

since 2006. In light of the threat of an influenza pandemic it was originally designed with the goals of bolstering both international and domestic pandemic preparedness and response. The fundamental approach in achieving these goals has been through the development of the influenza vaccine production capabilities of under resourced nations in the hopes that they will ultimately be able to produce vaccines to protect the local, regional, and international public health. The program is supported by a collaborative of U.S. Government agencies, international organizations, foreign ministries and/or other foreign institutions dedicated to achieving these goals.

The WHO is the only global organization with the experience and scientific standing to accomplish the program goals. It is the recognized world health authority within the United Nations system. Similarly, the liaison and support functions that the WHO plays within the international vaccine production capacity building program cannot be duplicated or replicated. Through standing consultation and dialog with its members states on all aspects of public health, WHO is the only partner able to ensure synchronization of building of production capacity in developing countries for influenza vaccine with other pandemic preparedness activities and with increase of demand for seasonal influenza immunization.

The WHO's strong collaborative relationships with foreign governments, programmatic support, and familiarity with international vaccine production institutions have been and will be critical to the future viability of this program. Over the history of the International Vaccine Production Capacity Building program, the WHO has provided unique and invaluable support to the project. Similarly, the WHO has also independently funded other nations/institutions working to strengthen their influenza vaccine production capacity; also demonstrating their commitment to the success of this program. The WHO represents a key stakeholder in the implementation of the program; providing unique functions, technical and scientific expertise, and capabilities that no other organization in the world has.

**Additional Information:** The agency program contact is Dr. Rick Bright, whom can be contacted at (202) 260-8535 or [Rick.Bright@hhs.gov](mailto:Rick.Bright@hhs.gov).

**Statutory Authority:** Section 319L of the Public Health Service (PHS) Act, 42 U.S.C. 247d-7e as amended by Title IV of the Pandemic and All-Hazards Preparedness Act

(PAHPA), Pub. L. 109-417; and the Consolidated Appropriations Act, 2010, Pub. L. 111-117.

Dated: August 25, 2011.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.*

[FR Doc. 2011-22214 Filed 8-30-11; 8:45 am]

**BILLING CODE 4150-37-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **Statement of Organization, Functions and Delegations of Authority**

This notice amends part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 76 FR 45584-45585 dated July 29, 2011).

This notice reflects organizational changes to the Health Resources and Services Administration. Specifically, this notice updates the Office of Planning, Analysis and Evaluation (RA5) functional statement. The update to the functional statement will better align functional responsibility with improved management and administrative efficiencies and improved alignment of current liaison functions and policy processes within the Office of Planning, Analysis and Evaluation (RA5).

#### **Chapter RA5—Office of Planning, Analysis and Evaluation**

##### **Section RA5-10, Organization**

Delete in its entirety and replace with the following:

The Office of Policy, Analysis and Evaluation (RA5) is headed by the Director, who reports directly to the Administrator, Health Resources and Services Administration. The Office of Planning, Analysis and Evaluation (RA5) includes the following components:

- (1) Office of the Director (RA5);
- (2) Office of Policy Analysis (RA53); and
- (3) Office of Research and Evaluation (RA56).

##### **Section RA5-20, Functions**

(1) Delete the functional statement for the Office of Planning, Analysis and Evaluation (RA5) and replace in its entirety.

#### **Office of the Director (RA5)**

(1) Provides Agency-wide leadership for policy development, data collection and management, major analytic activities, research, and evaluation; (2) develops HRSA-wide policies; (3) participates with HRSA organizations in developing strategic plans for their component; (4) coordinates the Agency's long-term strategic planning process; (5) conducts and/or guides analyses, research, and program evaluation; (6) develops annual performance plans; (7) analyzes budgetary data with regard to planning guidelines; (8) develops and produces performance reports required under the Government Performance and Accountability Report and OMB; (9) as requested, develops, implements, and coordinates policy processes for the Agency for key major cross-cutting policy issues; (10) facilitates policy development by maintaining analytic liaison between the Administrator, other OPDIVs, Office of the Secretary staff components, and other Departments on critical matters involving program policy undertaken in the Agency; (11) provides data analyses, graphic presentations, briefing materials, and analyses on short notice to support the immediate needs of the Administrator and Senior Leadership; (12) conducts special studies and analyses and/or provides analytic support and information to the Administrator and Senior Leadership needed to support the Agency's goals and directions; and (13) collaborates with the Office of Operations in the development of budgets, performance plans, and other administration reporting requirements.

#### **Office of Policy Analysis (RA53)**

(1) Serves as the principal Agency resource for policy analysis; (2) analyzes issues arising from legislation, budget proposals, regulatory actions, and other program or policy actions; (3) serves as focal point within HRSA for analysis of healthcare payment systems and financing issues; (4) collaborates with HHS Agencies to examine the impact of Medicare, Medicaid, and Children's Health Insurance Program (CHIP) on HRSA grantees and safety net providers; (5) provides Agency leadership guidance on policy development; (6) serves as a resource of information and institutional knowledge for the Agency; (7) coordinates the Agency's participation in Healthy People, and other Department and Federal initiatives; (8) coordinates the Agency's intergovernmental activities, including: providing the Administrator with a single point of contact on all activities

related to important state and local government, stakeholder association, and interest group activities; coordinating Agency cross-Bureau cooperative agreements and activities with organizations such as the National Governors Association, National Conference of State Legislatures, Association of State and Territorial Health Officials, National Association of Counties, and National Association of County and City Health Officials; interacting with various commissions such as the Delta Regional Authority, Appalachian Regional Commission, and on the Denali Commission; and serving as the primary liaison to Department intergovernmental staff; and (9) serves as the coordinator for General Accounting Office reports on HRSA programs and activities.

#### **Office of Research and Evaluation (RA56)**

(1) Serves as the principal source of leadership and advice on program information and research; (2) analyzes and coordinates the Agency's need for information and data for use in the management and direction of Agency programs; (3) manages an Agency-wide information and data group as well as an Agency-wide research group; (4) maintains an inventory of HRSA databases; (5) provides technical assistance to HRSA staff in database development, maintenance, analysis, and distribution; (6) promotes the availability of HRSA data through Web sites and other online applications; (7) conducts, oversees, and fosters high quality research across HRSA programmatic interests; (8) develops an annual research agenda for the Agency; (9) conducts, leads, and/or participates with HRSA staff in the development of research and demonstration projects; (10) coordinates HRSA participation in institutional review boards and the protection of human subjects; (11) conducts, guides, and/or participates in major program evaluation efforts and prepares reports on HRSA program efficiencies; and (12) manages HRSA activity related to the Paperwork Reduction Act, and other OMB policies.

#### **Section RA5-30, Delegations of Authority**

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: August 19, 2011.

**Mary K. Wakefield,**  
*Administrator.*

[FR Doc. 2011-22261 Filed 8-30-11; 8:45 am]

**BILLING CODE 4165-15-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **National Institutes of Health**

#### **National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Board of Scientific Counselors, NIDDK.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Institute of Diabetes and Digestive and Kidney Diseases, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, NIDDK.

*Date:* October 13-14, 2011.

*Time:* October 13, 2011, 8:30 a.m. to 3:05 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 10, 10 Center Drive, Conference Room 2C116, Bethesda, MD 20892.

*Time:* October 14, 2011, 8:30 a.m. to 2:40 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 10, 10 Center Drive, Conference Room 2C116, Bethesda, MD 20892.

*Contact Person:* James E. Balow, MD, Clinical Director, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Building 10, Room 9N222, Bethesda, MD 20892-1818, 301-496-4181, [jimb@mail.nih.gov](mailto:jimb@mail.nih.gov).

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on

campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: August 23, 2011.

**Jennifer S. Spaeth,**  
*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2011-22213 Filed 8-30-11; 8:45 am]

**BILLING CODE 4140-01-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **National Institutes of Health**

#### **National Center for Research Resources; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Research Resources Special Emphasis Panel, SPF Colonies.

*Date:* September 22, 2011.

*Time:* 2 p.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Democracy Blvd., Bethesda, MD 20892.

*Contact Person:* Carol Lambert, PhD, Scientific Review Officer, Office of Review, National Center for Research Resources, National Institutes of Health, 6701 Democracy Blvd., Dem. 1, Room 1076, Bethesda, MD 20892, 301-435-0814, [lambert@mail.nih.gov](mailto:lambert@mail.nih.gov).

*Name of Committee:* National Center for Research Resources Special Emphasis Panel.

*Date:* October 25, 2011.

*Time:* 8 a.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Doubletree Hotel Bethesda, (Formerly Holiday Inn Select), 8120 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Lisa A. Newman, SCD, Scientific Review Officer, National Institutes