

I am Jason Ratliffe, a medical student from the University of Queensland and I participated in a placement at Maluk Timor in Timor Leste from the 14th of January to the 22nd of February as a part of my final year of study and with the generous support of the Andrew Dent Scholarship. What follows is an account of my time with this inspiring organisation:

On my arrival in Timor Leste I was to have my eyes struck wide open: it's untouched countryside; it's generous people; it's culture; the complex modern history; the terrible poverty; the corruption and the corrupting external influences driving it and Australia's role in creating and solving these issues; the medical system history, progress and direction. I knew outright that this was an experience that would shape my understanding of

global health.



The amazing landscape of Timor Leste

Maluk Timor is focused upon capacity building rather than direct intervention. They have a hands-off approach that is humble and inspiring. With minimal Australian staff on the ground, their focus is on providing support in the form of mentoring, while empowering the local staff and population with the implementation of the programs. In this I see the "teach a man to fish" ethos and it is not hard to see the effect of this on the staff involved, who are encouraged in their autonomy, and, significantly, not deferring in their decision making and actions.

I am working with the Maluk Timor directors to facilitate a new data harvesting system that will streamline their ability to visualise and monitor their projects. Through close work with the Pacific Medical Students' Association, this data will also become a source of regular publications, filling a large knowledge gap in medical literature in Timor Leste. We are also working towards the streamlining of medical electives that would make them a far more research-oriented placement to the same end that will offer ambitious students an excellent opportunity for early career publication as well as engage students in the organisation in a more protracted manner. The first project will be focused on Rheumatic Heart Disease, an ongoing project that evolved from the Australian Pedrina project in the top-end. The management of the rheumatic heart disease project is currently in transition from Maluk Timor to government, having in place a data collection tool will be extremely beneficial to the ongoing monitoring of the handover. While early in its implementation, I am extremely excited to see how this project will come together.

Much of the medical education material in Timor Leste is in English, some translated into Indonesian Bahasa but rarely into Timorese Tetun. Seeing posters pertaining to complex medical ideas in a language that is not accessible to most of the medical staff, let alone the general population provided an accessible avenue for intervention. In only a few weeks I was able to, working with translators, produce several simple pieces such as hand-hygiene infographics.



Community education

One afternoon, discussing drug doses with a doctor I found that the language I was using was inappropriate for the setting due to a lack of numeracy around fractions, which had significant implications regarding the use of western protocols for treatment. There was much space for personal reflection on the advantages that I came to medicine with and the assumptions that I carried with me. I was then able to provide valuable education to the staff of Maluk Timor and our

associated doctors, running regular tutorials on computer literacy and mathematics. It was rewarding to find ways that, as a medical student, I was able to impart knowledge.

In a store-room at Maluk Timor I found two old AEDs, donated from Australian hospitals but no longer functional. I was then shocked to find that there was only one functional unit in the whole country (outside of embassies etc, which will have their own). The ramifications of this ran further than a lack of access to this life-saving device – it flows from this that the nation is therefore also short of medical staff trained in resuscitation techniques. I was able to repair



The slow repair of an AED

both devices and triple the number of functioning units in Timor Leste, a

fact that I find quite ridiculous. With these devices available, we were then able to run simulations with one of the larger clinics in Dili in a training program that will be ongoing.

I am inspired by my time with Maluk Timor: their passion for their work, the humble way that they operate as mentors and not directors, culminates in an empowering and self-directed problem-solving modality. In my short time there I was shocked to find that I was able to offer genuine solutions to problems that I came across and I, perhaps egotistically, hope that I have contributed to the future of health system development in Timor Leste. Through my continued work with the organisation, I hope to help them build a medical elective program that will see students arrive prepared with simple resources – donated old AEDs an easy one that comes to mind – that will ready them to conduct training, produce health promotional materials, conduct research, improve systems as well as the day to day work. A fact of working in global health that I am coming to realise, both sobering and inspiring, is how small a thing can be, how simple, and still be able to yield benefits and effect change.

I look forward to continuing my relationship with Maluk Timor and the peoples of Timor Leste and am truly grateful for all who have been a part of my time there, from supporting my experience from Australia, to the staff of Maluk Timor, to the people of Timor Leste I was fortunate enough to share time with. It has been a shaping experience and I hope that all who supported me in this instance will see their generosity rewarded in my conduct within the global health space in years to come, inspired by their input.



Maluk Timor offices

Jason S Ratcliffe