

FOR FURTHER INFORMATION CONTACT: Dr. Howard Zucker, Executive Secretary, Chronic Fatigue Syndrome Advisory Committee; Department of Health and Human Services; 200 Independence Avenue, SW., Room 716G; Washington, DC 20201; (202) 690-7694.

SUPPLEMENTARY INFORMATION: CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including (1) The current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

The agenda for this meeting is being developed. The agenda will be posted on CFSAC Web site, <http://www.hhs.gov/advcomcfs>, when it is finalized.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment by September 6, 2005. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to CFSAC members should submit materials to the Executive Secretary, CFSAC, whose contact information is listed above prior to close of business September 7, 2005.

Dated: August 8, 2005.

Howard A. Zucker,

Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement AA048]

Cooperative Agreement for Promoting Disease Prevention and Health Policy; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The purpose of the program is to develop and promote national health promotion and disease prevention strategies, with comprehensive prevention policy development and promotion addressing and involving multiple sectors as a premiere strategy, and to assist state and local health departments, and local, state, regional, and national health care organizations, businesses, and other nonprofit organizations in the implementation of prevention policies and programs to promote prevention, improve health care quality, and improve the public's health.

Authority: This program is authorized under Section 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) as amended.

The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to Partnership for Prevention. Partnership for Prevention is a truly cross-cutting organization involving representation from business, health care delivery, and community organizations, and involving multiple sectors and target groups in health prevention as compared with numerous other organizations who are single purpose or serve one particular target group or audience. Partnership for Prevention embraces the range of organizations and sectors necessary to impact the broad field of prevention and health promotion. It is a national nonprofit, nonpartisan organization dedicated to improving people's health by preventing disease and injury. Partnership's science-based policy tools and recommendations leverage America's investments in disease and injury prevention by ensuring that they make the greatest impact. Partnership represents prevention leaders in every sector committed to using prevention resources most effectively to improve health and control health costs through informed policy and practice. Partnership is a nonprofit organizations whose members and boards include

public (public health, health nonprofits, academia) and private sector (businesses and for profit entity) representatives. The unique characteristics of Partnership for Prevention are (1) A mission focus on comprehensive prevention and prevention policy as a strategy to produce health impact; (2) a mission focus of engaging all sectors in prevention policy development and implementation and to make prevention policy relevant to all sectors; (3) a mission focus to engage all sectors in prevention policy; (4) extensive knowledge and experience in developing both comprehensive and categorical prevention policy; (5) extensive knowledge and experience in providing assistance in policy development and implementation with all sectors (health, business, education, government, etc.), and public, private, and nonprofits; (6) current, working knowledge of the evidence base on which to base comprehensive and categorical prevention policy; (7) knowledge of and current and extensive experience in working with the governmental sector at the national level as well as the State and Community level in developing and providing assistance for the implementation of policy; (8) established relationships with all sectors to convene stakeholders from sectors to work collaboratively on health policy and its implementation; (9) knowledge and skills to help multiple sectors understand health promotion and prevention to be the principal solution to many of their most pressing problems and to assist them in developing policies appropriate to their sector to find solutions through health promotion and prevention policies; (10) Experience and established relationships to connect policy to programs with a wide understanding of prevention programs and model programs available to support policy. (11) Opportunity to maximize resources for the long-term because mission is comprehensive prevention policy is linked to networks of cross-cutting leaders and stakeholders.

C. Funding

Approximately \$1,500,000 is available in FY 2005 to fund one award. It is expected that the award will begin on or before September 15, 2005, and will be made for a 12-month budget period within a project period of five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management

Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For technical questions about this program, contact: Priscilla B. Holman, Ph.D., Project Officer, Office of Strategy and Innovation, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road NE., Mailstop E-99, Atlanta, GA 30333, Telephone: 404-498-3302, E-mail: MWilson2@cdc.gov.

Dated: August 8, 2005.

William P. Nichols,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*

[FR Doc. 05-16006 Filed 8-11-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

HIV Prevention, Treatment, and Care Capacity Building for Local Organizations in the Republic of South Africa and the Kingdoms of Lesotho and Swaziland

Announcement Type: New.

Funding Opportunity Number:

AA169.

Catalog of Federal Domestic

Assistance Number: 93.067.

Key Dates:

Application Deadline: September 8, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 301(a) and 307 of the Public Health Service Act, [42 U.S.C. Section 241 and 2421], as amended and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

Background: President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Purpose: The purpose of this funding announcement is to progressively build an indigenous, sustainable response to

the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention¹ and care interventions, and improved linkages to HIV counseling and testing and HIV treatment services targeting rural and other underserved populations.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

The purpose of this announcement is to provide funding and technical and capacity-building support for the expansion of HIV/AIDS prevention, treatment and care in the Republic of South Africa and the Kingdoms of Lesotho, and Swaziland. The awardee will provide funding and technical and organizational capacity-building support to develop, implement, and maintain a sustained, culturally appropriate response to the HIV/AIDS epidemic among regional, national, and local organizations in South Africa, Lesotho, and Swaziland.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.
- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and

¹ Prevention interventions directed toward behavior change should promote the ABC model. Methods and strategies should emphasize abstinence for youth and other unmarried persons, mutual faithfulness and partner reduction for sexually active adults, and correct and consistent use of condoms by populations engaged in high-risk behaviors. Behaviors that increase risk for HIV transmission include engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. Awardees may not implement condom social marketing without also implementing the abstinence and faithfulness behavior-change interventions outlined above.

treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

South Africa has one of the largest HIV/AIDS epidemics in the world, with an estimated 5.3 million persons living with HIV/AIDS, approximately 600,000 new infections each year, and a prevalence rate of 21.5 percent among adults.

Lesotho is experiencing the third-highest HIV prevalence rate in Sub-Saharan Africa. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 28.9 percent of adults 15-49 years of age in Lesotho are infected with HIV.

Swaziland, with a population of 1.08 million people, has an estimated HIV prevalence rate of 38.8 percent in the adult population, perhaps the highest in the world.

Measurable outcomes of the program will be in alignment with the numerical performance goals of the President's Emergency Plan and with one (or more) of the following performance goal(s) for the National Center for HIV, Sexually Transmitted Disease and Tuberculosis Prevention of the Centers for Disease Control and Prevention (CDC) within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, U.S. Agency for International Development (USAID), and other partners to achieve the United Nations General Assembly Special Session on HIV/AIDS goal of reducing prevalence among people 15 to 24 years of age.

Measurable outcomes of the program will also be in alignment with the two-seven-ten goals of the President's Emergency Plan:

1. Treat two million HIV-infected people: Capitalizing on recent advances in ARV treatment, the President's Emergency Plan for AIDS Relief will be the first global effort to provide advanced anti-retroviral treatment on a large scale in the poorest, most afflicted countries.

2. Prevent seven million new infections (60 percent of the projected new infections in the target countries): The initiative will involve large-scale prevention efforts, including confidential voluntary testing and counseling. The availability of treatment