Global public health policy is increasingly emphasizing the need for integrated health services that address the biggest killers of women and children, particularly in light of the effort to attain the 2015 MDGs. Not surprisingly, integration is at the core of PSI’s new organizational strategic plan. It is PSI’s goal to develop programs based on an understanding of what health services the caretakers of children under five want and need. By leveraging the most appropriate channel to reach caretakers, PSI will provide high quality, cost effective integrated health services that address the main causes of childhood morbidity and mortality in a given country.

So what is integration and what does it mean for PSI? The WHO defines integration as “…the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”

PSI already works with a number of service delivery and commodity distribution channels such as pharmacy networks, private clinics, community health workers, and other provider networks which may be socially franchised. PSI is constantly striving to scale up these networks to increase their health impact by providing services to caretakers to prevent and treat the largest killers of children; namely malaria, pneumonia, diarrhea and acute malnutrition.

Too often, effective treatment for these huge killers is not available, which is why PSI has put scaling up integrated case management (ICM) at the heart of its Malaria and Child Survival strategy. PSI approaches ICM by incrementally building on existing interventions. For example, a PSI platform which is already implementing a private sector ACT initiative should also consider how that program could be leveraged to include malaria diagnostics tests, antibiotics for pneumonia and ORS/zinc for diarrhea treatment.
The primary reason for encouraging and expanding integrated services is because caregivers often seek treatment from a preferred channel or trusted provider when their child is sick, irrespective of their child’s illness or symptoms. PSI seeks to strengthen those preferred channels and the knowledge and skills of trusted providers so they can offer quality services and commodities where caregivers access them.

PSI sees integration as maximizing the “bandwidth” of provider networks to offer the high quality services and commodities that caregivers require. Realistically, a semi-literate community health worker will not provide the same level of service as a trained doctor, but each tier of the service provision network has a role to play. Networked tiers that provide a package of options, both accessible and valued by caregivers, is the goal of any integrated intervention at PSI.

Put simply, PSI’s approach to integrated case management of malaria, pneumonia, diarrhea and acute malnutrition begins by putting ourselves in the shoes of a caregiver with a sick child. She may go to a public or private clinic or a pharmacy, or she may go to an outlet without trained providers. She may even access a community health worker in her village. Irrespective of the channel she chooses, PSI is working to ensure her child is assessed correctly and receives effective care. No matter which channel PSI is strengthening, key activities are focused on improving access to effective treatment, quality of care, and informed demand among children’s caregivers to seek prompt and effective treatment from trained providers.