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“Without this journal, I am in utter darkness”

Thirty years and 100 issues call for celebration and reflection. In this article, the editors and the journal team do both, while the current editor considers the impact the Community Eye Health Journal has on its readers and the patients they serve.

My interview for the position as editor of the Community Eye Health Journal (the Journal) is something I will never forget.

The International Centre for Eye Health (ICEH) had moved up in the world – away from the somewhat cramped quarters near Moorfields Hospital from which Dr Murray McGavin published the first issue in 1988, to the lofty heights of the London School of Hygiene and Tropical Medicine’s Bedford Square offices in a beautiful three-storey house overlooking a city garden. Perhaps the Journal itself hadn’t moved quite as far up in the world, however: my interview took place in the basement, headquarters of ICEH’s education activities.

Having arrived from South Africa just one month earlier, I had no inkling that I would be spending the next eleven years of my life as editor of this hugely respected journal; working first in that basement and later at the School’s Keppel Street building, just around the corner from the house where anaesthesia (chloroform) was first used.

At the interview, Clare Gilbert, Daksha Patel and IAPB CEO Dick Porter subjected me to very thorough but friendly grilling, and I was delighted when the phone call came to say the job was mine: not only would I be working with wonderful colleagues, but I would be contributing to eye health in my own country, even though I now lived so far away.

Of course, I had assumed that my years of experience in journalism, editing and science writing had impressed the panel – only to find out later that it was my enthusiasm for previous editor Victoria Francis’s beautiful woodcut panels that had clinched the deal!

Personal view

Dr Murray McGavin

Founding editor

It was while working in Afghanistan that thoughts of an Eye Journal to meet the needs of eye care workers in low-income countries first came to me. I recall a ward round in NOOR Eye Institute in Kabul, where patients with severe ocular injuries often came late for eye care. Landmines caused horrific injuries, including blindness. Little did I appreciate then that, 10 years later, issue 24 would be the first publication worldwide to focus on the blinding effects of landmines.

After returning to Scotland in the mid-1980s, Dr Jock Anderson and Professor Barrie R Jones asked me to join them in the newly established International Centre for Eye Health, then based at Moorfields Eye Hospital in London. I shared my vision of a journal for eye workers in low-income countries with them, and later with Professor Gordon Johnson.

Together with Gordon, we secured funding from CBM, Sightsavers and Coca-Cola in London. CBM and Sightsavers have remained faithful supporters of the Journal over the past 30 years and, without them, the Journal would not have been possible. Thank you.

It was my privilege to be the editor of the Journal for 15 years, from issue 1 to 47. When I stepped down, I handed over to the extremely capable health educator Victoria Francis. Our current editor, Elmien Wolwaardt Ellison, joined in 2007 and is continuing this important work.

I am extremely grateful to the many people who joined in the work: the Editorial Boards; the Regional Advisers; colleagues at the International Centre for Eye Health – Professors Gordon Johnson, Allen Foster, Clare Gilbert and Darwin Minassian – who provided advice and opinion. Particular mention is due to Sue Stevens, our Nurse Consultant, whose immense practical contribution and commitment over many years kept us on course as a primary health care publication. I also offer a special word of thanks to Anita Shah, our Editorial Assistant and Administrator. Anita has lasted the pace and coped with different bosses ... admirably! Well done, Anita. The emphasis has rightly been on teamwork. So many other names could and should have been mentioned. But, for all involved, ‘Thank you’!

I’m so grateful to have been given the opportunity to start the Journal and to see it continuing to support and inform eye care workers around the world. May the Community Eye Health Journal continue to fulfil its important function of informing eye care workers in low and middle income settings as they work to prevent and treat blindness worldwide!
Early days
Just three months later, I was sent back to my home town of Durban for the inaugural World Congress on Refractive Error; my task was to gather ideas and authors for our upcoming issue on that theme. There, for the first time, I discovered how lucky I was to see well despite having high myopia: there are millions of people worldwide cannot not work or read because they do not have a pair of spectacles. A real eye opener.
I also started to meet, for the first but not the last time, the many leading lights in international eye health who would be encouraging and supporting me in this work for many years to come, whether by answering questions, writing or reviewing articles, or providing images. I am deeply indebted to all of you.

A happy challenge
When I started in 2007, the world of international eye health was completely unfamiliar. In fact, to my great embarrassment, it was a month or two before I got the better of that pesky extra ‘h’ in ophthalmology! But this did have its advantages: every issue and topic was – and still often is – new to me. I have relished the challenge of learning more about eye health with every issue we produce. For me, the best part is discovering – and then sharing – the ‘why’, and the ‘what needs to change’: why should this issue or theme matter to our readers and their patients? What do we want readers to do about it? And what information do we need to provide to make this possible? In that sense, the Journal is an important tool for the improvement of global eye care.

Coming to each theme without specialist knowledge has also helped to ensure that everything we publish is clear to all our readers, many of whom have English as an additional language. It is hard work for everyone involved, and our authors, reviewers and consulting editors have been wonderfully patient with the endless rounds of revisions. We always get there in the end!

Our readers: my inspiration
What keeps me going is the appreciation I have for every single one of our readers who work, often in the most difficult of circumstances, to prevent blindness and improve the eye health of people in their communities. It is a joy to support them in this work.

Thanks to the excellent readership survey Victoria had conducted in 2005, it was clear to me how much the Journal meant to our readers. We repeated her survey, with minor changes, in 2010. I was deeply touched by the lovely things readers said then too. However, it was this comment, from an optometrist in Nigeria, that made the biggest impact. He wrote:
“I am in utter darkness.”

This image has stayed with me ever since, reminding me how much our readers rely on the Journal to support them and guide their way.

Continues overleaf...
Reader survey: 2015/2016

Our readers are at the centre of all our editorial decisions about themes and articles. Readers send feedback throughout the year, and we actively invite readers’ input regarding future themes and topics by conducting reader surveys every five years.

Our most recent survey was conducted by mobile phone. A total of 89 readers from 27 countries were interviewed by then intern Nnamdi Nwuba. Readers were selected to represent the different occupations in eye care: mid-level personnel (ophthalmic nurses, cataract surgeons and ophthalmic clinical officers), ophthalmologists, optometrists and managers/others. They worked in government (57%), the private sector (23%), and non-governmental organisations (17%).

How useful was the Journal?
Three-quarters reported reading either ‘all of’ or ‘most of’ the Journal, and nearly two-thirds shared their copy with colleagues. Exactly half of those interviewed used the pictures to explain eye conditions to patients, and 39% relied on the Journal when teaching eye health professionals, both formally and informally.

What did people like about it?
The appreciation for the journal was overwhelming. The following themes emerged very strongly:

- The Journal is a source of education and offers an opportunity to connect with the wider world, especially in remote areas
- The information is relevant and useful, particularly in low-income settings
- The Journal builds confidence and inspires readers to learn and do more; the international perspective is part of this.

Other comments focused on the format of the Journal, e.g. the fact that it covers a different theme in-depth in each issue and that it has regular sections such as the editorial article, the quizzes, the announcement section and so on. Readers felt the Journal was easy to understand and helpful for teaching others.
The impact on readers and their patients
Readers were asked: “Has anything you’ve read or seen in the Journal changed the way you work or do your job?” 83% of the respondents said ‘yes’. Change was experienced in many different areas, including clinical and patient care, in readers themselves, and in public health eye care and planning. Here are some examples.

I used the advice on the management of bacterial conjunctivitis and the management of corneal ulcers. I have since changed my choice of antibiotics.

Cataract surgeon, Zambia

It helps practically with going into the community. For example, I wasn’t well practised with a Schiotz Tonometer, but I followed step-by-step what you mentioned and it helped me all the way!

Optometrist, Nigeria

We now have protocols in place for ophthalmic assistants. It has helped with human resource training. Also, the Journal has been useful for the care of ophthalmic instruments.

Ophthalmologist, Kenya

We used to focus only on cataracts and glaucoma. Now we can do refractive error and low vision during outreach in the community. We have improved our training programme. We get people from East Africa now, not just West Africa (as we did before). It is a very comprehensive journal!

Eye care coordinator/manager, The Gambia

I always wanted to go into the community. It informs me about things to do in the community. Gives me courage to do things. It enables me to assess myself and my ability. I find joy in reading things through and practically performing them. Makes me proud to be an ophthalmic nurse. Even when the doctor is not available, I can feel confident.

Ophthalmic nurse, Nigeria

It’s had a complete effect on my work. I take ideas from the Journal and use it to revise my work. It directs me to do good things. When I read it, it makes me a better person - better in thinking, better in performing.

Professor/educator, Bangladesh

The thoroughness seen in the Journal motivates me to implement changes in my own practice.

Ophthalmologist, Nigeria

Internet access
According to the World Bank Development Indicators, internet access in sub-Saharan Africa is still low. Access is highest in Southern Africa (just below 25%) and lowest in Central Africa (just over 10%). The figures were higher among the mobile phone users we interviewed: 44% had access to our online journal and 22% were able to download PDFs to read later (Figure 1). A further 12% had a tablet device, and these higher-earning readers (professors and ophthalmologists) enjoyed being able to share content electronically with others. However, even in this group of readers, 81% said they preferred the paper copy. The majority (61%) reported having problems with internet access, mainly because it was too slow and because access was interrupted as a result of power failures (Figure 2). Congratulations to Sally Parsley, who creating our hugely successful online magazine at the BBC World Service – and so my role with Focus on Africa magazine at the BBC World Service – and so my role with the Journal is to lend my experience of presenting stories and information in an accessible way to a wide range of readers. The Journal is sometimes quite specialist and technical, so it is important that the design makes everything clear and easy to follow. Then everyone can get as much as possible from its pages; whether for their own education, to train others, or to explain eye conditions to patients.

The idea that it is used and appreciated by the readership is very important to me and it and has been a privilege to play a part in its evolution. Elmi has brought her keen journalistic approach to each of her issues since Victoria handed over the baton and by it has also been a pleasure for me to design the French edition of the Journal with Paddy Ricard, who works tirelessly to reach the Francophone readership across the world.

In the most recent refresh of both the English and French editions, we have kept in mind the ever-more important online aspect and hopefully the structure lends itself to transferring to the web after each printed edition has come off the press.

The high point? In 2005, I was fortunate to travel in Africa and visit eye care projects in Tanzania and Ethiopia. The look of glee on an elderly woman’s face as her bandage was removed after a cataract operation was priceless. The Journal helps make this happen – long may it continue.

Read the Community Eye Health Journal online. Visit www.cehjournal.org

Figure 1 How respondents accessed the Journal (%). Readers could select any that applied

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Figure 2 Problems accessing the internet (%)

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Reference