

and antimicrobial resistance; (10) provides technical support in increasing access to an availability of home- and community-based care and access to antiretroviral, tuberculosis, and other drug programs that will extend life and enhance the quality of life for persons living with HIV/AIDS; (11) provides technical assistance to GAP country programs in recruiting safe blood (products) donors, quality testing blood bank management, appropriate use of blood and blood products, and prevention of severe anemia; (12) fosters the improvement of HIV prevention and counseling services through blood donor education, mobilization, and retention of safe blood donors.

Country Program Support Branch (CK63). (1) Serves as the focal point for communications and program and administrative support for all country HIV prevention programs; (2) provides a link between GAP country programs and GAP headquarters in Atlanta and supports and assists GAP country program staff in communications with other GAP programs around the world; (3) provides logistical and administrative support to GAP country programs for implementing at least 17 technical strategies under HIV/STD/TB prevention, AIDS treatment and care, and infrastructure development relevant to specific country programs and plans; (4) assists in the development, disbursement, and oversight of country budgets; (5) arranges for international travel and all policy and administrative issues relevant to the overseas assignment of CDC staff and their families; (6) develops operational research protocols to evaluate novel approaches to implementing GAP technical strategies within each program; (7) procures and inventories materials and equipment needed to support country plans; (8) develops plans and provides financial, technical, and administrative assistance for developing, implementing, and evaluating in-country HIV programs.

Surveillance and Infrastructure Development Branch (CK64). Develops, implements, and evaluates comprehensive systems for collecting, disseminating, and applying epidemiologic and behavioral surveillance data to monitor trends in HIV, other sexually transmitted infections, and tuberculosis; (2) develops policies, systems, and programs and provides technical assistance to increase host government capacity to conduct quality laboratory testing for HIV, other sexually transmitted infections, and tuberculosis; (3) provides technical and other assistance to develop, maintain, and

evaluate GAP and host government informatics systems; (4) develops, provides, and evaluates training activities in support of GAP technical strategies and assesses and improves the training capacity of host governments to support HIV prevention and care programs.

HIV Prevention Branch (CK65). (1) Supports GAP field sites in their collaborations with national and international partners to implement, improve, expand, sustain, and maximize effectiveness of HIV prevention programs; (2) provides technical assistance to GAP country programs in the development, implementation, and evaluation of model behavior changes interventions and programs to reduce risk-behaviors and enhance health-seeking behaviors; (3) provides technical assistance to GAP country programs to strengthen, expand, and make accessible programs to prevent, diagnose, and treat sexually transmitted infections and to prevent HIV infection among persons seeking treatment of sexually transmitted infections; (4) provides technical assistance to GAP country programs to implement, expand, monitor, and evaluate programs to provide antenatal services, decrease mother-to-child HIV transmission, and improve care and support of infected mothers and children; (5) provides technical assistance to GAP country programs on tailoring HIV prevention programs to meet the special needs of youth and drug-using populations; (6) provides technical assistance to GAP country programs to develop, expand, and evaluate voluntary HIV counseling and testing programs; (7) provides technical assistance for the development of strategies to maximize the impact of HIV prevention programs in GAP countries through public-private partnerships, national program expansion, and community mobilization.

Dated: February 2, 2003.

William H. Gimson,
Acting Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and

Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 67 FR 78000-78001, dated December 20, 2002) is amended to reorganize the National Center for Injury Prevention and Control.

Section C-B, Organization and Functions, is hereby amended as follows:

After the Office of the Director (CE1), insert the following: *Office of Policy, Planning and Evaluation (CE12).* (1) Within the policies and guidelines of HHS, PHS, and CDC, conducts NCIPC planning and evaluation activities including tracking program objectives and performing evaluation studies; (2) provides information for the development of NCIPC's annual budget submission and supporting documents; (3) reviews, prepares, and coordinates policy and briefing documents; analyzes and implements policies related to the center; and (4) provides liaison with staff offices and other officials of CDC.

Delete in its entirety the functional statement for the *Office of Research Grants (CE3).*

After the *Division of Unintentional Injury Prevention (CE5)*, insert the following:

Division of Injury and Disability Outcomes (CE6). (1) Plans, establishes, and evaluates national and state based surveillance systems to monitor the incidence, causes, risk factors, and treatments of outcomes of injuries; (2) coordinates a nationwide program to develop and enhance core injury capacity in public health agencies; (3) evaluates programs to prevent adverse outcomes of injuries or reduce the impact of such injuries on individuals and society; (4) conducts research on the medical aspects of injury, disability and health services for such conditions; (5) supports epidemiological and applied research and demonstration efforts to improve the effectiveness of health care and rehabilitation services and systems; (6) supports surveillance efforts directed at TBI and other national, state and local priorities; (7) collaborates with the Disabilities Prevention Program, National Center for Environmental Health, CDC, in providing technical assistance and consultation to states, communities, and research and academic institutions in the prevention of disabilities due to injuries; (8) ensures integration of research and findings into NCIPC intramural programmatic activities; (9) represents the scientific agendas of the NCIPC extramural research program; (10) serves as the focal point for

traumatic head and spinal cord injury activities within CDC; and (11) supports training programs and disseminates research findings to strengthen the competence of practioners and researchers in acute care and rehabilitation.

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William H. Gimson,

Acting Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 67 FR 70088-70089, dated November 20, 2002) is amended to reorganize the Office of Vital and Health Statistics Systems, NCHS.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the functional statement for the *Office of Vital and Health Statistics Systems* and insert the following:

The Division of Vital Statistics (CS5). Plans and administers complex data collection systems and conducts a program of methodologic and substantive public health research activities based on the nationwide collection of data from vital records, follow back surveys, and demographic surveys of people in the childbearing ages. (1) Participates in the development of policy, long-range plans, and programs of the Center; (2) directs, plans, and coordinates the vital statistics program of the United States; (3) administers the vital statistics cooperative program, including the National Death Index; (4) develops standards for vital statistics data collection including electronic systems, data reduction, and tabulation; (5) interprets, classifies, and compiles complex demographic, economic, health, and medical data; (6) serves as the United States representative to the World Health Organization (WHO), regarding the International Classification of Diseases (ICD) for

mortality data and the classification and coding of cause of death; (7) conducts research to determine cross-national comparability of causes of death to further enhance the ICD and make appropriate recommendations to WHO; (8) conducts research on data collection methodology, survey methodology, data quality and reliability, and statistical computation as related to vital and survey statistics; (9) conducts multidisciplinary research directed toward development of new scientific knowledge on the demographics of reproduction, natality, and mortality; (10) performs theoretical and experimental investigations into the content of the vital statistics data collection effort; (11) develops sophisticated approaches to making vital statistics data available to users, including techniques to avoid disclosure of confidential data; (12) conducts descriptive analyses and sophisticated multivariate analyses that integrate vital statistics data across multiple surveys or data sets; (13) provides technical assistance and consultation to international, State, and local offices with vital registration responsibilities on vital registration, vital statistics, and data processing; (14) researches, designs, develops, and implements state-of-the-art computing systems for collecting, storing, and retrieving vital records and for subsequent analysis and dissemination; (15) conducts methodological research on the tools for evaluation, utilization, and presentation of vital statistics and related survey data and medical classification; (16) produces and publishes a wide variety of vital statistics analytic reports and tabulations in multiple formats; (17) develops and sustains collaborative partnerships within NCHS, CDC, DHHS, and externally with public, private, domestic and international entities on vital statistics programs.

Office of the Director (CS51). (1) Participates in the development of policy, long-range plans, and programs of the Center; (2) provides leadership for the monitoring and statistical evaluation of national vital statistics; (3) directs, plans, and coordinates the statistical and research activities of the Division; (4) develops and administers a research and analytic program in registration and vital statistics; (5) develops policy, practices, and management for the Nation Death Index program; (6) plans and conducts a program to improve the vital registration and statistics program of the U.S.; (7) conducts studies of new vital registration techniques; (8) recommends content and format of

model legislation, regulations, standard certificates, and other aids to registration systems; (9) provides international leadership and consultation on vital registration and statistics issues to other countries; and (10) establishes collaborative partnerships within NCHS, CDC, DHHS, and externally with public, private, domestic and international entities on vital statistics programs.

Systems, Programming, and Statistical Resources Branch (CS55). (1) Conducts research into the design, development, and administration of vital statistics information technology systems; (2) performs systems analysis and computer programming of vital registration data; (3) develops technologies, data architectures, security infrastructure, and database management related to vital records, record linkage, and sample surveys consistent with Center and Agency information technology requirements; (4) develops, maintains, and employs state-of-the-art information technologies (e.g., relational data bases, Web-enabled applications, applications development and dissemination activities) associated with vital statistics; (5) develops and maintains systems and databases to support the National Death Index program; (6) provides consultation and expert technical assistance to the Division concerning mainframe, client-server, and networking applications; (7) prepares and maintains population databases as well as conducts studies on statistical computation and data quality; (8) designs and implements information technology applications to produce final edited and imputed vital statistics and survey data; (9) produces and distributes wide variety of vital statistics reports and tabulations in multiple formats; (10) provides consultation, policy guidance and expert technical assistance NCHS-wide as well as to a broad range of agencies, institutions, federal, local and international governments, researchers, and individuals, in regard to vital statistics systems design, administration, and usage; and (11) manages national vital statistics data files and databases and the DVS vital statistics data request program.

Mortality Medical Classification Branch (CS56). (1) Develops medical classification software and procedures for collecting and processing of mortality medical data in states and at NCHS; (2) provides leadership to the international community in the use and adoption of automated mortality medical classification systems; (3) directs a comprehensive program of technical assistance and consultation