

My name is Andrew Kelly and I am a medical student who has just completed my first year at the University of Queensland. At the completion of my university studies for the last semester of 2019, I had the privilege of undertaking my Observership, a compulsory placement, in Timor Leste with the international NGO Maluk Timor. Below I hope to convey what I can of an experience that has educated me in what it really means to assist in the growth of a developing healthcare system.

In the first few days in Timor Leste, I learnt more about the numerous challenges in the local health system than I could have ever imagined. One of the first programs I was able to attend was a cardiology specialty clinic run by international doctors. At this clinic patients who had been diagnosed with Rheumatic Heart Disease would present and their treatment would be determined by these specialists. This could even include the requirement for surgery back in Australia. This type of program definitely has its place but was such a different approach compared to the aims of Maluk Timor's programs. I was able to see this when I went on an outreach program run by Maluk Timor's local nurses. On this trip they would go to the homes of children who had been diagnosed with Rheumatic fever and treat them with penicillin as well as screen other children of the same household for symptoms and potentially give them prophylactic therapy. I found this to be a dramatic contrast, as this second option not only prevented these individuals going onto the level of disease present at the cardiology clinic but also was completely run by local individuals and so was self-sufficient. It is quite important to mention though that this doesn't help those who currently are afflicted with late stage disease like the cardiology clinic did and demonstrates that, at the present time, both approaches are needed for the best outcomes for the most people.

A general day in Timor Leste for me consisted of arriving at the Maluk Timor HQ and from there, moving to a clinic or hospital for the morning. There I would observe the mentorship of the local doctors by international Doctors on the wards. Followed in the afternoon by either a lecture on a medical topic crucial for work in Timor for the same doctors or perhaps attending another clinic or education seminar headed by local health employees of Maluk. You may be wondering why there was so much emphasis on the education of the doctors of the country. This is due to a significant level of morbidity and mortality in this country occurring due to preventable illnesses not being diagnosed and treated. This happens for a number of reasons and in part was due to the regular 'stock outs' of crucial testing and treatment supplies at the clinics and hospitals. These occurred not because the supplies were not available in the country but due to an apparent inability for the transport of supplies from the central warehouse to where they need to be. This was apparent in a maternity ward I was present in, when I saw there were three new mothers who were all severely anaemic, while there was only one dose of injectable iron available between them. The other side of the story of is due to the inadequate education of the doctors themselves and this is the area Maluk Timor Family Medicine Training Program focused its efforts. I would like to emphasise that this deficiency in education is no fault of the doctors themselves. A Timorese child will receive only approximately 3 hours of schooling a day, which will be taught in both Portuguese and Indonesian at different stages, neither of which is the predominately spoken language, Tetun, of which there is many different dialects. Of these students, some are selected to be trained to be doctors. To undertake this training they had to undertake Spanish training and then move over to Cuba to undertake their

medical schooling in that new language. All of this training lacked specificity to Timor Leste and involves very little exposure to actual patients. Subsequently, the Doctors who graduate are not sufficiently prepared for their role and have very little support. Ultimately it was the mentoring of these Doctors that I found so interesting. As those mentoring had to balance teaching with not taking over the patient care themselves. All while maintaining the dignity of the Doctor they are teaching by not 'showing them up' in front of patients and colleagues which could occur with even basic information. This was an art that each mentor I followed approached differently which was both fascinating and educational.

Some of the most important work that I got to see was not clinical at all but was the education of the local communities. There were a number of seminars that I had the privilege of attending that involved the training of volunteer birth attendants and other community health volunteers. These individuals were located in remote areas with little medical support. They received fundamental health knowledge as well as practical training in a classroom setting which would allow them to assist in areas that would have no support otherwise. I heard stories of how older women would hike over mountains with their backpack of supplies to reach women giving birth in remote locations to ensure the best health outcomes for the mother to be. Training was undertaken in a number of locations including the island of Atauro, a 3 hour ferry ride from the mainland. The island's main issue was its location because it is too expensive for emergency medical support to reach. It was amazing to see how something as simple as the education of a few key individuals could be such an elegant solution to the needs of a remote population.

One of the most impressive things I got to see on my placement was the HIV clinic run at Vera Cruz Hospital. From one of the smallest buildings you will ever see, ran arguably the best HIV clinic in the country. This clinic was one of the youngest clinics around, run by an Infectious Disease specialist from Australia and a small number of enthusiastic Timorese Staff. With these small numbers they had produced not only an amazing clinic, despite the insufficient supplies, but also producing an incredible learning environment for doctors rotating through it. It was here I learnt about the difficulties a doctor may have with balancing the wish to assist the patient directly while also wanting to build the capacity of the local Timorese medical staff. I could also see it was a challenge that a long period of time may only produce a small achievement due to political, logistical and cultural reasons. It seemed to be crucial at an individual level that these small victories are celebrated. As it was obvious, as an observer, that improving the quality of health care in a country was a marathon and not a sprint.

I learnt many lessons on this trip, most of which were not medical skills or knowledge but instead were practical overview on the number of challenges that are present in the attempt to improve the healthcare capacity of a developing country. It may seem as though I have just reeled off problem after problem but in reality, amazing work has been done and I am confident will continue in the future. I have not only learnt an incalculable amount from this experience but also been inspired to take what I have gathered with me into the future to hopefully help others both local and abroad in a sustainable and ethical way.