

## V. IMPLEMENTATION OF THIS PLAN

January 2017 is when the true work begins for ending the HIV Epidemic in Houston. We have spent the past year formulating a list of recommendations that, when implemented, will reduce new HIV transmissions in Houston by half. To be successful, we propose convening an END Implementation Group that will meet regularly over the next five years, beginning in January:

- Assess which organizations, community stakeholders or individuals would be best suited to address the recommendations
- Work closely with those organizations, community stakeholders and individuals to ensure successful implementation
- Monitor and measure the progress of the plan
- Determine overall cost of the roadmap and how to meet that cost. The committee will look not only to the City of Houston and Harris County for financial support but will also search for federal and private grants. Houston is a philanthropic city, known for its generous support of initiatives that enrich the lives of its residents.
- Regularly update stakeholders and the general public on progress made

Since ending an epidemic is a five year plan, there are several recommendations that we believe should receive top priority in 2017. These include but are not limited to the following:

- To avoid duplication of efforts and ensure a coordinated response to the HIV epidemic, we recommend integrating the Houston Area Comprehensive HIV Prevention and Care Services Plan into this END plan (Policy and Research Recommendation 1)
- Begin internal talks with the City of Houston, Harris County, and private entities regarding funding HIV prevention and treatment. (Policy and Research Recommendation 2)
- Recruit legislative experts to develop advocacy strategy. (Policy and Research Recommendation 2)
- Collaborate with the Houston HIV Prevention Community Planning Group to improve dissemination of educational information in the community. (Prevention, Recommendation 5)
- Develop cultural trainings in partnership with members of the community that address the specific cultural and social norms of the community (Access to Care, Recommendation 2)
- Implement stigma reduction curricula for all personnel in health care settings providing care to people living with HIV (Social Determinants of Health, Recommendation 4)
- Work closely with “Serving the Incarcerated and Recently Released” (SIRR) as a resource to filling the gap for care (Criminal Justice, Recommendation 2)
- Advocate for Syringe Exchange Programs (Policy and Research, Recommendation 5)