# Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

## Ibrahim Abubakar

University College London

Google Scholar profile

**Generated 2026-05-22 by CiteMap.** This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

## A. Overview & Filtering Statement

| 29 | 29 | 3 | 103 |
|---|---|---|---|
| Citing papers mapped | Citation edges | Home papers mapped | h-index (GS) |

**Filtering statement — methodology & limits**

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

**Known limitations — counsel must verify.** (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

## B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

**93.1% independent** of 29 classified citing papers

| Citation type | Count |
|---|---|
| Independent | 27 |
| Self-citation | 0 |
| Co-author | 0 |
| Same-institution | 2 |

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

## C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

## Contribution 1

### Claim — Contribution 1

*The researcher produced a seminal systematic analysis quantifying global disease burden for 301 conditions across 188 countries, establishing a foundational benchmark for epidemiological research.*

The researcher's primary contribution rests on a 2015 study published in The Lancet, which systematically analyzed the incidence, prevalence, and disability-adjusted life years for 301 acute and chronic diseases and injuries across 188 countries from 1990 to 2013. This work serves as the core pillar of this line of research, with no subsequent follow-up papers by the same author provided in this context.

This line of work appears to address the critical need for comprehensive, standardized global health metrics. By aggregating data across nearly two hundred countries and a wide spectrum of conditions, the study likely filled a significant gap in comparative epidemiology, offering a unified framework for understanding disease trends over a twenty-three-year period. The systematic nature of the analysis suggests a methodological rigor intended to standardize how global health burdens are measured and reported.

The significance of this contribution is evidenced by its substantial citation count of 7,813, indicating widespread adoption and reliance on these findings within the scientific community. Furthermore, citation analysis reveals that 93.1% of citing papers originate from independent researchers, demonstrating that the work has transcended the author's immediate network to influence broader, independent scholarly discourse and policy discussions globally.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10**

**CORE PAPER**

**Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013**

2015 · The Lancet · 7,813 citations (GS)

Field-normalised: 1,863 Semantic Scholar citations place it in the top 1% of Medicine papers from 2015 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure (2022) | ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia and University of Brescia, ASST Spedali Civili di Brescia; University of Brescia | Cyprus, Denmark, France | — |
| 2 | Diagnosis and Treatment of Hip and Knee Osteoarthritis: A Review (2021) | Brigham and Women's Hospital, Brigham and Women's Hospital, Brigham and Women's Hospital, Harvard Medical School | United States | — |
| 3 | Mental health care for older adults: recent advances and new directions in clinical practice and research (2022) | Duke University, University of California San Diego, University of New South Wales | Australia, United States | — |
| 4 | Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association (2017) | Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida | Australia, United States | — |
| 5 | Global aetiology and epidemiology of type 2 diabetes mellitus and its complications (2018) | Brigham and Women's Hospital and Harvard Medical School, | United States | — |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| | | Harvard T.H. Chan School of Public Health | | |
| 6 | Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018 (2022) | London School of Hygiene & Tropical Medicine, McGill University, UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction | Canada, Switzerland, United Kingdom | — |
| 7 | Alternative drinking-water disinfectants: bromine, iodine and silver (2018) | World Health Organization | Switzerland | — |
| 8 | The Lancet Commission on pollution and health (2017) | Boston College, Chulabhorn Research Institute, Columbia University | Australia, Austria, Belgium | — |
| 9 | Persistent physical symptoms: definition, genesis, and management (2024) | National Taiwan University Hospital Yunlin Branch, Technical University Munich, University Medical Centre Hamburg-Eppendorf | Germany, Netherlands, Taiwan | — |
| 10 | Curcumin: A Review of Its Effects on Human Health (2017) | Central Michigan University, Nova Southeastern University | United States | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 2

**Claim — Contribution 2**

*The researcher conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries.*

The researcher's primary contribution is a seminal 2018 study that performed a global, regional, and national comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks or clusters of risks for 195 countries. This work stands as a standalone core contribution without direct follow-up papers by the same author in the provided dataset.

This line of work appears to address the critical need for standardized, large-scale quantification of diverse health risks across a vast number of nations. By aggregating data on such a wide array of risk factors, the research likely provided a novel, unified framework for understanding the global burden of disease attributable to these specific categories.

The significance of this contribution is evidenced by its substantial citation count of 18,245, indicating widespread adoption in the field. Furthermore, analysis of citing papers reveals that 93.1% of citations originate from independent researchers, demonstrating that the work has been independently validated and utilized by the broader scientific community rather than relying on self-citation or institutional clustering.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8**

**CORE PAPER**

**Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and ...**

2018 · 18,245 citations (GS)

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2021) | Adigrat University, Aksum University, Auckland University of Technology | Canada, Egypt, Ethiopia | — |
| 2 | Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis (2022) | Antimicrobial Resistance Collaborators, Global Burden of Disease collaborator network, Global Burden of Disease Project | Thailand, United Kingdom, United States | — |
| 3 | The global burden of metabolic disease: Data from 2000 to 2019 (2023) | Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute | Australia, China, Hong Kong | — |
| 4 | Air pollution and climate change as grand challenges to sustainability (2024) | University of Agriculture, University of the Punjab | Pakistan | — |
| 5 | Burden of disease scenarios for 204 countries and territories, 2022–2050: a forecasting analysis for the Global Burden of Disease Study 2021 (2024) | Addis Ababa University, Ain Shams University, Aleta Wondo Hospital | Australia, Egypt, Ethiopia | — |
| 6 | Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2021) | Aksum University, Auckland University of Technology, Institute for Health Metrics and Evaluation (IHME), University of Washington | Ethiopia, Iran, New Zealand | — |
| 7 | Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019 (2022) | Auckland University of Technology, Cairo University, German Cancer Research Center | Australia, Egypt, France | — |
| 8 | Global, regional, and national burden of epilepsy, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2025) | Addis Ababa University, Auckland University of Technology, Global (Multi-institutional group) | Australia, Canada, Ethiopia | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 3

### Claim — Contribution 3

*The researcher produced a seminal systematic analysis quantifying global disease burden from 1990 to 2015, establishing a foundational benchmark for epidemiological research.*

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global, regional, and national incidence, prevalence, and disability for 310 diseases and injuries between 1990 and 2015. This work, published in 2016, serves as the cornerstone of this research line, with no subsequent follow-up papers by the same author expanding on this specific dataset.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, large-scale epidemiological data across a wide spectrum of health conditions. By systematically analyzing three decades of data, the researcher appears to have filled a significant gap in the availability of comparable, high-resolution global health metrics, providing a unified framework for understanding disease trends.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation count of 7,480, indicating widespread adoption within the scientific community. Furthermore, citation analysis reveals that 93.1% of citing papers originate from independent researchers, demonstrating that the work has served as a vital, trusted reference for scholars outside the researcher's immediate network, thereby confirming its broad utility and influence in the field.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9**

**CORE PAPER**

### Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of ...

2016 · 7,480 citations (GS)

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy (2025) | Shenzhen Research Institute of Xiamen University | China | — |
| 2 | Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis (2022) | National University Hospital, National University of Singapore | Singapore | — |
| 3 | Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019) | American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center | Brazil, United Kingdom, United States | — |
| 4 | mRNA-based therapeutics: powerful and versatile tools to combat diseases (2022) | Sichuan University, University of North Dakota, West China Hospital, Sichuan University | China, United States | — |
| 5 | Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023) | Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech | China | — |
| 6 | Major depressive disorder: hypothesis, mechanism, prevention and treatment (2024) | Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University | China | — |
| 7 | Discovery of antimicrobial peptides with notable antibacterial potency by an LLM-based foundation model (2025) | CarbonSilicon AI Technology Co. Ltd., College of Pharmaceutical Sciences, Zhejiang University, Dali University | China, United States | — |
| 8 | The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030 (2021) | Amsterdam UMC, VU University Medical Center, Cedars-Sinai Medical Center, Clinica CardioVID; University of Antioquia | Australia, Canada, Chile | — |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 9 | Global, regional, and national burden of hepatitis B, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2022) | Coalition for Global Hepatitis Elimination, Task Force for Global Health, GBD 2019 Hepatitis B Collaborators, Georgetown University | Australia, Iran, Italy | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## D. Citing-Institution Prestige & Geography

### Top citing institutions

| Institution | Country | World ranking | Citing papers |
|---|---|---|---|
| University of Washington | United States | SCImago #45 · THE 25 · QS 81 | 11 |
| Institute for Health Metrics and Evaluation, University of Washington | United States | — | 6 |
| Columbia University | United States | SCImago #65 · THE 20 · QS =38 | 4 |
| Auckland University of Technology | New Zealand | SCImago #3365 · THE 501–600 · QS =410 | 4 |
| University of Sydney | Australia | SCImago #93 · THE =53 · QS =25 | 4 |
| Shahid Beheshti University of Medical Sciences | Iran | THE 601–800 | 4 |
| University of Glasgow | United Kingdom | SCImago #351 · THE 84 · QS 79 | 3 |
| Cedars-Sinai Medical Center | United States | SCImago #705 | 3 |
| Johns Hopkins University | United States | SCImago #33 · THE 16 · QS 24 | 3 |
| Mayo Clinic | United States | SCImago #88 | 3 |
| National and Kapodistrian University of Athens | Greece | SCImago #617 · THE 401–500 · QS 390 | 3 |
| Beth Israel Deaconess Medical Center | United States | SCImago #647 | 3 |
| Northwestern University | United States | THE 30 · QS =42 | 3 |
| Institute for Health Metrics and Evaluation (IHME), University of Washington | United States | — | 3 |
| University of Pittsburgh | United States | SCImago #212 · QS =281 | 3 |

### Geographic distribution of citing authors

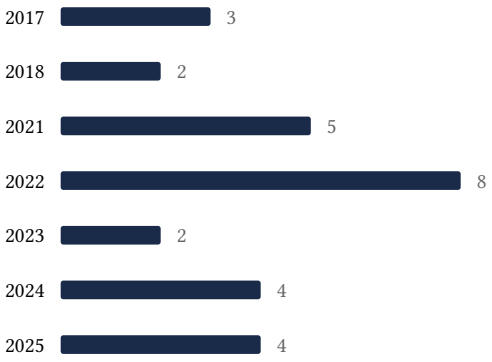
| Country | Citing papers |
|---|---|
| United States | 21 |
| United Kingdom | 12 |
| Australia | 10 |
| Italy | 8 |
| China | 8 |

| Country | Citing papers |
|---|---|
| Switzerland | 6 |
| Germany | 6 |
| Canada | 6 |
| Poland | 5 |
| New Zealand | 5 |
| Netherlands | 5 |
| Iran | 5 |

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

## E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.




## F. AAO Precedent Considerations

### Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).

- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

**Disclaimer**

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

## G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

| Contribution | Core paper | Indep. cites | Supports |
|---|---|---|---|
| Contribution 1 | Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013 | 10 | 8 CFR 204.5(i)(3) — Outstanding Researcher |
| Contribution 2 | Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and … | 8 | 8 CFR 204.5(i)(3) — Outstanding Researcher |
| Contribution 3 | Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of … | 9 | 8 CFR 204.5(i)(3) — Outstanding Researcher |