

security issues related to a nationwide health information technology infrastructure and strategies to ensure that patients' individually identifiable health information is secure and protected; (4) leads health information technology research efforts for ONC to help inform policy decisions and conducts key technical, scientific, economic, statistical and other studies related to health information technology; (5) develops procedures and pilot efforts for how medical knowledge can be collected, validated and available at the point of care; (6) facilitates discussions within HHS on the policy implications of key health information technology activities, and supports the National Coordinator in considering the policy implications of key health information technology activities; and (7) provides specialized technology and statistical expertise in support of policy proposal analysis.

Dated: August 11, 2005.

**Michael O. Leavitt,**  
*Secretary.*

[FR Doc. 05-16446 Filed 8-18-05; 8:45 am]

BILLING CODE 4150-24-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Request for Application AA213]

#### **Building and Strengthening Haiti's National Plan for the Prevention and Treatment of HIV/AIDS, Including Support for the Coordination of a National HIV/AIDS Service Delivery Protocol and New HIV/AIDS Training Initiatives; Notice of Intent To Fund Single Eligibility Award**

##### **A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to provide a funding mechanism for joint activities between CDC and the Haitian Ministry of Health-Ministère de la Santé Publique et de la Population (MSPP) in the area of HIV/AIDS prevention, care and treatment. Joint activities during the project period will focus on strengthening the MSPP's capacity to lead, coordinate and oversee the monitoring and evaluation (M&E) of HIV/AIDS-related health activities, including diagnostic laboratories and programs such as VCT, prevention of mother-to-child transmission (PMTCT), and other care and treatment interventions. These goals will be

accomplished through collaboration between the MSPP, CDC Haiti and its partners including, but not limited to, the National Association of State and Territorial AIDS Directors (NASTAD), American Public Health Laboratories (APHL), University Technical Assistance Program (UTAP), International Training and Education Center for HIV/AIDS (ITECH) and local partners. Collaborative activities between CDC and the MSPP are intended to produce measurable improvements in the delivery of public-sector HIV/AIDS services in Haiti.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

##### **B. Eligible Applicant**

This is a single eligibility request for application (RFA) from the Haitian MSPP. No other applicants are solicited.

The national public health system in Haiti remains the primary source of care for the majority of the Haitian Population. This system is directly managed by the Haitian Ministry of Health as it is an inherently governmental role to provide a basic level of health care to ensure that a minimum standard of public health is achieved. The MSPP is responsible for the National Strategic Plan for HIV/AIDS in Haiti. This responsibility includes updating the national protocols for care and treatment and as well as national coordination of HIV/AIDS service delivery and training.

It would be inefficient and unsustainable to develop a parallel system outside of the public health system to provide prevention, treatment, and other service delivery solely for HIV/AIDS.

##### **C. Funding**

Approximately \$11,620,000 is available over a five year project period. \$2,324,000 will be available in FY 2005 for a 12-month budget period. The approximate date for the award is September 15, 2005. Funding estimates may change.

##### **D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For program technical assistance, contact: Kathy Grooms, CDC Global AIDS Program, 1600 Clifton Road, NE., Mailstop E-04, Atlanta, GA 30333, Telephone: 404-639-8394, E-mail: [Kgrooms@cdc.gov](mailto:Kgrooms@cdc.gov).

For financial, grants management, or budget assistance, contact: Vivian Walker, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2724, E-mail: [vew4@cdc.gov](mailto:vew4@cdc.gov).

Dated: August 12, 2005.

**William P. Nichols,**

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

[FR Doc. 05-16443 Filed 8-18-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement AA083]

#### **Enhancement of Palliative Care Tuberculosis (TB)/Human Immunodeficiency Virus (HIV) Collaboration in the United Republic of Tanzania Under the President's Emergency Plan for AIDS Relief; Notice of Intent To Fund Single Eligibility Award**

##### **A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to increase and build the capacity of health care workers in Tanzania that are in the early diagnosis and treatment stage of TB and/or HIV in co-infected patients.

The purpose of the announcement is to support the efforts to increase and build the capacity of health care workers in Tanzania and Zanzibar in the early diagnosis and treatment of TB and/or HIV in co-infected patients by building upon the existing framework of health policy and programming the NTLP has itself initiated. The Government of the United Republic of Tanzania has mandated the NTLP to coordinate and implement activities necessary for the control of TB and leprosy, including HIV/AIDS among TB patients. The NTLP also has the technical ability to oversee the project, by ensuring the activities implemented are integrated into the national strategy for TB and leprosy in Tanzania.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

##### **B. Eligible Applicant**

Assistance will only be provided to the National Tuberculosis and Leprosy Program (NTLP) for this project.

The NTLTP is currently the only appropriate and qualified organization in Tanzania to conduct a specific set of activities to enhance palliative care TB/HIV collaboration in the United Republic of Tanzania. The NTLTP has implemented the DOTS strategy since the early 1980's. The DOTS program currently provides national coverage and is a well functioning TB control program with high government and international commitment to TB control in the country, which allows the NTLTP to immediately become engaged in the activities listed in this announcement.

The NTLTP is uniquely positioned, in terms of legal authority and support from the Government of the Republic of Tanzania, and has the ability and credibility among Tanzanian citizens to coordinate the implementation of initiatives for TB, HIV/AIDS prevention, care and treatment services in Tanzania.

### C. Funding

Approximately \$1.2 million is available in FY 2005 to fund this award on September 15, 2005, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

### D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Cecil Threat, Project Officer, Global AIDS Program, c/o American Embassy, 2140 Dar es Salaam Place, Washington, DC 20521-2140, Telephone: 255 22 212 1407, Cell: 255 744 222986, Fax: 255 22 212 1462, E-mail: [Cthreat@cdc.gov](mailto:Cthreat@cdc.gov).

Dated: August 12, 2005.

**William P. Nichols,**

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

[FR Doc. 05-16431 Filed 8-18-05; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### [Funding Opportunity CDC-RFA-AA216]

#### **Strengthening HIV/AIDS Prevention, Care, and Treatment Referral Services to Targeting Populations Engaged in High-Risk Behavior<sup>1</sup> in Haiti, as Part of the President's Emergency Plan for AIDS Relief**

*Announcement Type:* New.

*Funding Opportunity Number:* CDC-RFA-AA216.

*Catalog of Federal Domestic Assistance Number:* 93.067.

*Key Dates: Application Deadline:* September 12, 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. Sections 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 focus on 15 priority countries, including 12 in sub-Saharan Africa. The 5-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Haiti are to treat at least 25,000 HIV-infected individuals; care for 125,000 HIV affected individuals, including orphans.

<sup>1</sup> 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 abstinence and faithfulness behavior-change interventions.

**Purpose:** An essential element of preventing new cases of HIV infection in Haiti is to ensure as much of the population as possible has adequate access to screening, treatment, and care facilities. Haiti's HIV prevalence rate in adults is estimated as between 3.1 and 5.6 percent, according to the Haitian Ministry of Health-Ministère de la Santé Publique et de la Population (MSPP) and the 2004 Annual Report from the Joint United Nations Programme on HIV and AIDS (UNAIDS), respectively. Access to prevention and treatment is limited among the Haitian population because of an underdeveloped public health infrastructure and a lack of clinical capacity.

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.

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 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.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Emergency Plan for AIDS Relief and one (or more) of the following performance goal(s) for the National Center for HIV, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: Increase the proportion of HIV-infected people who are linked to appropriate prevention, care and