

any PHS advisory committee, board, and/or peer review committee, or as a consultant.

**FOR FURTHER INFORMATION CONTACT:**  
Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention (CDC)

#### Citizens Advisory Committee on Public Health Services Activities and Research at Department of Energy Sites: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Citizens Advisory Committee on Public Health Services Activities and Research at Department of Energy Sites of the Department of Health and Human Services, has been renewed for a 2-year period extending through July 7, 2006.

**FOR FURTHER INFORMATION CONTACT:**  
Joseph E. Salter, Committee Management Officer, CDC, 1600 Clifton Road, NE., m/s E-72, Atlanta, Georgia 30333. Telephone (404) 498-0090, or fax (404) 498-0011.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 14, 2004.

**William J. Atkinson,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Expansion of Psychosocial Support and Peer Counseling Services to HIV-Infected Women and Their Families in Botswana

*Announcement Type: New.*

*Funding Opportunity Number: PA 04256.*

*Catalog of Federal Domestic*

*Assistance Number: 93.041*

*Dates:*

*Application Deadline: August 20, 2004.*

#### I. Funding Opportunity Description

**Authority:** This program is authorized under Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 2421 and 247b(k)(S)], as amended.

**Purpose:** The purpose of the program is to provide funding to technical and organizational capacity building support for the expansion of psychosocial support services and development of peer counseling programs for HIV-infected women and their families. The awardee will provide funding for technical and organizational capacity building support to no more than five civil society organizations (non-governmental, community-based and faith-based organizations) working in HIV prevention, care and support in Botswana. This can be done either directly by the awardee or by an umbrella agency designated to manage and monitor the funding to the civil society organizations.

The Botswana National Prevention of Mother to Child Transmission (PMTCT) program, which is supported technically and financially under the President's Emergency Plan for AIDS Relief (PEPFAR) and the PMTCT initiative, provides limited counseling services to women and their families during antenatal and postnatal care, and relies on non-governmental and faith-based organizations for on-going counseling for HIV-infected clients. This program addresses the urgent need to increase the role of civil society in HIV prevention, care and support in Botswana.

Botswana's HIV prevalence is the world's highest. National HIV surveillance prevalence for 2003, among women in antenatal clinics, is estimated to be 37.4 percent. There are approximately 40,000 infants born each year in Botswana, 14,960 of them to HIV-positive women. Without intervention, roughly 6,000 of these infants will be HIV-infected (approximately 40 percent transmission). Through the use of antiretroviral (ARV) drug prophylaxis and infant formula, instead of breastfeeding, this number could be reduced to approximately 750-1500 (5-10 percent transmission rate).

In 1999, Botswana started a PMTCT program to provide AZT prophylaxis to mother and infant, and free infant

formula. The program has been available in all public health facilities since November 2001. An evaluation conducted in 1999, to review the progress of the first phase of the program, identified counseling as a major area of weakness in the program. Since then, several steps have been taken to improve access to and quality of counseling, including placement of dedicated PMTCT counselors in all health facilities. These counselors, however, have limited training (four weeks) and are unable to provide the on-going, supportive counseling that is required to meet the needs of HIV-infected women. Additionally, counselors only have contact with women during their pregnancy. Where services exist, counselors are encouraged to refer women to non-governmental and faith-based organizations for on-going support. Unfortunately, Botswana has a weak, underdeveloped civil society, and psychosocial services for HIV-infected people are limited to very few cities, towns and large villages. In January 2004, Botswana began implementation of routine HIV testing in all health facilities. With this new approach, women will be tested for HIV during antenatal care along with other routine blood tests, unless they refuse. It is hoped that this will normalize HIV testing, reduce stigma and increase utilization of the PMTCT, ARV and other programs. With routine HIV testing, it is expected that the number of people knowing their positive HIV status will increase tremendously and the need for psychosocial support services will intensify accordingly.

The PMTCT program currently does not have a personal face in Botswana. Only one woman, to date, has gone public with her status after going through the PMTCT program. Support groups for pregnant, infected women, though encouraged, do not yet exist. In a recent survey, 85 percent of women expressed interest in talking to other HIV-infected women and there is general agreement that there is a great need for support groups and peer counseling programs.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through the President's Emergency Plan for AIDS Relief (PEPFAR). Through this new initiative, CDC's Global AIDS Program (GAP) will continue to work with host countries to strengthen capacity and expand activities in the areas of: (1) Primary HIV prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development,