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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-19-18ATK]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Understanding multi-sectoral collaboration for strengthening public health capacities in Ethiopia to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on August 23, 2018 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy

of the information collection plan and instruments, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

Understanding multi-sectoral collaboration for strengthening public health capacities in Ethiopia—New—Center for Preparedness and Response (CPR), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Countries with poor public health infrastructure are more vulnerable to adverse health outcomes caused by disease outbreaks, natural disasters, and other public health events. The 2013 Ebola outbreak in West Africa highlighted the shortcomings of infrastructure and preparedness plans in the region, and prompted Ministries of Health in affected countries to reexamine capabilities and identify approaches for strengthening them. More recently, the spread of the Zika virus in 2015 through more than 20 countries in the Americas demonstrated that prioritizing efforts to strengthen public health systems and capacities is imperative to mitigating the impact of public health events and improving global health security.

Capacities refer to the abilities and resources of countries to identify and address problems, and carry out functions for public health. Public health emergency preparedness (PHEP) related capacities focus acutely on the resources and infrastructure required for communities and countries to effectively respond to incidents. Zoonotic disease (ZD) related capacities center on minimizing the spread of diseases from animals to humans in domestic, agricultural and wildlife settings.

PHEP and ZD are regarded as cross-cutting technical areas of public health, spanning numerous fields of practice and knowledge necessary to successfully mitigate the impacts of public health events. As a result, multi-sectoral collaboration—a cornerstone of many public health initiatives and programs—is a prominent feature of efforts and plans to strengthen PHEP and ZD capacities. While the importance of multi-sectoral collaboration for health strategies is widely recognized by global health

experts and leaders, the evidence base on demonstrated benefits and advantages in public health capacity building is limited. Some research has been carried out to understand aspects of public health capacity strengthening efforts and their impact on global health security; however, it often focuses on high-income countries, such as the United States (US). More research is needed, particularly in low- and middle-income country settings, to understand how collaboration occurs across sectors to implement efforts to strengthen PHEP and ZD capacities and systems, and to gain a deeper understanding of the perspectives of partners involved in the collaboration.

The purpose of the proposed research is to explore how multi-sectoral collaboration occurs for PHEP and ZD related activities implemented under the Global Health Security Agenda (GHSa). The research will employ a multiple-case study design in Ethiopia, focusing on the GHSa technical areas of PHEP and ZD as the cases. The study seeks to understand the landscape of stakeholders engaged in PHEP and ZD related capacity development, and their perspectives on one another's roles and contributions to efforts. This research will also examine stakeholder perceptions on barriers and facilitators to collaboration under GHSa, overall and in each technical area via in-depth interviews. Finally, this study will utilize an adapted questionnaire that measures collaboration across five key domains to foster dialogue between partners on the strength of multi-sectoral collaboration in Ethiopia for GHSa related ZD and PHEP activities. Participants will be able to provide feedback to these questionnaires through a workshop. Research findings will be compared across the two technical areas to understand similarities and differences in stakeholder environments and partner perspectives on collaboration under GHSa; they can also be used to identify opportunities to amplify successes and overcome challenges for stakeholders to collaborate across sectors—in Ethiopia and other countries—to achieve ZD and PHEP goals under GHSa. CDC will disseminate information and findings through presentations, publications, and summary reports to stakeholders and interested members of the public. This research can enrich understanding among stakeholders of one another's perspectives on collaborative efforts, and encourage further dialogue on how to best facilitate multi-sectoral collaboration for broad global agendas such as GHSa, and improved health

outcomes overall. CDC is requesting a two year approval for this information collection. Information collection

activities will begin approximately one month after OMB approval. The total annual estimated burden to respondents

is 320 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Emergency Management Directors .....	In-depth interviews .....	80	1	1
Emergency Management Directors .....	Questionnaire .....	80	1	1
Emergency Management Directors .....	Questionnaire Feedback .....	40	1	4

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-179 and CMS-10280]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments must be received by January 28, 2019.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov).

3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786-1326.

**SUPPLEMENTARY INFORMATION:**

**Contents**

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-179 Medicaid State Plan Base Plan Pages

CMS-10280 Home Health Change of Care Notice

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

**Information Collection**

1. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection;  
*Title of Information Collection:* Medicaid State Plan Base Plan Pages;  
*Use:* State Medicaid agencies complete the plan pages while we review the information to determine if the state has met all of the requirements of the provisions the states choose to implement. If the requirements are met, we will approve the amendments to the state's Medicaid plan giving the state the authority to implement the flexibilities. For a state to receive Medicaid Title XIX funding, there must be an approved Title XIX state plan.

On October 1, 2018, we published a 60-day information collection request (83 FR 49389) which we are withdrawing—due to technical difficulties—as indicated in a partial withdrawal notice published elsewhere in today's **Federal Register**. While the October 1, 2018, notice was an extension, this replacement is being published as a reinstatement. Otherwise, there are no other changes.