

Charles B Holmes

List of Publications by Year in descending order

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Version: 2024-02-01

53
papers

1,693
citations

304743

22
h-index

302126

39
g-index

54
all docs

54
docs citations

54
times ranked

2449
citing authors

#	ARTICLE	IF	CITATIONS
1	“I need time to start antiretroviral therapy”: understanding reasons for delayed ART initiation among people diagnosed with HIV in Lusaka, Zambia. <i>Annals of Medicine</i> , 2022, 54, 830-836.	3.8	7
2	Profiles of HIV Care Disruptions Among Adult Patients Lost to Follow-up in Zambia: A Latent Class Analysis. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2021, 86, 62-72.	2.1	8
3	Patterns and Predictors of Incident Return to HIV Care Among Traced, Disengaged Patients in Zambia: Analysis of a Prospective Cohort. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2021, 86, 313-322.	2.1	16
4	The revolving door of HIV care: Revising the service delivery cascade to achieve the UNAIDS 95-95-95 goals. <i>PLoS Medicine</i> , 2021, 18, e1003651.	8.4	74
5	Strengthening measurement and performance of HIV prevention programmes. <i>Lancet HIV</i> , 2021, 8, e306-e310.	4.7	3
6	Patient-reported Reasons for Stopping Care or Switching Clinics in Zambia: A Multisite, Regionally Representative Estimate Using a Multistage Sampling-based Approach in Zambia. <i>Clinical Infectious Diseases</i> , 2021, 73, e2294-e2302.	5.8	18
7	Effects of implementing universal and rapid HIV treatment on initiation of antiretroviral therapy and retention in care in Zambia: a natural experiment using regression discontinuity. <i>Lancet HIV</i> , 2021, 8, e755-e765.	4.7	21
8	The effect of tracer contact on return to care among adult, “lost to follow-up” patients living with HIV in Zambia: an instrumental variable analysis. <i>Journal of the International AIDS Society</i> , 2021, 24, e25853.	3.0	4
9	Patients’ Satisfaction with HIV Care Providers in Public Health Facilities in Lusaka: A Study of Patients who were Lost-to-Follow-Up from HIV Care and Treatment. <i>AIDS and Behavior</i> , 2020, 24, 1151-1160.	2.7	13
10	Risk scores for predicting early antiretroviral therapy mortality in sub-Saharan Africa to inform who needs intensification of care: a derivation and external validation cohort study. <i>BMC Medicine</i> , 2020, 18, 311.	5.5	0
11	Reckoning with mortality: global health, HIV, and the politics of data. <i>Lancet</i> , 2020, 396, 288-290.	13.7	11
12	How might improved estimates of HIV programme outcomes influence practice? A formative study of evidence, dissemination and response. <i>Health Research Policy and Systems</i> , 2020, 18, 121.	2.8	3
13	Understanding Engagement in HIV Programmes: How Health Services Can Adapt to Ensure No One Is Left Behind. <i>Current HIV/AIDS Reports</i> , 2020, 17, 458-466.	3.1	32
14	Mortality estimates by age and sex among persons living with HIV after ART initiation in Zambia using electronic medical records supplemented with tracing a sample of lost patients: A cohort study. <i>PLoS Medicine</i> , 2020, 17, e1003107.	8.4	12
15	Access to lifesaving medical resources for African countries: COVID-19 testing and response, ethics, and politics. <i>Lancet</i> , 2020, 395, 1735-1738.	13.7	128
16	Longitudinal Care Cascade Outcomes Among People Eligible for Antiretroviral Therapy Who Are Newly Linking to Care in Zambia: A Multistate Analysis. <i>Clinical Infectious Diseases</i> , 2020, 71, e561-e570.	5.8	8
17	Participation in adherence clubs and on-time drug pickup among HIV-infected adults in Zambia: A matched-pair cluster randomized trial. <i>PLoS Medicine</i> , 2020, 17, e1003116.	8.4	15
18	Redefining and revisiting cost estimates of routine ART care in Zambia: an analysis of ten clinics. <i>Journal of the International AIDS Society</i> , 2020, 23, e25431.	3.0	6

#	ARTICLE	IF	CITATIONS
19	Emerging priorities for HIV service delivery. <i>PLoS Medicine</i> , 2020, 17, e1003028.	8.4	39
20	Understanding patient transfers across multiple clinics in Zambia among HIV infected adults. <i>PLoS ONE</i> , 2020, 15, e0241477.	2.5	11
21	Tailored HIV programmes and universal health coverage. <i>Bulletin of the World Health Organization</i> , 2020, 98, 87-94.	3.3	16
22	High variability in the measurement of HIV primary prevention activities and outcomes. <i>Journal of the International AIDS Society</i> , 2020, 23, e25645.	3.0	3
23	We need to monitor mortality to improve public health programs: here's why and how to do it. <i>International Health</i> , 2019, 11, 159-162.	2.0	0
24	Longitudinal engagement trajectories and risk of death among new ART starters in Zambia: A group-based multi-trajectory analysis. <i>PLoS Medicine</i> , 2019, 16, e1002959.	8.4	28
25	Care Continuum and Postdischarge Outcomes Among HIV-Infected Adults Admitted to the Hospital in Zambia. <i>Open Forum Infectious Diseases</i> , 2019, 6, ofz336.	0.9	10
26	Research to improve differentiated HIV service delivery interventions: Learning to learn as we do. <i>PLoS Medicine</i> , 2019, 16, e1002809.	8.4	18
27	A Review of Differentiated Service Delivery for HIV Treatment: Effectiveness, Mechanisms, Targeting, and Scale. <i>Current HIV/AIDS Reports</i> , 2019, 16, 324-334.	3.1	69
28	Retention and viral suppression in a cohort of HIV patients on antiretroviral therapy in Zambia: Regionally representative estimates using a multistage-sampling-based approach. <i>PLoS Medicine</i> , 2019, 16, e1002811.	8.4	40
29	The missed potential of CD4 and viral load testing to improve clinical outcomes for people living with HIV in lower-resource settings. <i>PLoS Medicine</i> , 2019, 16, e1002820.	8.4	32
30	Operational characteristics of antiretroviral therapy clinics in Zambia: a time and motion analysis. <i>BMC Health Services Research</i> , 2019, 19, 244.	2.2	11
31	Accurate dried blood spots collection in the community using non-medically trained personnel could support scaling up routine viral load testing in resource limited settings. <i>PLoS ONE</i> , 2019, 14, e0223573.	2.5	12
32	Personalized public health: An implementation research agenda for the HIV response and beyond. <i>PLoS Medicine</i> , 2019, 16, e1003020.	8.4	23
33	Human-Centered Design Lessons for Implementation Science: Improving the Implementation of a Patient-Centered Care Intervention. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2019, 82, S230-S243.	2.1	55
34	Global variations in mortality in adults after initiating antiretroviral treatment. <i>Aids</i> , 2019, 33, S283-S294.	2.2	16
35	Differentiated Care Preferences of Stable Patients on Antiretroviral Therapy in Zambia: A Discrete Choice Experiment. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2019, 81, 540-546.	2.1	58
36	Employing the Payback Framework to Assess Implementation Science Research Utilization: Lessons From the USAID's PEPFAR HIV/AIDS Implementation Science Awards. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2019, 82, S348-S356.	2.1	1

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37	Improved Retention With 6-Month Clinic Return Intervals for Stable Human Immunodeficiency Virus-Infected Patients in Zambia. <i>Clinical Infectious Diseases</i> , 2018, 66, 237-243.	5.8	45
38	Application of a Multistate Model to Evaluate Visit Burden and Patient Stability to Improve Sustainability of Human Immunodeficiency Virus Treatment in Zambia. <i>Clinical Infectious Diseases</i> , 2018, 67, 1269-1277.	5.8	8
39	HIV Self-Testing in Lusaka Province, Zambia: Acceptability, Comprehension of Testing Instructions, and Individual Preferences for Self-Test Kit Distribution in a Population-Based Sample of Adolescents and Adults. <i>AIDS Research and Human Retroviruses</i> , 2018, 34, 254-260.	1.1	42
40	HIV drug resistance in low-income and middle-income countries. <i>Lancet HIV</i> , 2018, 5, e588-e596.	4.7	59
41	“They care rudely!”™: resourcing and relational health system factors that influence retention in care for people living with HIV in Zambia. <i>BMJ Global Health</i> , 2018, 3, e001007.	4.7	44
42	Estimating the real-world effects of expanding antiretroviral treatment eligibility: Evidence from a regression discontinuity analysis in Zambia. <i>PLoS Medicine</i> , 2018, 15, e1002574.	8.4	20
43	Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up. <i>PLoS Medicine</i> , 2018, 15, e1002636.	8.4	80
44	Increased prevalence of pregnancy and comparative risk of program attrition among individuals starting HIV treatment in East Africa. <i>PLoS ONE</i> , 2018, 13, e0190828.	2.5	6
45	Estimated mortality on HIV treatment among active patients and patients lost to follow-up in 4 provinces of Zambia: Findings from a multistage sampling-based survey. <i>PLoS Medicine</i> , 2018, 15, e1002489.	8.4	55
46	Rethinking retention: Mapping interactions between multiple factors that influence long-term engagement in HIV care. <i>PLoS ONE</i> , 2018, 13, e0193641.	2.5	39
47	Nonadherence to antiretroviral therapy among HIV-infected patients in Zambia is concentrated among a minority of patients and is highly variable across clinics. <i>Aids</i> , 2017, 31, 689-696.	2.2	7
48	Changing models of care to improve progression through the HIV treatment cascade in different populations. <i>Current Opinion in HIV and AIDS</i> , 2015, 10, 447-450.	3.8	22
49	Sustainable HIV treatment in Africa through viral-load-informed differentiated care. <i>Nature</i> , 2015, 528, S68-S76.	27.8	141
50	Reframing HIV care: putting people at the centre of antiretroviral delivery. <i>Tropical Medicine and International Health</i> , 2015, 20, 430-447.	2.3	150
51	Managing Multiple Funding Streams and Agendas to Achieve Local and Global Health and Research Objectives. <i>Journal of Acquired Immune Deficiency Syndromes (1999)</i> , 2014, 65, S32-S35.	2.1	4
52	PEPFAR™S Past And Future Efforts To Cut Costs, Improve Efficiency, And Increase The Impact Of Global HIV Programs. <i>Health Affairs</i> , 2012, 31, 1553-1560.	5.2	29
53	HIV Development Assistance and Adult Mortality in Africa. <i>JAMA - Journal of the American Medical Association</i> , 2012, 307, 2060-7.	7.4	120