
| 101 | Smith-Lemli-Opitz syndrome: Prenatal diagnosis by quantification of cholesterol precursors in amniotic fluid. American Journal of Medical Genetics Part A, 1995, 56, 272-275. | 2.4 | 96 |
| 102 | Language and reading deficits associated with Neurofibromatosis Type 1: Evidence for a notâ€soâ€nonverbal learning disability. Developmental Neuropsychology, 1995, 11, 503-522. | 1.4 | 73 |
| 103 | Diffusion of information about neurofibromatosis type 1 DNA testing. American Journal of Medical Genetics Part A, 1994, 49, 299-301. | 2.4 | 2 |
| 104 | Attitudes of physicians and genetics professionals toward cystic fibrosis carrier screening. American Journal of Medical Genetics Part A, 1994, 50, 1-11. | 2.4 | 28 |
| 105 | Neurofibromatosis type 1: The cognitive phenotype. Journal of Pediatrics, 1994, 124, S1-S8. | 1.8 | 178 |
| 106 | Physicians' Attitudes toward Disclosure of Genetic Information to Third Parties. Journal of Law, Medicine and Ethics, 1993, 21, 238-240. | 0.9 | 16 |
| 107 | Familial neurofibromatosis type 1: Clinical experience with DNA testing. Journal of Pediatrics, 1992, 120, 394-398. | 1.8 | 26 |
| 108 | Familial systematized epidermal nevus syndrome. American Journal of Medical Genetics Part A, 1992, 44, 664-667. | 2.4 | 17 |

| # | Article | IF | CITATIONS |
|-----|---|------|-----------|
| 109 | Neurofibromatosis 1; Recognition and Management of Associated Neuroblastoma. Pediatric Dermatology, 1990, 7, 293-295. | 0.9 | 10 |
| 110 | Marfan syndrome: Neuropsychological aspects. American Journal of Medical Genetics Part A, 1988, 31, 331-338. | 2.4 | 43 |
| 111 | Deletion of Huntington's disease-linked G8 (D4S10) locus in Wolf–Hirschhorn syndrome. Nature, 1985, 318, 75-78. | 27.8 | 114 |