

program will be in alignment with one or more of the following performance goals for the Epidemiology Program Office:

1. Encourage state health departments and ministries of health to develop efficient and comprehensive public health information and surveillance systems by promoting the use of the internet and by focusing on development of standards for communications and data elements.
2. Efficiently respond to the needs of our public health partners through the provision of epidemiologic assistance.
3. Implement accessible training programs to provide an effective work force for staffing state and local health departments, laboratories, and ministries of health in developing countries.

B. Eligible Applicants

Assistance will be provided only to the African Medical and Research Foundation (AMREF) in Kenya. No other applications are solicited.

AMREF has extensive and documented experience in providing laboratory reference services, laboratory quality assurance, and training programs for laboratory confirmation, disease control and prevention in East Africa. This includes participation in the External Quality Assessment Scheme in Microbiology conducted by the World Health Organization (WHO) Collaborating Center for Antimicrobiology Resistance at CDC. They have the distinction of being the only organization in East Africa with the knowledge and experience of the logistics and technical issues related to transporting laboratory specimens from rural areas in East Africa. AMREF has extensive experience working in East African countries with ministries of health (MOH) and local non-governmental organizations (NGO), as well as with various international health organizations.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

C. Availability of Funds

Approximately \$80,000 is available in FY 2002 to fund this award. It is expected that the award will begin on or about September 1, 2002 and will be made for a 12-month budget period within a project period of up to 4 years depending on the availability of funds. Funding estimates may change. Continuation awards within an approved project period will be made

on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

1. Direct Assistance

No direct assistance will be provided.

2. Use of Funds

All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through issuance of supplemental awards. By making this statement all requests, not only the initial budget but any subsequent request such as re-directions, requests for supplemental funds, carry-overs, etc. are included. This is Health and Human Services (HHS) policy.

a. Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by CDC officials must be requested in writing. All purchased equipment is for the sole use of the project, and will become the property of USAID at the completion of the project.

b. The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: Indirect costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

c. The applicant may contract with other organizations under this program; however, the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services) for which funds are required.

d. Limitations and/or prohibitions on the use of funds are as follows: Alterations and renovations are not allowable.

D. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

To obtain business management technical assistance, contact: Angelia D. Hill, Grants Management Specialist, International & Territories Acquisition & Assistance Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920

Brandywine Road, Room 3000, E-09, Atlanta, GA 30341-4146. Telephone number (770) 488-2785. email address: ahill@cdc.gov.

For program technical assistance, contact: Dr. Peter Nsubuga, Medical Epidemiologist, Division of International Health, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, K-72, Atlanta, GA 30341. Telephone number (770) 488-8334. email address: pcn0@cdc.gov. Or

Kathleen F. Cavallaro, MT (ASCP), MS, Public Health Advisor, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 4770 Buford Highway, K-72, Atlanta, GA 30341. Telephone number (770) 488-8333. email address: kfc1@cdc.gov.

Dated: October 9, 2002.

Edward J. Schultz,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02093]

Division of International Health/Global Surveillance Project Strengthening Outbreak Investigations and Response in Ghana; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award of fiscal year (FY) 2002 funds for a cooperative agreement program for the Division of International Health/Global Surveillance Project Strengthening Outbreak Investigations and Response in Ghana. This program addresses the "Healthy People 2010" focus area of Public Health Infrastructure.

The purpose of the program is to strengthen the ability of the Ministry(s) of Health (MOH) to identify, investigate, analyze, respond to and report on disease outbreaks and other unusual health events. By doing so, the agreement will result in strengthening the applied public health programs at the University.

B. Eligible Applicants

Assistance will be provided only to the University of Ghana. No other applications are solicited.

The University of Ghana Public Health School Without Walls (PHSWOW) is uniquely qualified as a partner since it has the only Masters of Public Health (MPH) program in the country. PHSWOW offers a one year MPH program to produce public health practitioners who will be leaders and change agents for health development in Ghana, in particular with the district as the focus, and Africa in general. This MPH is recognized throughout the region as proof of quality training in epidemiology, surveillance and other public health skills.

Note: Title two of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

C. Funds

Approximately \$40,000 is being awarded FY 2002 to fund one award. It is expected that the award will begin on or about June 1, 2002, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov>. Click on “Funding” then “Grants and Cooperative Agreements.”

To obtain business management technical assistance, contact: Cynthia Collins, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone number (770) 488-2757, e-mail address coc9@cdc.gov.

For program technical assistance, contact:

Dr. Peter Nsubuga, Medical Epidemiologist, Division of International Health, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, MS-K72, Atlanta, GA 30341, Telephone number (770) 488-8334, e-mail address pcn0@cdc.gov.

or
Mr. B.J. (Bassam) Jarrar, Public Health Advisor, Division of International Health, Epidemiology Program Office, Centers for Disease Control and

Prevention, 4770 Buford Highway, MS-K72, Atlanta, GA 30341, Telephone number (770) 488-8330, e-mail address bmj0@cdc.gov.

Dated: October 9, 2002.

Edward Schultz,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02099]

Expansion of HIV/AIDS/Tuberculosis Control and HIV/AIDS Care Activities in the Republic of Côte d'Ivoire; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement with the Ministry of Health (MOH) of Côte d'Ivoire for the expansion of HIV/AIDS and Tuberculosis Control activities and HIV/AIDS Care activities.

The U.S. government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through its Leadership and Investment in Fighting an Epidemic (LIFE) initiative. Through this LIFE program, CDC has initiated its Global AIDS Program (GAP) to strengthen capacity and expand activities in the areas of

- (1) HIV primary prevention;
- (2) HIV care, support, and treatment; and
- (3) Capacity and infrastructure development, especially for surveillance.

Targeted countries represent those with the most severe epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. government agencies are already active. Côte d'Ivoire is one of these targeted countries. As a key partner in the U.S. government's LIFE Initiative, CDC is working in a collaborative manner with national governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic in LIFE initiative countries. In particular, CDC's mission in Côte d'Ivoire is to work with Ivorian and international partners in discovering and applying effective

interventions to prevent HIV infection and associated illness and death from AIDS.

Côte d'Ivoire is the West African country most heavily affected by the HIV/AIDS epidemic. UNAIDS has estimated that about one million persons in Côte d'Ivoire were living with HIV/AIDS in 2000 with an overall ten percent (10 percent) HIV prevalence in the adult population, although, HIV prevalence differs in sub-populations. In 2000, from antenatal sentinel serosurveillance, HIV prevalence was nine point five percent (9.5 percent) in pregnant women. The prevalence of HIV infection remains high in TB patients at about forty-five percent (45 percent). These statistics suggest the need for the expansion and improvement of a range of surveillance, care, prevention, and control activities and services. This agreement will assist the Tuberculosis Control Program of the Ministry of Health in screening more patients in order to better control the spread of tuberculosis in the general population, and in particular in HIV infected persons. At the same time, improving the national surveillance system will provide essential information for focusing prevention activities, allocating resources, and monitoring effectiveness of programs.

B. Eligible Applicants

Assistance will be provided only to the MOH of Côte d'Ivoire. No other applications are solicited. The MOH is the only appropriate and qualified organization to conduct a specific set of activities supportive of the CDC Global AIDS Program's technical assistance to Côte d'Ivoire for the following reasons:

1. The MOH is uniquely positioned, in terms of legal authority, ability, and credibility among Ivorian citizens, to collect crucial data on HIV/AIDS as well as to provide care to HIV infected patients.
2. The MOH in Côte d'Ivoire is mandated by the Ivorian government to coordinate activities necessary for the control of epidemics, including HIV/AIDS and Tuberculosis.
3. The MOH already has an established network of health care facilities throughout Côte d'Ivoire. They include tuberculosis treatment centers, maternal-child health clinics, and HIV/AIDS care sites. These facilities are accessible and provide health information and care for patients with HIV/AIDS and Tuberculosis, enabling the Ministry to become immediately engaged in the activities listed in this announcement.
4. The MOH has trained physicians, nurses, and social workers already