

“Without this journal, I am in utter darkness”



Elmien Wolvaardt Ellison

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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.



Taking time to read the *Community Eye Health Journal*. NIGER

ANDREW POTTER

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!

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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 last 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 Wolvaardt 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: "*Without this journal, 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.

A few years later, Daniel Etya'ale, another leading light in international eye care, put it into context for me. "When you get to the end of the road somewhere in the middle of Africa," he said, "and then walk another few hours into the bush, there you will find a clinic with a single ophthalmic nurse who only had her study notes from 20 years ago – until she received the *Journal*."

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Personal view Victoria Francis



Editor 2004–2007

My first issue was SICS – Small Incision Cataract Surgery.

"Why start me off with such a technical topic?"

Allen Foster: "Because if it were too easy you would run away!"

I was the first non-ophthalmologist editor and I remember my gratitude to the editorial committee for their guidance during lively editorial meetings and email exchanges.

Coming from an education, social research and health communication background, I saw my role, at that point in the *Journal's* life, to review and enhance the way it communicated with its readers. It was important that we were reaching the right people with the right information presented in the clearest way possible. My first task was a content analysis of past issues to review topics and relevance to different levels of eye care workers in diverse geographical settings. We also conducted a reader survey to solicit reader views, particularly how CEHJ influenced attitudes and practice. This, along with dialogue with regional consultants, informed the changes.

The *Journal's* 'face lift' targeted content and design. The Cochrane Eyes and Vision Group contributed a section on "Evidence-based Ophthalmology" and a new "Exchange" section encouraged readers to share inspiring experiences. For the restyle, I worked with talented designer Lance Bellers to maximise space within the 16 pages and modernise layouts leading to the now familiar design starting with issue 51. We tried to make it more visual, using my illustrations as design elements and info-graphics and included ready-to-use education materials, as requested in the reader survey.

Revisiting the 14 issues I worked on, I am reminded of the facilitative relationships with authors – all of them practitioners who made time in very busy lives to share their knowledge and experience. I remember too the fruitful collaborations for the Indian edition and the French translation.

Around this time, the online version was gaining momentum with Sally Parsley delivering improvements in www.cehjournal.org. I remember with some shame my scepticism, sticking stubbornly to the argument that many readers would be hard pressed to have a working computer let alone internet access. Comparing Internet World Stats between 2004 and 2017 leads me to eat my hat; Sally's vision was well founded: Africa up from 1% - 31%, Asia up from 7% to 46%, Middle East 7% to 59%, Latin America and the Caribbean 9% up to 61%.

My least favorite aspect of the job was meticulous proofreading to ensure correctness and consistency. To make my life easier, and with a thought for my successor, a small team (kept in check by editorial administrator Anita Shah) made a tedious task fun as we created the Author Guidelines and Style Sheet.

Four years after taking on the editorship, it was time to hand over the baton. My last issue was Research and Training Programmes, a topic close to my heart, and I was delighted to include 20 summaries of Community Eye Health MSc dissertations, demonstrating the close relationship between training offered at the LSHTM and the *Journal* as a vehicle for providing distance learning to readers across over 180 countries.

Handing over to Elmiën and the continuity of the Editorial Committee, I felt confident that the important role of the CEHJ was in safe hands.

Feedback and questions

Is there anything you would like us to cover in a future issue? Send questions and suggestions to admin@cehjournal.org

Teamwork for eye health

The *Journal* inspires and enables positive changes in readers' approach to patients and eye disease. We have encouraged readers to communicate better with patients and their families, to actively include women and people with disabilities in their services, and to collaborate with colleagues in other departments to address emerging diseases such as diabetic retinopathy, glaucoma and retinopathy of prematurity. More than anything else, we have promoted the importance of the eye health team: people with different skills and qualifications, working together to improve eye health.

Producing the *Journal* is very much a team effort too. I am very lucky to work with ICEH's inspirational co-directors, Allen Foster and Clare Gilbert; and with the wonderful Nick Astbury (advisor), Anita Shah (editorial administrator), Lance Bellers (designer), and online team Astrid Leck and Miyo Hanazawa. Thank you for everything you do, every day, to ensure that the journal is helpful, beautiful and reaches everyone who needs it.

I would also like to express my heartfelt thanks to our two previous editors, Murray McGavin and Victoria Francis. I am standing on the shoulders of giants.

It is an honour to be here at this important milestone. Here is to another 100 issues!

The four editions (from left to right): International, Francophone Africa, South Asia and Latin America.



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.

Personal view Anita Shah



Editorial administrator

Dr Murray McGavin, founded the *Community Eye Health Journal* in 1988. I was appointed

as his secretary in 1997 and joined Ann Naughton and Sue Stevens to complete the small team responsible for the production of the journal.

As Editorial Administrator, my overall purpose is to ensure the smooth running of the Journal's production, from planning meetings through to proof-reading, printing and distribution. The Journal has a circulation of about 20,000 (International and French CEHJ).

I manage the database and help to increase subscriptions through promotion of the Journal at external events and through correspondence with subscribers. Such direct contact with our readers and authors is a particularly enjoyable part of my role; I am also the first point of contact for many of them.

Coordination of the production schedule involves liaising with editors of other language editions, the designer, the printers, and the website manager. I also manage the article submission and review process of unsolicited research articles and correspond with authors, reviewers and the Editor. All unsolicited

articles are sent to two reviewers who are experts in the relevant field of ophthalmology. All comments received are passed back to the authors for the necessary changes to be made. If the article is rejected, feedback is offered with encouragement for future submission, as appropriate.

It is a huge privilege to be part of ICEH, especially the *Community Eye Health Journal* production team and play a part in the promotion of eye health and prevention of blindness worldwide.

To subscribe, contact Anita on admin@cehjournal.org

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 Schiötz 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**

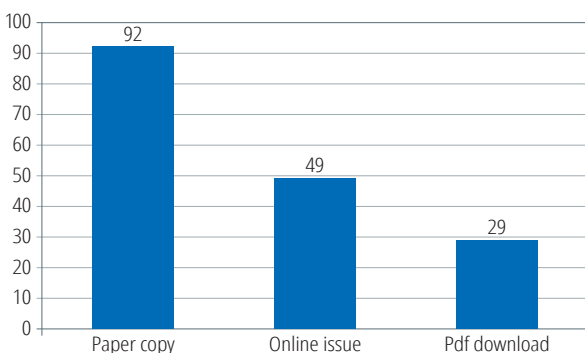
*It's had a complete effect on my work. I take ideas from the *Journal* and use it to revise my work. It directs me to do good things. When I read it, it makes me a better person - better in thinking, better in performing.* **Professor/educator, Bangladesh**

*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 Indicators¹, 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

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



Personal view Lance Bellers



Graphic designer

I think I may have said something like "I'll just help a bit on one or two," to Victoria when we first discussed how best to piece the *Journal* together. That was issue 51 and I'm still here - making it a round 50 issues for me and a perfect 100 for the *Journal* since its inception.

I was working as freelance graphic designer for Sightsavers at the time. When asked if I'd be interested in branching out to work on a project at the International Centre of Eye Health, of course I said yes.

My background is largely reports and magazines - including 20 years on *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 has been a privilege to play a part in its evolution. Elmien has brought her keen journalistic approach to each of her issues since Victoria handed over the baton and 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.

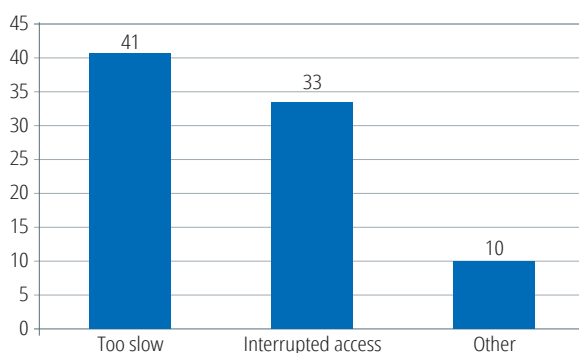
In the most recent refresh of both the English and French editions, we have kept in mind the ever-more important online aspect and hopefully the structure lends itself to transferring to the web after each printed edition has come off the press.

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.

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 issue (receiving around 20,000 unique page visits per month!) and to Astrid Leck, who is carrying on this important work. We plan to further develop our online and mobile content, while ensuring that those who need the printed issue receive their copies in the post.

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

Figure 2 Problems accessing the internet (%)



Reference

- 1 Agyepong IA, Sewankambo N, Binagwaho A, Coll-Seck AM, Corrah T, Ezeh A et al. The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa. *Lancet* 2017. <http://wbi.worldbank.org/table>