

KCMC MEPI2 Project.

Strengthening of Research Capacity for Junior Faculty in Tanzania

Proposed Training: The objectives of the proposed training are as follows;

1. To provide rigorous research training for junior faculty, preparing them to pursue their mentored research training projects.
2. To provide faculty mentors for junior faculty who will actively participate in the mentored research training projects, and serve as role models for trainees.
3. To build upon the research culture created in the MEPI-T first cycle, enhancing the competitiveness of junior faculty, increasing their productivity, initiating career development planning, understanding the roles and responsibilities of principal investigators, engaging future generations of junior investigators, and promoting an enabling environment for research.
4. To sustain the training program beyond the five years of this award, and to extend its impact to others at KCMU College and CUHAS, creating a regional model of excellence in research training.

Overview: The proposed training will consist of 2 different programs, one for junior faculty who have already received Master's level training (Advanced Research Training), and a second for junior faculty who do not yet have Master's degrees (Comprehensive Research Training). Descriptions of the programs are provided in Figure 2.

Figure 1. MEPI-T Research Training Programs		
	Advanced Research Training	Comprehensive Research Training
Eligibility:	Junior faculty with Master's degree (does not include Master's in Medicine)	Junior faculty without Master's degree (may include Master's in Medicine)
Duration:	36 mos (all mentored research time)	6 mos didactic, 18 mos mentored research
Protected time:	50% for 24 mos	50% for 24 mos
Launch:	Year 1	Year 2
Research support:	\$10,000/year for 3 years	\$10,000
Deliverables	8 trainees (4 at each institution) At least 1 published manuscript and 1 project proposal/trainee	12 trainees (6 at each institution) At least 1 submitted manuscript/trainee New Master's Program in Clinical Research

The Advanced Research Training will provide an extended mentored research experience for junior faculty with Master's and PhD degrees, but will not require didactic course work because of previous exposure. Their prior Master's degree must include at least 3 courses on research methods, epidemiology or biostatistics, and Master's in Medicine are not eligible. These trainees will design a mentored research project in collaboration with Program faculty mentors, which will be reviewed by the Leadership Team and the TAC for approval. A detailed mentorship plan must be included with the project proposal, and the expectation is that the trainee will be mentored intensively throughout the project implementation, analysis, publication and follow-up processes. The mentorship plan will be reviewed in detail during the selection process, and will be considered as a critical selection criterion. These trainees will receive up to \$10,000/year for 3 years to complete the project, similar to an R03 NIH award. For the initial 24 months, trainees will have 50% protected time to devote to their research. During year 1, these trainees will travel off-site to Morogoro for one-week workshops designed to

develop skills for successful academic careers. The topics to be covered in these workshops will include; 1. grantsmanship and peer review, 2. research compliance and post-award grants management with an emphasis on the Office of Grants Management services, 3. mentorship and Personal Development Plans, and 4. leadership skills and time management. These trainees will each present at the annual MEPI-T Research Symposium and will review the proposals of trainees in the Comprehensive Research Training. Every effort will be undertaken to emphasize research rigor with peers, and engender an identity as researchers within and across institutions. For training completion, at least one published manuscript and a project proposal similar to an NIH R21 application will be required. It is anticipated that these junior faculty will become the teachers and mentors for the Comprehensive Research Training Program, and that they will be prepared to become independent investigators.

The Comprehensive Research Training will provide a 6-month didactic course, followed by 18 months to execute a mentored research project in one of the three scientific priority areas. During the entire 24-month training period, trainees will have a minimum of 50% protected time devoted to research training and research. The content of the 6-month didactic course will be developed during year 1, but will be based on course offerings in the WCMC and Duke Master's of Science degrees in Global Health, with an emphasis on the fundamentals of clinical epidemiology and research methodology in health services research and implementation science, biostatistics, practical applications in the computer laboratory, sociobehavioral determinants of disease and qualitative research methods, manuscript and proposal writing, responsible conduct of research, and research administration and oversight. It will be taught by faculty at KCMU College and CUHAS, accessible in both locations by videoconference. Visiting faculty from Duke and WCMC will also participate, but their level of participation will decrease over the 5 years of the award as teaching capacity at KCMU College and CUHAS grows. During the first 6 months, trainees will be required to develop their mentored research proposal under the guidance of their faculty mentors. The proposals in development will be actively discussed in didactic class time, refining their rigor and analytical planning. In this 6-month period, trainees will also apply for regulatory clearance to ensure that they can commence immediately upon completion of the didactic course. Trainees will receive \$10,000 in research support to perform their mentored research project, exclusive of trainee salaries. During the 18 months of mentored research, they will work closely with their faculty mentors to finish their research project and complete at least one manuscript.

Training Timeline: In the first year of this award, the 8 trainees for the Advanced Research Training will be selected and begin their mentored research projects. For the Comprehensive Research Training, in year 1 the course materials will be developed, the videoconferencing faculty at CUHAS will be built, information regarding the training will be disseminated and applications accepted, and the first class of trainees will be selected. Four trainees (two each from KCMU College and CUHAS) will commence the didactic course at the beginning of year 2, and four additional trainees/year will begin in years 3 and 4. The last trainees will graduate at the end of year 5, and the 12 graduates will represent a new generation of well-prepared junior faculty at their respective institutions, with research support services which provide an enabling environment for them. A detailed timeline for year one is presented later in this application. Efforts will be undertaken at both institutions to develop essential research support services in the areas of grants administration.

Candidates for Training: The 2 Programs will primarily target young physician investigators, either at the level of specialty training completion or in the first five years on the faculty. As previously mentioned, candidates for the Advanced Research Training Program (ARTP) must have a prior Master's degree with at least 3 courses in research methods, epidemiology or biostatistics, and Master's in Medicine (MMed) degrees will not meet this criterion. Each year approximately 12 physicians graduate with MPH degrees from KCMU College, and WCMC has graduated 6 Tanzanian physicians with MSc degrees in Clinical Epidemiology and Health Services Research from WCMC. These junior faculty will be encouraged to apply for the Advanced Research Training. In addition, research-oriented PhD faculty will also be eligible to apply for the Advanced Research Training, and approximately 5 PhD's are awarded every year at KCMU College and 2 are awarded at CUHAS.

For the Comprehensive Research Training Program (CRTP), junior faculty at the lecturer level and within 5 years of their last degree will be eligible. It is anticipated that the majority will have been trained clinically with MMed degrees. Both KCMU College and CUHAS have specialty training programs with relevance to the scientific priority areas including Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery. Each year approximately 20 graduates complete MMed training in these 4 specialties at KCMU College and CUHAS. Therefore a substantial pool will be available in both locations, creating a highly competitive application process and ensuring selection of outstanding trainees.

Selection of Trainees: Through previous experiences with D43 programs, an application process has been developed which is comprehensive and highly selective, and also emphasizes long-term commitment to research at the host institution. In the previous funding cycles for the Duke D43 AIDS International Training in Research Program (AITRP), 100% of 40 trainees remained engaged in research, 95% in Tanzania, and 78% at KCMC over 7 years. The application process will include submission of written materials including past academic records, a personal essay on career planning, and a preliminary research proposal on a topic in the scientific priority research areas. The trainee must commit in writing to remain at their host institution for 5 years after training. All applications must be accompanied by a letter of support from their Head of Department which explicitly states their commitment to protect 50% effort for research training and research. The Leadership Team will then interview the most competitive candidates, and recommendations will be made to the TAC. Once TAC review and approval has occurred, offers will be made to the selected candidates. The candidate and the senior official at their host institution (KCMU College Provost and CUHAS Vice Chancellor) will be required to sign a commitment to retain the trainee for five years beyond training completion.

Linkage of Proposed Training to Objectives: The following description links the proposed training to the Objectives previously outlined.

1. To provide rigorous research training for junior faculty, preparing them to pursue their mentored research training projects.

For the ARTP, eligible candidates must have prior course work in research methods, epidemiology or biostatistics. Additional research skills will be developed during the period of mentored research, under the guidance of Program faculty. The Program faculty who are available as mentors are all highly experienced and productive investigators (please see faculty biosketches). Each proposal for the Advanced Research Training will contain a detailed mentorship plan to ensure that all trainees receive close attention during the performance of their research.

For the CRTP, it is essential to ensure that all trainees have rigorous training in research to build a foundation for later successes. The KCMU College Department of Biostatistics and Epidemiology has expanded to 7 faculty members, including three with PhD's in Epidemiology. CUHAS has undergone similar expansions of the faculty in their Department. Both Departments have experience in teaching undergraduates, MMed and MPH candidates, and KCMU College offers a Master's of Science in Biostatistics and Epidemiology. The KCMU College and CUHAS faculty will assume primary responsibility for developing the course content during year one, with guidance from Duke and WCMC.. The didactic portion will be offered to trainees on both campuses by videoconference. Given the relatively small class size, faculty will closely mentor trainees and can give individualized attention to trainees who may have less preparation in research methods to ensure that all trainees have a pathway to mastering the material. During the 6 months of didactic training, the trainees will search the background literature for their mentored research project, identify a testable hypothesis, and outline their methods and analysis plan in a project proposal. Under the guidance of faculty mentors, each trainee will present their project proposal to their fellow trainees in a peer review session. Ultimately each mentored research project proposal will be reviewed and approved by the Leadership Team, and the TAC.

All trainees in both Programs will be required to complete training in the Responsible Conduct of Research and Research with Human Subjects described later in this application.

2. To provide faculty mentors for junior faculty who will actively participate in the mentored research training projects, and serve as role models for trainees.

As mentioned above, the faculty mentors for both Programs have been selected based upon their research expertise, record of mentorship, and ability to serve as role models for trainees. In the ARTP, the detailed mentorship plan, 3-year period of support, requirement for a published manuscript and project proposal, and the workshop topics will foster a close relationship between trainees and their mentors. In addition, the planned activities include participation in teaching and mentoring the Comprehensive Research Training candidates, which will further encourage a culture of research rigor and support within each institution.

During the second phase of their training, each CRTP trainee will pursue their mentored research project for 18 months. As previously described, each trainee will have a mentorship team led by a primary mentor. The team will closely monitor project implementation, including the training of staff, participant recruitment, quality of data collection, quality of sample collection, and adverse events. Trainees will be encouraged to have an initial pilot phase for their research, and report the results to the mentorship team for trouble-shooting. The development of standard operating procedures will be encouraged, and model procedures will be made available to all trainees. As data collection is completed, the mentorship emphasis will shift to data cleaning and analysis. A standardized approach to data analysis will be encouraged, emphasizing the analysis of primary outcomes first in tables and figures, followed by secondary analyses. Peer interactions among the trainees will be promoted, and the second-year trainees will assist each other and demonstrate their analytical skills to the first-year trainees. The second-year trainees will be required to present their findings in research conferences at KCMU College and CUHAS, and to submit their findings to regional and international symposia. Each trainee will be required to submit a manuscript describing their findings before they can complete their training.

3. To build upon the research culture created in the MEPI-T first cycle, enhancing the competitiveness of junior faculty, increasing their productivity, initiating career development planning, understanding the roles and responsibilities of principal investigators, engaging future generations of junior investigators, and promoting an enabling environment for research.

In the first MEPI-T cycle, an internal opportunity to obtain support for practical experiences in mentored research for medical students was created, MRTP. MRTP encouraged teams of medical students to partner with post-graduate trainees and faculty to developing a one-year projects (non-renewable) which received up to \$25,000 in support. MRTP has steadily grown in popularity, and over the first three cycles supported 53 research projects engaging 165 medical students. The fourth MRTP cycle has recently completed review, and applications from 4 medical schools in Tanzania were received, resulting in 40 applications for this single cycle. Such a response underscores the importance of mentored research in the Tanzanian environment, and how such a program addresses an unmet need. The first cycle of MEPI-T has primed the pump for mentored research in the second cycle.

In addition to the rigorous mentorship and didactic preparation described under objective 1, MEPI-T will expose the trainees to a culture of grantmanship. The creation of the KCMU College Office of Research Management and Innovation represents a tremendous resource for the proposed training program, and for the development of a similar office at CUHAS. During the workshop on grantmanship and peer review and during the first 6 months of didactic course work, the trainees will follow the development of a grant proposal from the identification of a funding opportunity announcement through proposal writing to post-award management. They will receive background on research support opportunities in the United States, Canada, European Union, Medical Research Council, DFID and private foundations. They will develop their own research proposals, and experience peer review of their own proposals and the proposals of fellow trainees. They will meet with grants administration staff to review the creation of deadlines and key milestones in the grant

preparation process, and receive guidance on the development of budgets. The Office will create eRA Commons accounts for all trainees and track responsible conduct of research, research with human subjects, and research with animals trainings. They will receive information on post-award management, especially compliance, reporting responsibilities and project closeout. Finally, in years 4 and 5, graduates of the Programs will be eligible to compete for a pool of “bridge funds”, intended to support graduates with the greatest promise of competing for independent external funding.

Another major step to be undertaken is the development of a Professional Development Plan (PDP) for each trainee, in collaboration their primary mentor and the MEPI-T Leadership Team. PDP is a process driven by the researcher, under the mentorship listed above. Each researcher will reflect upon their own status in terms of learning, skills and achievements, and then plan for their personal career development. In this process they will identify the key skills needed for career advancement, and the opportunities to obtain the needed skills. Within the PDP, trainees will be mentored on the development of leadership skills through a series of specific suggestions on opportunities to lead seminars and workshops, and appropriate venues to gain leadership experience. Within the context of PDP, good mentorship will be modeled, and mentoring skills in the trainees will be fostered and encouraged. In addition, key milestones of career advancement will be explicitly discussed, especially as they relate to opportunities for external research funding support and the key thresholds for promotion within their host institutions. Such explicit discussions and the accompanying mentorship have not been emphasized in the recent history of Tanzanian academic culture. The development of a PDP for each trainee, and subsequent monitoring of progress, will represent a key culture shift accomplished within MEPI-T.

MEPI-T has played a key role in the creation of an enabling environment at KCMU College. Resources provided in the first cycle such as reliable and fast internet services, a faculty computer laboratory, rigorous biostatistical and epidemiologic consultation for research, MRTTP pilot funds, surveys of faculty satisfaction, and a faculty compensation plan have helped to transform the culture on campus. In addition, the availability of robust laboratory infrastructure through the Kilimanjaro Clinical Research Institute has further enabled state of the art research. Although MEPI-T collaborations with CUHAS are relatively recent, they do include research support. In addition, CUHAS enjoys strong partnerships with WCMC and the Touch Foundation, both of which have undertaken major steps to modernize and empower CUHAS students, trainees and faculty.

The explicit emphasis of the second MEPI-T cycle on junior faculty research development will complement these past achievements. The FIC investment in MEPI-T will build upon past programs, and synergize with them by extending the impact on junior faculty and adding expertise in new scientific priority areas of HIV infection, non-communicable diseases and maternal and child health.

4. To sustain the training program beyond the five years of this award, and to extend its impact to others at KCMU College and CUHAS, creating a regional model of excellence in research training.

Many of the achievements of the first MEPI-T funding cycle will be sustained beyond the funding period. KCMU College has already absorbed many of the MEPI-T staff, and has extended the impact of the Computer Laboratories and the Wet Laboratory by making substantial investments in them. Furthermore, the Tanzanian Ministry of Education has invested in providing internet bandwidth to universities across Tanzania, (the “Last Mile Project”), assisting to provide continuing access to these services.

Integral to the prospects for sustainability of the proposed MEPI-T Training Program, is the leading role for both KCMU College and CUHAS in health professions education. The success of this Program will be perpetuated into the future by demand from junior faculty and others who seek such a valuable experience, further supported by a visionary and committed leadership at both institutions. Please see the later section on “Institutional Environment and Commitment”.

Role of the KCMU College Office of Research Management and Innovation: This newly established entity under the KCMU College Directorate of Research and Consultancies has received support from iRIM during the first MEPI-T funding cycle. As previously mentioned, it has received mentorship from the Duke University Office of Research Administration and the DGHl Grants Administration team. Planning is underway to support the development of a similar office at CUHAS, supported by the CUHAS Vice Chancellor. The KCMU College Office will play an important role in the proposed MEPI-T Training Programs, providing each trainee with information and training on proposal development, budget preparation, peer review, grantsmanship, responsibilities of principal investigators, post-award management, compliance, reporting, and project closeout. These Offices will also assume responsibility for dissemination of funding opportunity announcements to trainees and other faculty, and serve as a clearinghouse for information related to research-related topics.

Year 1 Timeline: Adherence to the MEPI-T Training Programs timeline will be essential to accomplish all programmatic goals. Adherence will be accomplished by charging the MEPI-T Monitoring and Evaluation Officer with continuously assessing progress on the timeline listed below, and providing monthly reports to the Leadership Team.

August 2015 Notice of Grant Award received

- First meeting of the Leadership Team
- Weekly meetings of Operations Team
- Call for applications to the Advanced Research Training Program
- Appointment of Didactic Training Curriculum Team
- Appointment of Office of Research Management and Innovation Curriculum Team
- Appointment of Mentored Research Project Curriculum Team
- Appointment of Personal Development Plan Team

September 2015 Procurement of videoconference hardware for CUHAS

- CUHAS to visit KCMU College Office of Research Management and Innovation

October 2015 Installation of videoconference hardware at CUHAS

- CUHAS finalizes plan to establish Office of Research Management
- Selection of Advanced Research Training candidates

August-November 2015 Team meetings to design curricula

- Team meetings to define principles for PDP
- TAC Review of recommendations for Advanced Research Training candidates
- Finalizing mentor panels for Advanced Research Training candidates
- Advanced Research Training candidates submit protocols for regulatory reviews

December 2015 Teams report to MEPI-T Leadership

- Implementation of Team plans begins

January 2016 Teaching assignments made based upon curricula

- Introduction of training opportunities to Department Heads
- First advertisements for Comprehensive Research Training through websites, conferences and other media
- Announcement of training opportunities at conferences
- Advanced Research Training candidates begin their mentored research projects

April 2016 Applications due for Comprehensive Research Training

May 2016 Review of written applications by Leadership Team

June 2016 Interview of top applicants

- Recommendations for selected applicants to TAC

July 2016 Selected applicants and their Heads of Department notified

August 2016 First class of Comprehensive Research Training commences

Program Evaluation: Program evaluation will be a major point of emphasis in the next funding cycle of MEPI-T. In the previous funding cycle, rigorous monitoring and evaluation allowed MEPI-T to achieve almost all of its program objectives in a timely fashion. The key metrics for program monitoring will include;

- Adherence to the annual work plan schedule of training and program activities
- Adherence to the mentoring plans
- Adherence to protection of time for trainees
- Review of mentor-mentee matching
- Progress toward achievement of Program objectives
- Review of training programs

Key metrics for Program evaluation will include;

- Career development of trainees
- Development of an enabling sustainable research environment

Key indicators for the Program will include;

- Numbers of applicants/year
- Proportion of trainees successfully completing didactic course work
- Proportion of trainees completing surveys on year one course work
- Proportion of trainees providing scheduled progress reports on mentored research projects
- Proportion of trainees completing mentored research projects
- Proportion of trainees presenting research findings in local, national, regional and international conferences
- Number of manuscripts produced by trainees during mentored research training projects
- Research mentor evaluations by trainees
- Proportion of trainees with completed PDP's
- Diversity of research projects of trainee graduates
- Number of research proposals submitted by trainee graduates
- Proportion of funded research proposals of trainee graduates
- Number of published manuscripts of trainee graduates
- Mentees of trainee graduates
- Number of trainees utilizing KCMU College Office of Research Management and Innovation
- Establishment of the CUHAS Office of Research Management

Tools for monitoring will include;

- Annual work plans
- Surveys of trainee graduates regarding research skill sets
- Teaching evaluations of year one faculty
- Research mentor evaluations by trainees
- Trainee evaluations of PDP process

Trainee Candidates: Details of the potential applicant pool, their prior qualifications and experiences, the selection process including the role of Program faculty and the TAC, and a plan to ensure that graduates are retained have been presented. At KCMU College and CUHAS, approximately 1/3 of MMed candidates are women. In the selection process, an explicit effort will be undertaken to encourage applications from female candidates. Please note that 12/27 (44%) of proposed faculty are women. The Leadership Team and the TAC, with the goal of reaching gender balance, will carefully review gender in examining the history of selected candidates. The letters of commitment provided by the Heads of Department in the application process, and the commitments of the KCMU College Provost and CUHAS Vice Chancellor will ensure the protection of at least 50% time for the Training Program.. Feedback from trainees regarding their protected time will be solicited in progress reports to the Leadership Team, and if problems are identified, the Leadership Team will intervene to assure protected time.

Institutional Environment and Commitment: Both KCMU College and CUHAS share a commitment to research in their Mission Statements, and they each have robust academic activity portfolios. However, in each institution there is a shortage of faculty, especially faculty with research skills and experience to successfully compete for external funding. The creation of the proposed MEPI-T Training Program will directly address this shortage and add 20 well-trained investigators to their faculty rosters. The value of these faculty to the partnering institutions is reflected in the letters of support from their academic leaders, and in their commitment to provide space, protected time and oversight for the Program. In addition, they have committed to continue the Training Program beyond the five years of the award. They have each commented that the proposed Training Program, with its focus on junior faculty, has identified a population in need of opportunities and that this Program will enhance existing programs focused on undergraduate and post-graduate research training.

Both the KCMU College Provost and the CUHAS Vice Chancellor have also committed to create an institutional environment which enables their research faculty to prosper and become independent investigators. KCMU College recently established its Office of Research Management and Innovation, and the Provost has committed the assistance of this Office to mentor CUHAS as they establish their Office of Research Management. The CUHAS Vice Chancellor has committed space, and 3.5 FTE research staff to operationalize these plans. In addition, KCMU College recently implemented software to transition its Research Ethics Committee to electronic submissions and reviews, and KCMU College will assist CUHAS with the development of this capacity.

The research environment at each institution is developing successfully with infrastructure to support this ongoing progress. Both institutions have received past FIC support, and other USG support for other research and capacity building programs. The proposed MEPI-T Training Program will expand the scientific priority topics beyond existing programs to include the intersection of HIV infection, non-communicable diseases, and maternal and child health. The partnering institutions have complementary expertise in these areas, and will assist each other with strengthening capacity. Together with their US partners, they will create a robust team with a long history of cooperative efforts in capacity development and research.

References:

1. The Economist "Pocket World in Figures- 2014 Edition".
2. Lisasi E, Kulanga A, Muiruri C, Killewo L, Fadhili N, Mimano L, Kapanda G, Tibyampansa D, Ibrahim G, Nyindo M, Mteta K, Kessi E, Ntabaye M, Bartlett J. Modernizing and transforming medical education at the Kilimanjaro Christian Medical University College. *Academic Medicine*, 2014; 89:S60-64.
3. Report on Faculty Needs Assessment and Satisfaction Survey, November 2012.
4. Ole-Nguyaine S, Crump JA, Kibiki GS, Kiang K, Taylor J, Schimana W, et al. HIV-associated morbidity, mortality and diagnostic testing opportunities among inpatients at a referral hospital in northern Tanzania. *Ann Trop Med Parasitol* 98:171-179, 2004.
5. Chu HY, Crump JA, Ostermann J, Oenga RB, Itemba DK, Mgonja A, et al. Sociodemographic and clinical characteristics of clients presenting for HIV voluntary counselling and testing in Moshi, Tanzania. *Int J STD AIDS* 16:691-696, 2005.
6. Sanne I, Mommeja-Marin H, Hinkle J, Bartlett JA, Lederman MM, Maartens G, et al. Severe hepatotoxicity associated with nevirapine use in HIV-infected subjects. *J Infect Dis* 191:825-829, 2005.
7. Thielman NM, Chu HY, Ostermann J, Itemba DK, Mgonja A, Mtweve S, et al. Cost-effectiveness of free HIV voluntary counseling and testing through a community-based AIDS service organization in Northern Tanzania. *Am J Public Health* 96:114-119, 2006.
8. Haas DW, Bartlett JA, Anderson JW, Sanne I, Wilkinson GR, Hinkle J, Rousseau F, Ingram CD, Shaw A, Lederman MM, Kim RB. Pharmacogenetics of Nevirapine-associated Hepatotoxicity: An Adult AIDS Clinical Trials Group Collaboration. *Clinical Infectious Diseases* 43: 783-786, 2006
9. Landman KZ, Thielman NM, Mgonja A, Shao HJ, Itemba DK, Ndosi EM, Chu HY, McNeill JD, Shao JF, Bartlett JA, Crump JA. Risk factors for low HIV treatment literacy among clients presenting for voluntary testing and counseling in Moshi, Tanzania. *J Int Assoc Physicians AIDS Care* 6: 24-26, 2007.
10. Morpeth S, Crump J, Shao H, Ramadhani H, Kisenge P, Moylan C, Naggie S, Caram LB, Landman K, Sam N, Itemba D, Shao J, Bartlett J, Thielman N. Predicting CD4 Lymphocyte Count < 200 cells/mm³ in an HIV-1-Infected African Population. *AIDS Research & Human Retroviruses* 23:1230-1236, 2007.
11. Ramadhani H, Thielman N, Landman K, Ndosi E, Gao F, Kircherr J, Shah R, Shao H, Morpeth S, McNeill J, Shao J, Bartlett J, Crump J. Predictors of incomplete adherence, virologic failure, and viral drug resistance among HIV-1 infected persons receiving antiretroviral therapy in Tanzania. *Clin Inf Dis*: 45:1492-1498, 2007.
12. Morpeth S, Thielman N, Ramadhani H, Hamilton J, Ostermann J, Kisenge P, Shao H, Reller LB, Itemba D, Sam N, Bartlett J, Shao J, Crump J. Effect of trimethoprim/sulfamethoxazole prophylaxis on antimicrobial resistance of fecal *Escherichia coli* in HIV-infected patients in Tanzania. *J Acquir Immune Defic Syndr*; 47:585-591, 2008.
13. Landman K, Ostermann J, Crump J, Mgonja A, Mayhood M, Itemba D, Tribble A, Ndosi E, Chu H, Shao J, Bartlett J, Thielman N. Gender differences in the risk of HIV infection among persons reporting abstinence, monogamy, and multiple sexual partners in northern Tanzania. *PLoS One*; 3:e3705, 2008.
14. Seshadri C, Uiso LO, Ostermann J, Diefenthal H, Shao HJ, Chu HY, Asmuth DM, Thielman NM, Bartlett JA, Crump JA. Low sensitivity of T-cell based detection of tuberculosis among HIV co-infected Tanzanian inpatients. *East African Med J* 2008; 85: 443-449.
15. Crump JA, van Ingen J, Morrissey AB, Boeree MJ, Mavura DR, Swai B, Thielman NM, Bartlett JA, Grossman H, Maro VP, van Soolingen D. Invasive disease caused by nontuberculous mycobacteria, Tanzania. *Emerg Infect Dis* 2009; 15: 53-5.
16. Tillekeratne G, Thielman N, Kiwera R, Chu H, Kaale L, Morpeth S, Ostermann J, Mtweve S, Shao J, Bartlett J, Crump J. High morbidity and mortality in a cohort of HIV-infected adults receiving community home-based care in the Kilimanjaro region, Tanzania, 2003-2005. *Ann Trop Med Parasitol*, 2009; 103:263-73.
17. Tribble A, Hamilton C, Crump J, Mgonja A, Mtalo A, Ndanu E, Itemba D, Landman K, Ndosi E, Shao J, Bartlett J, Thielman N. Missed Opportunities for Diagnosis of TB-HIV/AIDS Co-infection in Moshi, Tanzania. *Int J TB and Lung Dis* 2009; 7:1260-1266.

18. Bartlett J, Hornberger J, Sherwade A, Bhor, M, Rajagopalan R. Obstacles and proposed solutions to effective antiretroviral therapy in resource-limited settings. *J Int Assoc Physicians in AIDS Care* 2009; 8:253-268.
19. Mayhood M, Ostermann J, Crump J, Tribble A, Itemba D, Mgonja A, Mtalo A, Bartlett J, Shao J, Schimana W, Thielman N. Characteristics of HIV voluntary testing and counseling clients before and during care and treatment scale-up in Moshi, Tanzania. *J Acquired Immun Defic Syndr* 2009; 52:648-654.
20. Bartlett J, Shao J. Success, challenges and limitations of antiretroviral therapy in resource-limited settings. *The Lancet Infectious Diseases* 2009; 9:637-649.
21. Lofgren S, Morrissey A, Chevalier C, Malabeja A, Edmonds S, Amos B, Sifuna D, Msuya E, von Seidlein L, Schimana W, Stevens W, Bartlett J, Shao J, Crump J. Evaluation of a dried blood spot HIV-1 RNA program for early infant diagnosis and viral load monitoring at rural and remote health care facilities. *AIDS* 2009; 23:2459-2466.
22. Shao H, Crump J, Ramadhani H, Uiso L, Ole-Nguyaine S, Moon A, Kiwera R, Shao J, Bartlett J, Thielman N. Early versus delayed fixed dose combination abacavir/lamivudine/zidovudine in patients co-infected with HIV and tuberculosis in Tanzania. *AIDS Research & Human Retroviruses* 2009; 25:1277-1285.
23. Emmett S, Cunningham C, Mmbaga B, Kinabo G, Schimana W, Swai M, Bartlett J, Crump J, Reddy E. Predicting virologic failure among HIV-1-infected children receiving antiretroviral therapy in Tanzania: A cross-sectional study. *J Acquired Immune Def Syndr* 2010; 54: 368-376.
24. Buchanan A, Muro F, Gratz J, Crump J, Musyoka A, Sichangi, M, Morrissey A, M'rimberia J, Njau B, Msuya L, Bartlett J, Cunningham C. Establishment of hematologic and immunologic reference values for healthy Tanzanian children in the Kilimanjaro region. *Tropical Medicine and International Health* 2010; 15:1011-1021.
25. Crump J, Ramadhani H, Morrissey A, Saganda W, Mwako M, Yang L-Y, Chow S-C, Morpeth S, Reyburn H, Njau B, Shaw A, Diefenthal H, Shao J, Bartlett J, Maro V. Invasive bacterial and fungal infections among hospitalized HIV-infected and HIV-uninfected adults and adolescents in northern Tanzania. *Clinical Infectious Diseases* 2011; 52:341-348.
26. Ostermann J, Reddy E, Shorter M, Muiruri C, Mtalo A, Itemba D, Njau B, Bartlett J, Crump J, Thielman N. Who tests, who doesn't, and why? Uptake of mobile HIV counseling and testing in the Kilimanjaro region of Tanzania. *PLoS One* 2011; 6:e16488.
27. Waters R, Ostermann J, Reeves T, Masnick M, Thielman N, Bartlett J, Crump J. A cost-effectiveness analysis of alternative HIV retesting strategies in sub-Saharan Africa. *J Acquired Immune Def Syndr* 2011; 56:443-452.
28. Crump JA, Ramadhani HO, Morrissey AB, Msuya LJ, Yang L-Y, Chow S-C, Morpeth SC, Reyburn H, Njau BN, Shaw AV, Diefenthal HC, Bartlett JA, Shao JF, Schimana W, Cunningham CK, Kinabo GD. Invasive bacterial and fungal infections among hospitalized HIV-infected and HIV-uninfected children and infants in northern Tanzania. *Trop Med Int Health* 2011; 16:830-837.
29. Prabhu M, Nicholson W, Roche A, Kersh G, Fitzpatrick K, Oliver L, Massung R, Morrissey A, Bartlett J, Onyango J, Maro V, Kinabo G, Saganda W, Crump J. Q fever, spotted fever group and typhus group rickettsioses among hospitalized febrile patients in northern Tanzania 2007-2008. *Clinical Infectious Diseases* 2011, 53:e8-15.
30. Biggs H, Bui D, Galloway R, Stoddard R, Shadomy S, Morrissey A, Bartlett J, Onyango J, Maro V, Kinabo G, Saganda W, Crump J. Leptospirosis among hospitalized patients with febrile illness in northern Tanzania. *Am J Public Health* 2011, 85:275-281.
31. Hertz J, Munishi O, Ooi EE, Shiqin H, Yan LW, Chow A, Morrissey A, Bartlett J, Onyango J, Maro V, Kinabo G, Saganda W, Gubler D, Crump J. Chikungunya and dengue fever among febrile hospitalized patients in northern Tanzania. *Am J Trop Med Hyg* 2012, 86:171-177.
32. Bartlett J, Ribaud H, Wallis C, Aga E, Katzenstein D, Stevens W, Norton M, Klingman K, Housseinipour M, Crump J, Supparatpinyo K, Badal-Faesen S, Kallungal B, Kumarasamy N. Lopinavir/ritonavir monotherapy after virologic failure of first-line antiretroviral therapy in resource-limited settings. *AIDS* 2012, 26:1345-1354.

33. Crump J, Ramadhani H, Morrissey A, Saganda W, Mwako M, Yang L-Y, Chow S-C, Njau B, Mushi G, Maro V, Reller LB, Bartlett J. Bacteremic disseminated tuberculosis in sub-Saharan Africa: a prospective cohort study. *Clin Inf Dis* 2012; 55:242-250.
34. Bouley A, Biggs H, Stoddard R, Morrissey A, Bartlett J, Afwamba I, Maro V, Kinabo G, Saganda W, Cleaveland S, Crump J. Brucellosis among hospitalized febrile patients in northern Tanzania. *Am J Trop Med & Hyg* 2012; 87:1105-1011.
35. Phillips E, Bartlett J, Sanne I, Lederman M, Hinkle J, Rousseau F, Dunn D, Pavlos R, James I, Mallal S, Haas D. Associations between HLA-DRB1*0102, HLA-B*5801 and hepatotoxicity during initiation of nevirapine-containing regimens in South Africa. *J Acquired Immune Def Syndr* 2013; 62:e55-57.
36. Crump J, Morrissey A, Nicholson W, Galloway R, Stoddard R, Ooi EE, Maro V, Sanganda W, Kinabo G, Bartlett J. Etiology of non-malaria fever among hospitalized patients in Northern Tanzania. *PLoS Neg Trop Dis* 2013; 7:e2324.
37. Fiorillo S, Diefenthal H, Goodman P, Ramadhani H, Njau B, Morrissey A, Mwako M, Bartlett J, Shao J, Saganda W, Kinabo G, Maro V, Crump J. Chest radiograph abnormalities and their role for predicting etiology of febrile illness among inpatients in Moshi, Tanzania. *Clinical Radiology*, 2013; 68:1039-46.
38. Mavura D, Masenga EJ, Minja E, Grossmann H, Crump J, Bartlett J. Initiation of antiretroviral therapy in HIV-infected adults with cutaneous manifestations in northern Tanzania. *Internat Journ Dermatology*; 2014: doi: 10.1111/ijd.12563.
39. Buchanan A, Dow D, Massambu C, Nyombi B, Shayo A, Musoke R, Feng S, Bartlett J, Cunningham C, Schimana W. Progress in the prevention of mother to child transmission of HIV in three regions of Tanzania. *PLoS One*, 2014; 9:e88679.
40. Reddy E, Njau B, Morpeth S, Lancaster K, Tribble A, Maro V, Msuya L, Morrissey A, Kibiki G, Thielman N, Cunningham C, Schimana W, Shao J, Chow S-C, Stout J, Crump J, Bartlett J, Hamilton C. High early mortality in a randomized controlled of standard versus intensified tuberculosis diagnostics on treatment decisions by physicians in northern Tanzania. *BMC Infectious Diseases*, 2014:14:89.
41. Wallis C, Aga E, Ribaldo H, Saravanan S, Norton M, Klingman K, Stevens W, Kumarasamy N, Bartlett J, Katzenstein D. Drug susceptibility and resistance mutations after first-line failure in resource-limited settings. *Clin Inf Dis*, 2014; 59: 706-715.
42. Mody A, Bartz S, Kiyimba T, Bain J, Muehlbauer M, Kiboneka E, Stevens R, St. Peter J, Newgard C, Bartlett J, Freemark M. Effects of HIV infection on metabolic and hormonal status in children with severe acute malnutrition. *PLoS One*; 2014: 9:e102233.
43. Ramadhani H, Bartlett J, Thielman N, Pence B, Kimani S, Maro V, Mwako M, Masaki L, Mmbando C, Minja M, Lirhunde A, Miller W. Association of first-line antiretroviral therapy adherence with adherence to second-line antiretroviral therapy among HIV-infected patients in Tanzania. *Open Forum Infectious Diseases*, 2014; doi:10.1093/ofid/ofu079.
44. Rubach M, Maro V, Bartlett J, Crump J. Evaluation of integrated management of adolescent and adult illness district clinician manual empiric antibiotic therapy recommendations for severe infections in northern Tanzania. *Am J Trop Med Hyg*; in press.
45. Magambo KA, Kalluvya SE, Kapoor SW, Seni J, Chofle AA, Fitzgerald DW, Downs JA. Utility of urine and serum lateral flow assays to determine the prevalence and predictors of cryptococcal antigenemia in HIV-positive outpatients beginning antiretroviral therapy in Mwanza, Tanzania. *J Int AIDS Soc*. 2014 Aug 8;17:19040. doi: 10.7448/IAS.17.1.19040. eCollection 2014. PubMed PMID: 25109284; PubMed Central PMCID: PMC4127809.
46. Meda J, Kalluvya S, Downs JA, Chofle AA, Seni J, Kidenya B, Fitzgerald DW, Peck RN. Cryptococcal meningitis management in Tanzania with strict schedule of serial lumbar punctures using intravenous tubing sets: an operational research study. *J Acquir Immune Defic Syndr*. 2014 Jun 1;66(2):e31-6. doi: 10.1097/QAI.000000000000147. PubMed PMID: 24675586.
47. Wajanga BM, Peck RN, Kalluvya S, Fitzgerald DW, Smart LR, Downs JA. Healthcare worker perceived barriers to early initiation of antiretroviral and tuberculosis therapy among Tanzanian inpatients. *PLoS One*. 2014 Feb 14;9(2):e87584. doi: 10.1371/journal.pone.0087584. eCollection 2014. PubMed PMID: 24551061; PubMed Central PMCID: PMC3925080.

48. Kidenya BR, Webster LE, Behan S, Kabangila R, Peck RN, Mshana SE, Ocheretina O, Fitzgerald DW. Epidemiology and genetic diversity of multidrug-resistant tuberculosis in East Africa. *Tuberculosis* (Edinb). 2014 Jan;94(1):1-7. doi:10.1016/j.tube.2013.08.009. Epub 2013 Sep 7. Review. PubMed PMID: 24215798; PubMed Central PMCID: PMC3877177.
49. Efraim L, Peck RN, Kalluvya SE, Kabangila R, Mazigo HD, Mpondo B, Bang H, Todd J, Fitzgerald DW, Downs JA. Schistosomiasis and impaired response to antiretroviral therapy among HIV-infected patients in Tanzania. *J Acquir Immune Defic Syndr*. 2013 Apr 15;62(5):e153-6. doi: 10.1097/QAI.0b013e318282a1a4. PubMed PMID: 23760064; PubMed Central PMCID: PMC3682228.
50. Kidenya BR, Kabangila R, Peck RN, Mshana SE, Webster LE, Koenig SP, Johnson WD Jr, Fitzgerald DW. Early and efficient detection of Mycobacterium tuberculosis in sputum by microscopic observation of broth cultures. *PLoS One*. 2013;8(2):e57527. doi: 10.1371/journal.pone.0057527. Epub 2013 Feb 28. PubMed PMID: 23469014; PubMed Central PMCID: PMC3585352.
51. Jaka H, Koy M, Egan JP, Meda JR, Mirambo M, Mazigo HD, Kabangila R, Wang YL, Mueller A, Peck RN, Mchembe MD, Chalya PL. Strongyloides stercoralis infection presenting as an unusual cause of massive upper gastrointestinal bleeding in an immunosuppressed patient: a case report. *Trop Doct*. 2013 Jan;43(1):46-8. doi: 10.1177/0049475512472438. Epub 2013 Feb 26. PubMed PMID: 23443625.
52. Downs JA, van Dam GJ, Changalucha JM, Corstjens PL, Peck RN, de Dood CJ, Bang H, Andreasen A, Kalluvya SE, van Lieshout L, Johnson WD Jr, Fitzgerald DW. Association of Schistosomiasis and HIV infection in Tanzania. *Am J Trop Med Hyg*. 2012 Nov;87(5):868-73. doi: 10.4269/ajtmh.2012.12-0395. Epub 2012 Oct 1. PubMed PMID: 23033399; PubMed Central PMCID: PMC3516262.
53. Peck RN, Luhanga A, Kalluvya S, Todd J, Lugoba S, Fitzgerald DW, Downs JA. Predictors of tuberculosis in first 6 months after initiation of antiretroviral therapy: a case-control study. *Int J Tuberc Lung Dis*. 2012 Aug;16(8):1047-51. doi: 10.5588/ijtld.11.0772. Epub 2012 Jun 12. PubMed PMID: 22691942; PubMed Central PMCID: PMC3631349.
54. Mbabazi PS, Andan O, Fitzgerald DW, Chitsulo L, Engels D, Downs JA. Examining the relationship between urogenital schistosomiasis and HIV infection. *PLoS Negl Trop Dis*. 2011 Dec;5(12):e1396. doi: 10.1371/journal.pntd.0001396. Epub 2011 Dec 6. Review. PubMed PMID: 22163056; PubMed Central PMCID: PMC3232194.
55. Wajanga BM, Kalluvya S, Downs JA, Johnson WD, Fitzgerald DW, Peck RN. Universal screening of Tanzanian HIV-infected adult inpatients with the serum cryptococcal antigen to improve diagnosis and reduce mortality: an operational study. *J Int AIDS Soc*. 2011 Oct 11;14:48. doi: 10.1186/1758-2652-14-48. PubMed PMID: 21988905; PubMed Central PMCID: PMC3197468.
56. Kabangila R, Semvua K, Rambau P, Jackson K, Mshana SE, Jaka H, Peck RN. Pulmonary histoplasmosis presenting as chronic productive cough, fever, and massive unilateral consolidation in a 15-year-old immune-competent boy: a case report. *J Med Case Rep*. 2011 Aug 15;5:374. doi: 10.1186/1752-1947-5-374. PubMed PMID: 21843324; PubMed Central PMCID: PMC3170633.
57. Msango L, Downs JA, Kalluvya SE, Kidenya BR, Kabangila R, Johnson WD Jr, Fitzgerald DW, Peck RN. Renal dysfunction among HIV-infected patients starting antiretroviral therapy. *AIDS*. 2011 Jul 17;25(11):1421-5. doi: 10.1097/QAD.0b013e328348a4b1. PubMed PMID: 21572304; PubMed Central PMCID: PMC3631352.
58. Kabangila R, Mahalu W, Masalu N, Jaka H, Peck RN. Recurrent, massive Kaposi's sarcoma pericardial effusion presenting without cutaneous lesions in an HIV infected adult: a case report. *Tanzan J Health Res*. 2011 Jan;13(1):82-5. PubMed PMID: 24409652.
59. Zullig L, Muiruri C, Abernethy A, Weiner B, Bartlett J, Oneko O, Zafar S. Cancer registration needs assessment at a tertiary medical center in Kilimanjaro, Tanzania. *World Health & Population* 2013; 14:12-23.
60. Zullig LL, Vanderburg SB, Muiruri C, Abernethy A, Weiner BJ, Bartlett JA, Oneko O, Lisasi E, Munishi OM, Zafar SY. Sustainability of cancer registration in the Kilimanjaro region of Tanzania- A qualitative assessment. *World Health & Population*, 2014;15:21-30.
61. Bartz S, Mody A, Kiyimba T, Hornick C, Bain J, Muehlbauer M, Kiboneka E, Stevens R, Bartlett J, St. Peter J, Newgard C, Freemark M. Severe acute malnutrition in childhood: metabolic and hormonal status at presentation, response to treatment, and predictors of mortality. *Journ of Clin Endocrin Metabol*; 2014: <http://dx.doi.org/V10.1210/jc.2013-4018>.

62. De Boer C, Niyonzima N, Orem J, Bartlett J, Zafar SY. Prognosis and delay of diagnosis among Kaposi's sarcoma patients in Uganda: A cross-sectional study. *Infect Agents and Cancer*, 2014; 9:17.
63. Sikkema, K.J., Watt, M.H., Meade, C.M., Ranby, K.W., Kalichman, S.C., Skinner, D., & Pieterse, D. Mental health and HIV sexual risk behavior among patrons of alcohol serving venues in Cape Town, South Africa. *JAIDS*. 2011;57:230-237. doi: 10.1097/QAI.0b013e3182167e7a. PMID: PMC3135683
64. Puffer, E.S., Pian, J., Broverman, S.A., Ogwang-Odhiambo, R.A., & Sikkema, K.J.. Developing a community-based HIV prevention intervention in rural Kenya: Ethical challenges of community based participatory research. *The Journal of Empirical Research on Human Research Ethics*. 2013;8:119-128. doi: 10.1525/jer.2013.8.2.119. PMID: PMC3743433
65. Watt, M.H., Ranby, K.W., Meade, C.S., Sikkema, K.J., MacFarlane, J.C., Skinner, D., Pieterse, D., & Kalichman, S.C. Posttraumatic stress disorder symptoms mediate the relationship between traumatic experiences and drinking behavior among women attending alcohol-serving venues in a South African township. *Journal of Studies on Alcohol and Drugs*. 2012;73:549-558. PMID: PMC3364321
66. Puffer, E.S., Drabkin, A.S., Stashko, A., Broverman, S.A., Ogwang-Odhiambo, R.A., & Sikkema, K.J. Orphan status, HIV risk behavior, and mental health among adolescents in rural Kenya. *Journal of Pediatric Psychology*. 2012;22:1-7. doi: 10.1093/jpepsy/jss077. PMID: PMC3437686
67. Njau, B., Watt, M.H., Ostermann, J., Manongi, R., & Sikkema, K.J. Perceived acceptability of home-based couples voluntary HIV counseling and testing in Northern Tanzania. *AIDS Care*. 2011;24:413-419. doi: 10.1080/09540121.2011.608796. PMID: PMC3491886
68. Mundell, J.P., Visser, M.J., Makin, J.D., Kershaw, T.S., Forsyth, B.W., Jeffery, B., & Sikkema, K.J. The impact of structured support groups for pregnant South African women recently diagnosed HIV positive. *Women and Health*. 2011;51:546-565. doi: 10.1080/03630242.2011.606356. PMID: PMC4017076
69. Otwombe, K.N., Sikkema, K.J., Dietrich, J., de Bruyn, G., van der Watt, M., & Gray, G.E. Willingness to participate in biomedical HIV prevention studies after the HVTN 503 / Phambili trial: A survey conducted among adolescents in Soweto, South Africa. *JAIDS*. 2011;58:211-218. doi: 10.1097/QAI.0b013e31822b7702. PMID: PMC3175322
70. Sikkema, K.J., Neufeld, S.A., Hansen, N.B., Mohlahlane, R., van Rensburg, M. J., Watt, M.H., Fox, A.M., & Crewe, M. Integrating HIV prevention into services for abused women in South Africa. *AIDS and Behavior*. 2010;14:431-439. doi: 10.1007/s10461-009-9620-4. PMID: PMC3249384
71. Sumner SA, Pallangyo AJ, Reddy EA, Maro V, Pence BW, Lynch C, Turner EL, Egger JR, Thielman NM (2014). Effect of free distribution of safety equipment on usage among motorcycle-taxi drivers in Tanzania-A cluster randomised controlled trial. *Injury* 45(11), 1681-1786, PMID: 24861418.
72. Stanifer JW, Jing B, Tolan S, Helmske N, Mukerjee R, Naikar S, Patel U. The epidemiology of chronic kidney disease in sub-saharan Africa: A systematic review and meta analysis. *Lancet Glob Health* 2014;2(3):e174-e181 [PMID: 25102850]
73. Wijeratne M, Seneviratne R, Gunawardena N, Ostbye T, Lynch C, Sandoy IF. Development of the Sri Lankan early teenagers' violence inventory: an instrument to measure peer violence in schools. *Biomed Res Int*. 2014;2014:563143.
74. Hertz JT, Reardon JM, Rodrigues CG, de Andrade L, Limbadeng AT, Bloomfield GS, Lynch CA. Acute myocardial infarction in sub-Saharan Africa: the need for data. *PLoS One*. 2014;9(5):e96688.
75. de Andrade L, Vissoci JR, Rodrigues CG, Finato K, Carvalho E, Pietrobon R, de Souza EM, Nihei OK, Lynch CA, de Barros Carvalho MD. Brazilian road traffic fatalities: a spatial and environmental analysis. *PLoS One*. 2014;9(1):e87244.
76. de Andrade L, Lynch C, Carvalho E, et al. System dynamics modeling in the evaluation of delays of care in ST-segment elevation myocardial infarction patients within a tiered health system. *PLoS One*. 2014;9(7):e103577.
77. Periyasamy N, Lynch CA, Dharmaratne SD, Nugegoda D, Ostbye T. Under reporting of road traffic injuries in the district of Kandy, Sri Lanka. *BMJ Open*. 2013;3(11):e003640.
78. Swahn MH, Gressard L, Palmier JB, Kasirye R, Lynch, CA, Yao H, Victimization and Perpetration with Weapons among Youth in the Slums of Kampala, Uganda; *West J Emerg Med*, 2012; 13(3):253-259

79. Lynch CA, Houry DE, Dai D, Wright DW. Evidence-based community consultation for traumatic brain injury. *Acad Emerg Med*. Sep 2011;18(9):972-976.
80. Jetha EA, Lynch CA, Houry DE, et al. Characteristics of victims of family violence seeking care at health centers in Maputo, Mozambique. *Journal of Emerg Trauma Shock*. 2011;4(3):369-373.
81. Jetha EA, Lynch CA, Houry DE, et al. Treatment, Services and Follow-up for Victims of Family Violence in Health Clinics in Maputo, Mozambique. *West J Emerg Med*. 2011;12(3):348-353.
82. Bloomfield GS, Kimaiyo S, Carter EJ, Binanay C, Corey GR, Einterz RM, Tierney WM, Velazquez EJ. Chronic non-communicable cardiovascular and pulmonary disease in sub-Saharan Africa: an academic model for countering the epidemic. *American Heart Journal*. 2011;161(5):842-7. PMID: 21570512. PMC 3093664
83. Bloomfield GS, Hogan JW, Keter A, Sang E, Carter EJ, Velazquez EJ, Kimaiyo S. Hypertension and obesity as cardiovascular risk factors among HIV seropositive patients in Western Kenya. *PLoS ONE*. 2011;6(7):e22288. PMID: 21779407. PMC 3136516
84. Bloomfield GS, Lagat DK, Akwanalo OC, Carter EJ, Lugogo N, Vedanthan R, Velazquez EJ, Kimaiyo S, Sherman CB. Waiting to inhale: an exploratory review of conditions that may predispose to pulmonary hypertension and right heart failure in persons exposed to household air pollution in low- and middle-income countries. *Global Heart Journal*. 2012; 7(3):249-259. PMID: 23687634. PMC 3653331
85. Bloomfield GS, Astor B, Kestenbaum B, Kramer H, Shea S, Shlipak M, Yi S, Post W. Blood pressure control and chronic kidney disease progression in a multi-racial cohort: the Multi-Ethnic Study of Atherosclerosis. *Journal of Human Hypertension*. 2013; 27(7):421-6. PMID: 23407373. PMC 3830562
86. Bloomfield GS, Velazquez EJ. HIV and cardiovascular diseases in sub-Saharan Africa: the Sutton Law as applied to global health. *Journal of the American College of Cardiology* 2013;61(23):2395. PMID: 23524216
87. Bloomfield GS, Barasa FA, Doll JA, Velazquez EJ. Heart failure in Sub-Saharan Africa. *Curr Cardiol Reviews* 2013; 9(2):157-173. PMID: 23597299. PMC 3682399
88. Pastakia S, Ali SM, Kamano J, Akwanalo CO, Ndege SK, Buckwalter V, Vedanthan R, Bloomfield GS. Screening for diabetes and hypertension in a rural low-income setting in western Kenya: A comparison of home-based and community-based strategies. *Globalization and Health* 2013; 9(21) doi: 10.1186/1744-8603-9-21. PMID: 23680083. PMC 3662603
89. Bloomfield GS, Mwangi A, Chege P, Simiyu CJ, Aswa DF, Odhiambo D, Obala AA, Ayuo P, Khwa-Otsyula BO. Multiple cardiovascular risk factors in Kenya: evidence from a Health and Demographic Surveillance System using the WHO STEPwise approach to chronic disease risk factor surveillance. *Heart* 2013;99(18):1323-9. PMID: 23872588. PMC 3898037
90. Lagat DK, DeLong AK, Wellenius GA, Carter EJ, Bloomfield GS, Velazquez EJ, Hogan J, Kimaiyo S, Sherman CB. Factors Associated with Isolated Right Heart Failure (IRHF) in Women of Western Kenya: A Pilot Study. *Global Heart Journal*. June 2014. DOI: 10.1016/j.heart.2014.04.003
91. Vedanthan R, Kamano JH, Naanyu V, DeLong AK, Were MC, Finkelstein EA, Menya D, Akwanalo CO, Bloomfield GS, Binanay CA, Velazquez EJ, Hogan JW, Horowitz CR, Inui TS, Kimaiyo S, Fuster V. Optimizing Linkage and Retention to Hypertension Care in Rural Kenya (LARK Hypertension Study): study protocol for a randomized controlled trial. *Trials*. 2014 Apr 27;15:143. PMID: 24767476. PMC 4113229
92. Bloomfield GS, Hogan JW, Keter A, Holland TL, Sang E, Kimaiyo S, Velazquez EJ. Blood Pressure Level Impacts Risk of Death Among HIV Seropositive Adults in Kenya: A Retrospective Analysis of Electronic Health Records. *BMC Infectious Diseases*. 2014;14(1):284. doi: 10.1186/1471-2334-14-284. PMID: 24886474. PMC 4046023
93. Bloomfield GS, Vedanthan R, Vasudevan L, Kithei A, Were M, Velazquez EJ. Mobile Health for Non-Communicable Diseases in Sub-Saharan Africa: A Systematic Review of the Literature and Strategic Framework for Research. *Globalization and Health*. 2014;10:49. doi: 10.1186/1744-8603-10-49. PMID: 24927745. PMC 4064106
94. S Kimani*, MH Watt, G Merli, D Skinner, B Myers, D Pieterse, J MacFarlane, CS Meade. (2014). Respondent driven sampling is an effective method for engaging methamphetamine users in HIV

- prevention research in South Africa. *Drug and Alcohol Dependence*. 143:134-40. PMID: PMC4161639
95. L Ablar*, KJ Sikkema, MH Watt, EV Pitpitan, SC Kalichman, D Skinner, D Pieterse. (2014, in press) Traumatic stress and the mediating role of alcohol use on HIV-related sexual risk behavior: Results from a longitudinal cohort of South African women who attend alcohol-serving venues. *JAIDS*. PMID: PMC Journal – In Process
96. AL Hobkirk*, MH Watt, KT Green, JC Beckham, D Skinner, CS Meade. (2014, in press) Mediators of interpersonal violence and drug addiction severity among methamphetamine users in Cape Town, South Africa. *Addictive Behaviors*. PMID: PMC Journal – In Process
97. Peck RN, Shedafa R, Kalluvya S, Downs JA, Todd J, Suthanthiran M, Fitzgerald DW, Kataraihya JB. Hypertension, kidney disease, HIV and antiretroviral therapy among Tanzanian adults: a cross-sectional study. *BMC Med*. 2014 Jul 29;12(1):125. doi: 10.1186/s12916-014-0125-2. PubMed PMID: 25070128.
98. Liwa AC, Smart LR, Frumkin A, Epstein HA, Fitzgerald DW, Peck RN. Traditional herbal medicine use among hypertensive patients in sub-Saharan Africa: a systematic review. *Curr Hypertens Rep*. 2014 Jun;16(6):437. doi: 10.1007/s11906-014-0437-9. PubMed PMID: 24764197; PubMed Central PMID: PMC4076776.
99. Janmohamed MN, Kalluvya SE, Mueller A, Kabangila R, Smart LR, Downs JA, Peck RN. Prevalence of chronic kidney disease in diabetic adult out-patients in Tanzania. *BMC Nephrol*. 2013 Aug 31;14:183. doi: 10.1186/1471-2369-14-183. PubMed PMID: 24228774; PubMed Central PMID: PMC3765892
100. Peck RN, Green E, Mtabaji J, Majinge C, Smart LR, Downs JA, Fitzgerald DW. Hypertension-related diseases as a common cause of hospital mortality in Tanzania: a 3-year prospective study. *J Hypertens*. 2013 Sep;31(9):1806-11. doi:10.1097/HJH.0b013e328362bad7. PubMed PMID: 23777761; PubMed Central PMID: PMC4005815.
101. Vidal A, Murphy S, Hernandez B, Vasquez B, Bartlett J, Oneko O, Overcash F, Smith J, Obure J, Hoyo C. Distribution of HPV genotypes in cervical intraepithelial lesions and cervical cancer in Tanzanian women. *Infectious Agents and Cancer* 2011, 6:20
102. Nye M, Hoyo C, Huang Z, Vidal A, Wang F, Overcash F, Smith J, Vasquez B, Hernandez B, Swai B, Oneko O, Mlay P, Obure J, Gammon M, Bartlett J, Murphy S. Associations between methylation of paternally expressed gene 3 (PEG3), cervical intraepithelial neoplasia and invasive cervical cancer. *PLoS One* 2013; 8:e56325.
103. Habib N, Daltveit A, Bergsjo P, Shao J, Oneko O, Lie R. Maternal HIV status and pregnancy outcomes in northeastern Tanzania; A REGISTRY-BASED STUDY, *BJOG* 2008; 115:616-624.
104. Ndema A.H. Lie R.T. Oneko O., Shao J., Bergsjo P., Dalveit. Socio demographic characteristics and perinatal mortality among singletons in North east Tanzania: a registry based study, *Journal of Epidemiology Community Health*, 2008; 62: 960 – 965.
105. Birth weight, pre-term birth and perinatal mortality: A comparison of Black Babies in Tanzania and the US. Ndema A. Habib, M.Sc., Allen J. Wilcox, PhD., Anna Kjersti Dalveit, PhD., Olga Basso, PhD., Olola Oneko, MD, MSc., John F. Shao, MD, PhD., and Rolv T. Lie PhD.
106. Ndema Abu Habib^{1,2}, AnneKjersti Dalveit^{1,2}, Joseph Mlay⁵, Olola Oneko⁴, John Shao⁴, Per Bergsjo³, Erik Lie-Nielsen³ & Rolv Terje Lie^{1,2}, Birth weight and Perinatal Mortality among singletons and Twins in North eastern Tanzania: *Scandinavia Journal of Public Health*, 36: 2008, 761 – 768.
107. Ndema abu Habib^{1,2}, Rolv Terje Lie^{1,3}, Olola Oneko⁴, John Shao⁴, Per Bergsjo³ & Anne Kjersti Dalveit^{1,3} socio demographic inequalities in perinatal mortality among singletons in North East Tanzania: registry based study.
108. J. Obure, Oneko Olola, B. Swai, P. Mlay, G. Masenga and D. Walmer, Prevalence and severity of cervical squamous intraepithelial lesion in a tertiary hospital in northern Tanzania. *Tanzania Journal of Research* vol. 11, No. 4.2009.
109. Habib NA. Dalveit AK, Bergsjo P, Shao J. Oneko O. Lie Rolv T. Maternal HIV status and pregnancy outcomes in northern eastern Tanzania: A registry based study, *BJOG* 208; 115; 616-24.

110. Pendo Mlay, Joseph Obure, Francine Overcash, Jennifer S. Smith, Mike van der Kolk and Cathrine Hoyo: Distribution of HPV genotypes in cervical intraepithelial lesion and cervical cancer in Tanzania women. *Infectious Agents and Cancer* 2011; 6:20.
111. Zeck W, Lang U, Panzitt T, Oneko, J, Obure, J, McIntyre HF gestational Diabetes in East Africa: a most disregarded disease? *Gynakol Gerburshilfliche Rundsch*, 2009; 49 (4) 259 – 266.
112. Oneko O, Petru E, Masenga G, Ulrich D, Obure J, and Zeck W: Management of placenta in Advanced Abdominal Pregnancies at an East African Tertiary Referral Center: *Journal of Women Health*; Vol. 19. Number 7, 2010 May 29.
113. Zeck W, Wilkinson, J, Obure, Masenga G, Ulrich D., Oneko O., Comparison of Obstetrical risk in adolescents' primipara at tertiary referral in Tanzania and Austria: *Journal of Maternal-Fetal and Neonatal medicine*. December 2010; 23 (12): 1470 – 1474.
114. Joseph Obure, Pendo Mlay, Gileard Masenga; Olola Oneko and David Walmer; A higher proportion of squamous intraepithelial lesion of cervix in symptomatic HIV – infected women at a tertiary health centre in Tanzania. *Infectious Agents and Cancer* 2010.5 (suppl.1) A1.
115. Hussein TH, Kisanga B, Mgongo M, Uriyo JG, Stray-Pedersen B, Msuya SE (2014). Contraceptive use, pregnancy negotiations and associated challenges among HIV-positive discordant couples in Moshi urban, Tanzania: a mixed method study. *J of Population Association of America*; 8(1):12. Available at www.paa.org
116. Msuya SE, Uriyo JG, Hussein T, Mgongo M, Damian DJ, Makuwani A, Stray-Pedersen B (2014). Prevention of mother-to-child HIV transmission at primary health care level in Moshi urban, Tanzania: uptake challenges and transmission rate. *Global Journal of Medicine and Public Health*; 3(1).
117. Ueno E, Adegoke AA, Masenga G, Fimbo J, Msuya SE (2014). Skilled birth attendants in Tanzania: descriptive study of cadres and emergency obstetric care signal functions performed. *Maternal and Child Health J*; 18(4): doi: DOI 10.1007/s10995-014-1506-z.
118. Adewemimo AW, Msuya SE, Olaniyan CT, Adegoke AA (2014). Utilization of skilled birth attendance in Northern Nigeria: a cross sectional survey. *Midwifery*; Sep 25, doi: pii: S0266-6138(13)00286-6.
119. Kiula E, Jeremiah D & Msuya SE (2013). Predictors of HIV status disclosure to partners among pregnant women in Morogoro, Tanzania: implications for programs. *BMC Public Health*, 13: 433.
120. Mgongo M, Moshia MV, Uriyo JG, Msuya SE, Stray-Pedersen B (2013). Prevalence and predictors of exclusive breastfeeding among women in Kilimanjaro region, Northern Tanzania: a population based cross-sectional study. *International Breastfeed Journal*; 8(1):12.
121. Uriyo JG, Abubakar A, Swai M, Msuya SE, Stray-Pedersen B (2013) Prevalence and Correlates of Common Mental Disorders among Mothers of Young Children in Kilimanjaro Region of Tanzania. *PLoS ONE* 8(7): e69088. doi:10.1371/journal.pone.0069088
122. Makuwani AM, Msuya SE, Haule D, Mogella D, Nkya E (2013) Innovative Accountability of Tracking Test Kit as Locked Resources: A Lesson in a Restricted Resource Setting. *Journal of Clinical Laboratory Analysis* 27: 391–397.
123. Ameh C, Msuya SE, Hofman J, Raven J, Mathai M, Van den Broek N (2012). Status of Emergency Obstetric Care in six developing countries 5 years before the MDG targets for maternal and newborn health. *PLoS ONE* 7(12): e49938. doi:10.1371/journal.pone.0049938.
124. Adegoke A, Utz B, Msuya SE, Van den Broek N (2012). Skilled birth attendants: who is who? A descriptive study of definitions and roles from nine sub Saharan African countries. *PLoS ONE*; 7(7): e40220. Doi: 10.1371/journal.pone.0040220.
125. Amina Abubakar, Jacqueline Uriyo, Sia E. Msuya, Mark Swai, Babill Stray-Pedersen (2012). Prevalence and Risk Factors for Poor Nutritional Status

- among Children in the Kilimanjaro Region of Tanzania. *Int. J. Environ. Res. Public Health* 9, 3506-3518; doi:10.3390/ijerph9103506
126. Nkala T & Msuya SE (2011). Prevalence and predictors of exclusive breastfeeding among women in Kigoma Region, Western Tanzania: a community based cross sectional survey. *International Breastfeeding Journal*; 6:17.
127. Kapologwe NA, Mahande M, Msuya SE (2011). Provider-initiated HIV testing and counseling in Mbeya city, south-western Tanzania: knowledge and practice of health care providers. *Tanzania Journal of Health Research*; 13(4): 1-7. <http://dx.doi.org/10.4314/thrb.v13i4.5>
128. Kapologwe NA, Kabengula JS, Msuya SE (2011). Perceived barriers and attitudes of health care providers towards Provider-Initiated HIV Testing and Counseling in Mbeya region, southern highland zone of Tanzania. *Pan African Medical Journal*; 8: 17.
129. Falnes EF, Moland KM, Tylleskär T, de Paoli MM, Msuya SE, Engebretsen IM (2011). "It is her responsibility" partner involvement in prevention of mother to child transmission prevention programmes, northern Tanzania. *J Int AIDS Soc*; April 26;14(1): 21.
130. Msuya SE, Hashim TH, Uriyo J, Sam NE, Stray-Pedersen B (2011). Anaemia among pregnant women in northern Tanzania: prevalence, risk factors and effect on perinatal outcomes. *Tanzania Journal of Health Research*; 13(1): 1-10.
131. Mapingure MP, Msuya S, Kurewa NE, Munjoma MW, Sam N, Chirenje MZ, Rusakaniko S, Saugstad LF, de Vlas SJ, Stray-Pedersen B (2010). Sexual behaviour does not reflect HIV-1 prevalence differences: a comparison study of Zimbabwe and Tanzania. *J Int AIDS Soc*. Nov 16; 13(1):45.
132. Sia E Msuya, Jacqueline Uriyo, Akhtar Hussain, Elizabeth Mbizvo, Noel E Sam, Babill Stray-Pedersen (2009). The effectiveness of syndromic approach in managing vaginal infections among pregnant women in northern Tanzania. *East African Journal of Public Health*; Dec 6(3): 263-267.
133. Sia E Msuya, Jacqueline Uriyo, Akhtar Hussain, Elizabeth Mbizvo, Noel E Sam, Babill Stray-Pedersen (2009). The prevalence of sexually transmitted infections among pregnant women with known HIV status in northern Tanzania. *Reproductive Health*; Feb 25;6:4.
134. Sia E Msuya. Women and infants at risk: The epidemiology of HIV and sexually transmitted infections among pregnant women and challenges facing preventive programs in Northern Tanzania. PhD Dissertation, Faculty of Medicine, University of Oslo, Norway; 2008.
135. SE Msuya, EM Mbizvo, A Hussain, J Uriyo, NE Sam, B Stray-Pedersen (2008). Low male participation in antenatal HIV counselling and testing in northern Tanzania: implications for control programs. *AIDS Care*; 20: 700-709.
136. SE Msuya, EM Mbizvo, B Stray-Pedersen, J Uriyo, NE Sam, S Rusakaniko, A Hussain (2007). Decline in the HIV prevalence among women of childbearing age in Moshi urban, Tanzania. *International Journal of STD & AIDS*; 18: 680-687.
137. Sia E Msuya, Elizabeth Mbizvo, Akhtar Hussain, Jacqueline Uriyo, Noel E Sam, Babill Stray-Pedersen (2006). HIV among pregnant women in Tanzania: the role of sexual behaviour, male partner characteristics and sexually transmitted infections. *AIDS Research and Therapy*; 3: 27.
138. Sia E Msuya, Elizabeth Mbizvo, Jacqueline Uriyo, Babill Stray-Pedersen, Noel E Sam, Akhtar Hussain (2006). Predictors of failure to return for HIV test results among pregnant women in Moshi, Tanzania. *Journal of acquired immune Deficiency Syndromes*; 43: 85-90.
139. SE Msuya, EM Mbizvo, A Hussain, NE Sam, B Stray-Pedersen (2006). Seroprevalence of Hepatitis B and C viruses among women of childbearing age in Moshi urban, Tanzania. *East African Medical Journal*; 83(2): 38-41.

140. EM Mbizvo, SE Msuya, B Stray-Pedersen, MZ Chirenje, A Hussain (2005). Cervical dyskaryosis among women with and without HIV: prevalence and risk factors. *International Journal of STD & AIDS*; 16: 00-00.
141. EM Mbizvo, SE Msuya, B Stray-Pedersen, ZM Chirenje, A Hussain (2004). Bacterial vaginosis and intravaginal practices: association with HIV. *Central Africa Journal of Medicine*; 47(3):57-64.
142. Sia E Msuya, Elizabeth Mbizvo, Akhtar Hussain, Noel E Sam, Stig Jeansson, Babill Stray-Pedersen (2003). Seroprevalence and corraletes of herpes simplex virus type 2 among urban Tanzanian women. *Sexual Transmitted Disease*; 30(7): 588-592.
143. EM Mbizvo, SE Msuya, A Hussain, MZ Chirenje, B Stray-Pedersen (2003). HIV prevalence in Zimbabwean women: 54-67% knowledge and perceived risk. *International Journal of STD & AIDS*; 14: 202-207.
144. SE Msuya, E Mbizvo, B Stray-Pedersen, J Sundby, NE Sam, A Hussain (2002). Reproductive tract infections among women attending primary health care facilities in Moshi, Tanzania. *East African Medical Journal*; 79(1): 16-21.
145. Sia E Msuya, Elizabeth Mbizvo, Akhtar Hussain, Johanne Sundby, Noel E. Sam, Babill Stray-Pedersen (2002). Female genital cutting in Kilimanjaro, Tanzania: changing attitudes? *Tropical Medicine and International Health*; 7(2): 159 – 165.
146. Sia E Msuya, Elizabeth Mbizvo, Babill Stray-Pedersen, Johanne Sundby, Noel E Sam, Akhtar Hussain (2002). Reproductive tract infections and the risk of HIV-1 among women in Moshi, Tanzania. *Acta Obstetrica et Gynaecologica Scandinavica*; 81:886-893.
147. EM Mbizvo, SE Msuya, B Stray-Pedersen, J Sundby, MZ Chirenje, A Hussain (2001). HIV seroprevalence and its associations with reproductive tract infections in women in Zimbabwe. *International Journal of STD & AIDS*; 12:524-531.
148. Mmbaga BT, Lie RT, Kibiki GS, Olomi R, Kvale G, Daltveit AK: Transfer of newborns to neonatal care unit: a registry based study in Northern Tanzania. *BMC Pregnancy and Childbirth* 2011, 11:68
149. Mmbaga BT, Lie RT, Mahande MJ, Olomi R, Kvale G, Daltveit: Cause-specific neonatal mortality in a neonatal care unit in Northern Tanzania. A registry based cohort study. *BMC Paediatrics* 2012, 12:116
150. Mmbaga BT, Lie RT, Mahande MJ, Olomi R, Olola O, Daltveit A: Causes of perinatal deaths in a tertiary care hospital in Northern Tanzania 2000-2010. A registry based cohort study. *BMC Pregnancy and Childbirth* 2012, 12:139
151. Michael J Mahande, Anne K Dalveit, Blandina T Mmbaga, Joseph Obure, Gileard Masenga, Rachel Manongiand Rolv Terje Lie. Recurrence of perinatal deaths in Northern Tanzania: A registry-based study. *BMC Pregnancy and Childbirth*. 2013; 13:166
152. Michael Johnson Mahande, Anne Kjersti Dalveit, Joseph Obure, Blandina T Mmbaga, Gileard Masenga, Rachel Manongiand Rolv Terje Lie. Recurrence of preterm birth and perinatal mortality in northern Tanzania: registry-based cohort study. *Tropical Medicine and International Health*. 2013; 18(8): 962–967
153. Michael J Mahande, Anne K Dalveit, Blandina T Mmbaga, Gileard Masenga, Joseph Obure, Rachel Manongiand Rolv Terje Lie. Recurrence of preeclampsia in Northern Tanzania: a registry-based cohort study. *Plos one* 2013, 8(11)e79116
154. Opemipo O. Johnson, Daniel K. Benjamin, Daniel K. Benjamin Jr, Werner Schimana, L. Gayani Tillekeratne, John A. Crump, Keren Z. Landman, Grace D. Kinabo, MD, Blandina T. Mmbaga, Levina J. Msuya, John F. Shao, Mark E. Swai, and Coleen K. Cunningham: Total Lymphocyte Count and World Health Organization Pediatric Clinical Stage as Markers to Assess Need to Initiate Antiretroviral therapy among Human Immunodeficiency Virus-Infected Children in Moshi, Northern Tanzania: *Pediatr Infect Dis J*. 2009 June ; 28(6): 493–497
155. L. Gayani Tillekeratne, Sheng Feng, Werner Schiman, Opemipo O. Johnson, Grace D. Kinabo, Blandina T. Mmbaga, Levina J. Msuya, John F. Shao, Mark E. Swai, John A. Crump and Coleen K. Cunningham: Identifying HIV-infected children who may benefit from early initiation of antiretrovirals. *Journal of Pediatric Infectious Diseases* 4 (2009) 387–392
156. Cecilie Nilsen Truls Østbye Anne K Daltveit Blandina T Mmbaga Ingvild F Sandøy. Trends in and socio-demographic factors associated with caesarean section at a Tanzanian referral hospital 2000 to 2013. *International Journal for Equity in Health*. Accepted 22 September 2014

157. Downs JA, Kabangila R, Verweij JJ, Jaka H, Peck RN, Kalluvya SE, Chagalucha JM, Johnson WD, van Lieshout L, Fitzgerald DW. Detectable urogenital schistosome DNA and cervical abnormalities 6 months after single-dose praziquantel in women with *Schistosoma haematobium* infection. *Trop Med Int Health*. 2013 Sep;18(9):1090-6. doi: 10.1111/tmi.12154. PubMed PMID: 23937701; PubMed Central PMCID: PMC4014060.
158. Downs JA, van Dam GJ, Chagalucha JM, Corstjens PL, Peck RN, de Dood CJ, Bang H, Andreasen A, Kalluvya SE, van Lieshout L, Johnson WD Jr, Fitzgerald DW. Association of Schistosomiasis and HIV infection in Tanzania. *Am J Trop Med Hyg*. 2012 Nov;87(5):868-73. doi: 10.4269/ajtmh.2012.12-0395. Epub 2012 Oct 1. PubMed PMID: 23033399; PubMed Central PMCID: PMC3516262.
159. Mbabazi PS, Andan O, Fitzgerald DW, Chitsulo L, Engels D, Downs JA. Examining the relationship between urogenital schistosomiasis and HIV infection. *PLoS Negl Trop Dis*. 2011 Dec;5(12):e1396. doi: 10.1371/journal.pntd.0001396. Epub 2011 Dec 6. Review. PubMed PMID: 22163056; PubMed Central PMCID: PMC3232194.
160. Downs JA, Mguta C, Kaatano GM, Mitchell KB, Bang H, Simplicio H, Kalluvya SE, Chagalucha JM, Johnson WD Jr, Fitzgerald DW. Urogenital schistosomiasis in women of reproductive age in Tanzania's Lake Victoria region. *Am J Trop Med Hyg*. 2011 Mar;84(3):364-9. doi: 10.4269/ajtmh.2011.10-0585. PubMed PMID: 21363971; PubMed Central PMCID: PMC3042809.