UNITED STATES-MEXICO
BORDER HEALTH COMMISSION

REPATRIATED MIGRANT HEALTH MODULE PROGRAM (PMSMR)
2016 October Proposal

GENERAL INFORMATION

Name of the Program: MIGRANT HEALTH MODULE PROGRAM (PMSM)

Department responsible of the operation: United States-Mexico Border Health Commission

Name of the Organization: United States-Mexico Border Health Commission

Owner: Dr. María Gudelia Rangel Gómez

Name of the Management: Healthy Border Program

Name of the Holder: Dr. Rogelio Zapata Garibay

1. INTRODUCTION

This document emerge of the United States-Mexico Border Health Commission's (USMBHC) necessity of establishing in an institutionalized and permanent way the operation of the Repatriated Migrant Health Module (MSMR) in the Tijuana-San Diego border, as well to establish replicas of the long-term model throughout the North Mexico-United States border. That is because it has showed to be an adequate alternative to contain outbreaks of disease, to implement national policies for public health, to carry out actions of binational cooperation and for protection of human rights, particularly the right to health for repatriated migrants, promoting their reinsertion to Mexican society.

The general aim of this proposal is to develop a program that integrates the collaborative work between various instances in charge of serving the migrant repatriated population at the moment of their reception on the part of migrant authorities, taking health as the main focus.

It parts from the premise that programs and sector projects that in different dimensions serve the migrant population or in which it is susceptible to be a target population, and however, said programs and projects are missing of an adequate articulation and they do not reach the migrant population in a timely way.

As a result, it is expected to contribute in the reduction of social impact problems derived from the economic and social uncertainty that repatriated migrants (those deported and of voluntary return) face, whether it is in their entry or in their settlement in the recipient city or in their origin communities; to contribute in the reduction of social inequality through the access facilitation to basic right of human development, particularly the physical and mental health, to repatriated women and men, as well of infants and unaccompanied teenagers; to contribute in the increasing of the efficiency in the use of the public spending by integrating the efforts of various dependencies that are in charge of repatriated migrants service as well of their families; to favor the ordained and safe return of the repatriated migrants as well as the promotion of an economic, social and communitarian reintegration, and it favors the communitarian development of the origin places or final settlements of the repatriated migrants.

This document contains extracts of other documents produced by the USMBHC itself and by governmental instances, since the regulation to align this proposal with the National Development Plan 2013-2018 and with the sector plans and programs is being obeyed, such as the Sector Health Plan 20132018 and the Special Migrant Program 2013-2018.

2. UNITED STATES-MEXICO BORDER HEALTH COMMISSION

The United States-Mexico Border Health Commission (USMBHC) is a decentralized and binational organism created with the purpose of identifying and evaluating the health problems that affect the border population, as well as facilitating the actions for their care. This effort is presented as a platform that strives to integrate shared knowledge and, as a whole, as an epidemiological unit of both sides in the border. (USMBHC, 2015b).

The United States-Mexico Border Health Commission is composed by a Mexico Section and a United States of America Section. This composition allows the application of the decisions of the Commission in the territory and in the field of competence of the institutions of each country. The United States Section is composed of the Human and Health Services Secretary or his deputy and other 12 members that will be designated by the Government of the United States of America. The Commissioner of the American Section is the Human and Health Services Secretary or his deputy. The Mexican Section is composed by the Secretary of Health or his deputy and other 12 members, which will be designated by the Government of the United Mexican States. The Commissioner of the Mexican Section is the Secretary of Health or his deputy. The Commission has state representative offices in border cities of both countries. (USMHBC, 2015ª)

Both the Federal Government of Mexico as the Government of the United States (USA), through the Secretary of Health and the Health and Human Services Department, constitute the organic structure of the USMBHC and they actively participate in its activities. In such sense, the USMBHC lead a Technical Binational Group that seeks to define priorities, topics, objectives and strategies so that the many sectors in the border United States-Mexico region can use it as a referential framework in their work plans (USMBHC, 2015b).

Many works have demonstrated that the migrant population has been vulnerable to problems that harm their health, in many occasions because of a lack of attention and to risk-practices to which are exposed in their journey and their stay at the United States. The most prominent issues are the use of drugs, tuberculosis, chronic degenerative diseases such as diabetes mellitus, arterial hypertension and obesity, as well as HIV and other Sexually Transmitted Infections (STI) that are associated with unprotected sexual relations, etc. It should be highlighted that numerous cases of repatriated migrants to Mexico with health issues have been documented, many of them have not been diagnosed or treated in the United States. (USMBHC, 2014b)

The conditions in which migrant people are exposed during their stay in border cities because of their lack of support networks, as well their financial situation at the moment of their deportation, the absence of family and friends, and also the little access to health services, make the pre-existent ailments aggravate and can be conditioning factors that may seriously compromise their health.

That is why the United States-Mexico Border Health Commission has defined as one of their objectives to contribute to the protection of the returned migrant, by boosting health-promotion actions and prevention of diseases, for which it has established an attention space: the **Repatriated Migrant Health Module.**

That way, at the moment of the repatriation, the migrant people are offered services like Medical assistance and Psychological attention with health professionals, the realization of early-detection tests, the prescription of medicine if they require it, and, in case there were a situation that require a more specific medical attention, they would be referred to the most adequate Urban Health Center. (USMBHC, 2014b).

Hence, this proposal seeks to promote the permanence of the Migrant Health Module as a public program, with ground and subject to the public policy stated in the National Development Plan 2013-2018.

3. POLICY FRAMEWORK

The United States-Mexico Border Health Commission act as a binational cooperation mechanism created by an international treaty signed by Mexico and the United States. It possesses its own legal personality to facilitate the pursuit of its activities and to be able to raise money of other public and private entities for the making of programs related to their ends. The Binational Agreement of reference was signed by José Antonio González Fernández, Secretary of Health at that time, and subsequently was approved by the Senators Chamber on November 16, 2000, and published in the Official Journal of the Federation on January 8, 2001. The promulgating Decree of the Creation Agreement was published in the Official Journal of the Federation on March 20, 2001. In that sense, said Agreement is properly an international treaty signed by the Mexican state. The United States, on December 21, 2004, and its president, George W. Bush signed the Executive Order 13367, based in the Public Law 103-400 of October 22, 1994, by its means designed the Border Health Commission as an International Public Organization. (USMBHC, 2015ª)

Also, it exists a broad policy framework that feeds and supports the creation of programs and actions, and are particularly directed to migrants and concern primary health care of returned compatriots by the San Ysidro-Tijuana border (PND 2013-2018; PS 2013-2018; PEM 2014-2018); They should be enforced to it, and make use of the legislative and regulation benefits to provide an adequate health service to the target population, specifically:

- ✓ Political Constitution of the United Mexican States
- ✓ National Development Plan 2013-2018
- ✓ Planning Law
- ✓ Migration Law
- ✓ Nationality Law
- ✓ General Population Act
- ✓ General Health Act
- ✓ Provision of Services for the Attention, Care and Integral Development of Children General Law
- ✓ Equality for Women and Men General Law
- ✓ Federal Civil Service Organization Act

- ✓ Rights Federal Law
- ✓ Law of Protection of the Rights of Children and Adolescents
- ✓ National Human Rights Commission Law
- ✓ International Cooperation and Development Law
- ✓ Promotion for Activities Implemented by Civil Society Organizations Law
- ✓ Regulation of the General Population Act
- ✓ Regulation of the Migration Law
- ✓ Regulation of the Nationality Law
- ✓ Regulation of the Promotion for Activities Implemented by Civil Society Organizations Law
- ✓ Regulation of the Prevention, Sanction and Elimination of Crimes in Human Trafficking and for the Protection and Assistance to the Victims of these Crimes General Act
- ✓ Internal Regulation of the Human Rights National Commission
- ✓ Agreement in which is created the Consultative Council on Migration Policy of the Secretary of Government.
- ✓ Agreement by which the Rules for the functioning of the Migratory Stations and Provisional Stay of the National Institute for Migration are dictated
- ✓ Agreement by which the Guidelines for Migratory Procedures are reformed and added
- ✓ Agreement by which the Guidelines for Migratory Procedures are modified
- ✓ Agreement by which the Guidelines for Migrant Protection of National Institute of Migration are issued
- ✓ Guidelines for Migratory Procedures
- ✓ Guidelines for Migrant Protection of National Institute of Migration
- ✓ Guidelines for the establishing of Multi and/or Bilateral Mechanisms between Member Countries of the Regional Conference for Migration (RCM) about the Return of Regional Migrants by Land Route.
- ✓ Regional Guidelines for the Assistance to Unaccompanied Children in Cases of Repatriation adopted by the Regional Conference for Migration.
- ✓ Program for an Approaching and Modern Government 2013-2018.
- ✓ Government Sector Program 2013-2018.
- ✓ Health Sector Program 2013-2018.
- ✓ Foreign Affairs Sector Program 2013-2018.
- ✓ Technical Guide for the Elaboration of Programs Derived from the National Development 2013-2018.
- ✓ International Pact for Economic, Social and Cultural Rights
- ✓ International Pact Civil and Political Rights
- ✓ Convention about Children Rights
- ✓ Constitution of the Migration International Organization
- ✓ American Convention about Human Rights
- ✓ Inter-American Convention to Prevent, Sanction and Eliminate the Violence against Women
- ✓ International Convention about the Protection of the Rights for all the Migratory Workers and their Families
- ✓ Protocol to Prevent, Suppress and Sanction Human Trafficking, Especially Women and Children.

4. SCOPE

This project was elaborated according to the "Guidelines to Rule and Follow the Derived Programs of the National Development Plan 2013-2018", contained in the Agreement 01/2013 published in the Official Journal of the Federation (DOF, in Spanish) on June 10, 2013, and which states the dispositions and recommendations that the agencies and entities must observe for the elaboration of programs that, according to their competences, are required to elaborate.

Likewise, it gives effect to other current regulations that, in a parallel manner, control the processes derived of the National Development Plan (PND 2013-2018), as well as other health and migratory processes regulations.

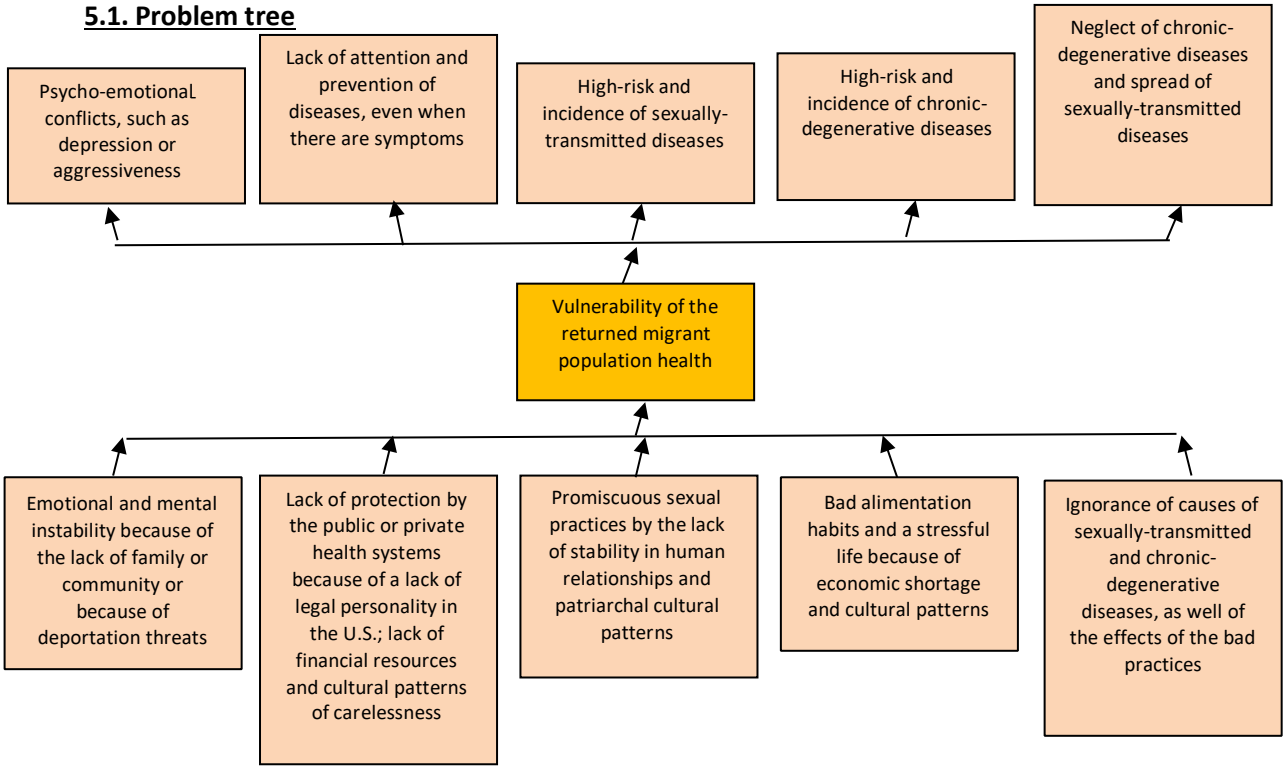
The intention is to count with a logical structure that ordains the actions directed to migrants, particularly those that return to the country without any support networks, leveling their way to the enjoyment of their health right, henceforth, to have the welfare that they deserve.

And with said purpose, this proposal has the intention that the State, represented by the Government Secretary, the National Institute for Migration, the Health Secretary, the Baja California Health Secretary, and the Health Secretary of the Tijuana Municipality, perform efficiently their responsibility about the comprehensive and sustainable development of the compatriots.

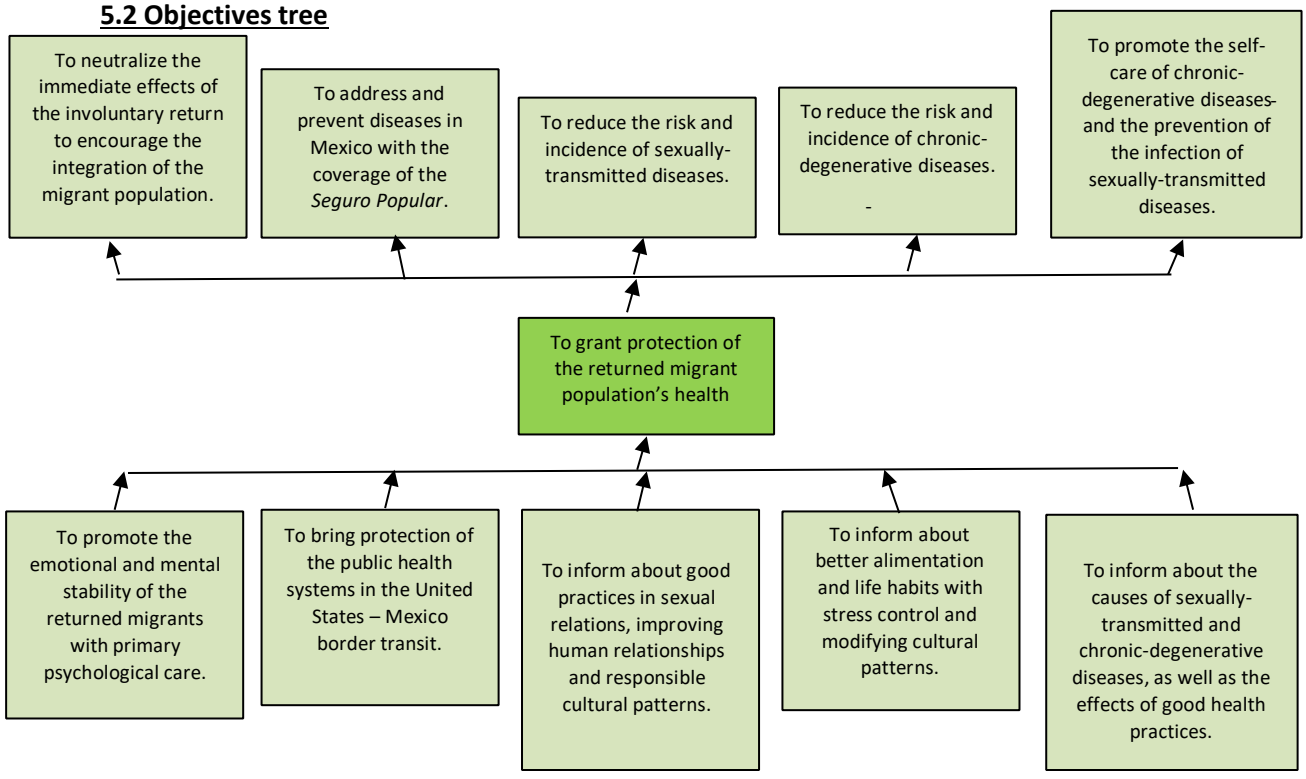
10. ANALYSIS

By means of the investigations and actions that were carried out during the operation years of the Returned Migrant Health Modules, the USMBHC has determined the problems that concern the health of the migrant population, particularly those who are migrants in return, let it be by deportation or voluntary repatriation, showed in the following chart:

5.1. Problem tree



5.2 Objectives tree



5.3. Public health attention

Between the years 2000 and 2010, the public expenditure on health as GDP percentage grew from 2.6 to 3.1%, which represents an increase of 19.2%. Despite the increased observed, this level of expenditure remains low in comparison with the one from OECD countries. To progress in quality and in the scope of health services, one must not think only in expenditure levels. The experience these last few years tell us that there are opportunities to have a better use of the resources. To improve the Health System, it is also required the strengthening of attention models of federal entities and municipalities, as well a regulation suited to various areas. (NDP 2013)

Yet, the demographic and epidemiological data indicate that the pressure put on the National Health System will be grater, risking the financial sustainability of the public institutions. Fecundity, mortality and migration rates represent a larger request for services. Given its role as a cause of disease, obesity also increments the demand for health services and affects the economic and social development of the population. (NDP, 2013)

On the other hand, there are situations that impinge against health, like poverty and unhealthy and risky life styles. For example, the lack of physical activity, inadequate alimentation, unsafe sex, use of tobacco, alcohol and illegal drugs, as well as lack of driver education, impact significantly in the population's health. These factors explain to a great extent the high rate of chronical diseases like diabetes mellitus, ischemic heart diseases and malignant tumors. Overweight, obesity, diabetes and hypertension have reach very high levels in all the population groups. Between men older than 20, 42.6% have overweight and 26.8% obesity, while in women these numbers correspond to 35.5% and 37.5%, respectively (NDP, 2013).

It must be realized that the population health is related with multiple factors such as material life conditions, social organization of their production and distribution, their own population demographic dynamic and the health services access (USMBHC, 2014.)

Repatriated migrants are no exception. The risks to which the population is exposed and the medical attention or health services access represent complications. The migrants are a mobile population and they constitute a group in disadvantage for contracting or spreading various infectious diseases sexually-transmitted or chronic-degeneratives. That is why is important to implement health strategies that seek to control and reduce the risk of transmission. (NDP, 2013)

The Fourth Article of the Political Constitution of the United Mexican States establish the right to health protection for every person. In response of said article, an extended National Health System has been built. Nevertheless, it is characterized by being fragmented in multiple subsystems, where many population groups have different rights. (NDP, 2013)

Between the years 2000 and 2010, there was a 41% reduction in the number of people that lacked of health insurance at national level in Mexico. By comparing this national indicator with the six north border states, it was found a similar reduction (37%) of the uninsured population. (USMBHC, 2015ª).

In 2004, *Seguro Popular* (Mexico's public insurance) began with the main goal of giving protection to non-affiliated population to social security institutions. This program represented a step-forward in equality and health's social protection terms. For the year 2012, approximately one in every four Mexicans did not have access in some health scheme. Nonetheless, their service package is limited in comparison with the coverage that the Mexican Social Security Institute (IMSS, in Spanish) and the Institute for Security and Social Services for State Workers (ISSSTE, in Spanish) offer to their beneficiaries. Additionally, *Seguro Popular* represents a challenge to promote the job's formality with time. Though the Public Health System counts with an extensive medical attention network, in occasions the lack of answers to certain necessities has favored that the population seek attention, social assistance and even auto-medication in the private sector. To achieve higher efficiency levels, and be able to serve better the requirements of the population, is necessary an interinstitutional long-term planning, a better risk administration, as well as solidarity, commitment and co-responsibility between the institutions and the different population group (NDP, 2013)

However, nowadays, the *Seguro Popular* scheme offer certain possibility of medical attention to people with greater social, work, economic vulnerability, including migrants and returned migrants.
Pese a lo anterior, el esquema del Seguro Popular ofrece en la actualidad cierta posibilidad de atención médica a las personas con mayor vulnerabilidad social, laboral y económica, incluyendo a migrantes y migrantes en retorno.

5.4. The migrant and repatriated population

In a lot of senses, the migratory phenomenon represents a growing challenge for the Mexican State. The economic importance, social and cultural link and the demographic significance of the flows in, from and into Mexico, have an increasingly heavy weight for the national life. The public politics must address the particularities of the migratory phenomenon in its multiple dimensions, involving general points such as: diversification at the flow interior, the origin and destination places, migratory profiles, crossing and internment strategies, repatriation, insecurity and human rights. That is why is urgent the design and the implementation of policies, actions and innovating programs that, in a comprehensive manner and incorporating the sectors of the civil society, the academy and government provide input with responsibility, knowledge and tools to face the many necessities of the migrants, according to their many modalities and age groups. In this subject, the genre perspective acquires a greater importance, given the circumstances of vulnerability to which migrant women are exposed.

To watch over the interests of the Mexicans abroad is a main duty of a responsible exterior policy. It is estimated that 11.8 million of Mexicans live in the United States. To strengthen the assistance and protection role in shielding the rights of the Mexicans in the exterior, it is necessary to improve the documentation service provision. Likewise, the border controls are insufficient and inefficient. The lack of infrastructure in border crossing points and the absence of technological capacities for the migrant and merchandise register and control is notorious. An integral policy of the defense of the Mexicans' interests in the exterior must take into account the fragile connection between the Mexicans abroad and their origin communities. The reinforcement of the migratory policies in the United States, on one side, and the economic and social bounds that unify the Mexican migrants with their recipient communities, on the other, cause family separation and loss of connections that

later turn out to be hard to reinstate. In particular, the increasing number of repatriations of compatriots oblige the Mexican State to design and execute programs and actions that guarantee their reintegration to the country with dignity and opportunities for their economic and social development. Likewise, the exterior policy must take into account the great benefits four our country, like the preservation of close ties with Mexicans wherever they live. Disregarding that an integral policy also must include as a matter of priority a gender perspective, since almost the 46% of the migrants in the United States are women. (NDP, 2013)

Additionally, the State must guarantee in the national territory the rights of the migrants, repatriated, asylum seekers, refugees and beneficiaries of complementary protection. This includes to design and execute special attention programs directed to vulnerable migrant groups, such as children and teenagers, pregnant women, felony victims, disabled people and older people. (NDP, 2013)

The economic importance, social and cultural bonding and the demographic flow significance in, from and into Mexico, have an increasingly heavy weight for the national life. That is why the design and implementation of policies, actions and innovating programs is urgent; that said things, in an integral matter and incorporating non-profit sectors, the academy and the government, contribute with responsibility, knowledge and tools to face the many necessities of the migrants. To watch over the interests of the Mexicans abroad is a main duty of a responsible exterior policy. (NDP, 2013)

In 2007, Tijuana became the main migrant devolution point, following the cities of Nogales, Mexicali and Acuña, Coahuila (USMBHC, 2014). The variability of the repatriation points from the U.S. to Mexico has been considerably modified since the year 2010 to 2015, according to the latest reports of the United States-Mexico Border Health Commission.

This variability is in part a consequence of the arrangements made by the Mexican State to favor the guaranteeing of rights for the migrant population and to avoid that it stays defenseless against the attacks of the common and organized crime. In that way, for example, the policies of deportation and voluntary return from the United States have been adjusted, delivering to Mexico families and women only during morning hours and children alone at noon. Likewise, it has been negotiated that the deported and returned people must be delivered to cities with the greatest service coverage and life options, avoiding unnecessary sacrifices to those who came alone and disoriented to an unknown environment. This allows that those who present a major vulnerability have a better control and protection.

By being a cosmopolitan city, with a better government and organized non-profit organization response, Tijuana has received from January to August 2016 the biggest percentage of repatriated people, in relation with other border cities, that is, the 15.68%, while the border cross of Nuevo Laredo II received the 13.69%, Ciudad Acuña the 13.33% and Mexicali the 11.61%.

In this way, Tijuana had to attend, canalize and/or support the return of, in average, 2861 people per month and 94 per day, to their origin communities; regardless of the migrants that arrive to this city wishing to cross to the United States of North America.

UNITED STATES-MEXICO BORDER HEALTH COMMISSION
REPATRIATED MIGRANT HEALTH MODULE

Events of repatriation of Mexicans from the United States, according to their federative entity and receiving point, 2016

Federative entity / Receiving point	January	February	March	April	May	June	July	August	Total
Overall total	**14 212**	**15 635**	**20 220**	**21 765**	**20 900**	**19 373**	**16 701**	**17 107**	**145 913**
Baja California	**3 750**	**4 292**	**5 496**	**5 633**	**5 812**	**5 284**	**4 562**	**5 018**	**39 847**
Mexicali I [POR]	1 622	2 032	2432	2 636	2568	2 355	1693	1 610	**16 948**
Tecate	5 2	5 2	-	1	-	-	-	-	**11**
Tijuana, Chaparral [POR]	123	255	3064	2 996	3244	- 2 929	2869	3 408	**22 888**
Chihuahua	**529**	**836**	**1 183**	**1 340**	**1 139**	**1 014**	**935**	**885**	**7 861**
Cd. Juárez, Libertad (Paso del Norte) [POR]	511	792	1 134	1 272	1 087	995	913	873	**7 577**
Ojinaga [POR]	18	44	49	68	52	19	22	12	**284**
Coahuila	**2 522**	**2 597**	**3 047**	**3 464**	**3 280**	**3 169**	**3 383**	**3 363**	**24 825**
Cd. Acuña [POR]	2 102	2 222	2 670	3 042	2 967	2	1	2 018	**19 309**
Piedras Negras II	420	375	377	422	313	379 790	909 1 474	1 345	**5 516**
Sonora	**2 745**	**2 983**	**3 751**	**3 702**	**3 691**	**3 266**	**2 770**	**2 344**	**25 252**
Agua Prieta	18	50	30	40	26	14	8	10	**196**
Naco	2	-	1	-	-	-	-	-	**3**
Nogales Uno	1 496	1 582	2 045	1 998	2 205	2 079	1 794	1 425	**14 624**
San Luis Río Colorado	1 229	1 350	1	1 664	1	1	968	907	**10 419**
Sonoyta	-	1	674 1	-	459 1	168 5	-	2	**10**

Tamaulipas	**3 558**	**3 855**	**5 530**	**6 549**	**5 902**	**4 888**	**3 572**	**3 878**	**37 732**
Nuevo Laredo I "Miguel Alemán"	103	130	139	144	116	97	88	110	**927**
Nuevo Laredo II "Juárez-Lincoln"	2 231	2 614	3 002	3 146	2 809	2 668	1 813	1 913	**19 978**
Puerta México (Matamoros II)	885	311	1 341	1 227	1 578	450	959	587	**7 556**
Reynosa-Hidalgo, Benito Juárez I y II	339	800	1 048	2 032	1 399	1 673	712	1 268	**9 271**
Ciudad de México	**1 108**	**1 072**	**1 213**	**1 077**	**1 076**	**1 752**	**1 479**	**1 619**	**10 396**
A. I. "Benito Juárez"	1 108	1 072	1 213	1 077	1 076	1 752	1 479	1 619	**10 396**

Source: Immigration Policy Unit, SEGOB, based on registered information in official repatriation points of the INM. (PEM 2014)

On the other hand, the profile of the repatriated people to Baja California during the year 2016 shows the following results: the 87.45% were men and the 12.55% women, from which the bigger percentage corresponds to men above the age of 18 years with an 84.43%, and under 18 years with a 3.01%. In the women case, the 11.48% are above the age of 18, and the 1.06% under that age. Nonetheless, serving the gender perspective and family protection, the policy in which the United State must carry out the repatriation of women and children during the morning shift to Mexico prevails. In Tijuana, it is sought to watch their transfer to habilitated refuges by a non-profit organization; in the case of children travelling alone, they are directed to the DIF System.

Events of repatriation of Mexicans from the United States, according to their receiving federative entity, age groups and gender, 2016 (excerpt)

Federative entity/ Age groups y gender	January	February	March	April	May	June	July	August	Total
Overall total	**14 212**	**15 635**	**20 220**	**21 765**	**20 900**	**19 373**	**16 701**	**17 107**	**145 913**
Total - 18 years and more	**13 304**	**14 696**	**19 089**	**20 572**	**19 853**	**18 445**	**15 820**	**16 120**	**137 899**
Men	12 027	13 460	17 448	18 802	18 206	16 843	14 340	14 534	**125 660**
Women	1 277	1 236	1 641	1 770	1 647	1 602	1 480	1 586	**12 239**
Total – minors of 18 years	**908**	**939**	**1 131**	**1 193**	**1 047**	**928**	**881**	**987**	**8 014**
Men	751	823	997	1 039	892	779	736	811	**6 828**

Women	157	116	134	154	155	149	145	176	**1 186**
Baja California	**3 750**	**4 292**	**5 496**	**5 633**	**5 812**	**5 284**	**4 562**	**5 018**	**39 847**
Total - 18 years and more	**3 532**	**4 099**	**5 292**	**5 434**	**5 620**	**5 121**	**4 391**	**4 733**	**38 222**
Men	3 021	3 604	4 728	4 790	5 036	4 553	3 834	4 079	**33 645**
Women	511	495	564	644	584	568	557	654	**4 577**
Total – minors of 18 years	**218**	**193**	**204**	**199**	**192**	**163**	**171**	**285**	**1 625**
Men	156	151	160	160	137	119	116	202	**1 201**
Women	62	42	44	39	55	44	55	83	**424**

Source: Immigration Policy Unit, SEGOB, based on registered information in official repatriation points of the INM (PEM 2014)

Regarding minors under 18 years, the profile given for repatriation by Baja California in 2016 is the following: concerning the national total of repatriations of minors, Baja California has the 20.27%. Of the 1625 repatriated children and teenagers by B.C., the 64.37% arrived at Tijuana, the 35.63% arrived at Mexicali. Minors under 11 years were the 14.95% and those who were between the ages of 12 – 17 were the 85.04%.

For Tijuana, minors under the ages of 12-17 meant the 81.26% and minors under the age of 11 were the 18.74%. Those who enter the category of unaccompanied were the 86.52%, and those accompanied by a family member were the 30.68%. The most significant part for protection policies to childhood rights regarding migration is the percentage of those who entered unaccompanied while being underage. Such numbers speak loudly about the life conditions in the country and the migratory phenomenon.

Repatriation events of Mexican children from the United States, according to federal state and reception point, by age and condition of travel, from January to August 2016 (excerpt)

State / Repatriation Point	From 12 to 17 years old			Up to 11 years old			Total
	Accompanied	Unaccompanied	Subtotal	Accompanied	Unaccompanied	Subtotal	
Overall Total (country)	**771**	**6 586**	**7 357**	**542**	**115**	**657**	**8 014**
Baja California	**238**	**1 144**	**1 382**	**206**	**37**	**243**	**1 625**

Mexicali I [BY]	77	455	**532**	46	1	**47**	**579**
Tijuana, Chaparral [BY]	161	689	**850**	160	36	**196**	**1 046**

Source: Migration Policy Unit, SEGOB, based on information recorded in the National Migration Institute official repatriation points.

Regarding the support the federal government makes available to repatriated migrants, a high percentage accepted the offer, being 91.23%, out of 145,913 people repatriated in 2016, 133,119 have received support programs.

In terms of support in Baja California, of the 39,847 repatriated people, 39,242 accepted the support of social programs, that is, 98.48%. And regarding Tijuana, it has registered 98.38%, as 22,518 people accepted the support of the 22,888 who entered. This puts in perspective that repatriated migrants require, undoubtedly, all possible support otherwise they are defenseless. It would require a more timely study on the programs that offered support, if they had to do with the return to their hometowns or health promotion, or with labor issues.

Events of repatriation of Mexicans from the United States who accepted the federal programs support, according to federal state and reception point, 2016 (extract)

State / Reception Point	January	February	March	April	May	June	July	August	Total
Overall Total	**12 243**	**13 700**	**17 979**	**19 453**	**19 503**	**18 187**	**15 908**	**16 146**	**133 119**
Baja California	**3 656**	**4 252**	**5 296**	**5 593**	**5 734**	**5 200**	**4 545**	**4 966**	**39 242**
Mexicali I [BY]	1 590	2 006	2 278	2 633	2 567	2 349	1 692	1 609	**16 724**
Tijuana, Chaparral [BY]	2 066	2 246	3 018	2 960	3 167	2 851	2 853	3 357	**22 518**

Source: Migration Policy Unit, SEGOB, based on information recorded in the National Migration Institute official repatriation points.

5.5. Health risks of repatriated migrants

Mexican migrants are considered a particularly vulnerable and unprotected population because people who are in transit for immigration purposes present economic, social and legal deficiencies (BHC 2013: 2). This feature of floating population, or in constant flow, is significantly associated with a culture and health practice less careful or with rates of high risk of diseases such as HIV/AIDS, diabetes mellitus, or hypertension diseases.

Deportation represents a risk to the health of people due to the conditions in which the movement occurs. Especially when done without planning, unexpectedly, unintentionally, by the action of an agent of American migration. "Within the migration process, the return imposes distinctive features to the health conditions of individuals and represents a challenge for health systems in the communities where they arrive" (BHC 2014).

Border States share efforts and drive a pertinent control in health systems due to the entry of migrants deported to this region. It has been documented that the first recorded cases of people with AIDS in Mexico, detected in 1981, had in common the background of having history of travels to the United States (Bronfman, 1989).[1]

Recent studies have found evidence for the Mexico's case, a growing proportion of cases of HIV infection is associated with men who have migration history to the US; it is estimated that between 25 and 39% of AIDS cases in rural areas of Mexico occur in men who have been in the US and a third of AIDS cases in Mexico is concentrated in entities with high levels of migratory intensity (Rangel, 2006).

HIV prevalence in the US and Northern Border of Mexico, implies that migrants in these areas have a higher risk of exposure to HIV than being in their home communities. Along the Northern Border, places that concentrate a significant proportion of the migration to the US, as well as a significant number of deportations and/or repatriations are the states of Baja California and Tamaulipas. It is therefore important to implement measures of promotion, prevention and health protection, and early detection of HIV and other sexually transmitted diseases. (NDP, 2013)

It is important to review and act on the dynamic that exists in the border Mexico – United States regarding the condition, since among the Objectives of Millennium Development it is set to reduce transmission of the human immunodeficiency virus (HIV). Progress varies in Mexico if the analysis is done at national level or only in the border area. According to information from the National Center for the Prevention and Control of HIV/AIDS in Mexico (CENSIDA), between 2005 and 2010, the national incidence rate decreased 17%, but the incidence of HIV increased by 13% in the Border States. The state of Sonora had a significant increase (94%): new cases nearly doubled during this period of five years. In the state of Chihuahua, the rate fell by almost three quarters. Meanwhile, in the United States, the increase was 19% nationally. However, in the four Border States, a decrease ranging from 1% in Texas to 20% in Arizona (BHC, 2015ª) was observed.

Another relevant fact for Mexico is that HIV/AIDS has emerged as one of the leading causes of death in certain population groups and regions, particularly in the northern border and recent trends in mortality from HIV/AIDS is in the border states of northern Mexico (Zapata, Fagoaga and Rangel, 2014).

As for tuberculosis, it is similar trend, decreasing the incidence by 10% in Mexico between 2000 and 2010. However, on the northern border, there was a small increase in the number of cases in the same

period. Statewide, Sonora recorded the largest increase (36%) and Nuevo León recorded the largest decrease (20%). In the United States, a third of the number of tuberculosis cases decreased and the state of California was the most emblematic case. (BHC, 2015ª)

Given these figures should not be overlooked that migrants deported to Mexico do not come only from the Border States, but also from within the United States, where as mentioned, the increase of HIV was 19%, increasing the risk of incidence and transmission in Mexico.

Despite the importance of health issues in the border region of Northern Mexico, especially in sexually transmitted infections (STIs), the entity has received little attention in this regard. "There are several studies that address this situation to the case of specific geographical areas of the border, such as Tijuana and Ciudad Juarez, but it is considered necessary to have a regional perspective" (Zapata, Fagoaga and Rangel, 2014).

One of the objectives of NDP 2013-2018 is that the country is integrated by a society with equity, social cohesion, and substantive equality. This involves effective exercise of social rights of all Mexicans, through access to basic services, potable water, drainage, sanitation, electricity, social security, education, food, and housing, as the basis of human capital that enables them to develop as individuals (NDP, 2013)

But is still pending to progress in some key health indicators, such as: maternal mortality. Demographic and epidemiological data suggest that pressures on the National Health System are increasing; fertility, mortality rates, and migration pose a higher demand for services, especially associated with the increased number of older adults. On the other hand, there are situations that threaten health, such as: poverty, unhealthy and risky life styles, overweight, obesity, diabetes, and hypertension, which have reached very high levels of incidence throughout the whole population. (NDP, 2013)

Prevalence of chronic non-communicable diseases, Mexico
2012
(Percentages)

PREVALENCE	2012		
	TOTAL	WOMEN	MEN
Previous diagnosis of diabetes mellitus in adults (a)	9.2	8.6	9.7
Hypertension in adults (a)	31.5	32.3	30.7
Overweight and obesity in adults (a)	71.3	69.4	73.0

Overweight and obesity in adolescents (b)	[b]34.9	34.1	35.8
Overweight and obesity in children (c)	34.4	35.9	29.2

Notes: a) Population of 20 years old and older; b) population of 12 to 19 years old; c) population of 5 to 11 years old.
Source: *ENSANUT 2012.*

There are three factors that adversely affect the ability of the State to give full effect to the right to health and therefore require attention. First. The model with which the sector institutions were conceived has been focused on curative rather than prevention. Secondly, they have not trickled multidisciplinary and inter-agency policies towards improving the quality of health services. Third, the stewardship and current organizational arrangement, where the participation of vertically integrated and fragmented institutions that limit the operational capacity and efficiency of expenditure in the public health system prevails.

The objective is to ensure access to health services. In other words, it seeks to implement this constitutional right. To do this, it is proposed to strengthen the stewardship of the Department of Health and promote functional integration over all institutions that compose it. It also considers to strengthen the regulation of health care facilities, applying stringent quality standards, favoring the approach of prevention and promotion of healthy living, as well as renewing the planning and management of available resources.

In this regard, it is of national importance and public interest the creation of public policy or platforms that address health issues regarding the border region. It is included in the political agenda through the Department of Health, at regional and national level, subjects linked to the diagnosis, promotion, and disease prevention and control.

6. ALIGNMENT WITH THE NATIONAL DEVELOPMENT PROGRAM 2013-2018

By regulation, every public program or project should be framed in the National Development Program 2013-2018, aligning itself with the objectives, goals, and indicators outlined for the country's progress. Therefore, the project Migrant's Health Module should look for convergence points between the Migrant's Health Module and the NDP, as well as intermediate programs, such as the Health Sector Program 2013-2018 and the Migration Special Program 2014-2018.

By performing alignment with the NDP 2013-2018, it has correspondence with the following goals, strategies, and lines of action:

6.1. II. GOAL INCLUSIVE MEXICO

"…. special emphasis on providing a social safety network that guarantees access to right to health for all Mexicans and prevents unexpected health problems or movements of economy, are a determining factor in their development ….”(NDP, 2013)

Objective 2.3. Ensuring access to health services.

Strategy 2.3.1. Advance in the construction of a National Universal Health System.
Lines of action

- Ensuring access and quality of health services to Mexicans, regardless of their social or employment status.
- Strengthen the stewardship of the health authority.
- Develop the necessary tools to achieve a functional and effective integration of the several institutions of the National Health System.
- Encourage inter-agency strategic planning process, and implement a process of information and evaluation in accordance to this.
- Contribute to the consolidation of instruments and policies necessary for effective integration of the National Health System.

Strategy 2.3.2. Make the actions of protection, promotion, and prevention a priority for health improvement.
Lines of action

- Ensure timeliness, quality, safety, and efficacy of inputs and health services.
- Reduce the burden of morbidity and mortality from chronic non-communicable diseases, mainly diabetes and hypertension.
- Implement actions for the prevention and control of overweight, obesity, and diabetes.
- Reduce the prevalence in the consumption of alcohol, tobacco, and illicit drugs.
- Control sexually transmitted diseases, and promote a successful and responsible sexual and reproductive health.
- Strengthen screening programs for breast cancer, cervical cancer, and prostate cancer.
- Favoring regulatory actions and monitoring of goods and services to reduce health risks as well as actions to strengthen the Federal Health System in general.
- Coordinate activities with the productive sectors for the development of detection policies, prevention, and health promotion in the workplace.

Strategy 2.3.3. Improve health care to vulnerable population.
Lines of action

• Ensure a comprehensive approach and participation of all actors in order to reduce infant and maternal mortality.

• Intensify training and supervision of the quality of maternal and perinatal attention.

• Carry out vaccination campaigns, prevention, diagnosis, and treatment of diseases, as well as a comprehensive strategy for combating epidemics and malnutrition.

• To promote intercultural health approach in the design and operation of programs and actions aimed at the population.

• Implement regulatory actions to avoid health risks for those in vulnerable situations.

• Encourage the development of infrastructure and implementation of mobile medical units and equipment in areas with vulnerable population.

• Promote actions for prevention and health promotion of migrants.

• Strengthen the mechanisms of anticipation and response to emerging diseases and disasters.

Strategy 2.3.4. Ensure effective access to quality health services.
Lines of action

• Prepare the system for the user to select their health care provider.

• Consolidate the effective regulation of processes and health care facilities through the distribution and coordination of powers between the Federation and the states.

• Implement mechanisms to harmonize the technical and interpersonal quality of health services.

• Improve the quality of training of human resources and align with the demographic and epidemiological needs of the population.

• Ensure quality medicines, effective and safe.

• Implement programs aimed at increasing user satisfaction in public operating units.

• Develop and strengthen the infrastructure of health systems and public social security.

Strategy 2.3.5. Promote international cooperation in health.
Lines of action

• Strengthen epidemiological surveillance to protect global health in a context of epidemiological emergency.

• Comply with international treaties on health in the context of human rights.

• Promote new patterns of international cooperation in public health that strengthen local and regional capacities.

6.2. IV. GOAL PROSPEROUS MEXICO

"... the sustained growth of productivity in a climate of economic stability and by generating equal opportunities..." (NDP 2013)

Objective 4.1 Maintain macroeconomic stability.

Strategy 4.1.3.: Promote efficient exercise of available budgetary resources, which allows to generate savings to strengthen priority programs of the agencies Lines of Action:

- Control expenditure on personal services while the good performance of government employees is encouraged.
- Ensure outlays control relating to operating expenses.

6.3. V. GOAL MEXICO WITH GLOBAL RESPONSIBILITY

"... We will reaffirm our commitment to free trade, capital mobility, productive integration, secure mobility of people and attracting talent and investment to the country ..." (NDP, 2013)

Objective 5.1. Expand and strengthen the presence of Mexico in the world.

Strategy 5.1.1. Strengthen the relationship with the United States and Canada from a comprehensive long-term vision which promotes competitiveness and convergence in the region, on the basis of existing complementarities.

Lines of action

- Strengthen the work of attention to Mexican communities in the United States, promoting their welfare and full respect for their rights.

Strategy 5.1.2. Consolidate Mexico's position as an important regional actor, by deepening the operational integration processes, expansion of dialogue and cooperation with the countries of Latin America and the Caribbean.

Lines of action

- Expand cooperation against shared challenges such as security, migration, and natural disasters.

Objective 5.4. To protect the interests of Mexicans abroad and protect the rights of foreigners in the country

Strategy 5.4.2. Create mechanisms for the reintegration of returned migrants and strengthen repatriation programs.

Lines of action

NATIONAL GOAL	Objectives of the national goal	Strategies of the national goal	Objectives of the Health Sector Program	Strategies of the Health Sector Program	Objectives of the Migrant's Health Module Program
INCLUSIVE MEXICO	2.1. Ensuring the effective exercise of social rights for the whole population	Strengthen capacity building in households with scarce resources to help improve their quality of life and increase its production capacity.	4. Close the gaps in health between different social groups and regions of the country.	4.6. Strengthen measures for prevention, promotion, and health care of migrants.	1. Contribute to the protection of the repatriated migrant's health, driving actions of health promotion and disease prevention, through a comprehensive care of counseling and guidance, detection and screenings, as well as medical and psychological assessments. 2. Provide assistance and protection to repatriated and unaccompanied children and adolescents. 3. Providing prevention and health promotion services to RM in accordance with the immigration authorities of the United States of America to facilitate their reintegration. 4. Enroll or re-enroll repatriated migrants and their families to Mexico's Seguro Popular for health protection.
INCLUSIVE MEXICO	2.3. Ensuring access to health services.	Make actions of protection, promotion, and prevention a priority for improving health.	1. Consolidate actions of protection, health promotion, and disease prevention.	1.1. Promote healthy and co-responsible attitudes and behaviors at personal, family, and community level.	5. Increase early detection of HIV, syphilis and other STIs, promoting early treatment and channeling of repatriated migrant with HIV to health services.

		Improve health care to the population in vulnerable situations.		1.2. Implement the National Strategy for Prevention and Control of Overweight, Obesity, and Diabetes 1.3. Carry out actions aimed at reducing morbidity and mortality from communicable diseases of epidemiological importance or emerging and reemerging.	6. Promote the distribution of prevention supplies, promoting changes in habits and behaviors with social marketing strategies based on principles of information, education and communication, to reduce risks associated with HIV and STIs, at individual and/or community level. 7. Support surveillance systems for type 2 diabetes mellitus, hypertension, overweight, and obesity, affecting the health of repatriated migrants. 8. Strengthen epidemiological surveillance in repatriated migrants, for proper decision making for the control, elimination, and eradication of communicable diseases.
INCLUSIVE MEXICO	2.3. Ensuring access to health services.	Ensure effective access to	**10.**	2.1. Advancing in the effective access to health services of the Mexican	9. Incorporate the preventive and health promotion approach in health services to

		quality health services. Improve health care to the population in vulnerable situations.	To quality health services	population, regardless of their social or employment status. 2.3. Create integrated networks of interagency health services.		repatriated migrants. 10. Promoting the affiliation to Seguro Popular to repatriated migrants because of their status of social and economic vulnerability.
INCLUSIVE MEXICO	2.3. Ensuring access to health services.	Make actions of protection, promotion, and prevention a priority for improving health. Improve health care to the population in vulnerable situations.	3. Reduce risks affecting the population's health in any life activity.	3.7. Implement the National Strategy for Prevention and Control of Overweight, Obesity, and Diabetes	11.	Provide information to repatriated migrants presenting conditions related to obesity, diabetes and hypertension.
INCLUSIVE MEXICO	2.3. Ensuring access to health services.	Advance in the construction of a National Universal Health System. Improve health care to the population in vulnerable situations.	**10.** of a National System of Universal Health under the guidance of the Department of Health	6.1. Implement mechanisms to lay the foundations for a National System of Universal Health **10.1.**	12. 13.	Promote an intercultural, inter-sector, and gender perspective in health services to migrant in repatriation. Promote respect for dignity, autonomy, and human rights in the provision of health services to repatriated migrants.

					14.	Support the National Epidemiological Surveillance System and the National Survey System, focusing on the health of repatriated migrants
PROSPEROUS MEXICO	4.1. Maintain the macroeconomic stability of the country.	Promote an efficient exercise of available budgetary resources that can generate savings to strengthen the priority programs of agencies and organizations. Promote international cooperation in health.	6. Advance in the construction of a National System of Universal Health under the guidance of the Department of Health	6.5. Place bioethics as management and development policy of the National System of Universal Health. 6.6. Promote a Mexico with overall responsibility in health.	15. 16.	Promote the observance of international bioethics criteria consistent with the interest and health policies of Mexico and the United States in relation to repatriated migrants. Contribute to Mexico's role as a responsible actor and engaged in the multilateral area and with regard to the human right to health of repatriated Mexicans.
PROSPEROUS MEXICO	4.1. Maintain the macroeconomic stability of the country.	Promote an efficient exercise of available budgetary resources that can generate savings to strengthen the priority programs of the	5. Ensure the creation and effective use of health resources.	5.1. Strengthen training and management of human resources in health.	17.	Train migration personnel and civil society organizations serving repatriated migrants to streamline services of the Attention Module for Repatriated Migrants, meeting the

		agencies and organizations.			national health policies. 18. Contribute to the integration of basic gender contents, human rights, and interculturality in training of health professionals working with RM. 19. Having human resources aligned with a model focused on primary care in the RMHM.
				Gender Perspective	20. Spreading sexual and reproductive rights of women, the right to prior and informed consent, including indigenous population.

- Review the Mexican repatriation agreements to ensure that their rights and the correct application of the protocols on the subject are respected.
- Strengthen repatriation programs in order to safeguard the physical and emotional integrity of the repatriated Mexican people and to protect them from violations of their human rights.

Strategy 5.4.4. Designing mechanisms for interagency and multi sector coordination for the design, implementation, monitoring and evaluation of public policy on migration.

Lines of action

- Promote actions aimed at reducing poverty, violence, and inequality, to guarantee the human rights of migrants, shelter seekers, refugees, and beneficiaries of subsidiary protection.

- Promote the creation of safe and organized legal migration regimes.
- Design and implement programs of special attention to vulnerable groups of migrants, such as children and adolescents, pregnant women, victims of serious crimes committed in national territory, people with disabilities and elderly people.

Strategy 5.4.5. Guarantee the rights of migrants, shelter seekers, refugees, and beneficiaries of subsidiary protection.

Lines of action

- Implementing an inter sector strategy for the care and protection of migrants who are victims of trafficking and abduction, with actions differentiated by gender, age, and ethnicity.
- Promote professionalism, awareness, training, and evaluation of personnel working at institutions involved in the care of migrants and their families.

7. ALIGNMENT WITH HEALTH SECTOR PROGRAM 2013-2018 AND NDP NATIONAL GOALS 2013-2018

NATIONAL GOAL	Objectives of the national goal	Strategies of the national goal	Sector programs	Objective of sector programs	Objective of Special Migration Program	Objectives of the Repatriated Migrant's Health Module Program
INCLUSIVE MEXICO	Objective 2.3 Ensuring access to health services.	2.3.2 Make the actions of protection, promotion and prevention a priority for health improving.	Sector Health Program 2013-2018:	Objective 1 Consolidate protection actions, health promotion and disease prevention.	Objective 4 Fostering the integration and reintegration procedures of migrants and their families.	• Contribute to the protection of repatriated migrants' health, driving actions of health promotion and disease prevention, through a comprehensive care of counseling
	Objective 2.1 Ensure the effective exercise of social rights for the whole population.	2.3.3 Improving health care to people in vulnerable situations.		Objective 4 Close the gaps in health between different social groups and regions of the country.		• and guidance, detection and screenings, as well as medical and psychological assessments. • Provide assistance and protection to repatriated and unaccompanied children and adolescents. • Providing prevention and health promotion services to RM in accordance with the immigration authorities of the United States of America to facilitate their reintegration. • Enroll or re-enroll repatriated migrants and their families to Mexico's Seguro

						Popular for health protection. • Increase early detection of HIV, other STIs, and tuberculosis; promoting early treatment and channeling RM people with HIV to health services. • Promote the distribution of prevention supplies among repatriated migrant, promoting changes in habits and behaviors with social marketing strategies based on principles of information, education, and communication to reduce risks associated with HIV and STIs, at individual and community level. • Support surveillance systems for type 2 diabetes mellitus, hypertension, overweight, and

						obesity, affecting the health of RM. • Provide information to repatriated migrants presenting conditions related to obesity, diabetes and hypertension. • Having human resources aligned with a model focused on primary care in the RMHM.
MEXICO WITH GLOBAL RESPONSIBILITY	Objective 5.4 Protect the interests of Mexicans	5.4.4 Design mechanisms for interagency and multi-sector coordination for the design,	Sector Government Program 2013-2018	Objective 4 Develop comprehensive population policies.	Objective 3 Consolidate an effective migration management, founded	• Strengthen epidemiological surveillance in repatriated migrants, for proper decision making for the control, elimination, and eradication of communicable diseases

	abroad and protect the rights of foreigners in the country.	implementation, monitoring, and evaluation of public policy on migration. 5.4.5 Guarantee the rights of migrants, shelter seekers, refugees, and beneficiaries of subsidiary protection.		and migration, contributing to inclusion, prosperity, and the exercise of rights	in criteria of facilitation, international co-responsibility, border security, and human security.	• Incorporate the preventive and health promotion approach in health services to repatriated migrants. • Promoting the affiliation to Seguro Popular to repatriated migrants because of their status of social and economic vulnerability. • Promote an intercultural, inter-sector, and gender perspective in health services to migrants in repatriation. • Promote respect for dignity, autonomy, and human rights in the provision of health services to repatriated migrants.

MEXICO WITH GLOBAL RESPONSIBILITY	Objective 5.4 Protect the interests of Mexicans abroad and protect the rights of foreigners in the country.	5.4.1 Provide consular assistance and protection to all those Mexicans who require it.	Sector Foreign Relations Program 2013-2018:	Objective 5 Protect the interests and rights of Mexican people abroad, thus encouraging inclusion in the country.	Objective 5 Strengthen access to justice and security of Migrant people, families, and those who defend their rights.	• Support the National Epidemiological Surveillance System and the National Survey System, focusing on the health of repatriated migrants. • Promote the observance of international bioethics criteria consistent with the interest and health policies of Mexico and the United States in relation to RM. • Contribute to Mexico's role as a responsible actor and engaged in the multilateral area and with regard to the human right to health of repatriated Mexicans.

						• Train migration personnel and civil society organizations serving repatriated migrants to streamline services of the Attention Module for Repatriated Migrants, meeting the national health policies. • Contribute to the integration of basic gender content, human rights, and interculturality training of health professionals who work with RM. • Spread among the RM population's sexual and reproductive rights of women and indigenous women, including the right to prior and informed consent.

8. ALIGNMENT WITH SPECIAL MIGRATION PROGRAM 2013-2018 AND NDP NATIONAL GOALS 2013-2018

9. CROSS-CUTTING STRATEGIES

As for the Cross-Cutting Strategies contained in NDP 2013-2018, inevitably the following planning and operation of the RMHM must be considered:

9.1 Gender Perspective

"... perform special actions aimed at guaranteeing the women's rights and prevent gender differences are a source of inequality, exclusion, or discrimination ... In this way, the Mexican State will make tangible commitments to ratify the Committee on the Elimination of Discrimination Against Women (CEDAW), in accordance to articles 2, 9, and 14 of the Planning Act concerning the mainstreaming of gender in national planning... "(NDP 2013: 23)

Goal: Inclusive Mexico
Strategy III. Gender Perspective.
Lines of action

- Evaluate care schemes of social programs to determine the most effective mechanisms to reduce gender gaps, achieving an equitable social policy between women and men.
- Assess the effects of migration policies on the female population.

Goal: Prosperous Mexico
Strategy III. Gender Perspective.
Lines of action

- Develop evaluation mechanisms to assess the effective use of public resources to promote and force equal opportunities between women and men.

Goal: Mexico with Global Responsibility
Strategy III. Gender Perspective.
Lines of action

10. Promote and monitor compliance with international commitments on gender.
11. Implementing an inter sector strategy for the care and protection of migrant women victims of trafficking and abduction.

9.2. Close and Modern Government

"... The policies and government actions directly affect people's life quality, so it is imperative to have an efficient government, with evaluation mechanisms to improve performance and quality of services;

simplify regulations and government procedures, and reports back to citizens in a clear and timely manner... based on a basic principle embodied in Article 134 of the Constitution: ... and the political-administrative organs of its territorial demarcations, will be administered with efficiency, effectiveness, economy, transparency, and honesty to meet the objectives to which they are intended." (NDP 2013: 23)

Strategy II. Close and Modern Government.
Lines of action

12. Promote the protection and promotion of human rights on the basis of international commitments made by Mexico.

I. Equipping border crossings with infrastructure, promoting the use of non-intrusive technology for the orderly management of people and goods flow.

II. Broaden and deepen the dialogue with the private sector, social sector agencies and civil society organizations.

III. Promote the protection and promotion of human rights on the basis of international commitments made by Mexico.

9.3. Human Rights Perspective

"The consolidation of a democratic State in Mexico should have as one of its components full respect and guarantee human rights... one of the priorities of the government is to achieve a State policy in the field, to ensure that all authorities take respect and guarantee human rights as a daily practice." (NDP, 2013)

Goal: Mexico in Peace
Objective 1.5. Ensure respect and protection of human rights and eradication of discrimination.

Strategy 1.5.1. Implement a State policy on human rights.
Lines of action

- Establish a program for the promotion and defense of human rights, including civil, political, economic, social, cultural, and environmental rights.
- Promote coordination mechanisms with the agencies and organizations of the Federal Public Administration, in order to achieve greater impact on public policies of human rights.
- Establish collaboration mechanisms to promote public policies of human rights with all authorities in the country.
- Update, raise awareness, and standardize the levels of knowledge and practice of federal public employees on human rights.

Strategy 1.5.2. Addressing violence against children and adolescents in all its forms, on the basis of an efficient coordination to ensure the participation of all sectors responsible for prevention, care, monitoring, and evaluation.

Lines of action

- Prioritize the prevention of violence against children and adolescents, integrally addressing its underlying causes and risk factors.

Strategy 1.5.4. Establish a policy of equality and non-discrimination.

Lines of action

- Promote affirmative actions to create conditions of equality and prevent discrimination against individuals or groups.
- Promote concerted actions to promote a cultural change on equality and non-discrimination.
- Promote human rights approach and non-discrimination in the actions of the Federal Public Administration agencies and organizations.

10. WORK PLAN OF BORDER HEALTH COMMISSION MEXICO-UNITED STATES, SECTION MEXICO

As another framework to align the design of activities to assist repatriated migrants in the Module, there is the Work Plan 2015[2] of BHC. The activities of this Plan are organized in three strategic projects established in order to fulfill its role, mission, vision, and objectives (BHC, 2015ª) and are detailed below considering only those sections relevant to the
Repatriated Migrant's Health Module Program

[2]Effective for the 2016 operation

10.1 Strategic Project 1: Health promotion and disease prevention

Objective: Support the bi-national and local actions aimed at health promotion, early detection of diseases, and promote, among the population, adopting healthy lifestyles in order to improve their life quality.

Actions: The Commission will support promotion and disease prevention activities in priority areas such as: Tuberculosis, HIV, obesity and diabetes, reproductive health, accident prevention and addictions, among others. It will also support programs and projects associated with improving access to medical services for Mexican migrants living in the United States.

In particular, the prevention and promotion activities carried out during the Binational Border Health Week which is held every year in October will be supported; since the Repatriated Migrant's Health Modules boost actions of health promotion and disease prevention at the time of their entry into Mexico, plus they offer comprehensive guidance on their health.

10.2 Objectives

General Objective: Attend health issues that particularly affect the United States-Mexico border region and migrant population.

Specific Objectives

1. Perform diagnostics on needs for public health in the United States-Mexico border area, as well as conduct or support research or studies designed to identify and monitor health problems.
2. Provide technical and administrative support to assist efforts of non-profit public and private organizations to prevent and solve health problems.
3. Perform or support actions of health promotion and disease prevention in the United states-Mexico border area and migrant population.
4. Perform or support the establishment of a coordinated and comprehensive system, using advanced technologies, to the possible extent, to gather health-related information and monitor health problems in the United States-Mexico border region and migrant population.
5. Consult and collaborate, when appropriate, with non-governmental organizations and other institutions related to public health activities in the United States-Mexico border area.

10.3 Strategies and Lines of Action

To ensure the attainment of the aforementioned objectives, the following strategies and lines of action are proposed:

STRATEGY 1. Coordinate and monitor health programs that apply to the population of the United States-Mexico border region and migrant population.

Lines of Action:

- Promote the coordination of inter-agency programs and projects aimed at the health of the population from the Mexico-United States border region and migrant population.
- Link programs and projects on health of the population from the Mexico-United States border region and migrant population with government and bilateral agencies.
- Provide technical advice on border health issues to government agencies of both countries.
- Promote in several bilateral, government, academic forums, with community leaders, civil organizations actions that benefit the health of the population from the Mexico-United States border region and migrant population.
- Strengthen bilateral ties to offer and receive cooperation in border health.

- Health information exchange between Mexico and United States.
- Promote public policies that foster care for the health of the population from the Mexico-United States border region.

STRATEGY 2. Promote support services to the population of the Mexico-United States border region and the migrant population during their stay in the border region and at the time of repatriation.

Lines of action:

- Conduct activities of disease prevention and health promotion from health priorities established in the Program Healthy Border 2020.
- Provide services of disease prevention and health promotion to the migrant population at the time of repatriation.
- Continue and promote binational collaboration with strategic alliances.

STRATEGY 3. Promote and support research on border health and migrant population.

Lines of action:

- Develop a research binational agenda at Mexico-United States Border Health supported by the Healthy Border 2020 priorities to support decision-making on health and public policy.
- Manage resources for research on border health issues and migrant population.
- Strengthen binational collaboration with universities in the Mexico-United States border region.

10.4 Goals

- Care for 100% of repatriated migrants requiring a service of prevention and health promotion in the modules of comprehensive health care of repatriated migrants (guidance, timely detection, medical care and referral to health services, etc.)
- Grant 100% of the services requested by users of the modules for repatriated migrants.
- Strengthen binational collaboration that fosters research on border health and health and migration.

10.5 Activities

1. Support for health promotion and disease prevention in the Mexico- United States of America border
2. Support for research and teaching in the states of the border
3. Regular monitoring of the program of modules. Includes application of a format on the evaluation of risk factors associated, distribution of material of prevention and condoms, detections, and references, among others, to the repatriated migrants who need it.
4. Linking binational meetings.

11. PUBLIC POLICY IN THE FIELD OF HEALTH

The Ministry of Health recognizes that: challenges remain to be overcome and debts to settle, in particular with the population living in conditions of vulnerability. The health of the people must be an element to attenuate the social gaps no to exacerbate. The public health and medical care must become the fundamental elements to ensure health protection as set out in article 4 of the Constitution of the United Mexican States. Health is a basic condition for the well-being of individuals; furthermore is part of the human capital to develop their full potential throughout life. PSS (2013-2018)

According to the World Health Organization (WHO), a health care system works well if it to responds both to the needs and expectations of the population, meets the following objectives (WHO, 2010): to improve the health of the population; reduce health inequities; providing effective access to quality and improve efficiency in the use of resources. Even though the coverage of public insurance has increased considerably over the years, an issue of major concern lies in the fact that the out-of-pocket expenditure has not declined to the levels expected, keeping close to the 50%. This situation is in fact a case of exception in the countries of the OECD. (PSS 2013-2018)

In a system aimed on the individual, the profile of each patient requires that the medical staff recognize the interculturality of the population, and to respect the fulfillment of human rights and the ethical criteria, in addition to that, it must have the interpersonal and communication skills. As a fundamental element of a national system of Universal Health Care, we need to strengthen the stewardship of the Ministry of Health to have an impact on the public and private sector, and as a complementary aspect to consolidate the actions of the National Health Council; always in the context of the federalist spirit and respect for the powers of the different levels of government. The responsibility of the government to guarantee the right to health protection encompasses many aspects, from the regulation to the provision of services (PPS 2013-2018)

The National Development Plan 2013-2018 establishes as a priority axis for the improvement of the health promotion, prevention of disease and the protection of health, always with a gender perspective, attached to ethical criteria and in response to the multicultural mosaic that characterizes the country. A successful public policy of prevention, protection and promotion must incorporate not only actions of public health, but also interventions that change how people act, in terms of its responsibility with regard to sexual behaviors, physical activity, diet, consumption of alcohol, tobacco, drugs, and in general in all those situations that put in risk the physical or mental integrity . While the strategy emphasizes the chronic

non-communicable diseases, does not mean that every effort should be made to continue with the attention of communicable diseases, emerging and reemerging diseases, addiction, and the actions of health promotion and protection in the different age groups of the population. (PSS 2013-2018)

To raise health issues to the public interest, it is important to consider its impact in the political field. Public policies, to Franco (2013:88), "are the actions of government with public interest objectives which came from decisions based on a process of diagnosis and analysis of feasibility studies, for the effective attention of public problems, where he participates in the definition of problems and solutions."

On the other hand, public policies have specific characteristics and precise guidelines. Aguilar Villanueva (2013:87)[3] notes that these initiatives are primarily "public benefit." These proposals involve citizen participation and seek to "integrate a set of structured, stable and systematic actions."

According to (Mejia, 2004; Franco, 2013:87) "a public policy in Mexico is a correction to technical elements, intervention of expert analysis that determine the orientation and implementation" of certain

actions. It is in this sense, where the United States-Mexico Border Health Commission seeks to insert the topic of health as a referent of regional importance to public policy level.

11.1. Protection of the health

According to a joint initiative of the Pan American Health Organization and the World Health Organization, the protection of the health[1] was defined as "The guarantee that society grants, through the public authorities, so that an individual or group of individuals can meet their health needs and demands, to obtain the appropriate access to the services of the system or of any of the existing subsystems in the country, without the capacity to pay as a limiting factor". (SSA 2005)
But it is assumed that those who are excluded from the protection to health are generally the groups in conditions of vulnerability, such as the poor, the elderly, women, children, indigenous groups, non-salaried workers, workers in the informal economy, the unemployed, the underemployed, as well as the rural population. (SSA 2005)
On May 15, 2003 was published in the journal Diario Oficial de la Federación a decree in which it amends and supplement the General Health Law (LGS for its acronym in Spanish) to create the System of Social Protection in Health (SPSS for its acronym in Spanish), now known as Seguro Popular[2], being part of the strategy to ensure full access to public health services for all Mexicans under a system of universal health insurance, without distinction of their social, labor and economic condition; under a scheme of public health insurance, which is coordinated by the Federation and operated by federal entities. It is based on clear rules set out in the General Health Law that define rights and obligations for the contribution and participation of health resources. This financing scheme also seeks the reduction of the *pay out of pocket money* that families make when they receive the care. This financing scheme replaces the out-of-pocket expenditure for the advance payment of an annual membership fee, proportional to the economic possibilities of the family - and that in specific cases of people with very low incomes is provided without

membership fee-, achieving in this way to financially protect homes and promote the principle of equity under which people contribute to the health system in according with their paying possibilities , and receive the services in accordance with their health needs. (SSA 2005)
On the other hand, the General Health Law[3] (2016) defines, in practical terms, what it can be understand by protection of health as a human right of the Mexican population:

> 1st Article .- The present Law regulates the right to the protection of the health that every person have in the terms of Article 4 of the Constitution of the United Mexican States, it establishes the bases and forms of access to health services, and the concurrence of the Federation and the federal entities in the field of public health. It is applicable in all the Republic and its provisions are of public order and social interest.
> 1st Article . Bis.- It is understood by health as a state of complete physical, mental and social well-being and not merely the absence of disease or sickness.
> 2nd Article.- The right to the protection of health, has the following purposes:
> I. The physical and mental well-being of the person, to contribute to the full exercise of their capacities;
> II. The extension and improvement of the quality of human life;
> III. The protection and enhancement of values that contribute to the creation, conservation and enjoyment of health conditions that contribute to the social development;

IV. The extension of solidary attitudes and responsible for the population in the preservation, conservation, improvement and restoration of health;
V. The enjoyment of health care and social assistance to meet effectively and in a timely manner to the needs of the population;
VI. The knowledge for the proper development and utilization of health services, and
VII. The development of education and scientific and technological research for health. (CDHCU, 2016)

11.2. Health Promotion

Health promotion is a key pillar of the USMBHC. This is a process that encompasses actions directed at strengthening the skills and capacities of the individuals. The promotion of health in the northern border of Mexico seeks to modify and to steer the social, environmental and economic conditions, in order to mitigate the impact on the public and individual health.

For the World Health Organization, the health promotion, is conceived as the sum of shares of the population. The Impact that favors the health services and involves health authorities and other social sectors, academics and productive, aimed at the development of better conditions of individual and collective health of a community or a particular region.

According to the Ottawa Charter, is defined as "the promotion of health is to provide people with the necessary means to improve health and exercise greater control over the same. To reach a state of physical, mental and social well-being an individual or group must be able to identify and realize their aspirations, to meet their needs and to change or adapt to the environment. Health is perceived as, not as an end in itself, but as the source of wealth of the everyday life. Therefore, it is a positive concept emphasizing social and personal resources as well as physical skills. Therefore, given that the concept of health as well-being goes beyond the idea of healthy lifestyles, health promotion does not apply exclusively to the health sector." The Ottawa Charter encompasses five key action areas.

1.- To establish a healthy public policy;
2.- Create environments that support the health care;
3.- Strengthen community action for health;
4.- Develop personal skills, and
5.- Reorient health services (IPCS, 1986)

The promotion of health is to train people to exercise greater control over the determinants of their health and improve as well. It is a core function of public health, which contributes to efforts to deal with communicable diseases, non-communicable diseases and other threats to health. (Bangkok Charter, 2005)

11.2. Disease prevention

The prevention of health can be understood as "the set of measures taken to avoid or reduce the risks and damage to health." In this regard, the prevention of health can be considered as an effort to implement measures to avoid or reduce the most significant health risks. However, the "prevention" as such, there may be sub-classified according to the order of importance: primary, secondary, tertiary.

1.- The primary prevention seeks to prevent or reduce new cases of a disease.
2.- The secondary prevention is aimed at early detection and timely treatment to reduce the permanence of a disease that is already present;

3.- The tertiary prevention is the set of measures that are taken to reduce the physical or mental limitations caused by a disease and to reintegrate the individual into their midst (SSA 2007)

12. REPATRIED MIGRANT HEALTH MODULE (MSMR for its acronym in Spanish)

As mentioned above, the efforts of the United States-Mexico Border Health Commission seek to influence the conditions for the improvement of situations of risk. At the same time, aims at strengthening the enabling environment for the implementation of strategies for the prevention of HIV and other STIs, as well as some chronic degenerative diseases. As an example of a factor to consider is the higher prevalence

of HIV in the U.S.A and in the northern border of Mexico, implying that migrants have in this border area a greater risk of contracting HIV in their communities of origin (USMBHC: 2014b).

As well, the Health modules are an initiative of the USMBHC in search of contribute to the control of the health conditions of the northern border region of Mexico, specifically of the migrants. These modules have been designed for the promotion, prevention, care and implementation of models of health care for this population. These platforms of Health operate under the scheme of binational collaboration between Mexico and the United States. The Repatriated Migrant Health Modules work under the coordination of the Ministry of Health and the National Institute of Migration in the ports of return of the Northern Border of Mexico and the U.S.A These agencies give priority to health services in conjunction with the growth of deportations of Mexican Migrants by U.S.A Authorities (USMBHC: 2014b).

They are intended to identify in advance, the presence of chronic degenerative diseases (such as diabetes mellitus and hypertension) and sexually transmitted infections (HIV/AIDS and others); as well as generate attention to psychological boxes of the repatriated population. (USMBHC, 2014b).

Particularly, recognizing the situation of inequality in the migrant population are before of HIV/AIDS and other sexually transmitted diseases, one of the main concerns of the USMBHC is the targeted prevention that includes early detection and the collaboration with the health systems through the implementation of a prevention strategy that includes: a biomedical dimension that considers the timely detection, the incorporation of the migrants returned to health systems and the distribution of inputs of prevention (male condoms, female condoms and lubricant); a component of promoting behavioral change based on principles of information, education and communication which seek to reduce risks related to HIV and STIs, in an Individual and community way; and a structural component that involves the community systems strengthening and improving the contextual aspects, in order to build an enabling environment for the implementation of strategies for the prevention of HIV and other STIs. All of the above considering the respect for human rights, cultural diversity and gender perspective. (USMBHC, 2015a)

To achieve the above, it is important that in the Migrant Health Modules, operated by the Ministry of Health and the National Institute of Migration in the ports of return of the United States-Mexico border, the ones located in Tijuana and Matamoros be beneficiated because of being concentrated together around the fourth part of the post back events of Mexican Migrants by U.S.A authorities. In parallel, it must work with civil society organizations who care for migrants to reach the population that is in transit to and from the U.S.A (USMBHC, 2015a)

On the other hand, in order to contribute to the strengthening of an enabling environment for the implementation of strategies for the prevention of HIV and other STIS is included a training program for staff of migration and of the civil society organizations which cater to migrants. (USMBHC, 2015a)

On HIV/AIDS, the proposal for prevention and health promotion for the MSMR is designed to benefit the population in the sense that:
1.- The population becomes more informed about risk practices, HIV and other STIs;
2.- Will have greater access to inputs of prevention; and
3.- Will have greater awareness and information of the need to know about his state of health. (USMBHC, 2015a)
As a result of this intervention, it will help to improve the immediate social environment and community of the migrant population to raise awareness, to the immigration authorities, to the agents and civil society organizations that serve this population group, on the vulnerability of the same and the disadvantage at which they are to HIV/AIDS. As a matter of responsibility involves the various sectors whose performance is relevant for the protection of health: federal, state and municipal authorities, as well as civil society organizations and academia. (USMBHC, 2015a)
Through the MSMR intends to complement the national policy of prevention to contribute in the development of capacities of health protection and the reduction of risk behaviors and practices to increase the detection of HIV, syphilis and other STIS, the promotion of early treatment and retention of people with HIV in the health services; as well as to promote the practices attached to full respect for the human rights of key populations, through the reduction of stigma and discrimination. (USMBHC, 2014a).
In another sense, this program recognizes, promotes, respects and protects the human rights of the participants, under the terms established by the Constitution of the United Mexican States, International treaties and federal and local laws applicable. The program also seeks to include actions that favor the reduction of stigma and discrimination related to HIV prevention interventions- care of HIV and other STIS, and that, in this specific case, the population to meet is doubly stigmatized by the fact of being a migrant. (USMBHC, 2015a)
To the extent possible, attend to the interculturality, which is also a right, since territorial origin of persons involved in the migration gives it a particular coloring to their behaviors and expectations. With the greater involvement of people affected by or at risk of the epidemic of HIV/AIDS, should be considered in the implementation of the prevention projects, contemplating their experiences, their availability and their privacy policy (this is also their right). (USMBHC, 2015a)
The Strategy recognizes that gender influences in a differentiated way the risk of men and women to HIV. For this reason the gender perspective to propose the distribution of prevention inputs including exclusive material for women. At present there is no evidence that points out that about 20 percent of the flow of migrants who are returned by the American authorities are women (USMBHC, 2015a).
In another sense, it promotes the safety and protection of the rights of children, women and men who are repatriated through the MSMR, since the USMBHC has managed that girls and unaccompanied children are admitted only to the 12:00 hrs. and in their case, in unified families. The DIF has taken the responsibility to pick them up and take them to a safe place. It has also been managed that women are

returned only in the morning. Furthermore, it has been concluded that the Special Force Beta Group, to provide their services to pick up women and men migrants who have been repatriated and to take them

to shelters. In this way they avoid risk entering the country in the late hours of the night, and seeking refuge on their own, in an unknown city and in high-risk areas.

12.1. GUIDELINES AND MECHANISMS OF OPERATION

The Repatriated Migrant Health operates with two health promoters, a psychologist and a doctor in charge of the reviews and timely diagnoses of deported persons that needed to be addressed. The health promoter's module act once they cross the filtering established by the Institute of Migration, which consists in the identification of the repatriated and the capture of sociodemographic data. Subsequently, the health promoters of the Migrant Health Module to inform the returnees of the existence of the module for the review, counseling; diagnosis or consultation. They are invited to do a general screening and testing for the identification of HIV/AIDS, glucose and blood pressure.

In the case that the person attended requires guidance or supply of medicine the doctor, in turn, has the power to give the medication that the patient requires. The pictures stress or trauma are cared for by the psychologist. Although it is not the specific function of the Health Module, to give consultations or psychological diagnoses, it counts with the information because of the charts of diseases of the deported by the border region of Northern Mexico.

12.2. Objectives

12.2.1. GENERAL OBJECTIVE

1. To contribute to the protection of the health of the repatriated migrant, busting actions for health promotion and disease prevention, through a comprehensive care and counseling, screening and detection, as well as medical and psychological assessments.

12.2.2. Specific Objectives

2. Provide assistance and protection to the child and adolescent migrants repatriated not accompanied.
3. Offer services of prevention and health promotion services to migrants repatriated in accordance with the immigration authorities of the United States of America to facilitate their reintegration.
4. Enroll or Re-enroll at the Seguro Popular in Mexico to migrants and their families, for the protection of their health.
5. Increase the timely detection of HIV, other STIs, and tuberculosis; the promotion of early treatment and the channeling of migrants repatriated with HIV to health services

6. Promote the distribution of inputs of prevention among migrants, leading to changes in habits and behaviors with social marketing strategies based on the principles of information, education and communication to reduce risks related to HIV and STIS, in an individual and community way.

7. Support the surveillance systems for diabetes mellitus type 2, hypertension, overweight and obesity that affect the health of migrants
8. Strengthening epidemiological surveillance, in returning migrants, for the appropriate decision-making for the control, elimination and eradication of communicable diseases
9. Incorporating the precautionary approach and of health promotion in health services to migrants
10. Promote the affiliation to the Seguro Popular of the repatriated migrant population because of their status of social and economic vulnerability
11. Provide information to repatriated migrants that present symptoms related to obesity, diabetes, and hypertension

12. Promote an intercultural perspective, cross-sectoral and gender in the health services to migrants in repatriation
13. To promote respect for the dignity, autonomy and human rights in the provision of health services to migrants
14. Support the National Epidemiological Surveillance System and the National System of surveys, focusing on the health of migrants
15. Promote the observance of international bioethics criteria in line with the interest and health policies, Mexico and the United States in relation to migrants
16. Contribute to the role of Mexico as a responsible and committed actor at the multilateral level and in terms of the human right to health of the countrymen repatriated
17. Train staff of migration and of the organizations of the civil society who care for returning migrants to make the services of the Repatriated Migrant Module, according to the national health policies
18. To contribute to the integration of the basic content of gender, human rights and multiculturalism in the training of health professionals who work with migrants
19. Human resources aligned with a model focused on primary care in the Repatriated Migrant Health Module
20. Disseminate among the repatriated migrant population sexual and reproductive rights of women and indigenous women, the right to free, prior and informed consent

12.3 Lines of action, activities, targets and indicators of impact

OBJECTIVES	STRATEGIES	LINES OF ACTION	ACTIVITIES	GOALS	INDICATORS
1. Contribute to the protection of the health of the Repatriated Migrants (RM), busting actions for health promotion and disease prevention, through a comprehensive care and counseling, screening and detection, as well as medical and psychological assessments.	Implement a model of primary care for returnee population, with health promoters, psychologists, and physicians.	To provide prevention services for physical and emotional health of the population in a situation of repatriation. Provide services for the promotion of the physical and emotional health of the population in a situation of repatriation.	Conduct orientation sessions and medical assessment to Repatriated Migrants. Fulfillment of orientation sessions and psychological assessment to RM. Testing (screening, HIV/AIDS, Tuberculosis) for the diagnosis of diseases communicable diseases.	Increase the number of FPTP in the repatriation process involved in health session. Increase the number of migrants in the process of repatriation involved in psychological counselling session. Increase the number of tests for the diagnosis of diseases communicable diseases.	Percentage of RM attended by medical personnel Percentage of RM served by the staff of psychology. Percentage of tests applied to RM to diagnose communicable disease. Percentage of tests applied to RM to diagnose chronic disease. Number of instruments applied to RM to determine

			Application of tests (blood pressure, body mass index, glucose), for the timely diagnosis of chronic and communicable diseases.	Increase the number of tests for the diagnosis of chronic diseases. Increase the number of instruments implemented in a timely diagnosis of chronic and communicable diseases	chronic and communicable diseases. Percentage of diseases identified from a review of primary health care in the health module.
2. Provide assistance and protection to children and adolescents migrants repatriated without company.	To implement a model of primary care for children repatriated, with health promoters, psychologists, and physicians.	To provide prevention services for physical and emotional health of the child population in situation of repatriation. Provide services for the promotion of the physical and emotional health of the child population in situation of repatriation.	Conduct orientation sessions and medical assessment to repatriated migrant children. Realization of orientation sessions and psychological assessment to repatriated migrant children. Application of tools for the diagnosis of chronic and communicable diseases.	Increase the number of child migrant returnees who receive medical guidance. Increase the number of child migrant returnees who receive counselling. To increase the number of instruments implemented in a timely diagnosis of chronic and communicable diseases to migrant children repatriated	Percentage of migrant children repatriated attended by medical personnel. Percentage of child migrants repatriated served by the staff of psychology. Number of cases in children repatriated detected with a tendency to develop diseases communicable or chronic diseases.
3. To offer services of prevention and health promotion services to repatriated migrants in accordance with	To create mechanisms for prevention and health promotion for the reintegration of RM	Promote and endorse the binational agreements for health promotion and prevention of the RM.	Periodically review the migratory agreements with authorities of the United States and	Review on a quarterly basis, the agreements with U.S.A that may affect the health prevention and	The number of meetings to review the agreements. Opinion of RM on the

the immigration authorities of the United States of America, to facilitate their reintegration.	To strengthen programs of repatriation of Mexican Migrants.		Mexico to promote the prevention and promotion of the health of the RM, and therefore, their reintegration into the community of destiny. Implement a module-observatory to follow up the agreements of prevention and health promotion among migration authorities.	promotion of RM. Collect information with RM on the measures taken for the prevention and promotion of health on both sides of the border.	measures taken for the prevention and promotion of health on both sides of the border.
4. Enroll or Re-enroll at the Seguro Popular in Mexico to migrants and their families, for the protection of their health.	Promote the affiliation or re-affiliation of the RM to Seguro Social.	To have at disposal of the RM the means for their affiliation or re-affiliation to the Seguro Popular.	Take agreements with SSA, SEDESOE, SSA of BC for disposal in the module the affiliation to the Seguro Popular.	Promote the affiliation to the Seguro Popular with the 100% of the RM.	100% of affiliation of the RM to Seguro Social.
5. Increase the timely detection of HIV, other STIs, and tuberculosis; the promotion of early treatment and the channeling of repatriated migrants with HIV to health services.	Have a communication strategy to build awareness in RM about STIs and HIV. Have a model of early detection and treatment of STI/HIV for RM. Count with a model to refer to RM who suffer from STI/HIV to the relevant public	Sensitize RM on the health risks of acquiring sexually transmitted diseases and the benefits of having an early diagnosis and treatment develop visual media awareness about sexually transmitted diseases. To have present the mechanisms of referral of	Provide health education and dissemination of the main risks that make the most vulnerable migrants, through printed material and audiovisual Motivate RM to participate in orientation sessions and screening for STIS/HIV upon	Printed and audiovisual materials, with appropriate marketing for health education and awareness of risks addressed to RM Increase the percentage of MR who participate in orientation sessions on STIS/HIV upon	Audiovisual material educational and awareness-raising. Printed educational material and awareness-raising. Increase the percentage of attention to the physical health of the RM.

	health institutions for its due attention.	cases of STIS AND HIV detected at public institutions	his arrival in the country Take the MR with some STI/HIV to relevant public institutions according to established protocols	his arrival in the country To refer RM to public institutions when detected cases of STI/HIV according to the protocol.	Percentage of RM focused on early detection and treatment of communicable disease. Percentage of people with early detection and early treatment of tuberculosis. Percentage of people with early detection and early treatment of HIV, syphilis and other STIs. 100% of RM with a diagnosis of STI/HIV and tuberculosis referred to the relevant public health institutions.
6. Promote the distribution of inputs of prevention among migrants, leading to changes in habits and behaviors with social marketing strategies based on the principles of information, education and communication, to reduce risks related to HIV and STIs,	Developing social marketing strategies based on the principles of information, education and communication to reduce risks related to HIV and STIS, privately and in community.	Sensitize MR on the use of inputs of prevention. To develop materials that are more conducive to the MR behavioral changes to reduce your risk of contracting HIV/STIS and protect your family and community environment.	Expose the MR during your wait in the MSMR motivational audio-visual and printed materials of the personal and collective conscience in order to avoid the risk of STI/HIV. Distribution of male and female condoms.	Audiovisual material that promotes behavior change toward safer sex To count with printed material that promotes behavior change toward safer sex. Increase the distribution of male and	Audiovisual material with adequate marketing. Printed material with adequate marketing. Increased distribution of male and female condoms to the RM. NUMBER OF RM sensitized

privately and in community,			To create awareness about the importance for one's own health and community of practice safe sex.	female condoms. To provide orientation sessions on safe sex.	on practices of risk of contracting HIV and other STIs. Number of actions for the reduction of stigma and discrimination
7. Support the surveillance systems for diabetes mellitus type 2, hypertension, overweight and obesity that affect the health of migrants	Developing social marketing strategies based on the principles of information, education and communication to reduce risks associated with the chronic-degenerative diseases, individually and family.	Sensitize RM on the consequences of overweight, obesity, hypertension and diabetes mellitus type 2. To develop materials that are more conducive to the RM behavioral changes to reduce your risk of chronic-degenerative diseases to personal and family level.	Expose the RM during your wait in the MSMR motivational audio-visual and printed materials of the personal and collective conscience on the chronic-degenerative diseases. Measurement of the levels of blood glucose, blood pressure and body mass index to diagnose chronic-degenerative diseases. To create awareness on the importance of taking care of one's own health and community Register identified cases of diabetes, hypertension, obesity and overweight for reporting to	Audiovisual material that promotes behavioral change that will lead to overweight, obesity, hypertension and diabetes mellitus type 2. To count with printed material that promotes behavioral change that will lead to overweight, obesity, hypertension and diabetes mellitus type 2. Provide medical orientation sessions on overweight, obesity, hypertension and diabetes mellitus type 2. To do diagnosis of overweight, obesity, hypertension, and diabetes mellitus type 2	Audiovisual material with adequate marketing. Marketing material printed with adequate. Number of Repatriated Migrants sensitized on obesity, overweight, hypertension and diabetes mellitus type 2.

			public health institutions		
8. Strengthening epidemiological surveillance, in returning migrants, for the appropriate decision-making for the control, elimination and eradication of communicable diseases	Establish protocols of the Health System in the care of returning migrants to implement the surveillance, control, elimination and eradication of communicable diseases in the border area	Information on communicable diseases in the population RM that circulates through the MSMR.	Implementation of a format for the evaluation of risk factors associated with sexually transmitted infections (STIS) and HIV. The implementation of a format for the evaluation of risk factors associated with tuberculosis.	Register and channeling information on identified cases of STI/HIV among Repatriated Migrants. Register and channeling information on tuberculosis cases detected in RM.	Registration of cases of STI/HIV in Repatriated Migrants. Registry of cases of tuberculosis in RM. Epidemiological information to be sent to the relevant public health agencies.
9. Incorporating the preventive approach and of health promotion in health services to migrants	Encourage preventive services and health promotion among the migrant population during the repatriation process	Activities of disease prevention and health promotion from the health priorities set out in the Healthy Border 2020 Program	Expose the RM to materials with preventive orientation of diseases and health promotion in the MSMR, considering STIS/HIV, overweight, obesity, hypertension, diabetes mellitus and tuberculosis. Preventive orientation sessions of diseases and health promotion in the MSMR, considering STIS/HIV, overweight, obesity, hypertension, diabetes	To inform all the Repatriated Migrants that circulate in the MSMR on the prevention of communicable and chronic-degenerative diseases through audio-visual and printed materials. To inform all the Repatriated Migrants that circulate in the MSMR on the prevention of communicable and chronic-degenerative diseases in medical and psychological sessions with specialists from the health	100% of RM that circulate in the MSMR focused on disease prevention and health promotion, in order to have a more informed and aware of his state of health.

			mellitus and tuberculosis		
10. Promote the affiliation to the Seguro Popular (Public insurance) of the migrant population repatriated because of their status as social and economic vulnerability.	To place at the disposal of the population RM membership or re-affiliation to the Seguro Popular, as an advantage of protection to your health.	Promote the affiliation or re-affiliation of MR to the Seguro Popular, creating awareness of the advantage of a proactive protection to your health.	Channel to the MR to the registry of the Seguro Popular in the facilities of the MSMR, providing information about the advantage of this protection in a preventive manner.	Increase membership or re-affiliation of RM in high social and economic vulnerability.	Percentage of RM affiliates or re-affiliated with the Seguro Popular.
11. Providing information to migrants repatriated to submit ailments related to obesity, diabetes, and hypertension	To have a communication strategy to build awareness of the MR on the chronic-degenerative diseases. To have a model for the detection and orientation of overweight, obesity, hypertension, and diabetes mellitus 2 for RM. To count with a model to refer to the MR who suffer from chronic-degenerative diseases to public health institutions relevant for its due attention.	Educate Repatriated Migrants about the risks that have to suffer from chronic and degenerative diseases and the benefits of having a diagnosis and treatment. To develop visual media awareness of the chronic-degenerative diseases. To have present the referral mechanisms identified to the relevant public institutions	Provide health education and dissemination of the main risks that make the most vulnerable migrants, through printed material and audiovisual. Motivate RM to participate in orientation sessions and detection of chronic-degenerative diseases upon his arrival in the country. To refer to the MR with a chronic illness to relevant public institutions according to established protocols	To Prepare Printed and audiovisual materials, with appropriate marketing for health education and awareness of risks addressed to Repatriated Migrants. Increase the percentage of MR who participate in orientation sessions on chronic disease upon their arrival to the country. To refer RM to public institutions when detected cases of chronic diseases according to the protocol.	Audiovisual material educational and awareness-raising. Printed material educational and awareness. To increased percentage of attention to the physical health of the RM. 100% of RM with a diagnosis of chronic-degenerative diseases referred to the relevant public health institutions
12. Promote an intercultural	Promote the implementation of	To devise mechanisms for	Set up a table for the	Make a table of work with	Percentage of RM that are

perspective, cross-sectoral and gender in the health services to migrants in repatriation	an intercultural strategy, cross-sectoral and gender, calling for human rights bodies and civil society organizations for your design	inter-agency coordination for the design, implementation, monitoring and evaluation of public policy inter-cultural, inter-sectoral and gender, migration and repatriation	implementation of an intercultural strategy, cross-sectoral and gender in the MSMR. To develop a program in the field of repatriation of migrants, with intercultural character, cross-sectoral and gender	human rights bodies and civil society organizations to design a strategy appropriate. Develop a work program as a tool for the design, implementation, monitoring and evaluation of policy and migration management.	channeled to hostels according to their age, ethnic origin, sex, and health institutions that collaborate in the reception of the RM for their psychological, physical security and economic. Organizations of civil society working in the reception of the MR for their psychological, physical security and economic proposals for the implementation of an intercultural perspective, cross-sectoral and gender in the health services to migrants in repatriation. Work program to implement an intercultural perspective, cross-sectoral and gender in the health services to migrants in repatriation
13. To promote respect for the dignity, autonomy	Define the dimensions of dignity, autonomy	Establish a working group to define the	Set up a table for the implementation	Make a table of work with human rights	Table of work with human rights agencies

and human rights in the provision of health services to migrants.	and human rights in the area of health for the population of RM. To implement measures that respect the dignity, autonomy and human rights in the area of health for the population MR. To manage before the Migratory authorities the treatment of migrants in repatriation with a focus on dignity, autonomy and human rights in the area of health.	dimensions of dignity, autonomy and human rights in the area of health for the population RM. Strengthen the repatriation programs, in order to safeguard the physical and emotional integrity of the Mexican people repatriated, as well as to protect them from violations of their human rights.	of a strategy for preserving the dignity, autonomy and human rights in the provision of health services in the MSMR. Develop a program in the field of repatriation of migrants, with nature for the protection of human right to health with dignity and autonomy. A review of the arrangements for the repatriation of Mexicans, to ensure that their rights are respected and the correct application of the protocols in the field.	bodies and civil society organizations to design a strategy appropriate to the dignity, autonomy and human right to health of the Repatriated Migrant In order to develop a work program as a tool for the design, implementation, monitoring and evaluation of policy and migration management with a focus on dignity, autonomy and human right to health of the RM. Review of agreements for the repatriation of Mexicans from EU considering human rights	and civil society organizations. Strategy's for protection of the dignity, autonomy and human rights of the RM in the health services. Work program for immigration policy and management with a focus on dignity, autonomy and human right to health of the RM. Repatriation agreements reviewed, considering the human rights.
14. Support the National Epidemiological Surveillance System and the National System of surveys, focusing on the health of migrants	Develop a strategy to support the National Epidemiological Surveillance System. Support to the National System of surveys in the field of border health and migrant	Develop a binational agenda of epidemiological surveillance systems that support decision-making in the area of health RM. support the lifting of data of the National System	Implementation of formats on the evaluation of risk factors and behavior of communicable diseases such as HIV/STI or tuberculosis, between MR.	Add information from the MSMR to the National Epidemiological Surveillance System To increase the National System of Surveys with	Epidemiological surveillance applied formats. To send data to the National Epidemiological Surveillance System.

	population repatriated	of surveys in the field of health and MR	Create a system of surveys that throw MR statistical information in support of the National Surveys	information of MSMR	Applied surveys. To send information to the National System of Surveys.
15. Promote the observance of international bioethics criteria in line with the interest and the health policies of Mexico and the United States in relation to migrants	Establish mechanisms for the enforcement of international bioethics criteria in line with the United States-Mexico collaboration in the field of health of RM	Define the international bioethics criteria that apply to the binational collaboration in terms of the repatriation. To implement the observance of the international bioethics criteria for the health of RM.	To develop instruments that ensure the observance of international bioethical criteria in the repatriation of migrants. Permanently manage the operation of procedures for the repatriation of nationals with observance of international criteria of bioethics	Make the observation, monitoring and evaluation of bioethical criteria in support of the health of the RM. Implement bioethical criteria in the proceedings of the repatriation of migrants and attention to your health	Instruments developed to implement the international bioethical criteria.
16. Contribute to the role of Mexico as a responsible and committed actor at the multilateral level and in terms of the human right to health of the countrymen repatriated	Support actions for health promotion and disease prevention in the United States-Mexico border area and migrant population repatriated. To strengthen bilateral ties to offer and receive cooperation in border health in the processes of repatriation	Perform actions for protection, prevention and health promotion in the border area of repatriation of Mexican migrants. Make the analysis of variables that affect the health of migrants on both sides of the border, to perform mitigation actions with respect to the right to health. To provide technical information on health topics of	Conduct orientation sessions and medical and psychological assessment to RM. Testing (screening, HIV/AIDS, blood pressure, body mass index) for the diagnosis of diseases communicable diseases and chronic diseases.	A description of the health conditions of the RM. To carry out analysis of the health of migrants on both sides of the border, taking as a basis the RM. Propose mitigation measures binational epidemiological surveillance and protection of the right to	Report of the health conditions of the RM. Analysis documents on the health of the RM Proposal of mitigation measures epidemiological surveillance and protection of the right to health of the RM. Information document on health of RM.

		RM to immigration personnel of both countries.	Application of tools for the diagnosis of chronic and communicable diseases that affect the population of both countries. Share information with the members of the BHC on the findings of health in the population RM.	health of the RM. Provide health information of MR to immigration authorities of both countries.	
17. Train staff of migration and of the organizations of the civil society who care for returning migrants to make the services of the Health Module of the Migrants Repatriated, according to the national health policies.	Promote national health policies among the staff of migration and civil organizations to improve the services of the MSMR with that approach.	Provide administrative and technical information to assist the efforts of public and private non-profit organizations to prevent health problems and channeling of repatriated migrants.	Perform a training event to civil organizations and staff of migration on national health policies that affect the MR and its vulnerability to STI/HIV, Tuberculosis, overweight, obesity, hypertension and diabetes mellitus, for its proper channeling to relevant institutions.	Event of technical and managerial training for civil society organizations and staff of migration on national health policies and their relationship with the vulnerability of the health of the RM.	Number of people in civil society organizations trained for the protection of the health Number of people working in skilled migration for the protection of health.
18. To contribute to the integration of the basic content of gender, human rights and multiculturalism in the training of health professionals working with RM.	Integrate the basic content of gender, human rights and multiculturalism in the training of professionals who collaborate in the MSMR.	Broadening the perspective of professionals who collaborate in the MSMR to provide a more sensitive and informed	Provide information to the staff of the MSMR on the gender perspective, which supports preferential treatment and protection of	Staff training professional who works in the MSMR on gender, multiculturalism and human rights.	Staff trained to give specialized attention to MR with greater vulnerability.

			women, children. Provide information about indigenous peoples and interculturalism, which supports distinction by their uses and customs. To provide information to the staff of the MSMR on the human rights of the most vulnerable groups, such as migrant workers, children, adolescents, pregnant women, people with disabilities, indigenous peoples and older adults.		
19. Human resources aligned with a model focused on primary care in the MSMR.	Focus on a model of primary care in the services offered by the MSMR, with adequately informed.	Strengthen the primary health care model with the training of staff working in the MSMR, according to the Manual of Procedures.	Implement procedures and actions that should be carried out in primary care for the protection of the health of the RM, according to the Manual of Procedures.	Give a copy of the Manual of Procedures of MSMR staff health care professional who works in the medical and psychological orientation to the MR	100% of the staff knows the Procedures Manual. 100% MSMR staff implements the primary care.
20. Spread among the population MR sexual and reproductive rights of women and indigenous women, and the	Count on the professional staff of the health of the MSMR in perspective and gender rights.	Awareness raising and training of professional staff of the health of the MSMR in	Implement in the session of medical guidance and counselling for migrant women with a	Provide guidance medical and psychological assistance to migrant women considering	100% of women MR receive guidance considering their sexual and reproductive rights.

right to free, prior and informed consent.		perspective and gender rights.	perspective of sexual and reproductive rights, the right to free, prior and informed consent.	their sexual and reproductive rights.	

12.4. Target population

Identification of the potential population:

People in vulnerable condition for their stay in the United States of America without the documentation required by the immigration authorities, may be admitted years ago or a few hours before his deportation. It is expected that the next year (2017) it might increase, and accelerate the volume of deportations, by the hardening of migration policies by the new president of that nation, Donald Trump.

Identification of the target population:

Persons who are repatriated by the immigration authorities of the United States of America, entering the border checkpoint of the National Migration Institute, located in Tijuana, Baja California, Mexico; to be rooted in that country without legal documentation required, for having committed administrative offenses or for having served a sentence of deprivation of liberty in j

jails, or for having hosted the benefits of voluntary repatriation to re-enter legally to fulfill a series of requirements.

Characterization of the target population:

People repatriated by deportation or voluntary return, in the framework of the regulations of the immigration authorities of the United States of America.

The men, women, infants or young migrants are a population that is in great economic instability, work and family, given that the vast majority of them crossed the border in search of better income to support their families, but they did so without legal documentation that allow them to live, study and work in the United States; in many cases, crossed without their nuclear family and formed another family beyond the border; in other cases, found shelter with relatives, and in others, they use their scarce means sharing costs of survival with their peers in small bed room.

There are migrants who have spent many years living in cities in the United States, without having regularized its legal documentation, but raising business that have allowed them to live in comfort, however, by hardening the migration policies have suffered the same fate of those crossing to be used as agricultural laborers or that have entered recently: they are apprehended and without further preamble, are subject to the deportation process. In other cases, the threats of deportation and not being able to return to the United States, losing all the heritage and to the

family, there are migrants who opt for voluntary return to Mexico and start a process of re-entry in compliance with the immigration laws, which may take several years.

12.4. TARGET POPULATION

Identification of potential population:

Individuals in vulnerability due to their stay in the United States of America without the documentation required by the immigration authorities, and may have entered years ago or a few hours before their deportation. The next year (2017) is expected to increase and accelerate the volume of deportations due to the tightening of migratory policies by the new president of that nation, Donald Trump

Identification of the target population:

individuals who are repatriated by the immigration authorities of the United States of America, entering through the border checkpoint of the National Institute of Migration, located in Tijuana, Baja California, Mexico; For residing in that country without the required legal documentation, for having committed administrative offences or for having accomplished a prison sentence in North American prisons, or for having received the benefits of voluntary repatriation in order to legally re-enter upon the accomplice of a requirements series .

Characterization of the target population:

Individuals repatriated by deportation or voluntary return, within the regulations of the immigration authorities of the United States of America´s framework.

Migrant men, women, infants and young people are a population that is in great economic, labor and family instability, since most of them have crossed the border in search of better income to support their families, but they did so without legal documentation authorizing them to reside, study and work in the United States; In many cases, crossed without their immediate family and formed another family beyond the border; In other cases, they find shelter with relatives, and in other cases, they use their scarce resources sharing survival expenses with their mates in small houses.

There are migrants who have spent many years living in US cities without having regularized their legal documentation, but have raised businesses that have allowed them to live comfortably, however, as migration policies have hardened, they have suffered the same fate as those who crossed to be employed as agricultural workers or who have recently entered: they are apprehended and without further preamble, are subjected to the deportation process. In other cases, facing threats to be deported and unable to return to the United States, losing all assets and family, there are migrants who choose to return voluntarily to Mexico and initiate a reentry process in compliance with immigration laws, which may take several years.

Many people are suddenly deported, leaving their families defenseless, so they choose to bring them up to Mexico to protect them and not lose the family union. In other cases, families remain in the United States while deported people are greatly affected by loneliness, lack of employment, food and housing; By the ignorance of the city and without identification documents. Such situations cause great damage to the mental and physical health of the repatriated migrants.

On the other hand, there are migrants who come to the United States without their family, live with great economic and housing instability, and are related to different people, which implies a strong risk to their sexual, physical and mental health , being highly exposed to sexually transmitted diseases, including HIV, as well as diabetes and hypertension. Likewise, those who are repatriated are highly susceptible to the same health risks.

Something even more delicate is that each repatriated migrant can become a vehicle of transmission of diseases to their sexual partners and in the target communities.

Hence the importance of reducing disadvantages that they may face with HIV, other STIs and chronic-degenerative diseases. If they are sensitized and well informed, they can immediately refer to their partners the need to know their serological status and to recommend that they participate in the risk reduction strategy implemented by the health sector in Mexico, in different action areas that have been defined. (CSFMEU, 2015a)

Parallel to the attention given in the module, visits were made to shelters and houses for migrants in the surroundings of the so-called Zona Norte, particularly known for the large number of night clubs there, as well as TSCs, IDUs and consumers or addictive substances distributors. 2,206 persons were treated directly in shelters with HIV counseling and counseling, prevention methods, transmission routes, HIV risk factors, importance of the test, and so on. From this, there were migrants who agreed to the quick HIV test. (SSA, 2015)

In another sense, migrants who have lived in the United States and who are returned by the US authorities are in conditions of greater defenselessness because they do not possess or possess limited resources to legally face the situation for which they were returned; They have no networks to turn to for support; And lack one of the fundamental rights such as being able to identify themselves with some valid document, which makes them susceptible to abuse on both sides of the border. (CSFMEU, 2015b)

It is possible to calculate, according to the patterns of repatriations along the border of Tijuana, that the following number of migrants that are served for a year, according to their characteristics

Population	Direct			Indirect			**Grand Total**
	Men	Women	total	Men	Women	Total	
Young people 14-29 years old	6,838	1,026	7,864	684	103	786	**8,650**
Adult 30-59 years old	10,849	**25,024**	4,512	12,361	1,085	151	1,236	**13,597**
Eldery 60 and more	2,038	487	2,525	204	49	252	**2,777**
Grand Total	**19,725**	**3,025**	**22,750**	**1,973**	**302**	**2,275**	**25,024**

Source: Own elaboration with data of attention in the Health Module of Migrant (CSFMEU, 2015a)

12.6. TYPE OF INTERVENTION

The Health Module for Repatriated Migrants seeks to contribute to the protection of the health of people deported by the border of northern Mexico. As it has been pointed out, it operates on the basis of the collaboration platform established by the Ministry of Health (SSA for its Spanish acronym) and the National Institute of Migration (INMI for its Spanish acronym). Performing health protection, health promotion and disease prevention actions, offering comprehensive care and timely counseling for the detection of potential or suffering diseases. The intervention involves the protection, prevention and promotion of health, in a collaboration agreed by the governments of the United Mexican States and the United States of America.

Once the INMI receives from the US immigration authorities the migrants who are deported or returned to Mexico, they are channeled to the enclosure counters, where they are asked for their data, offered a snack, re-affiliated with the Seguro Popular, they are given information about employment opportunities and finally, they are given information about the health services made available by the MSMR, inviting them to receive such services.

It is important to note that it is not mandatory for people in repatriation to make use of health services, while have the care is their right, it is also to decide if they accept the services and declare the ailments they present. In particular, if a person suspects or knows that he or she has contracted HIV / AIDS, international regulations impose their right to privacy, to prevent acts of abuse, intimidation or discrimination. Therefore, it is considered that there are black numbers in the data that the MSMR collects on the occurrence of chronic-degenerative diseases and sexual transmission among the people who enter as repatriates. And the same situation occurs in the field of US immigration authorities.

It is therefore important that MSMR staff are adequately sensitized and trained and have specific skills so that in addressing the group of people being repatriated, they succeed in creating a climate of trust for them to agree to enter the Module, receive information and obtain a basic diagnosis of their health, as well as medical guidance and psychological support. This process is relevant to constitute a mechanism for containment of communicable diseases, with a focus on protection, prevention and health promotion.

At the same time, the care offered is a mechanism for the reception and reintegration of Mexicans who return to their homeland without known family, work and survival spaces, and who have also been forced to abandon - in a large number of cases - his family, heritage, work, home, friendships, which formed his living and safe space.

Some relevant data regarding the intervention is that the most frequent reasons for consultation in 2015 were those associated with metabolic pathologies, such as obesity, diabetes mellitus and hypertension. There were 2,807 quick HIV tests, 606 prostate antigen tests, 3,722 measuring blood glucose, 4,147 measuring blood pressure and 3,823 somatomies. Three out of 10 people attended were attended.

However, 7.0% had high levels of capillary glycemia, 16.1% had elevated AHT, 43.7% were overweight and 21.3% were obese. Regarding HIV detection, 59.5% of the migrants attended voluntarily accepted the HIV rapid test, and 14 preliminary HIV positive cases were detected, 12 of them men. (CSFMEU, 2015d and 2015e)

HEALTH CARE MODULE OF REPATRIATED MIGRANT SERVICE Tijuana, Baja California, January 2 - December 31, 2015	
POPULATION ATTENDED	4,983
Orientations	17,441
Detections	15,105
Medical consultation	3,345
Seguro popular affiliates	14,937
References to health services	72
Psychological interventions in crisis	86
TOTAL OF SERVICES OFFERED	50,986

Own elaboration with data of the Module of Attention to the Health of the Repatriated Migrant (CSFMEU, 2015d and 2015e)

Other aspects of the type of intervention accomplished in the MSMR are to promote care continuity for patients deported with tuberculosis, as well as to strengthen binational coordination in their management and to standardize the guidelines for the delivery and reception of those who present such disease in the border region of Mexico-United States. Tuberculosis is the most sensitive issue in Baja California since the state has the highest incidence and mortality rate in the country. According to statistics, cases originating in the United States occur in Latinos and African-Americans. By origin, Mexico represents 30% of the cases in that country. (CSFMEU, 2015d)

Need to say the importance of HIV / AIDS in the MSMR health services. For example, according to the counts collected from the people who were treated under Project 2014-0119, ¨Prevención y detección de VIH/SIDA en migrantes mexicanos repatriados desde Estados Unidos por Tijuana, B. C., ¨ it is reported that direct service was provided to a total of 11,160 individuals, providing counseling and guidance about HIV, issues related to transmission routes, prevention methods, correct use of the condom, importance of conducting the test periodically, risk factors, and so on; This information was given in a group, since later some of them agreed to go to the module to perform the quick test and solve more specific concerns. (SSA, 2015)

Another public health objective in the MSMR is to report on the consequences of obesity, diabetes and hypertension, with four major priorities that must be considered to impact effectively: Healthy eating and healthy food, physical activity and life , breastfeeding in the case of infants, and communication and promotion (CSFMEU, 2015d and 2015e)

12.7 PERSONNEL PROFILE

Medical

Description: Execution of risk reduction strategy.

Objectives: Participate in the execution of the intervention´s biomedical dimension, being responsible for physical revision, timely detection, medical recommendations and referral to health systems. Participate in the component of behavioral change promotion based on information principles, education and communication that seek to reduce risks related to HIV and STIs, individually and / or community. Provide individual guidance to newly diagnosed patients. Refer patients to appropriate health services. Obtain information about the medical aspects. Participate in strategies to strengthen community systems and improve contextual aspects to build an enabling environment for the implementation of HIV and other STI prevention strategies by training agents and actors that serve the migrant population within the facilities of the National Institute of Migration and civil society organizations. Due to the stress conditions in which migrants are at the time of return, the doctor's participation is essential to stabilize the vital signs in case of crisis and to obtain the specific information of the presented symptomatology.

Job Profile: Professional in medical degree, with training in care for vulnerable populations, crisis management and counseling.

Experience Required: Experience in medical diagnostics. Desired experience in assisting migrants or other vulnerable population. Experience and training in the subjects related to the intervention: transmission rules, prevention forms, window period, meaning and assessment of negative, positive and indeterminate results. Experience in identifying symptoms to detect sexual transmitted diseases, counseling, emotions management and crisis control. Experience in approaching people, implementation and interviews application, sensitization and application of surveys about risk practices.

Expected Deliverables:

- Medical diagnostics
- Activity reporting
- Statistics of medical conditions
- Medications control
- Applied interviews

Counselor

Description: Risk reduction strategy´ s execution.

Objectives: Participate in the implementation of the biomedical dimension of the intervention (distribution of prevention inputs), timely detection and accompaniment for incorporation into health systems. Participate in the component of behavioral change promotion based on principles of information, education and communication that seek to reduce risks related to HIV and STIs, individually and / or community. Provide individual or group counseling to newly diagnosed patients and offer pre- and post-counseling. Canalizing, accompanying and monitoring patients to health services. Systematize the information obtained. Participate in strategies to strengthen community systems and improve contextual aspects to build an enabling environment for the HIV implementation and other STI prevention strategies by training agents and actors that serve the migrant population within the facilities of the National Institute of Migration and civil society organizations. Due to the stress conditions in which the migrants are at the time of the return, the participation of psychologists is essential to stabilize the population in case of crisis or to avoid it.
Job Profile: Professional, intern or student of the last year of Psychology, with training in care of vulnerable populations, crisis management and counseling.
Experience Required: Desirable experience in assisting migrants and/ or vulnerable populations. Experience and training in the subjects related to the intervention: rules of transmission, prevention forms, window period, meaning and assessment of negative, positive and indeterminate results. Experience identifying symptoms of sexual transmitted diseases, emotions management and crisis control, counseling and group dynamics. Experience in approaching, implementation and application of interviews, sensitization, and application of surveys about risk practices.

Expected Deliverables:

- Activity reporting
- Field diary
- Data obtained
- Applied interviews
- Information systematization.

Promoter
Description: Quick tests application, distribution of prevention supplies, counseling.
Objectives: To participate in the execution of the risk reduction strategy through the distribution of information material, quick tests application, distribution of prevention supplies, referral and counseling to health centers. Gather information about HIV risk practices. Offer integral sexual education.
Job profile: Professional, student or intern of Psychology, nursing, social service or other related career, that has the sensitivity of attention to vulnerable populations.
Experience Required: Experience desirable in serving vulnerable populations. Previous work related to HIV / AIDS. Experience in approach, interviews and sensitization. Experience in the application of surveys on risk practices. Communicative skills individually or in groups

Expected Deliverables:

- Activity reports.
- Field diary
- Obtained data

- Applied Interviews

Computer technician

Description: Professional in computer science for elaboration of databases
Objectives: To design the capture format of the migrant population risk survey and the survey of Knowledge, Attitudes and perceptions about HIV / AIDS and other STIs to be applied to migration personnel and civil society organizations that serve Migrants
Profile of the position: Professional or student of the last semesters of the race of Informatics
Experience required: experience in developing databases and formulating statistical analysis. Basic knowledge of migration issues

Expected Deliverables:

- Databases requested
- Activity reports

12.7. VALIDITY

While it is a reality that the migratory phenomenon is spreading more and more in the world and has been rooted in the Tijuana-San Diego border, even when the profiles of people who migrate and the characteristics of migratory flows change, there is no doubt which requires a permanent migration policy and actions to protect the right to health of national and foreign migrants.

It is also a commitment to international cooperation with the neighbor country of the United States of America, which in recent years has hardened its immigration policy, increasing the deportations and "voluntary" returns of Mexican nationals. Even when talking about immigration policies that provide greater protection to working families with US-born children and young students, as well as health schemes for undocumented migrants, the reality is that thousands of individuals have been deported, separated from their families, leaving their own jobs or businesses. In addition, security policy in the United States has increased the deportation of Mexicans who have committed a crime and are in detention centers.

For this reason, it is considered that the validity of the Health Module of Repatriated Migrant Program is permanent and replicable along the Mexican border with the United States of America.

12.8. BUDGET AND SUSTAINABILITY

The article 7 of the Establishment Agreement states that the activities of the Commission shall be subject to the availability of resources and funds provided by the parties. The term "parties" alludes to governments. In the case of Mexico, given the matter, it is done through the Ministry of Health, which provides resources for the operation of the Mexico Section of the Commission, through the signing of a Memorandum of Understanding between the Ministry of Health and the Pan American Health Organization

(OPS). The activities of the Commission may be financed jointly by the parties or only by each of them; In addition, the Commission may receive additional funds from other public or private entities interested in public health, in accordance with the corresponding laws.
This is reflected in the financial operation of the Repatriated Migrant Health Module which receives funds through the Ministry of Health. However, it may also have funding for projects submitted to the National Council for Science and Technology (CONACYT for its Spanish acronym) and the Secretariat for Social Development (SEDESOL for its Spanish acronym)
It is to be considered that, because it does not have a sufficient and permanent fund, the MSMR is limited in its operation and in the permanence of the projects to be implemented for the protection of the rights, the promotion of health, the prevention of communicable and chronic-degenerative diseases that threaten border cities.
It is necessary to have the material and human resources for the implementation of the intervention strategy, which are subject to the targets, activities, target populations and the scope of intervention. For the preparation of budgets, a review is made of the market value of the inputs requested and the tabulators of health professionals, in order to reflect a real budgetary vision.
Due to the very nature of the program, which is centered on the biomedical dimension of conducting timely detection and supply of inputs, about fifty percent of the budget is concentrated in these areas. At a second place is the requirement of the human resource for the execution of the activities.

It is also considered that, derived from the relations that the organization has with local universities, social service providers and professional practices with Psychology students are received.
Training should also be given to migration personnel and civil society organizations that serve migrants, including protection, prevention and health promotion in relation to HIV, syphilis and other STIs, chronic-degenerative diseases such as obesity, hypertension or diabetes as well.
In order to establish mechanisms to contain the target diseases and to strengthen the protection of the right to health, it is necessary to contemplate the application of knowledge surveys, attitudes and perceptions about them and the statistical management of the services provided.
In addition, there is the contribution of public agencies, such as the INM infrastructure in Baja California for the operation of the MSMR, facilities granted in terms of administrative expenses such as electricity and water. The Beta Groups and the DIF supports the transference of repatriated persons to the shelters of the Ministry of Health to join the Seguro Popular and the provision of a basic set of medicines, among others.

The basic resources to be considered for the operation of the MSMR would be of the following order, regardless of needs pertinent to programs that may be established in agreement with the Mexico-United States Border Health Coordination or cooperating public agencies:

Basic inputs for prevention:

Condoms
Female condom
T-shirts
Printing of authorized materials
Printing of authorized posters
Lubricant
Material for application of quick tests
HIV and Syphilis testing
Congenital Syphilis tests

Training and Dissemination:

Didactic materials
Desktop material
Computer and projection equipment

Operation:

Office supplies
Special baskets and bags for biological waste
Office furniture
Office equipment
Auscultation table
Folding screen

12.9. INTERINSTITUTIONAL COORDINATION / SOCIAL SECTORS

The return of Mexican migrants and their families to their country from the United States, whether is voluntarily or obligatorily, has gained great notoriety in recent years and has multiple economic, social and cultural implications. These implications are reflected within the families themselves and in the communities where they are based, which should be taken into account in the definition of strategies and programs aimed at counteracting problems in the re-incorporation or settlement of migrants.

For the above, inter-institutional and cross-sectoral actions of the programs that serve the returning migrant population are included and also the dimensions that are absent in these. It is proposed to focus the initiative on ensuring access to the repatriated migrants and the return to basic rights of social development; Seek to reduce conditions that trigger social impact problems; And to allow the adequate reintegration of the repatriated to the Mexican society. (CSFMEU, 2015d)

For the time being, it describes the institutions that have interference in migratory issues on the northern border, and which relationships have been established and specific actions can be generated to develop reintegration programs for the Mexican society of the repatriated compatriots, avoiding a deep Impact on border communities, but above all, their human and family development.

MINISTRY OF THE INTERIOR (SEGOB for its spanish acronym)

The Ministry of the Interior serves the political development of the country and contributes to the conduct of the relations of the Federal Executive Power with the other powers of the Union and the other levels of government to promote harmonious coexistence, social peace, development and well-being of Mexicans in a State of Law.

The mission it assumes is to contribute to democratic governance, public peace and political development through a good relationship between the Federal Government and citizens, its representative bodies in the social and private sectors, the Powers of the Union And the other government associations, to guarantee national unity and security, harmonious coexistence and the well-being of the Mexicans in a State of Law.

As to its Vision, it is conferred on it being the main driving force for Mexico to have a calm society, open, free, plural, informed and critical, with a solid democratic culture and wide citizen participation; Promoting and recognizing that the rule of law is the only way that allows Mexicans to live in harmony. (SEGOB 2016).

The operation of the Special Program of Migration 2014-2018 is on its direct charge, and therefore, the welfare of the people in condition of migration.

SECRETARIAT OF FOREIGN AFFAIRS (SRE for its Spanish acronym)

In the SRE website, it is declared as its MISSION: Conduct Mexico's foreign policy through dialogue, cooperation, promotion of the country and care for Mexicans abroad, as well as coordinate the international action of the Mexican Goverment.

And for its Vision it announces: to make Mexico a country with a constructive presence in the world, through a responsible and active foreign policy that promotes the fulfillment of the National Goals from a strengthened and innovative institution.

In this sense, the institutional function of the SRE is to support the efforts and negotiations of the Border Health Commission, especially regarding return migration and the Migrant Health Module. (SER 2016)

MINISTRY OF HEALTH (SSa for its Spanish acronym)

It is the institution head of sector, whose mission is: Establish State policies for the population to exercise their right to health protection. Therefore it is assumed as responsible for establishing a universal, equitable, integral, sustainable, effective and quality universal health system, with a particular focus on groups of the population that live in vulnerable conditions, through the strengthening of the rectory Health authority and intersectorality; The consolidation of protection and promotion of health and disease prevention, as well as the provision of plural and articulated services based on primary care; The generation and management of adequate resources; Evaluation and scientific research, encouraging the participation of society with co-responsibility. (SSa 2016)

The Secretariat has instituted the Health Sector Program 2013-2018 in accordance with the National Development Plan 2013-2018, with six objectives associated with the National Goals: Mexico in Peace, Mexico Inclusive, Mexico with Quality Education, Mexico Prosperous and Mexico With Global Responsibility, as well as the three transversal strategies, namely: Democratize Productivity; Close and Modern Government; And Gender Perspective. The six objectives, relevant to the migrant population, are:

1. Consolidate actions for protection, health promotion and disease prevention.
2. Ensure effective access to quality health services
3. Reduce the risks that affect the population´s health in any activity of its life
4. Close existing health gaps between different social groups and regions of the country
5. Ensure the generation and effective use of health resources.
6. To advance the construction of the National System of Universal Health under the rector of the Ministry of Health (SSa 2013)

NATIONAL INSTITUTE OF MIGRATION (INAMI)

The National Institute of Migration is a decentralized administrative body of the Federal Public Administration, under the Ministry of the Interior, which applies the current immigration legislation.

Its mission is: To strengthen the protection of rights and security of national and foreign migrants, recognizing them as legal subjects, through an efficient migration management, based on the legal framework and with full respect for human dignity. Whereas it assumes as its vision: To be the entity of the Federal Government that provides migratory services in an efficient, honest and safe manner, and which, based on full respect for human rights, favors national development and security, and participates harmoniously in the International concert.

The NIM has as a public user foreigners and foreigners who visit our country or who wish to stay in Mexico temporarily or permanently, either to establish family ties or in order to work. The NIM also assists Mexican and foreign migrants in their passage through national territory, emphasizing their commitment to safeguard their integrity and with full respect for their human rights, regardless of their immigration status. (INAMI 2016)

CONSEJO CONSULTIVO DE POLÍTICA MIGRATORIA (Migration Policy Advisory Council)

The Ministry of the Interior, an entity authorized to formulate and direct the national migration policy, on October 26, 2012, published in the official gazette of the federation the agreement establishing the Consejo Consultivo de Política Migratoria de la Secretaría de Gobernación (spanish for the Advisory Council on Migration Policy of the Ministry of the Interior), responding The Federal Constitution, the International Conventions and the National Legislation on Migration, as well as responding to the

opinions and demands of authorities, State Governments and organized civil society. It was conceived as a "plural Council, of constructive, inclusive and transparent criticism". It is intended to be a democratic space for dialogue between the main actors that study and deal with migration issues, with a focus on gender and human rights, within the framework of the 2013-2018 National Development Plan and the 2014-2018 Special Migration Program.

This Council´s purpose is: "To denote an inter-institutional dialogue to promote actions and programs that address the different dimensions of international migration in Mexico; It has the power to express opinions on the formulation and implementation of migration policy, to analyze programs, projects and actions in this field, to propose specific initiatives for the promotion, protection and defense of the rights of migrants, among others. " (SEGOB 2016b)

SECRETARÍA DE SALUD DEL ESTADO DE BAJA CALIFORNIA (SSBC, Spanish for Baja California State Health Ministry)

Corresponds to the Baja California´s SSBC:

I. To establish and conduct state policy on health, in accordance with the policies of the National Health System, applicable legal provisions and ordinances issued by the State Executive on the subject.

II. To conduct and coordinate the health services programs of the State Public Administration Units , Entities and evaluate their operation

III. To Propose to the town councils the coordination conventions in the field of health services

IV. To support the coordination of health programs and services of any unit or public entity in terms of applicable legislation and coordination agreements that may be held. In the case of programs and services of the Federal Institutions of Social Security, said support will be made in accordance with the provisions of the Laws governing the operation of said institutions

V. To keep the conventions and contracts that are required for the provision of health services

VI. To promote the terms of the conventions signed for this purpose, the decentralization and decentralization of health services in favor of the Municipalities

VII. To promote, coordinate and carry out the evaluation of health programs and services that may be requested by the State Executive

VIII. To promote the establishment of a State system of basic information in health matters, and determine the frequency and characteristics of the information to be provided by the Dependencies and Entities that perform health services in the State, subject to the applicable legal provisions

IX. To make recommendations to the competent units on the allocation of resources required by health service programs in the State

X. To promote and disseminate at the state level scientific and technological activities in the field of health services

XI. To assist with the competent Federal Dependencies in the regulation and control of the transfer of technology in the area of health

XII. To support coordination between the State health and education institutions to train human resources for health

XIII. To help to ensure that the training and distribution of human resources for health is consistent with the priorities of the State Health System

XIV. To promote and train the State´s inhabitants in health care

XV. To promote the permanent updating of the legal provisions on health and

XVI. The others that expressly determine the law and regulations

Meanwhile, the SSE mission is conceived as being: The public health institution that promotes a healthy life in the population of Baja California, through the prevention and care of diseases, with quality, opportunity and efficiency. For its vision it informs: In 2019 we are the leading public health institution at national level in contributing to the life quality of the population, for its modern and innovative medical and administrative processes performed with committed and highly qualified personnel.

This way, it is in the hands of the SSE the possibility of serving the programs that act in favor of the prevention and promotion of the migrant's health.

UNITED STATES- MEXICOBORDER HEALTH COMMISSION (CSFMEU for its Spanish acronym)

The US-Mexico Border Health Commission is a bi-national body created in July 2000 through an agreement between the two countries to identify and evaluate health problems affecting the border population, as well as develop actions to make them through resources sharing and evidence-based solutions.

The governments of Mexico and the United States, through the Mexico´s Ministry of Health and the Department of Health and Human Services of the United States, are part of the structure of the commission and participate actively in the fulfillment of its mission, eliminating disparities in the health field and improving the life´s quality at the border. (CSFMEU 2010)

BETA GROUP OF PROTECTION TO MIGRANTS

Groups of the National Institute of Migration dedicated to the protection and defense of the human rights of migrants, specialized in providing them with orientation, rescue and first aids, regardless of their nationality or immigration status.

In 1990, a pilot program was created in Baja California, later to be part of the Beta group Tijuana, whose purpose was to assist migrants who were victims of crime during their transit through Mexican territory. There are currently 22 Beta groups in 9 states: Baja California, Sonora, Chihuahua, Coahuila, Tamaulipas, Veracruz, Tabasco, Chiapas and Oaxaca.

The creation of the migrant protection groups is established in article 71 of the Migration Law, published in the official gazette of the Federation on May 25, 2011.

General Objective: Migrant protection groups aim to provide humanitarian assistance, first aids, migrant assistance and information counseling to migrants about their rights. To fulfill their objective these groups are located in areas of the national territory where they can strategically perform their functions.

The declared Mission is: To work for the protection and defense of the human rights of migrants, through support actions such as rescue, humanitarian aid, legal advice and guidance.

The Beta Groups are made up of public servers of the three levels of government, who are trained and specialized in the migrant´s protection.

The Beta Groups carry out the following actions for the fulfillment of their functions:

- Rescue

- Humanitarian aids
- Legal counseling
- Orientation

The operational work of the Beta Groups lies in the prevention, orientation, rescue and assistance of migrants, throughout the year, through:

- Reconnaissance tours
- Placing prevention signs
- Providing first aids
- Guidance towers
- Locating lost persons
- Training
    - O Physical training
    - O First aids
    - O Immigration legislation
    - O Trafficking
    - O Human rights
- Information materials for migrants
- Guide for migrants
- Risk polyptych
- Infographics of the Beta Groups (INAMI 2016b)

ORGANIZATIONS OF ORGANIZED CIVIL SOCIETY´S SUPPORT FOR MIGRANTS (OSC)

There are CSOs in Tijuana city that have as their social object; the attention to national, foreign and returned migrants. They have about three decades of experience, both in the care of men, women and children, as well as in the management of resources, programs and public policies, demanding the guarantee of their human rights in health, food, freedom of transit, human security, family unity, social reintegration, among others. They are undoubtedly a great resource for managing programs aimed at people in migration, especially those focused on prevention, promotion and conservation of human health.

Among these organizations are the ¨Casa de la Madre Assunta¨, the Migrant House, Juventud 2000, YMCA, the Breakfast Room of Father Chava and some others run by Christian churches.

12.10. MONITORING AND EVALUATION

The purpose of establishing a monitoring and evaluation system is to evaluate that the actions carried out have an impact in the medium term, but also to respond to the programs and policies established by the federal government in health matters, based on the National Plan Of Development 2013-2018. To be carried out under the following terms:

- Regularly scheduled monitoring and evaluation actions to reflect on the effectiveness of the activities carried out, the results and the obtained results
- Evaluation is a periodic process of constant learning and improvement over the design, implementation and desired impact of the program. It makes possible to make public policy decisions for the effectiveness of the program, considering what is planned and the internal and external contingencies
- Monitoring is a continuous process of observation, assessment, suggestions and adjustments on proposed activities and those carried out in order to achieve the objectives. It allows making operational decisions about the process to achieve the effectiveness of the actions and, if necessary, modify what is necessary on time.
- They require the establishment of systematic procedures for collecting data, analyzing them, and interpreting information in relation to the objectives proposed by the Repatriated Migrant Health Module

- To recognize whether the results obtained have increased the prevention of sexually transmitted diseases and other chronic degenerative diseases in the environment of repatriated in the border area
- To make recommendations for decision-making and adjusting proposed activities in the program´s design and the action plan, correcting the course if necessary. Supports public policy decisions
- Replanning the feasibility, operation, results and impacts of the program to ensure the adequate use of available resources and to support the management of new resources

13.10.1 Rating:

- Conducting quarterly evaluations, considering:
  - O Design, implementation, effects
  - O Viability in the political, institutional, financial-economic, legal, socio-cultural
  - O Actors, human resources
  - O Material resources, financial resources
  - Or Communication
  - O Variations between planned and executed
  - O Quantitative results, qualitative results
  - O Expected and unanticipated effects
  - O Needs adjustment or continuity of operation

13.10.2 Monitoring:

- Tools and instrument´s application
  - O Daily activity report
  - O Monthly activity report
  - O Medical referrals to health centers
  - O Follow-up of related to health services cases
  - O User interviews
  - O Surveys of staff support from other institutions (INM, Beta Group, SEDESOE)
  - O Surveys of civil organizations hosting repatriated migrants
  - O Control formats considering:
    - staff that worked per shift
    - number of migrants repatriated by schedule,
    - number of medical consultations granted,
    - number of psychological consultations granted,
    - number and type of drugs delivered,
    - number of people channeled and channeling site
    - number of talks given and number of listeners
    - number and type of diseases detected
    - number of affiliations to the Seguro Popular

- Products:
  - O Call for migrants in repatriation´s model to receive medical and psychological care upon their entry to the country to increase the number of people served.
  - O Comprehensive reintegration programs for migrants repatriated to Mexican communities, with the assistance of various Government departments and other state and municipal public agencies
  - O Sensitization model on HIV / AIDS prevention and other STIs for INM staff and CSOs serving the migrant population
  - O Model for the sustainability of the Repatriated Migrant Health Module
  - O Statistics in support to the national health strategy
  - O Contribution to the containment of transmissible diseases according to the national health strategy
  - O Contribution to the prevention of chronic-degenerative diseases according to the national health strategy
  - O Increase of the coverage of health of the population in situation of vulnerability

12.11. TRANSPARENCY

As the Repatriated Migrant Health Module operates with the resources of the United States-Mexico Border Health Commission, which obtains the public resources of the Secretaría de Salud de la Federación (spanish for Ministry of Health of the Federation) and CONACYT, the Commission will provide the information on the budget, use, handling, destination and results of the resources received to the transparency units of said organisms, in order to comply with the requirements of the General Law of Transparency, as well as with citizen requests for information and accountability .

13. REFERENCES

CAMARA DE DIPUTADOS DEL H. CONGRESO DE LA UNIÓN. Ley General de Salud, Últimas Reformas DOF 01-06-2016, http://www.cofepris.gob.mx/MJ/Documents/Leyes/lgs.pdf
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2013) "Propuesta para migrantes repatriados por Tijuana", Baja California, México.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2014), “Boletín informativo: Sección México-Tijuana,” Baja California, México.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2010) “Frontera Saludable 2020”, Publicación electrónica. Tijuana-San Diego.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2014a), “Módulo de Salud Migrante (Propuesta)”. Documento interno. Tijuana, Baja California, México.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2014b), "Manual de Procedimientos de Atención al Migrante," Casa Editorial, Publicación electrónica. Tijuana, Baja California, México.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2015a) “Pantallas de captura. Propuestas”, Documento interno, Tijuana, Baja California, México
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2015b) “Programa Anual de Trabajo 2015”, Documento interno, Tijuana, Baja California, México
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2015c), "¿Quiénes somos?", Página electrónica, Tijuana, Baja California, México.
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2015d), “Informe Técnico. Primer Semestre 2015”, Tijuana, Baja California, México
COMISIÓN DE SALUD FRONTERIZA MÉXICO-ESTADOS UNIDOS. (2015e), “Informe Técnico. Segundo Semestre 2015”, Tijuana, Baja California, México
CONFERENCIA INTERNACIONAL SOBRE LA PROMOCIÓN DE LA SALUD. (1986), "Carta de Ottawa para la Promoción de la Salud", Canadá. Publicación Digital. http://promocion.salud.gob.mx/dgps/descargas1/promocion/2_carta_de_ottawa.pdf
COMISIÓN CONSULTIVA NACIONAL DE SEGURIDAD E HIGIENE EN EL TRABAJO. (2010), "Guía de recomendaciones para la Promoción de la Salud y la Prevención de Adicciones en los Centros de Trabajo," Secretaría del Trabajo y Previsión Social (STPS), Gobierno de la República, México.
FRANCO, JULIO. (2013). “Diseño de políticas públicas. Una guía práctica para transformar ideas en proyectos viables,” Editorial IEXE, México.
GOBIERNO DE LA REPÚBLICA. (2015) Logros 2014, Programa Sectorial de Salud 2013-2018, Plan Nacional de Desarrollo 2013-2018, Publicación electrónica. México, D.F.
GOBIERNO DE LA REPÚBLICA (2013) Plan Nacional de Desarrollo 2013-2018, Publicación electrónica. México, D.F.
GOBIERNO DE LA REPÚBLICA. (2014) Programa Especial de Migración 2014-2018, Plan Nacional de Desarrollo 2013-2018, Publicación electrónica. México, D.F.