

attitudes and beliefs may have decreased somewhat over the last 15 years, there is no information about the stability of HIV stigmatizing attitudes and beliefs over time within the same individuals. Understanding patterns of stigma will make it possible to identify effective strategies for stigma reduction, and these could carry a significant public health benefit.

HIV stigma is a pervasive societal problem, and a meaningful decrease in stigma will require interventions that reach large numbers of people. The electronic mass media reach millions of people and nationally televised

broadcasts have been shown to increase knowledge of health issues, promote attitudes and norms that support prevention, and model prevention behaviors. Serialized daytime television dramas may offer some particular advantages for effective dissemination of anti-stigma messages. A large proportion of their audiences, compared with other demographic groups, report getting their health information from television. In addition, the dramatic presentation of health-relevant messages may make them more noticeable and memorable. CDC collaborates with writers of television shows to ensure

that the health-related information they present is accurate and timely. After collaboration with CDC officials, a long-running, televised, daytime soap opera introduced a subplot about HIV. The subplot presented information that has the potential to reduce HIV stigmatizing attitudes in viewers. The proposed study will screen all respondents for exposure to this soap opera broadcast and a similar one without an HIV storyline so that the effects of storyline exposure on HIV stigma can be assessed. The annual burden for this data collection is 334 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hours)
Adult non-viewers .....	3200	1	5/60
Adult viewers .....	400	1	10/60

*Dated:* February 6, 2003.

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[FR Doc. 03-3475 Filed 2-11-03; 8:45 am]

BILLING CODE 4163-18-P

## 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 78474, dated 12/24/2002) as amended to reorganize the National Center for HIV, STD & TB Prevention.

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

After the *Surveillance Section* (CK463), insert the following:

*Global AIDS Program* (CK6). (1) Provides financial and technical assistance to nations heavily affected by the HIV/AIDS epidemic; (2) provides U.S.-based (headquarters) and onsite (in-country) technical assistance and oversight for CDC financial assistance which is designed to (a) develops and implements programs on HIV/AIDS prevention and surveillance as well as

medical care, support, and treatment for people living with HIV/AIDS and (b) strengths infrastructure to support prevention and care program through training, informatics, laboratory support, program evaluation, operational research, and other relevant activities; (3) serves as liaison to other divisions/offices within NCHSTP and other CIOs, USAID and other Federal agencies, UNAIDS, the World Health Organization (WHO), and other agencies of the United Nations involved in HIV/AIDS-related activities and programs; non-governmental agencies working at the international level, and health agencies of other countries; (4) serves as the primary disseminator of information from CDC about the global HIV/AIDS epidemic through health communications materials, scientific publications, and presentations.

*Office of the Director* (CK61). (1) Directs the activities of the Global AIDS Program (GAP); (2) provides leadership and guidance on policy development and interpretation, budget formulation, and program planning, development, management, operations, and evaluations; (3) provides GAP-wide administrative and management services including personnel, budgets, contracts, grants and cooperative agreements, interagency/reimbursable agreements, travel, facility management, and equipment in inventory and coordinates or ensures coordination with the appropriate NCHSTP or CDC staff offices; (4) develops and implements strategies and increases host government capacity to monitor and evaluate the process, impact, and outcome of GAP and other HIV prevention and care programs; (5)

provides scientific and editorial review and clearance of manuscripts for publication, abstracts for presentation, protocols for Institutional Review Board (IRB) and human subjects review, and other scientific, programmatic, and informational materials; (6) responds to congressional and other official inquiries related to the GAP budget and financial assistance programs.

*HIV/AIDS Care and Treatment Branch* (CK62). (1) Provides technical assistance in developing comprehensive programs for the prevention, diagnosis, and treatment of HIV/AIDS, tuberculosis, and other opportunistic infections; (2) provides assistance in the development of policy and programs for appropriate use of antiretroviral drugs; (3) designs and assists in implementing home- and community-based models for HIV/AIDS care; (4) develops and assesses operational research protocols to improve the effectiveness and implementation of GAP treatment and care technical strategies; (5) reviews and analyzes findings of GAP-sponsored and other operational research to guide GAP programs and policies; (6) provides technical support to GAP headquarters and country programs in developing laboratory, clinical, and administrative capacities to prevent and treat HIV and AIDS-related conditions; (7) monitors the quality and impact of care programs for persons living with HIV/AIDS and their families; (8) assists in monitoring the training of health care workers to provide care, support, and treatment; (9) assists in monitoring the impact of HIV/AIDS of health care systems in GAP countries, including monitoring the clinical spectrum of disease, response to treatment, and emerging antiretroviral