



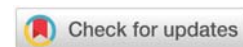
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Letter to Editor

Challenges of equity in medical education in developing countries during COVID-19

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Various measures have been taken to combat the COVID-19 epidemic, most of which have been in the areas of trade and services. Universities and higher education have also been significantly affected because the gathering of students in enclosed places can spread the pandemic. Millions of students are currently affected by the COVID-19 epidemic. Medical education provides treatment teams with the knowledge and skills necessary to deliver appropriate health services. It has been severely affected by the epidemic, but the current emergencies have fortunately provided an incentive for educational innovation [1].

Video conferencing, telephone calls, and webinars have become the main sources of medical education. Applications such as Sky room, Skype, Zoom, and other multimedia allow the provision of lectures and training sessions to students. Many universities in developing countries are now using e-learning, although distance learning is not new in some developing countries, and a number of universities had already launched e-learning, but it had not widely formed some part of their core activities. The important point in using such teaching methods and models is specific structural and cultural requirements[2,3].

Along with all its benefits, virtual education has some fundamental problems that need to be addressed. New teaching methods for both theoretical and practical courses have caused problems for equal educational opportunities. Virtual education has its drawbacks, both quantitatively and qualitatively, so that it is difficult to recognize if the graduates during COVID-19 have really acquired sufficient skills and expertise. After the

outbreak of the corona virus and the closure of in-person classes, it became very difficult to control students' educational status. Furthermore, active attendance and active learning of students is associated with many challenges, and ensuring that students have acquired the necessary skills is questionable.

Just as COVID-19 created dimensions of socioeconomic inequality at different levels and layers of people's lives, it caused many inequalities in the education system as well. Educational equity and the creation of equal opportunities for all individuals are among the goals and missions set for any country. Therefore, equity must be strived for. Equity is the first virtue of social institutions as it is the essence of thought systems, and education is a key element in social equity [4].

Some important challenges of medical education equity in developing countries during the current disaster include the following: 1) Lack of access to equipment such as laptops, tablets, or phones; 2) Lack of appropriate facilities and low access to the Internet; 3) Decreased quality of the education provided (resources needed for learning, the way teachers teach, etc.); 4) The educational environment challenge and how students and professors interact during COVID-19; 5) Full-time employment of students in deprived areas and not attending online classes; and 6) Inadequate communications between students and their parents and the parents' inability to provide necessary facilities for education.

In these particular emergencies, challenges can turn into opportunities and pave the way for the growth and development of education, largely thanks to technological advances that can be included in everyday medical education. However, there



are great challenges for both professors and students, despite which education must be continued, and governments and international organizations must make the right decisions.

Consent to publish

All authors have read the final manuscript and have given their approval for the manuscript to be published in its present form.

Authors' contributions

MM: Select a topic & Write the original text.

RD: Final edit.

KK: Select a topic, Write the original text & Translation.

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