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Letter to the Editor

Enhancing women's access to healthcare in rural regions: Global innovations and solutions

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Dear Editor,

We are writing to commend the research on women's access to healthcare services in the Jazan region of the Kingdom of Saudi Arabia (KSA), recently published in your esteemed journal. This study provides valuable insights into the ongoing efforts under KSA's *Vision 2030* to address healthcare disparities, particularly among women in rural areas. The study highlights critical socio-demographic factors such as nationality, age, employment, and education in determining healthcare access, and it underscores the progress made in creating a more integrated and equitable healthcare system.¹ However, we believe that a broader global discussion is necessary, one that looks beyond these advancements and addresses the gaps and challenges that persist in ensuring healthcare accessibility for all women, especially in underserved regions.

Despite the progress noted in the study, significant barriers remain for rural women in Jazan and similar regions globally. The study's findings emphasize the persistent disparity in healthcare accessibility between urban and rural areas, where cultural norms, limited availability of female healthcare providers, and geographic isolation continue to impede women's access to essential services. These issues are not unique to KSA; rural women worldwide often face similar obstacles due to inadequate infrastructure, social norms, and the shortage of

healthcare professionals.^{2–4} Additionally, the lower healthcare access for non-Saudi women, as briefly mentioned, reflects a gap that demands further exploration and action in the context of KSA's diverse population.

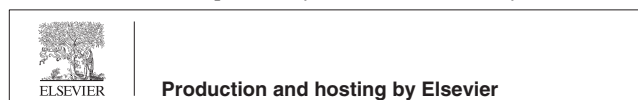
One of the most critical solutions that can be implemented globally is the expansion of telemedicine services. The COVID-19 pandemic highlighted the effectiveness of virtual care in overcoming geographic and logistical barriers to healthcare.^{5,6} For rural women, especially in regions with cultural sensitivities regarding gender, telemedicine offers the possibility of remote consultations with female doctors, thus respecting cultural norms while ensuring access to healthcare. Governments and healthcare systems around the world can invest in digital infrastructure and provide rural areas with the necessary tools to adopt telemedicine, reducing the dependency on physical healthcare facilities.

Additionally, we recommend the global implementation of community-based healthcare worker programs, where trained female healthcare workers from local communities provide direct services to women in rural areas. These workers can offer culturally sensitive, gender-appropriate care, ensuring that women receive timely medical attention without the need for extensive travel.^{7–9} This model has been successful in countries like India and Ethiopia, and it can be adapted to various global contexts, particularly in regions where women's mobility is restricted by cultural or economic factors.^{10,11}

Finally, public-private partnerships are essential for addressing healthcare inequities.^{6,12} The KSA's *Vision 2030* includes collaboration between the public and private sectors, which has improved healthcare infrastructure in urban areas. A similar approach can be adopted globally, with an emphasis on rural regions, to enhance resource

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allocation, expand healthcare services, and address the shortage of female healthcare professionals. By increasing female representation in healthcare through targeted education and employment policies, governments can create a more inclusive and accessible healthcare system for all women.^{1,13}

In conclusion, the study on healthcare access in the Jazan region provides a critical foundation for addressing gender and geographic disparities in healthcare. However, by implementing innovative global solutions such as telemedicine, community health worker programs, and public-private collaborations, we can work towards a more equitable healthcare system for women worldwide. We hope that future studies and policies will continue to address these issues and offer practical, scalable solutions.

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Conflict of interest

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Authors contributions

Dony Apriatama: Writing—original draft. Pithriani Pithriani: Writing—original draft. Rudi Haryadi: Writing—review & editing. Wikan Galuh Widyarto: Writing—Supervision, review & editing. Hanik Mufaridah—Supervision, review & editing. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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