**Management and Financing of Children Health Care in Arabia**

In the recent short past, we have witnessed incredible leaps being achieved in children healthcare systems in Arabia, which have been attributed to the weight with which children’s health, is being held. From an era characterized by widespread child mortality, great achievements have been realized through unending efforts and this has evidently hit the target (Bullock, Lyndal M., Staci M. Zolkoski and Mary Bailey Estes, 398). However, this diverse system has faced a great challenge, evidenced by the increased costs of, especially in the present day. We are speaking of a system where medication is available but a bit biased due to the high costs with which the same reaches children from varying social settings. Linked to this is a problem with a management and finance of children health systems. As the medical costs increase and government funds decrease, the latter is weakening and non-uniformity in fund distribution transpiring, which is addressed by this paper. Viewed also, is a programme that would salvage this situation together with accompanying resources.

As earlier on viewed, children care is a facility which is capital intensive, linked with the complexity of dealing with children health cases. The past few decades have elevated the quality of medical services being offered to children greatly. This in return has caused an increment in money payable for the services, rendering them only affordable to few people who have economic means to (Freeman et al. np). Yet most of the financing is publicly made and the government on the lookout to enable a free system, administration in the health systems is not uniform. The private sector is still expensive, and an efficient financial management system for children health care has proved an elusive goal to achieve.

**Remedy**

With the increased medical bills and strained government funding, a uniform system would best address this issue. As a remedy to this, I would suggest for the development of a uniform insurance system, supposed to cover the child as early as one year, to early adulthood. Although there are existing insurance covers, this should be a different uniform insurance firm through which the government may efficiently fund children medication more efficiently.

The system should be such that, once a child attains an age of one and a half years, the parents enrol to the insurance fund, in which a certain amount of money should be given as a registration fee. Following, the normal insurance policy should prevail only that this specific one needs to be uniform by incorporating the government aid. The policy will incorporate among others the following key regulations. First, there should be a scheduled program for children check-up, right from early periods to decrease chances of carrying forward diseases. Murphy, Kevin in his work noted that unattended illness results in increased healthcare costs at a later stage of the illness. Second, children with special needs need to be given a specialized care, by having a different division on the policy since theirs, might require care in finer levels. Noted is that, healthcare systems are best when uniform cases are treated as a common entity. Thirdly, the insurance needs to be run by competent individuals who would also have a hand in government budgeting for efficiency.

Scholarly articles argue that, overtreatment in children is common, which heightens expenditure on healthcare of children (Spodek et al. n p). To curb this, there should be an establishment of records which needs to be monitored per child, to ensure that cases being attended by a certain child are consistently addressed to reduce resources on unnecessary treatment. An integrated telecommunication system would be most effective here, to allow accessibility of a child’s history in the database at any part of the country.

This done would minimize the challenge being faced by financing firms, and the government at large in a bid to adequately fund children healthcare systems.

**Works Cited**

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