



**MEDICALIMPACT**

IMPACTING LIVES, PRESCRIBING HOPE

**SEXUAL  
HEALTH FOR  
ALL  
FINAL  
REPORT**

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## MEDICAL IMPACT

Medical IMPACT is a non-profit, non-governmental organization with no political or religious affiliation that seeks to reduce the gaps in access to health services directly in the field, promote teamwork through intersectoral multistakeholder approaches in disaster situations and in low-income difficult access communities, as well as provide medical equipment and medicines, carry out prevention campaigns and offer the highest standards of medical care for people with the greatest needs free of charge; Our projects aim to create a culture of understanding, as well as educate and raise awareness among volunteer staff in the field of primary health care, as well as acute, chronic and infectious diseases.

Our work seeks to remedy social structural relationships, addressing first-hand the need to provide multidisciplinary services to take concrete steps towards Universal Health Coverage, especially in regions where the Human Development Index is low or very low and in key populations.







## CONTEXTO

In Mexico there are 68 indigenous groups according to INEGI, there are 25.7 million people in Mexico of which 21.5% of the population identify themselves as indigenous while 10.01% are direct members of indigenous communities. Indigenous populations are considered a vulnerable group due to social determinants that characterize them with difficult access to health, education and basic services, inaccessible roads, limited access to information in their languages, fewer job opportunities in their communities, which has repercussions on the constant mobility of people and lower incomes.

This migratory phenomenon, poverty and gender inequality within indigenous cultures are vulnerability factors for acquiring HIV, however, there are no national figures on the impact of this disease on these communities. The invisibility of HIV in indigenous persons is related to the lack of access to health services, beliefs about stereotypes in these communities such as lack of accessibility, therefore it is often thought that "the virus does not reach" and the assumption that all indigenous people are heterosexual and the insistence on linking homosexuality to HIV/AIDS.

The number of cases in Yucatan has been increasing since 1983, the year in which the registry of confirmed HIV cases began, the peak was recorded in 2019 with 756 cases in that year and later there was a significant decrease after the pandemic since that all health efforts were redirected to combat COVID-19, violating the timely detection of HIV. The municipalities with the highest incidence of HIV cases are: Mérida, which represents 67.4% of the total cases in the state, followed by Kanasin with 4.02%, Progreso with 3.0% and Izamal with 1.02%, taking into account that all the municipalities have the following risk groups as an indigenous population that represents from 6 to 29% of the total population of each municipality, people in a situation of moderate poverty that ranges from 24.7% to 61.7%. In all the municipalities, the absence of basic services is identified from 17.9 to 89% of the dwellings in each municipality, predominating the lack of gas and access to water, with respect to the educational gap, it is represented in the range of 12% to 22.8% of the population, total number of people for each municipality and with respect to access to health, between 16.3% and 34.1% have this service.

Due to all these characteristics mentioned, the need to resume the intentional search for HIV in the Mayan communities of Yucatan was identified.







## SEXUAL HEALTH FOR ALL

This project was born from the needs previously raised, so through a multi-stakeholder collaboration it was sought to reduce the gaps in the timely detection of HIV, this project is a co-financed and the strategic allies in participating were: Gilead, Administration of the Patrimony of the Public Welfare of the State of Yucatan, Regional and Municipal Development Institute, Sanfer Foundation, Casa de la Sal, Yucatan Ministry of Health, CTR Foundation, Florida Rotary Group, Kadurim, Siegfried Rhein and ISSSTE with donations in kind, human resources and economic.

## SPECIFIC OBJECTIVES

- Field screening for HIV/AIDS by performing rapid HIV tests.
- Strengthening of good practices in healthcare through workshops focused on self-recognition.
- Accompaniment to the communities in a learning process about HIV through the area of education.
- Eliminate gaps that make communities vulnerable to this disease, such as achieving access to health services.
- Work under a correct orientation myths, realities and prejudices regarding this disease through an exercise of cultural analysis.



## EXPECTED RESULTS:

Estimated beneficiaries: + 45 Mayan communities, 5,000 people impacted with virtual reality videos, HIV/AIDS tests, awareness campaigns and multidisciplinary health consultation.

**This project was originally proposed for one year including 10 field interventions in the state of Yucatan, however, due to the reduction of the requested funding in half the expected results are reduced by half.**

## INDICATORS

- Number of new HIV infections per 1,000 uninfected population.
- Percentage of married women ages 15-49 whose need for family planning is satisfied with modern methods of contraception.
- Teen pregnancy rate (ages 10-14; ages 15-19) per 1,000 women in that age group.





# SDG & 2030 AGENDA ALIGNMENT

## SDG 3

Promote healthy lifestyles and well-being for all. Applied to Sexual Health For All (SDG 3.3, end the HIV epidemic) since it corresponds to health promotion, prevention and early diagnosis by providing information on the benefits of the rapid test, in this way we can make an early detection of the disease in addition to seeking free access to the test for the population. Adding the counseling process to fight against stigma and discrimination, educating on what HIV is, how it is transmitted, risky sexual practices, how to use a condom, myths and realities about the disease, how to prevent it and free treatment in Mexico as well as the dignification of patients and people living with HIV/AIDS

## SDG 10

Reduce inequality through education about stigma and discrimination based on gender or ethnic group, in addition to belonging to one of these vulnerable groups, also suffering from HIV/AIDS can be another condition that gives rise to discrimination, through dialogues Participative with the communities through the recognition of Human Rights and Sexual and Reproductive Rights, in assistance to eradicate inequality.

## SDG 16

Promote peaceful and inclusive societies by strengthening respect for Human Rights, promoting the recognition of situations that put at risk the integrity of children and women who find themselves in environments of violence, through activities aimed at empowerment.



## PROJECT EXECUTION

The structure of each brigade consisted of different modules since, in addition to the specific objectives described in this project as Medical IMPACT, we fulfilled other goals and lines of work according to our mission and vision.

The modules are:

**Triage module:** In this module, the initial identification of the patient and taking of vital signs is made.

**Vaccination module:** One of our lines is universal vaccination coverage, so through trained personnel basic vaccines were applied to boys, girls and the population at risk, vaccination cards were delivered and guidance on vaccination was given to the population.

**Deworming module:** In this module, deworming was delivered to each family that consulted us, as well as guidance on how to prevent the main parasites in Mexico.

**Consultation Module:** The care we seek in the patient is comprehensive, which is why health professionals from various areas were recruited, with first-level medical consultation, physical therapy, nutrition, psychology and other specialties that joined us, each module. The purpose of the consultation was to provide orientation, diagnosis and treatment of the different pathologies presented by the patients.

**Diagnostic module:** As diagnostic tools we have a portable ultrasound, electrocardiograph and a spirometer as support for consultations.

**Health education module:** In this module we work with communities on health issues through workshops, talks and digital material.

**Education and art module:** Led by education professionals, we worked with the boys and girls of each community on reading and writing, mathematical and artistic skills, and basic health topics.

**Pharmacy module:** In this module free medicines were delivered.

The results of each of these modules are described in the general reports of each brigade.





# PROJECT EXECUTION

Regarding the Sexual Health For All project, the actions are divided into two modules;

## HIV rapid test application module

In this module, trained personnel applied rapid detection HIV tests under the counseling process, guidance on the use of male and female condoms, and resolving doubts regarding other sexually transmitted diseases.

Material used: Rapid detection HIV tests, stationery (informed consent, information card, results sheet, control sheet, reference sheet, CAPASITS information sheet), swabs, gel, gloves, sterile fields, alcohol, lancets, balls and Biohazard waste containers.

Staff: Counselor in the health area

### Process:

1. Counseling part one: Presentation of informed consent, explanation of the procedure and technique of taking the test, benefits of the test.
2. Take the test
3. Filling out the ID
4. Explanation of what HIV is, resolved doubts about STIs.
5. Delivery of results
6. If it is a reactive case, carry out a second test
7. If two tests are reactive, the referral is made to the corresponding health institution
8. If it is a non-reactive case, insist on prevention measures and encourage routine testing.

## The health education module

It consisted of the following parts:

Prior to the execution stage, we worked with a Mayan interpreter to prepare material in that language, this material consisted of videos on HIV as general information and benefits of the rapid HIV test.

During the intervention in the field, the activities began with the projection of the videos while the patients waited to access the consultation or the rest of the modules, later the following activities were implemented:

Day one

- 1.- Dynamic "build your body" with the aim that the people recognize their body, how it is made and actions to take care of it.
- 2.- In dialogue mode through questions and answers speak about HIV in general.
- 3.- Who should take the rapid HIV test? An exercise of conscience with the community with the aim of eliminating the stigma and incorrect beliefs.
- 4.- What do I do to take care of my health? In this activity, people wrote or discussed specific actions they do to take care of your health where you allowed us to make a diagnosis on the perception of health and well-being of the community in question by placing the comments on the "tree of health".





# PROJECT EXECUTION

## Day 2

1.- Identification of Human Rights based on the following question:

Did you know that we have human rights? People participated by saying a list of rights that seemed important to them in their lives.

2.- Through a true/false game, a list of phrases related to sexual and reproductive rights,

In this way we were able to identify the perception that people have about these rights and work on the prejudices they had in this regard.

3.- Safe sex and protected sex, in this dynamic we ask people about their knowledge of both terms, doubts were later clarified and the importance of these two in people's sexual lives was emphasized.

4.- Presentation of the female and male condom to reinforce the previous point, questions about the use, placement and effectiveness, in this dynamic a diagnosis was made on the openness that the communities had regarding these issues.

5.- Offer of the rapid HIV test, with an infographic explained general points about HIV and the benefits of Quick test.

## Day 3

1.- Empowerment of indigenous women, from previous experiences in the field it is known that part of the uses and customs of the communities harm women and their health, so it is of the utmost importance to raise awareness of these positions and open the way to changes that benefit everyone equally, the first part of this activity focused on the recognition of women in leadership positions in the communities and on the identification of leadership actions in their families.

2.- Talk about HIV and women's health.

3.- Remember the benefits of the test by showing the test and explaining step by step the procedure for taking the sample and reading the result in order to give confidence to people who would like to take the test.

4.- Needs of the community, on a sheet or through the dialogue people expressed the most common needs in regarding the health of their communities, an activity aimed at stimulating citizen participation in health issues.





# IMPACT IN YUCATAN

19

ASSISTED DISTRICTS

1,484

APPLIED HIV RDTS

4028

Total of persons in the education program

4479

PRIMARY HEALTHCARE CONSULTATIONS

18

Mass media publications

9

Reactive Cases





# COMPLEMENTARY BRIGADES

7

Assisted Districts

4

Mexican States

419

TOTAL HIV RDTS  
APPLIED

1,943

Total of persons in the  
education program

2,321

PRIMARY HEALTHCARE  
CONSULTATIONS

3

REACTIVE CASES





# GLOBAL IMPACT

26

Assisted  
districts

1,903

TOTAL HIV RDTS  
APPLIED

5,971

Total of persons in  
the education  
program

6,800

PRIMARY HEALTHCARE  
CONSULTATIONS

18

Mass media  
publications

12

Total Reactive  
cases





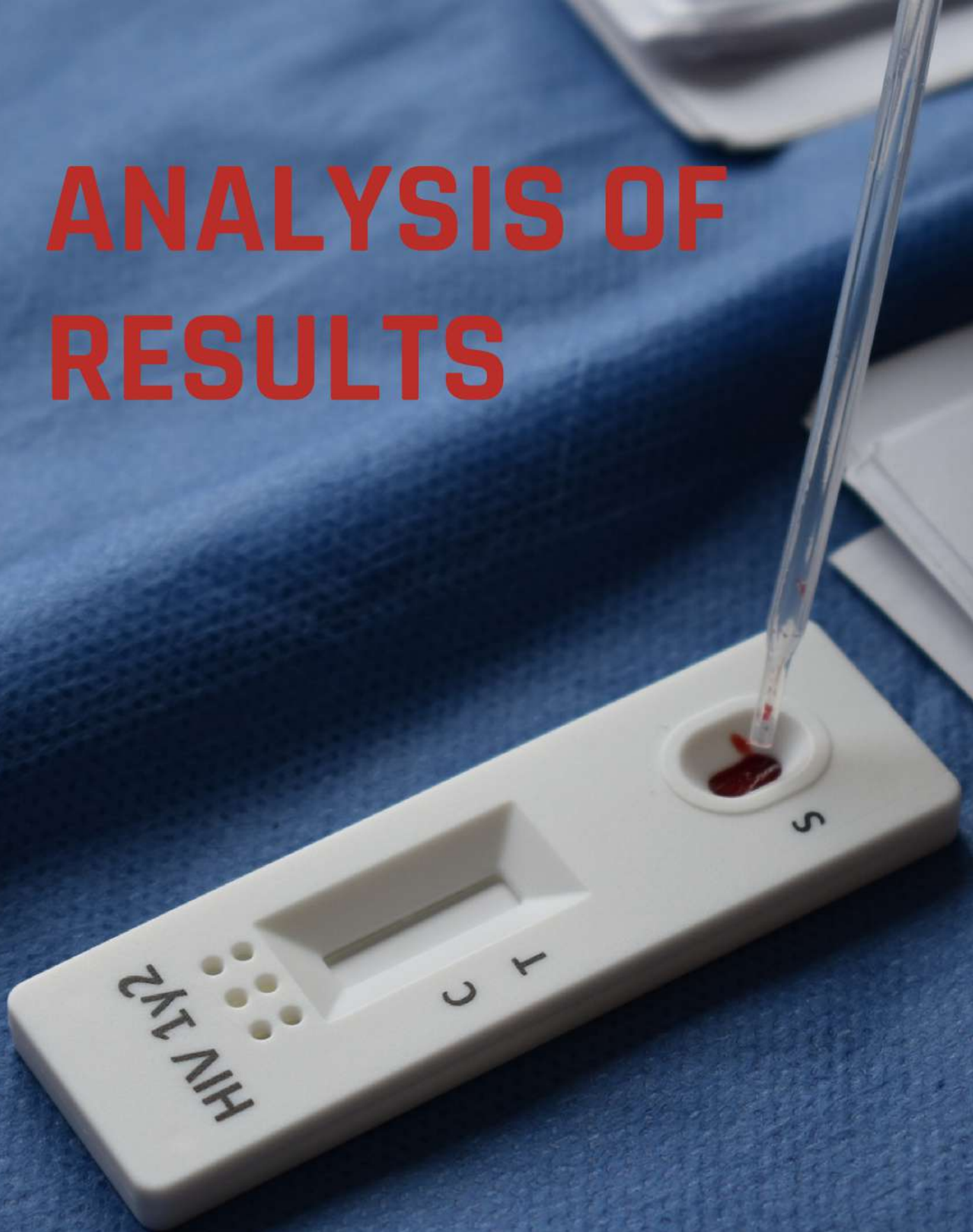
# ASSISTED MAYAN COMMUNITIES / DISTRICTS

1. CUNCUNUL
2. CHANKOM
3. CHIKINDZONOT
4. YAXCABÁ
5. MANÍ
6. TEABO
7. OXCUZCAB
8. BOKOBA
9. CACALCHEN
10. IZAMAL
11. KANTUNIL
12. TICUL
13. KANASÍN
14. HUNUCMÁ
15. UMAN
16. MOCOCHÁ
17. IXIL
18. MOTUL
19. PROGRESO





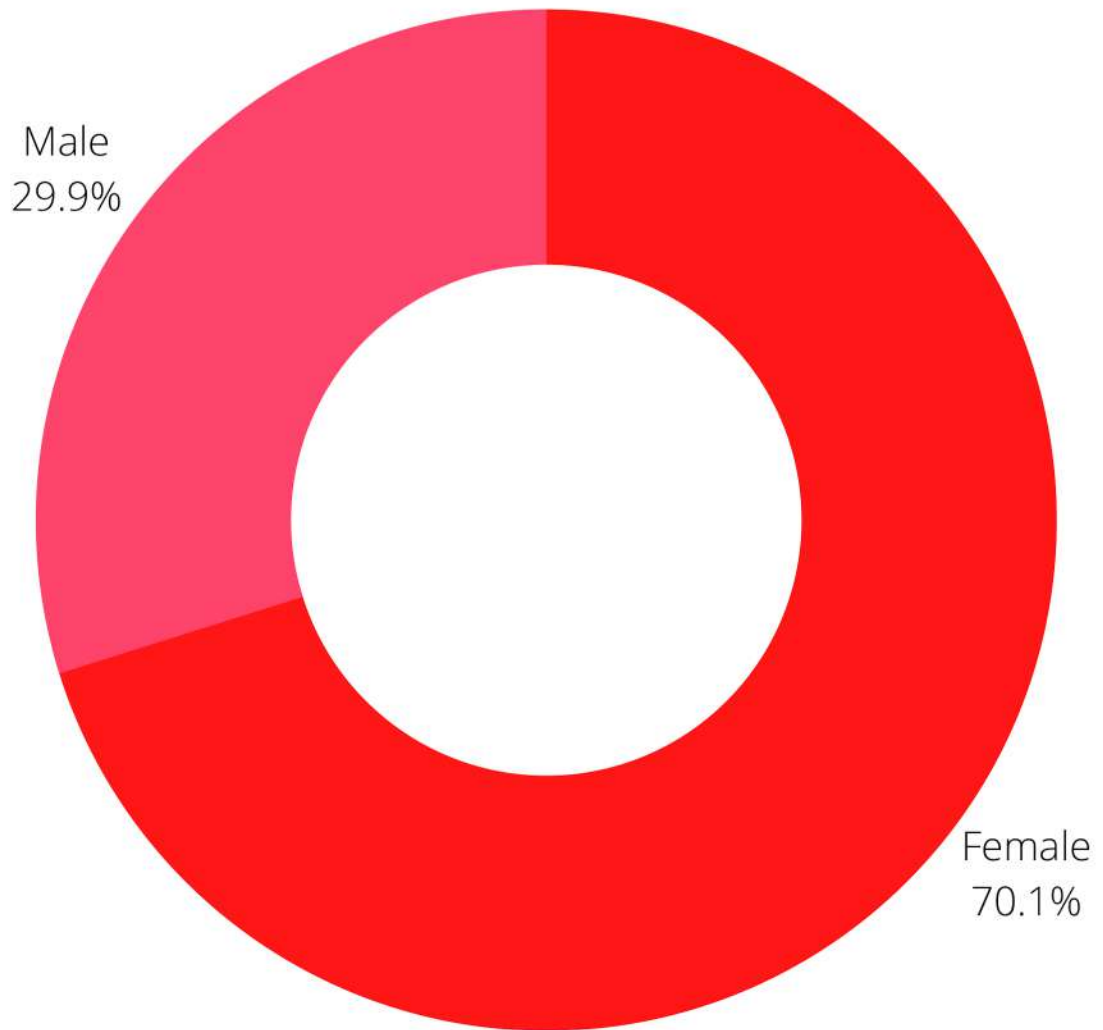
# ANALYSIS OF RESULTS








## SEX

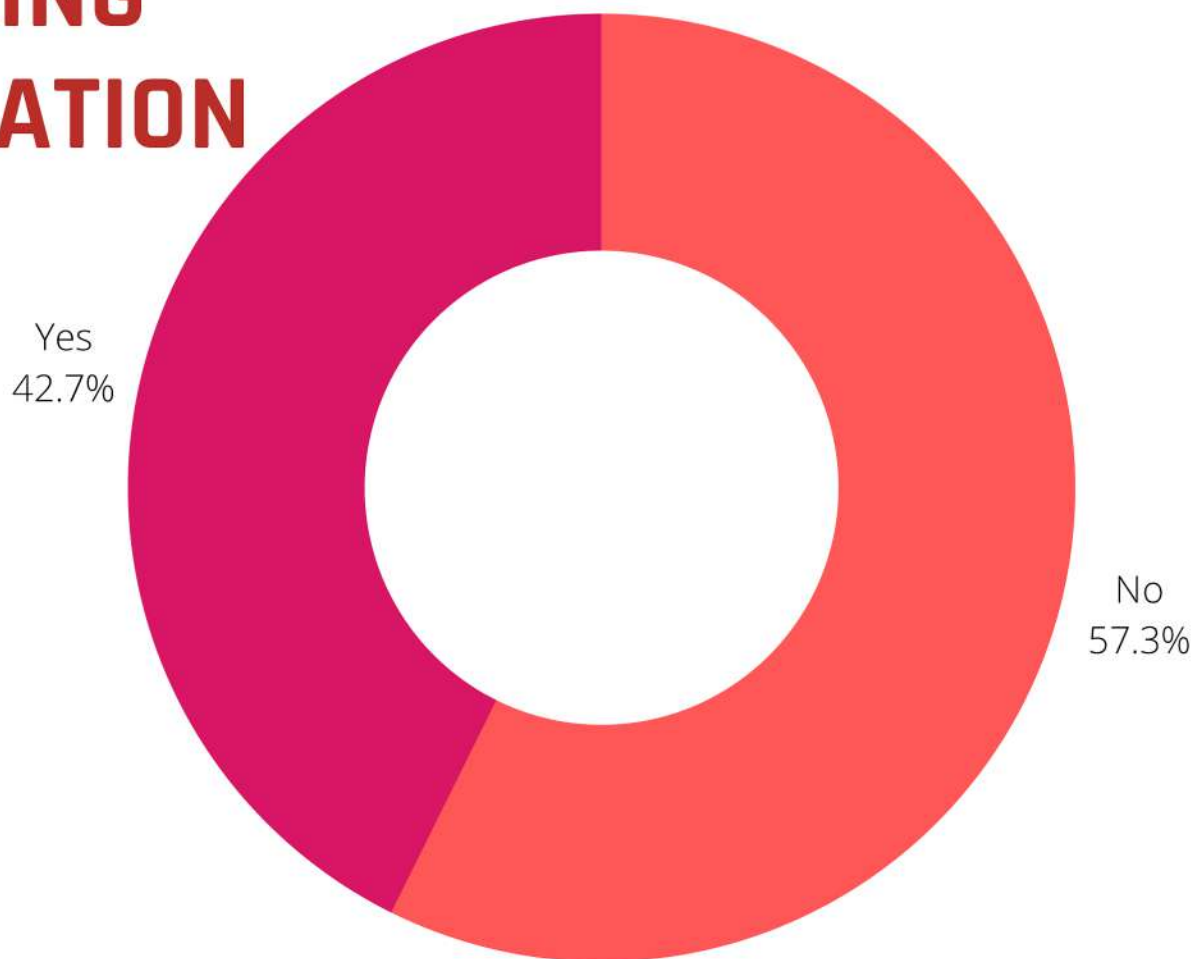


The majority of the population that presented were women 1,041 (70.1%) where it was detected that socially these same ones presented the role of primary caregivers of the family, this being the main reason why they went to the medical brigades, thus taking members of the family for medical attention. It was identified that this population is vulnerable to society since they found cases of gender, emotional, and economic violence, among others.





# MAYAN SPEAKING POPULATION

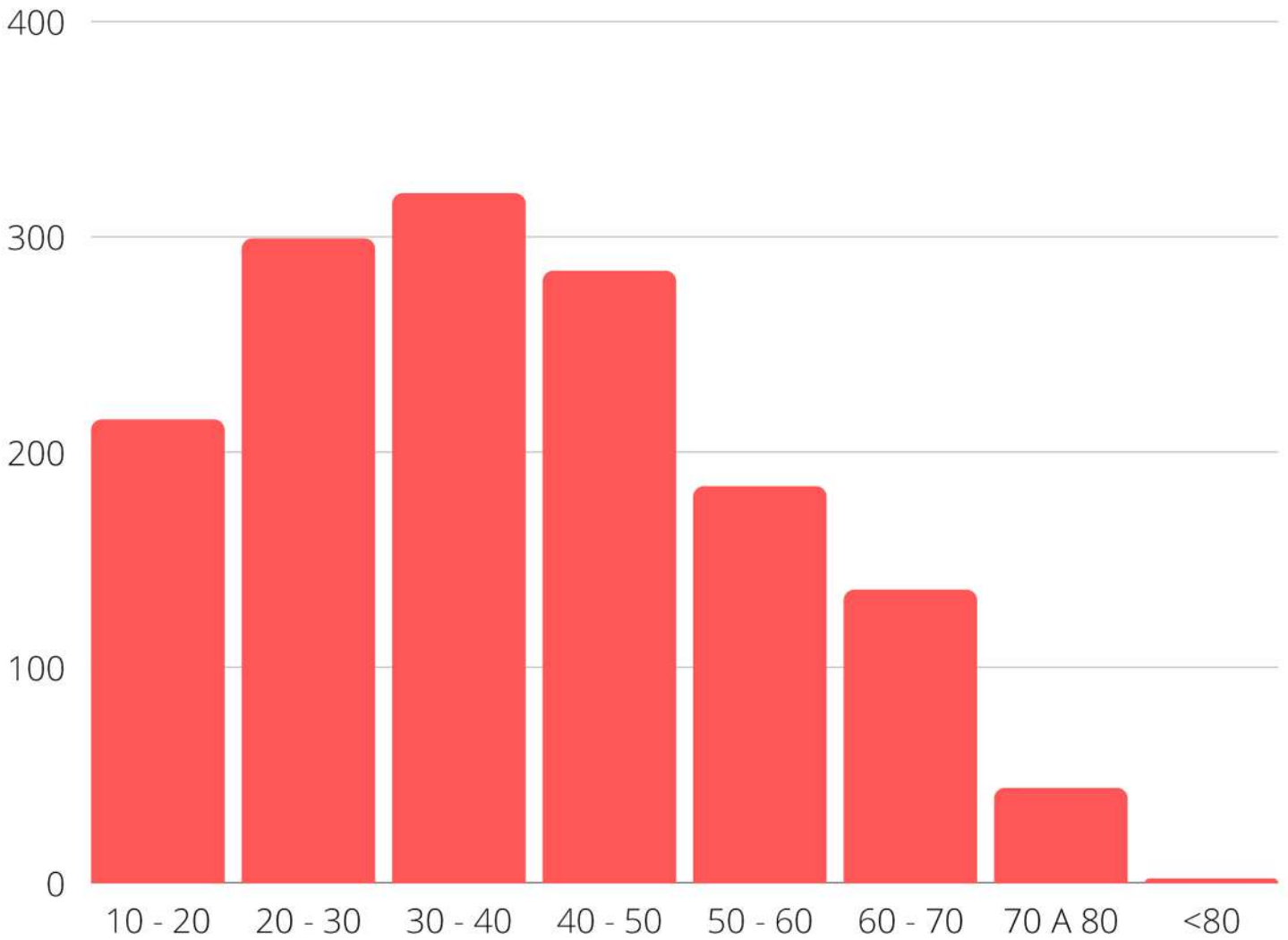


During our interventions in different parts of the territory, 42.7% of the population to whom the services were provided were Mayan speakers, so various strategies were implemented to improve the communication process so that all the information provided to people is received in an appropriate way and that they managed to apply it to their context and social dynamics. Implementing audiovisual materials in the Mayan language and in Spanish, health education talks supported by interpreters who knew the subject and managed to transmit the information in a clear and precise way, Accompaniment of interpreters during counseling with special emphasis on protecting patient confidentiality .During the dynamics of the interventions we found that the main Maya Speakers were adults since young people decided not to speak this language due to stigma and shame of society.





# AGE

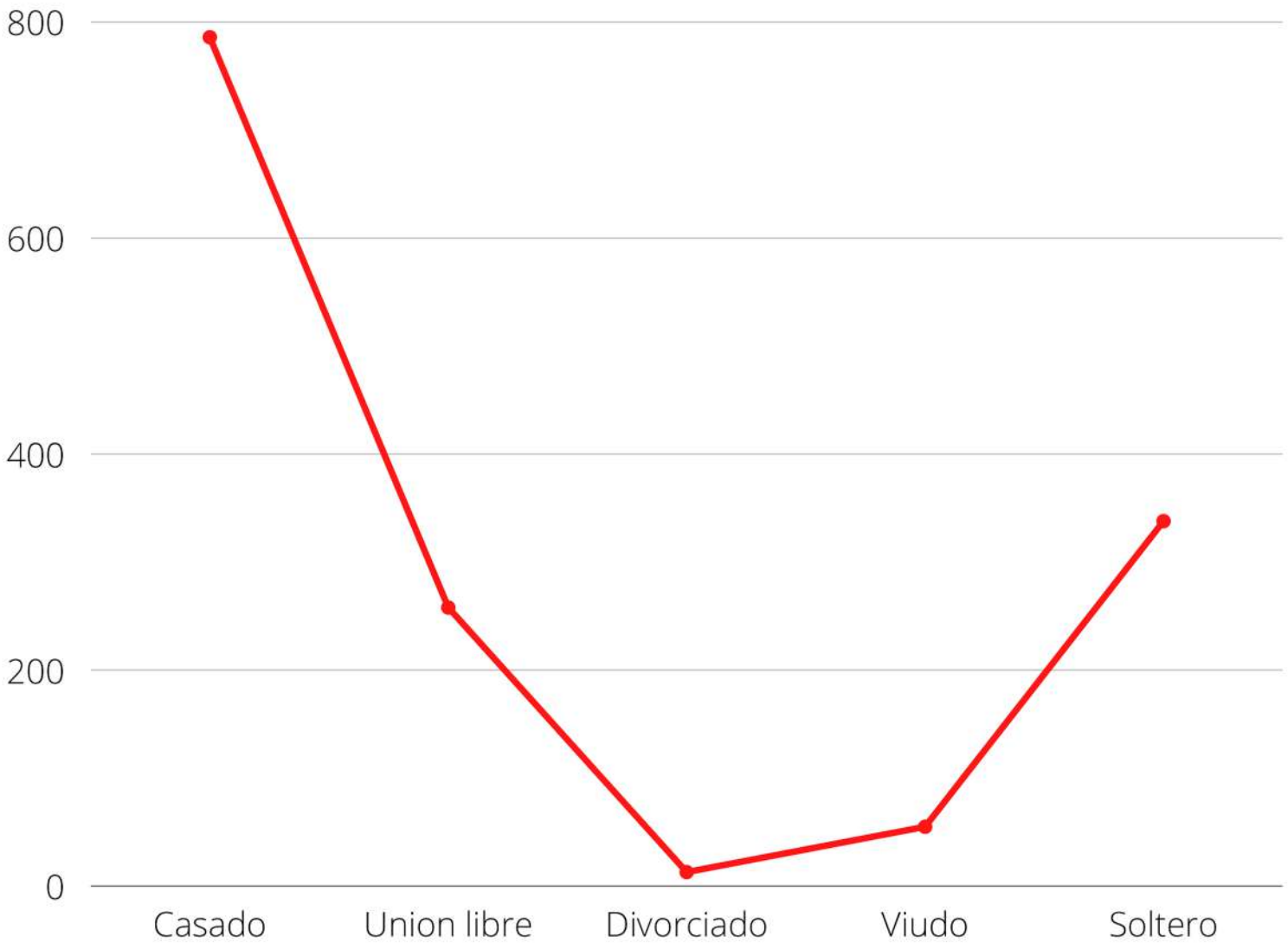


In the consultations, the range that most presented to perform the rapid HIV test was identified were people from 30 to 40 years old (21.6%), being the following groups people from 20 to 30 years old (21.6%), 40 to 50 years old (19.1 %). Continuing with individuals from 10 to 20 years old (14.5%), 60 to 70 years old (9.2%). The age ranges that least presented to the services provided were people between 70 and 80 years old, representing 3% of the total number of people.





# MARITAL STATUS

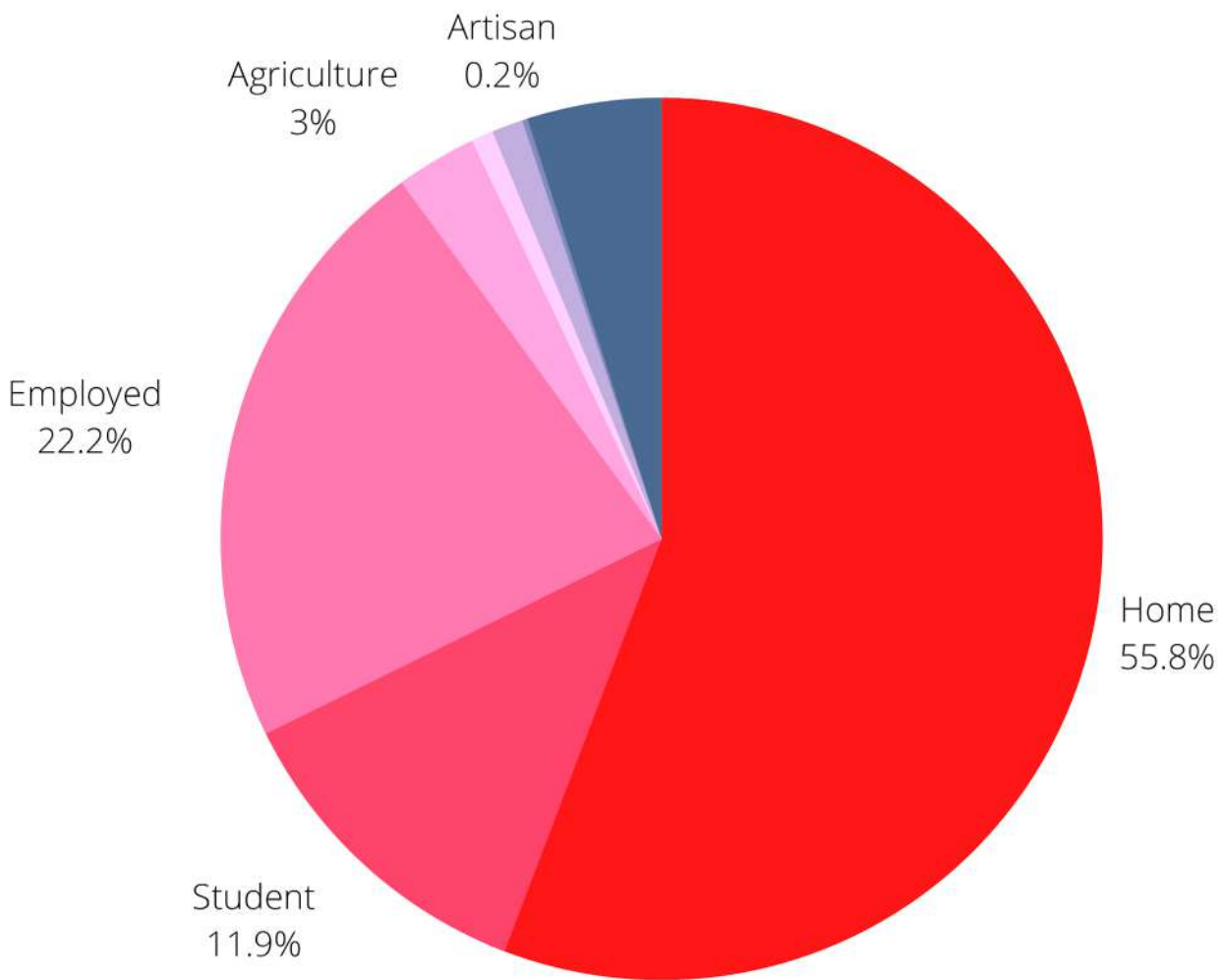


Regarding the situation in which a person is related, it was found that the users who presented themselves to the services the most were married, representing an evident majority of 54.2%, followed by people who were single (23.3%) and people who were in a free union represented in 17.8%. The people who presented the least were people who were widowed with 3.7% and people who were divorced (0.9%).





# OCCUPATION



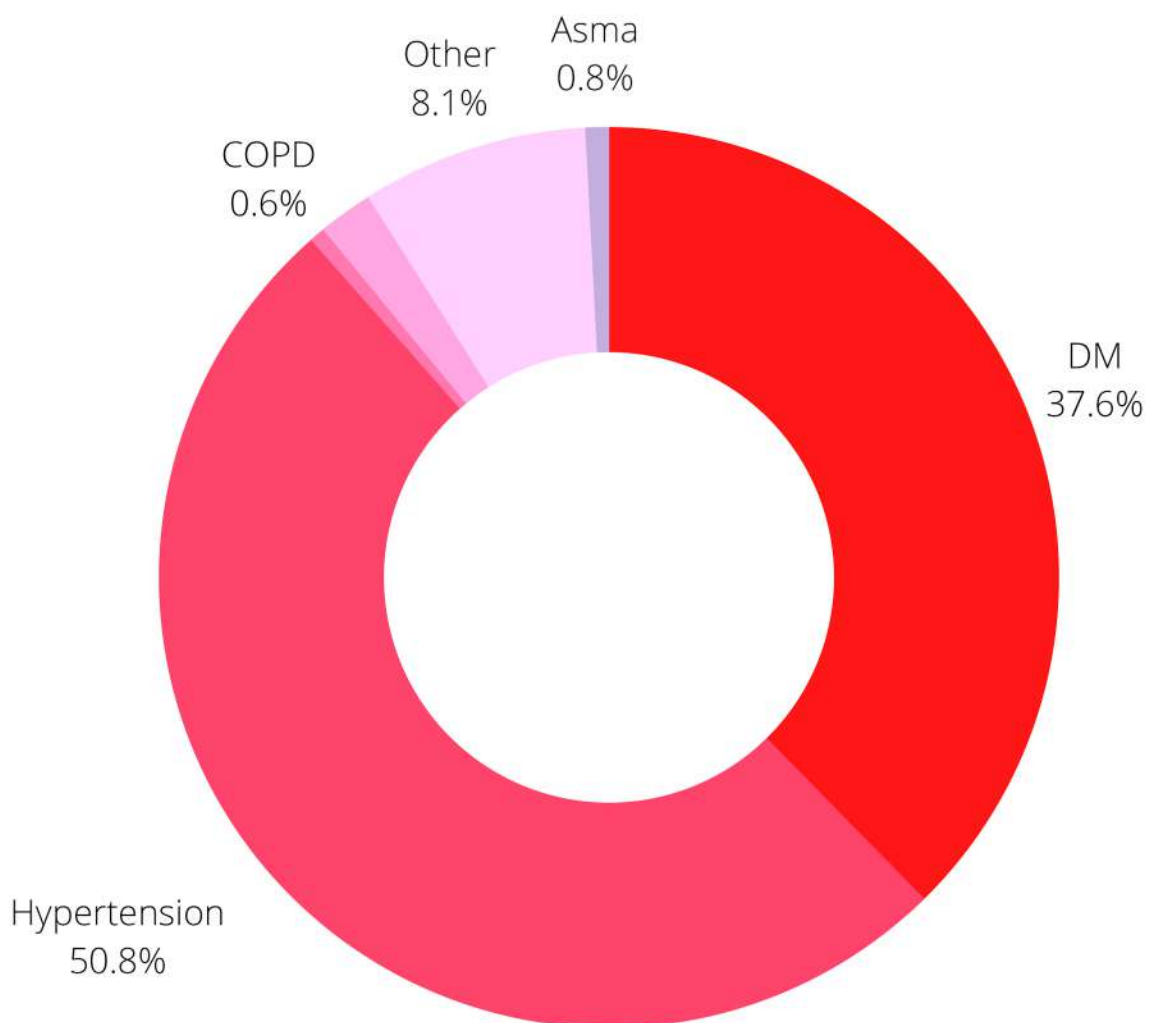
The main occupation of the people who attended the services were women domestic workers, being part of their activities to take care of the health of the members of the household for which they attended the medical services, with 828 people attending (55.8%). This same group in different communities identified that although many women carried out artisanal techniques such as embroidery, weaving, pottery, etc., they did not consider it as an occupation or main economic activity.

It was identified that the highest occupation of the members of the communities were Employees (22.2%), followed by students (11.9%), farm workers (3%), Unemployed were identified 1.1% and Other occupations that were not related to the items mentioned above identified in 4.9%





# NON-COMMUNICABLE DISEASES

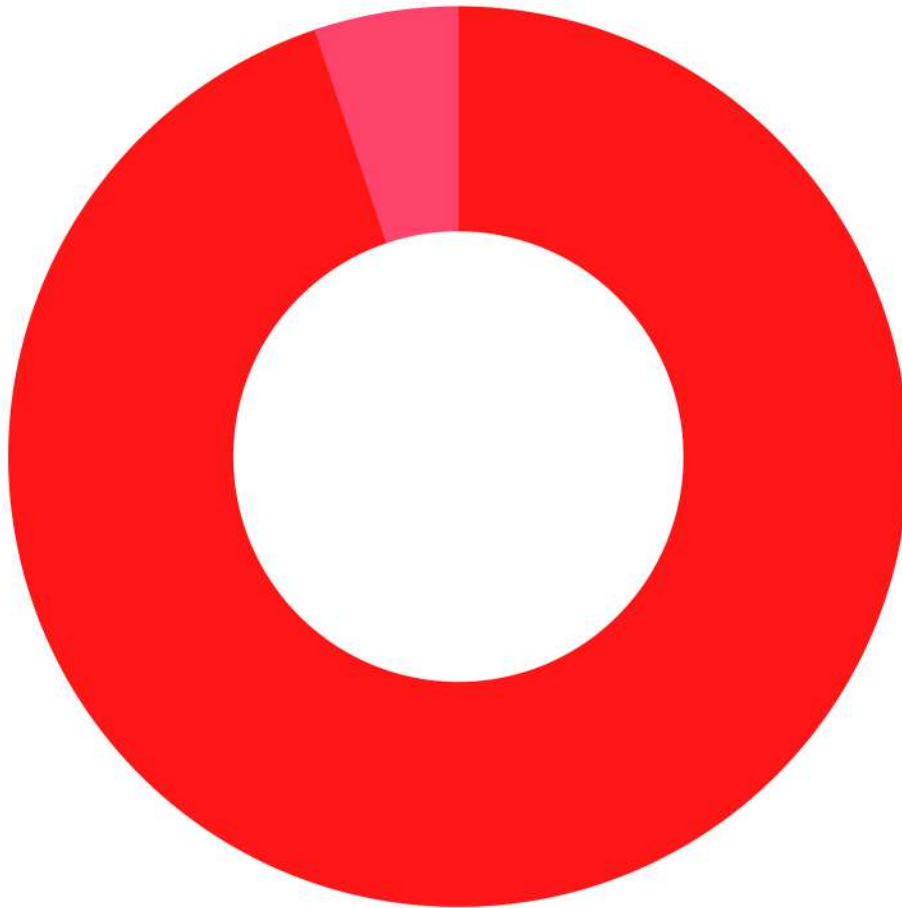


During the interrogation, it was identified that in relation to the chronic degenerative diseases that occurred the most in the places visited, it was mostly people who lived with Systemic Arterial Hypertension with a total of 181 people (50.8%), which increases the risk in people of suffering a stroke or cardiovascular alterations among others. The chronic degenerative disease that occurred the most was also Diabetes Mellitus in 134 people (37.6%) where, according to INEGI data since 2020, diabetes mellitus became the third cause of death in Mexico. Followed by people with Arthritis (2%), Asthma (0.8%), COPD (0.6%) and others that were not related to the aforementioned items with 8.1%



# PREGNANT AND RECENTLY PREGNANT PEOPLE

Yes  
5.2%



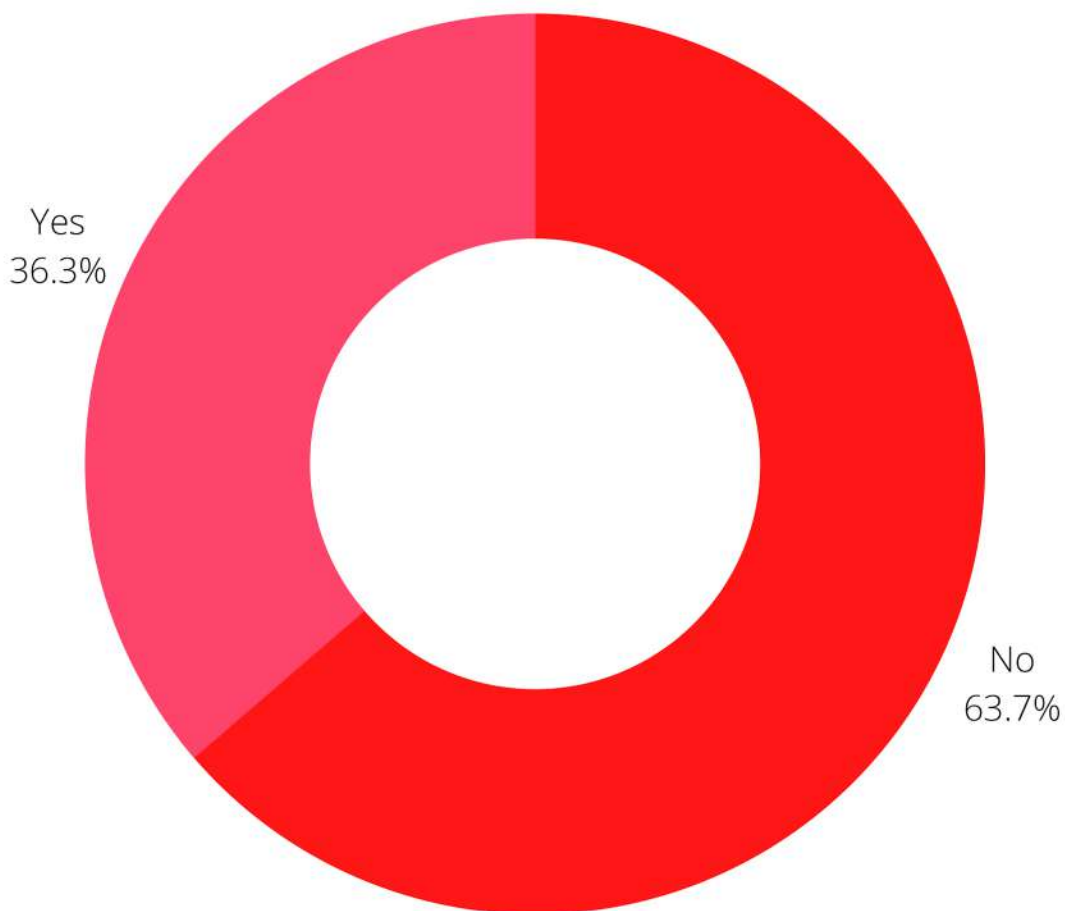
No  
94.8%

Of the 1,041 women who requested the rapid HIV test, 54 were pregnant. In Mexico, as part of the laboratory studies of prenatal care, the rapid HIV test is found. The vast majority of pregnant women were already in their third semester. without this test, but thanks to the efforts made during the sessions, all the pregnant women were screened, so that they would subsequently continue their prenatal control in their health units, but with the rapid HIV test performed.





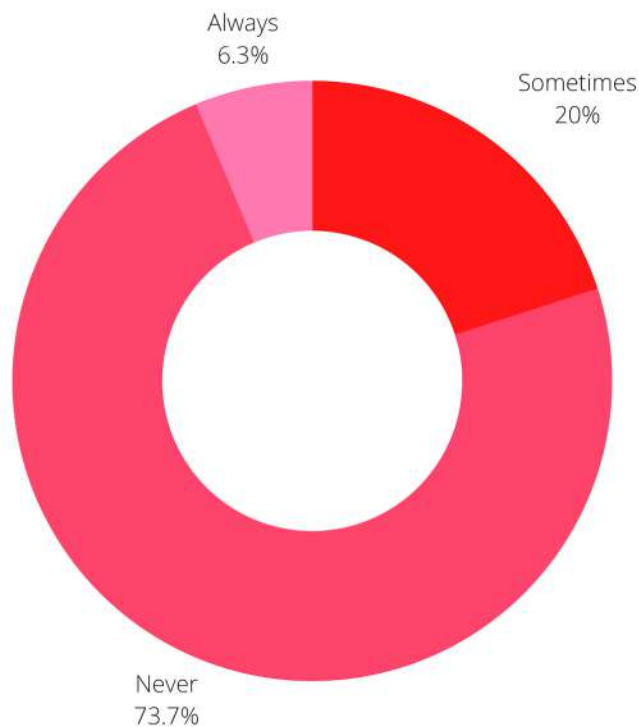
# HAS PREVIOUSLY TAKEN AN HIV TEST



One of the situations that we repeatedly face is the lack of promotion and access to this type of test in the communities visited. Very little of this type of test reaches the first level care units of the municipalities and when they are available, they are offered little. To the inhabitants, only one municipality reported that prior to the COVID-19 pandemic, a health day had arrived with these tests, but there was a little resistance on the part of the people to carry them out, many determinants converge so that this behavior is successful. that one of the lessons learned by Medical IMPACT is effective and empathetic communication with the community to convince them that preventive actions are for the benefit of their health.



# ACCESS TO CONTRACEPTIVE MEDICATION PRESERVATIVE USAGE

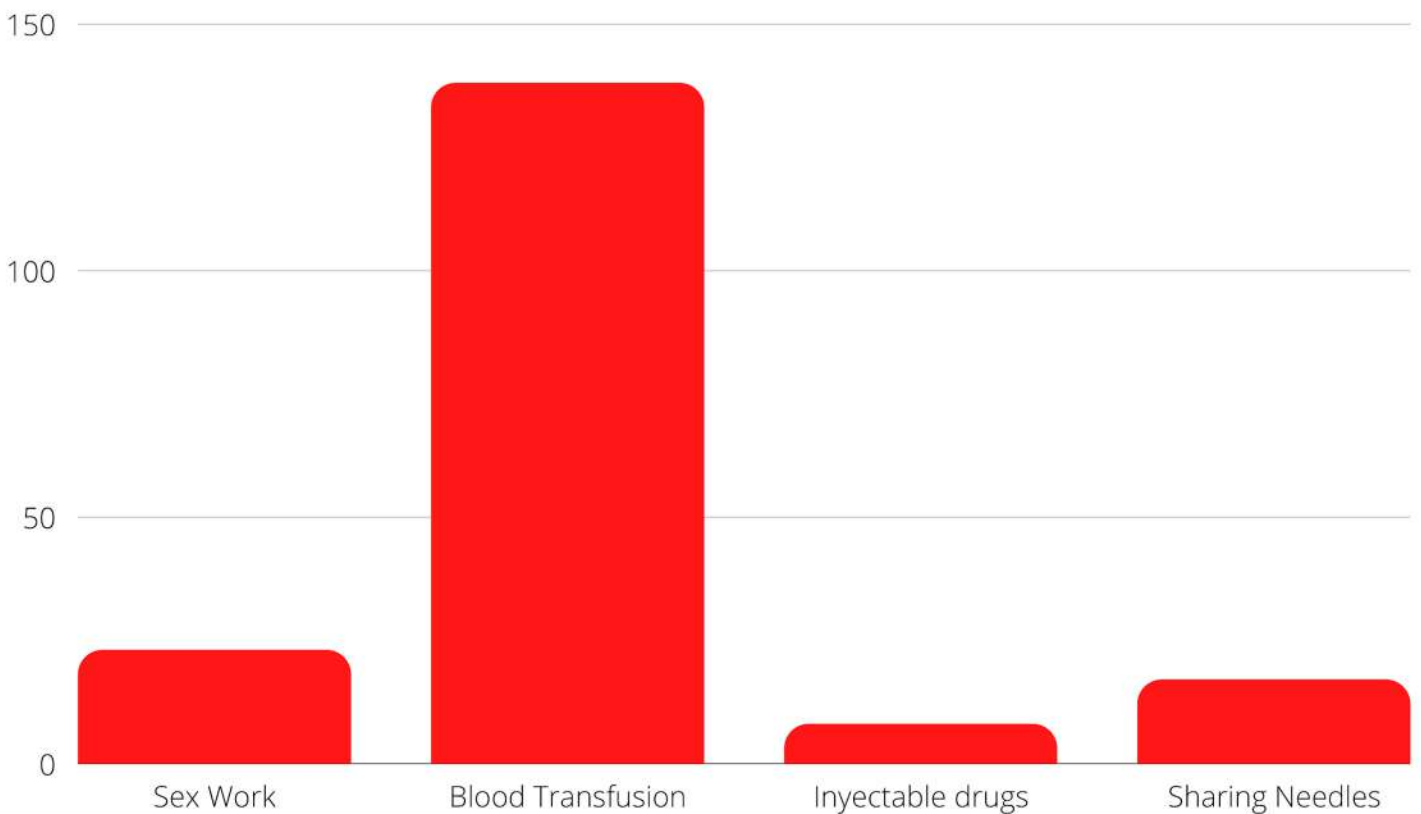


The vast majority of people who consulted the service were married women of reproductive age, so they considered the use of condoms to be irrelevant since for them it only serves to not have children, 6.3% who report that they always use it are young people with university academic degree. Many women interrupt their academic development because they are mothers at an early age, so most of them have incomplete high school or high school. **The educational level is related to the openness to the use of condoms, another reason for resistance to its use is the belief that the male partner decides on the use of this method, so negotiation is complicated in a sexist environment with a lot of gender violence, another obstacle identified is that the same educational and health institutions restrict information on contraceptive methods in young people and adolescents under the belief that if they are given this information they would start their sexual life at an early age.**





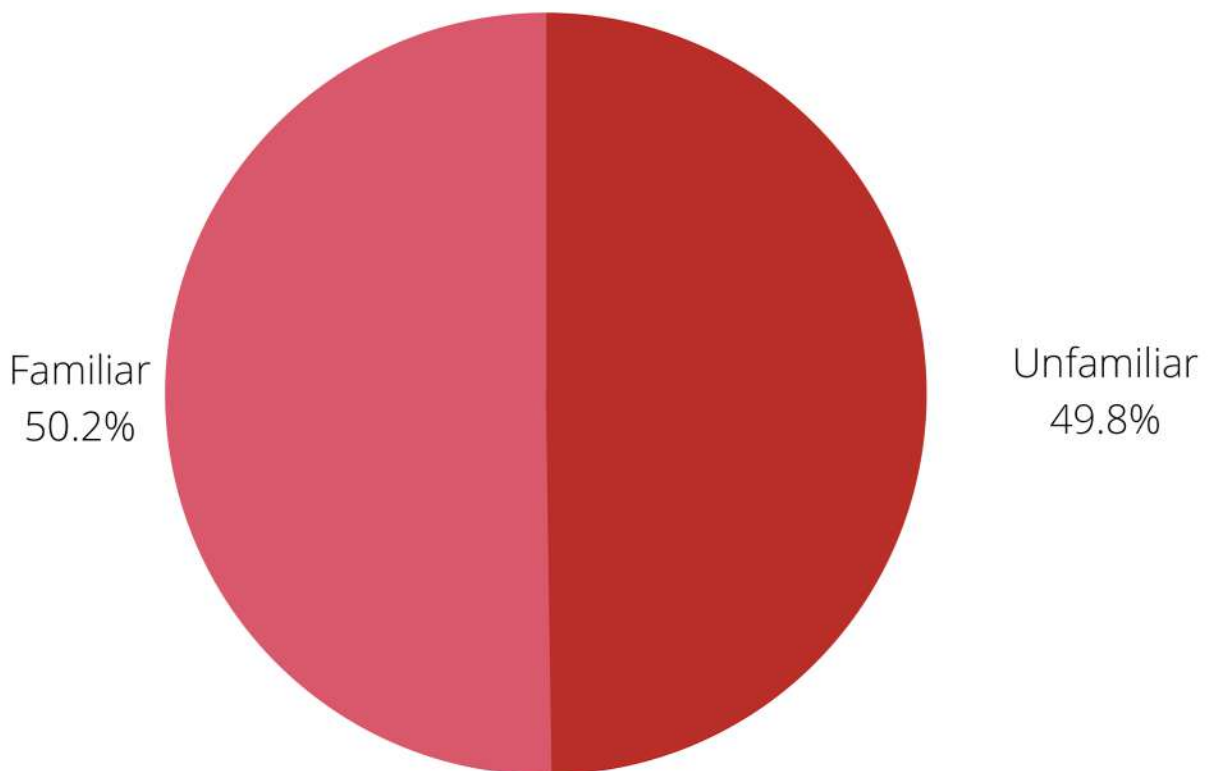
# SPECIFIC RISK BEHAVIOUR



Regarding the specific risk behavior for HIV, blood transfusions predominated, but all were performed in second-level hospitals with apparently safety protocols. The second on the list is the consumption of sex services, especially by the male population. **This phenomenon is due to Due to the high migration of this group of people to tourist areas such as Quintana Roo, where there is a high rate of sex trafficking, migration to these areas is due to the increase in job opportunities.**



## STI KNOWLEDGE



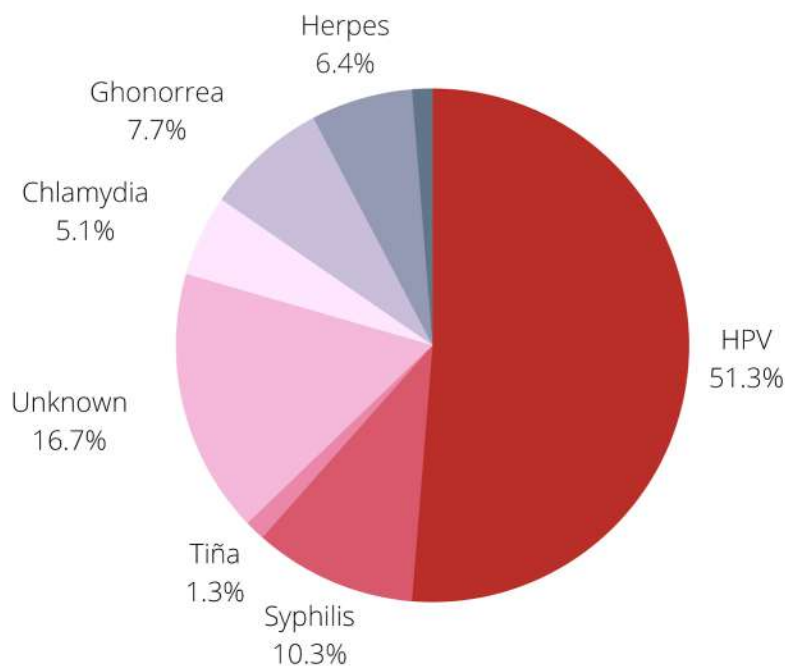
The number of people who, prior to health education activities, did not even have basic knowledge about sexually transmitted infections is seriously worrying, since by not knowing this topic, all actions to prevent them are lost, as we have already mentioned. **very few campaigns in these municipalities that are dedicated to sexual and reproductive health by educational institutions, the information is restricted by a cultural issue.**

All age groups should be considered for activities aimed at sexual health education, but we place special emphasis on youth, education is the best way to transform a society, especially in health issues.





# EVER DIAGNOSED WITH AN STI

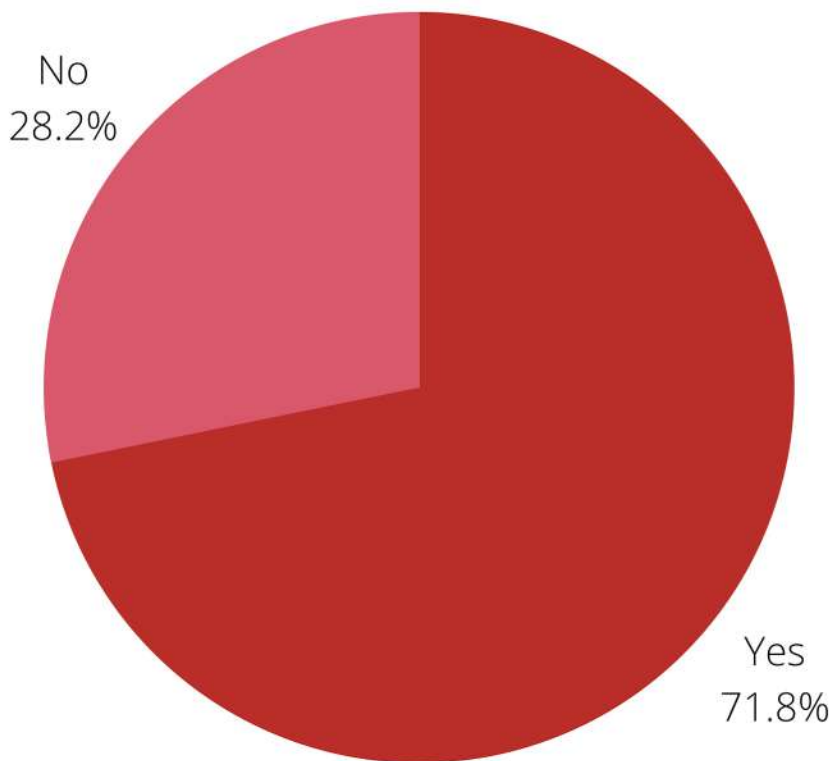


This reagent of the certificate was biased since many people did not know what a sexually transmitted infection is, therefore they did not know if they had ever had one, but the people who managed to identify one in their history told us that the disease by the virus of human papilloma is very present in these communities mainly suffered by women, however, we had cases of people with oral HPV of the male sex, secondly we recorded cases where the patient was aware that he suffered from a sexually transmitted disease but did not They said which, regarding this event we identified apathy by the local health services to explain to patients about diagnoses and treatments, especially due to the communication barrier due to the indigenous language that predominates in the region. Most of the people who referred us to their diagnosis regarding this type of disease were women, the same ones who, being aware of their health status, therefore also sought treatment, the opposite among men, who mostly do not remember treatment or that they even refer only to having received the diagnosis and no longer acquiring the treatment, also an attitude aimed at the cultural.

**Medical Impact has already studied this phenomena in the following publication:**  
**Focal Epithelial Hyperplasia Prevalence in an Endemic Population, Molecular Association of HPV-13 to Asymptomatic Patients and Comparison Between Three Elementary Schools of Different Income Levels, Journal of Immunobiology · Oct 30, 2017**



## RECEIVED TREATMENT



Of the total cases that were described through the certificate, 71.8% had specific treatment, the rest did not receive treatment and to analyze the reason for this event we have to take into account many determinants such as; the apathy already mentioned in previous paragraphs on the part of the health services, the little information in this regard, the stigma and discrimination around these diseases, the little consideration of the risk factors as well as the complications of each of the related pathologies.





## REACTIVE CASES

9 reactive cases were identified in the Mayan communities, however, considering the efforts that were added in the complementary brigades, there were a total of 12 cases which were referred to the pertinent instances to carry out the confirmatory tests, thus ensuring their treatment, with Regarding the cases that did not have any health service, most of them were referred to the CAPASITS and regarding the cases found in Mexico City, they were referred to Clínica Condesa and/or Casa de la Sal.

All patients received a reference sheet specifying the results of the two rapid tests, and personal data was taken under their authorization to speed up the link with the health system and thus ensure immediate patient care.

**An inter-institutional collaborative work was carried out with an effective line of communication, Medical IMPACT was aligned with the requirements that the Yucatan health secretary requested of us so as not to hinder the final care of the patient. On some occasions, the community leaders collaborated by facilitating the transportation of the patients, among other things. Always caring for the patient's integrity, individuality and right to confidentiality.**

We have a trained team in the mental health area that intervened in the containment of crises after the reactive result of the tests.

As expected, most of the reactive cases were found in the municipalities of Progreso and Kanasín, mentioned at the beginning of the document due to their high incidence of HIV.





# REFERRAL STRATEGY

These protocols are established in order to provide support and guide people to make the right decisions for the benefit of their health.

When a rapid test registers a reactive result, it is necessary to inform the patient that a second test is necessary to rule out or confirm the presumptive result.

Therefore, when a second test registers a reactive result, emotional support is provided adapted to the conditions and context of the patient at that moment.

After that, all the necessary information about HIV is provided so that the person knows the characteristics of the virus, the difference between HIV and AIDS, transmission methods, eliminate myths and taboos, treatments, rights, detection and diagnosis.

Continuing to provide the person with the characteristics of the institutions that are within their reach, paying attention to the geographical location and willingness to transfer. Specifically, information about the Ambulatory Center for the Prevention and Care of AIDS and Sexually Transmitted Infections (CAPASITS) where information on the Services they offer is shared, such as address and contact directory.

Therefore, a reference sheet authorized by the health authorities is made, with which the patient can present himself and demonstrate that said tests were applied.

After the counseling with the patients is finished, notice is given (prior to the authorization of the patients) to the health jurisdiction, which makes a survey of the reported case to give timely follow-up and help people in their process.

This represents different challenges and challenges in the different communities where the services are deployed, since the stigma about being a carrier of the virus is the main cause of fear in patients due to the possibility that other members of the community know their condition and violated, The economic factor represents an inconvenience in the attention of the people since they do not have the access to mobilize to the centers to be attended or not in the frequency in which it is required to carry out their follow-up. The culture of self-care is also important, since many times neglect of health can cause the disease to progress and cause damage to health.





# SEXUAL HEALTH IN SCHOOLS

This activity arose during the implementation of the project due to the needs identified by the community leaders of each municipality regarding access to information regarding sexually transmitted infections and the use of contraceptive methods, the schools we visited were upper secondary level with students between 15 and 21 years of age in the face-to-face modality.

6 schools were visited:

- Cobay de Kimbilá
- Cobay de Sitilpech
- Bachillerato tecnológico agropecuario N. 165
- Instituto Tecnológico de Progreso
- Telebachillerato Matilde Cárdenas Alvarez
- CBTIS N.80

The actions that were carried out in the schools were; the projection of projects in Spanish and Mayan on general aspects of HIV, benefits of the rapid test and the procedure for taking the rapid test, talks to resolve doubts regarding sexually transmitted infections, a workshop on the placement of male and female condoms, dynamics of myths and beliefs around HIV and finally they were offered the application of the rapid HIV test under a counseling method.

Observations: A lot of misinformation was identified in young people and adolescents in schools, erroneous beliefs about HIV, especially in the way the disease is transmitted, many risk factors were found in this population, such as tattoos in places without safety and hygiene protocols, drug use and almost zero use of condoms. Another of the limitations identified was that the local health units did not provide them with information regarding contraceptive methods because they were minors, nor did they provide them with condoms, much less did they talk to them about sexually transmitted infections every time the young people and adolescents approached them. In our consult, we believe that this attitude has been replicated in these units due to a cultural issue in believing that by giving access to this information young people and adolescents would start their sexual life early, but the consequences of these actions are misinformation in this age group, increased vulnerability to sexually transmitted infections and increased risk of teenage pregnancy.





## SEXUAL HEALTH IN SCHOOLS

All the groups that were attended by Medical IMPACT showed a favorable response to the dynamics, they were very participatory since they had many doubts that they expressed, we found many young people interested in taking the rapid HIV test, however, we also found limitations on the part of the administrative staff for the offer of said tests despite the fact that the law protects young people and adolescents over 15 years of age, granting them the right to access information on sexually transmitted infections and contraceptive methods, access to contraceptive methods and access to detection tests of sexually transmitted infections without the authorization or supervision of their tutor, the argument that they mostly shared with us was that the students were minors and that they, as an institution, required the consent of the tutors, other schools allowed us to do these tests because they understood the needs of this age group.

The application of the rapid test was carried out under informed consent and a counseling process, respecting the integrity and confidentiality of the user.

**One reactive case identified**

## COMPLEMENTARY BRIGADES

**The characteristics of the project made it possible to replicate and integrate the efforts implemented in the Mayan communities to other vulnerable communities that Medical Impact monthly assists, such as Nahuatl indigenous groups in the State of Puebla, Tsotsil communities in the State of Chiapas, communities in urban poverty such as some areas of the Municipality of Naucalpan, State of Mexico, trans community of the Cuahutemoc Delegation in Mexico City. There were some destinations where we gave continuity to the Sexual Health For All project.**

**All the specific information regarding these complementary sessions can be found in their respective reports at [medical-impact.com](http://medical-impact.com)**





# MASS MEDIA PUBLICATION

During the interventions in the field we have coverage by means of communication, in the notes the services brought to the communities are described, these notes are listed below;

CARIBE EMPRESARIAL: <https://caribempresarial.com/inicio-campana-de-deteccion-de-vih-en-comunidades-de-yucatan/>

DIARIO DE YUCATÁN: <https://www.yucatan.com.mx/merida/2022/1/17/llevan-ayuda-municipios-290712.html>

CUADRATIN YUCATÁN: <https://yucatan.quadratin.com.mx/municipios/concluye-jornadas-de-atencion-medica-y-deteccion-de-vih-en-yucatan/>

NOVEDADES YUCATÁN: <https://sipse.com/novedades-yucatan/realizan-jornadas-de-deteccion-de-vih-en-municipios-de-yucatan-417911.html>

LA JORNADA MAYA: <https://www.lajornadamaya.mx/yucatan/189230/apbpy-concluye-jornadas-de-atencion-medica-en-varios-municipios-de-yucatan>

Johnny Oliver Quintal, Periodista mexicano, YUCATAN: <https://www.jhonnyoliverquintal.com/2022/02/concluyen-jornadas-de-atencion-medica-y.html>

NUESTRA MERIDA: <https://www.nuestramerida.com/por-segunda-vez-en-el-ano-la-beneficencia-publica-y-el-inderm-realizan-jornadas-de-atencion-medica/>

LA RESVISTA PENINSULAR: <https://www.larevista.com.mx/yucatan/por-segunda-vez-en-el-ano-la-beneficencia-publica-y-el-inderm-realizan-jornadas-de-atencion-medica-70994>



# MASS MEDIA PUBLICATIONS

.INFOLLITERAS, YUCATAN: <https://infolliteras.com/2022/03/14/se-llevaran-a-cabo-por-segundo-ano-consecutivo-las-jornadas-de-atencion-medica-a-cargo-de-la-asociacion-medical-impact/>

NOTIYUC: <https://notiyuc.com/servicios-medicos-gratuitos-en-oxkutzcab/>

GRILLO DE YUCATÁN: <https://grillodeyucatan.com/2022/03/18/jornadas-de-salud-en-oxkutzcab-yaxhachen-y-xul-de-medical-impact-y-la-comuna/>

PENINSULAR PUNTO MEDIO: <https://puntomedio.mx/realizan-jornada-de-salud-en-yaxhachen/>

GOBIERNO DEL ESTADO DE YUCATÁN: [https://www.yucatan.gob.mx/saladeprensa/ver\\_nota.php?id=6178](https://www.yucatan.gob.mx/saladeprensa/ver_nota.php?id=6178)

MI PUNTO DE VISTA, YUCATAN: <https://www.mipuntodevista.com.mx/todo-listo-para-las-terceras-jornadas-de-atencion-medica-apbpy/>

AL MOMENTO, YUCATAN: <https://almomento.mx/alistan-jornadas-de-atencion-medica-en-yucatan/>

EL MAYA: <https://elmaya.mx/alistan-jornadas-de-atencion-medica-en-yucatan/>

NOVEDADES YUCATÁN: <https://sipse.com/novedades-yucatan/jornadas-atencion-medica-sectores-vulnerables-yucatan-425299.html>

MERIDA DIGITAL: <https://meridadigital.mx/2022/05/23/realizan-jornadas-de-atencion-medica-en-sectores-vulnerable/>





# CONCLUSIONS

- Multisectoral work is essential to cover the most vulnerable communities.
- These communities have many determinants that harm their health and place them at risk with respect to HIV.
- The preservation of culture in indigenous groups violates in many ways the sexual and reproductive rights of minority groups.
- Being a woman, being an indigenous population, being a population with difficult access are determinants related to the risk of acquiring infectious diseases, including HIV.
- The situation of poverty, the lack of access to basic services, the absence of health services, the educational backlog are common denominators in all the intervened communities and even shared characteristics among the municipalities with the highest incidence of HIV cases.
- It was determined that migration, especially to the Mayan Rivera, is directly related to risk factors such as the use of sex services and drug use.
- - The issue of sexual and reproductive health is a lagging issue in the health institutions of these communities, even local health personnel are reluctant to reproduce this information based on cultural beliefs.
- The implementation of timely HIV detection campaigns are extremely relevant when comparing the cost/benefit, even costs to the health system are reduced with this timely action.
- It is important to consider sexual health education campaigns for all age groups as a tool for the prevention of sexually transmitted infections.
- Pay special attention to young people and adolescents when developing health education strategies, such as visiting schools and spaces where this group operates.
- Many failures of the health system when it comes to wanting to intervene in these issues with their communities is the lack of effective communication, the preparation of informative material such as videos, infographics, audios, etc. in the mother tongue of each community allows it to open up that line of communication.



# CONCLUSIONS

-The knowledgeable about the health status of their communities are women, since they are the ones who mostly participate in health-oriented activities and because of the role they play as caregivers in their family, so it is important to think of this group when to plan and implement communication strategies on health education issues.

-Stigma and discrimination is a reality in these communities with respect to people affected by HIV.

-Mental health is another pillar that has been downplayed, so it is time to redirect efforts to combat post-pandemic havoc.

-The ravages caused by the unidirectional approach that was given to the efforts to combat the COVID-19 pandemic are very evident that it will take years to recover, the setback due to neglect suffered by other diseases such as HIV and tuberculosis is a giant challenge for the Health System.

We obtained the largest number of cases in the municipality of Progreso, which according to what was reported until 2020 was ranked third. This municipality is characterized by its proximity to the state capital, as it is an urbanized area.

• To have comparative results and create a real impact, it is suggested to carry out these interventions in the same municipalities more times.



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