

determined by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV/AIDS.

The agenda for this Council meeting includes the following topics: disparities in HIV/AIDS health care, HIV/AIDS prevention, and HIV/AIDS international issues. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to three (3) minutes per speaker.

Public attendance is limited to space available and pre-registration is required. Any individual who wishes to participate should register at <http://www.pacha.gov>. Individuals must provide a photo ID for entry into the Humphrey building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should indicate in the comment section when registering.

Members of the media/press should contact HHS Press Office for clearance at (202) 690-6343.

Dated: February 2, 2006.

Joseph Grogan,

Executive Director, Presidential Advisory Council on HIV/AIDS.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the Citizens' Health Care Working Group

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Citizens' Health Care Working Group (the Working Group) mandated by section 1014 of the Medicare Modernization Act.

DATES: A business meeting of the Working Group will be held on Thursday, March 2, 2006 from 1 p.m. to 4:30 p.m. and Friday, March 3, 2006 from 9 a.m. to 4:30 p.m.

ADDRESSES: This meeting will take place at the Westin Bonaventure Hotel and Suites, 404 South Figueroa Street, Los Angeles, California 90071. The meeting is open to the public.

FOR FURTHER INFORMATION CONTACT: Caroline Taplin, Citizens' Health Care

Working Group, at (301) 443-1514 or ctaplin@ahrq.gov. If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Chief of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1444.

The agenda for this Working Group meeting will be available on the Citizens' Working Group Web site <http://www.citizenshealthcare.gov>. Also available at that site is a roster of Working Group members. When summaries of these meetings are completed, they will also be available on the Web site.

SUPPLEMENTARY INFORMATION: Section 1014 of Pub. L. 108-173, (known as the Medicare Modernization Act) directs the Secretary of the Department of Health and Human Services (DHHS), acting through the Agency for Healthcare Research and Quality, to establish a Citizens' Health Care Working Group (Citizen Group). This statutory provision, codified at 42 U.S.C. 299 n., directs the Working Group to: (1) Identify options for changing our health care system so that every American has the ability to obtain quality, affordable health care coverage; (2) provide for a nationwide public debate about improving health care systems; and (3) submit its recommendations to the President and the Congress.

The Citizens' Health Care Working Group is composed of 15 members: the Secretary of DHHS is designated as a member by statute and the Comptroller General of the U.S. Government Accountability Office (GAO) was directed to name the remaining 14 members whose appointments were announced on February 28, 2005.

Working Group Meeting Agenda

The Working Group business meeting on March 2nd and 3rd will be devoted to ongoing Working Group business. Topics to be addressed are expected to include: an update on progress to date with community meetings; broad concepts relating to the Working Group's recommendations and related report; and preparation for the Los Angeles community meeting, which will take place Saturday, March 4.

Submission of Written Information

The Working Group invites written submissions on those topics to be addressed at the Working Group business meeting listed above. In general, individuals or organizations wishing to provide written information for consideration by the Citizens' Health Care Working Group should submit

information electronically to citizenshealth@ahrq.gov. Since all electronic submissions will be posted on the Working Group Web site, separate submissions by topic will facilitate review of ideas submitted on each topic by the Working Group and the public.

Dated: February 10, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06-1494 Filed 2-16-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-06AT]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

A Sustainability Assessment of Community-based Interventions in Northwestern Tanzania—New—National Center for Chronic Disease Prevention and Health Promotion

(NCCDPPH), Coordinating Center for Health Promotion (CoCHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Empowerment and capacity building have been promoted by the Bamako Initiative as integral steps in making Primary Health Care (PHC) services universally available. Health Sector Reform programs since the early 1990s have built on the Bamako Initiative, drawing attention to the potential for community engagement in health services and health governance through mechanisms such as Community Health Funds. In many contexts community-focused approaches have been used to promote maternal and infant health, and community well-being.

In Tanzania, a community-based approach to improve maternal and newborn health (MNH) and reduce preventable maternal and perinatal deaths was implemented by CARE with CDC support from 1997–2002. This approach used a community-based surveillance system to identify preventable deaths during pregnancy

and during the perinatal and newborn period, and developed a community mobilization program utilizing community volunteers to assist women and families with obstetrical emergencies to get to functioning health facilities. Specifically the initiative focused on increasing capacity for community members to identify and participate in decisions and strategies for providing health care services, and supporting prevention and health education through village health workers (VHWs).

Evaluation of this effort showed that the community members used the services successfully and supported their volunteers, but only a handful of these communities had programs in place that were functional at the end of the project in 2002. Since the end of project activities, the long-term sustainability of community-level efforts has not been assessed. Therefore, this proposed initiative presents a unique opportunity to examine long-term legacies of community-based programs, which is seldom done, but has the

potential to inform community-focused programs and research in every context. Assessment of sustainability is critical for promoting community mobilization within the health care sector in resource poor settings such as northwestern Tanzania and potentially other such places where CARE and other organizations work.

The primary purpose of this proposal is an assessment of a program called the Community Based Reproductive Health Program (CBRHP). Of particular interest are the acceptance, relevance and sustainability of: (a) Volunteer village health workers efforts; (b) community-based maternal and peri-natal surveillance system; and (c) emergency medical transport systems in resource poor settings—some of the initiatives that were implemented in the first phase of the CBRHP managed by CARE during 1997–2002. Qualitative and quantitative methods will be used to conduct this assessment.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Villagers	200	1	1	200
Leaders	40	2	45/60	60
Village health workers	44	1	30/60	22
Facility staff	15	2	30/60	15
Total	299	297

Dated: February 10, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05CW]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Online Surveys to Measure Awareness of Chronic Fatigue Syndrome and the CDC Chronic Fatigue Syndrome Public Awareness Campaign—New—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chronic fatigue syndrome (CFS) is a serious illness that affects many Americans. With as many as 900,000 cases, many of which are misdiagnosed or left undiagnosed, the need for a CFS

public education and awareness campaign is crucial.

Research shows that 80 to 90 percent of patients have not been diagnosed and are not receiving proper medical care. Lack of awareness and information among health care providers about CFS as a serious and treatable illness has created significant barriers to diagnosing and treating those who suffer from CFS.

Congress recognized the need to change this scenario, as reported in the Committee Reports for the Senate Appropriations Committee (Senate Report 108–345—To accompany S. 2810 Sept. 15, 2004) when the committee stated:

Further, the Committee encourages CDC to better inform the public about this condition, its severity and magnitude and to use heightened awareness to create a registry of CFS patients to aid research in this field.

During the next three years, CDC, in partnership with the Chronic Fatigue and Immune Dysfunction Syndrome