Assembly unanimously appointed Brock Chisholm (Canada) as Director-General of WHO for a five-year term of office. Dr. Chisholm had served as Executive Secretary of the Interim Commission since July 1946.

The Assembly approved on July 10, 1948, the agreement establishing WHO's relationship with the United Nations. This action brought the agreement into force, since it had previously been approved by the United Nations General Assembly on November 15, 1947.

The Assembly considered reports prepared by the Interim Commission on its activities since its inception and on a program of work for the permanent Organization.

The Health Assembly decided on the regional organization of WHO (see above) and drew up a program for the full Organization.

The Interim Commission had recommended that the work of WHO be directed primarily to campaigns for reducing the incidence of malaria, tuberculosis and venereal diseases, which, it was considered, could be efficiently controlled through international action, and to the improvement of maternal and child health throughout the world. The Assembly added to these programs the improvement of nutrition and of environmental sanitation. It established the policies WHO was to follow in carrying out these six campaigns, which would be undertaken in 1949 and developed over succeeding years, and recommended in each instance that governments take preventive, curative, legislative, social and other measures necessary to their success.

The Assembly approved activities on a more limited scale to deal with other medical and health problems. These include: the organization of public-health administrations; the control of five parasitic diseases, including Schistosomiasis and filariasis; the control of four virus diseases — poliomyelitis, rabies, influenza and trachoma; and activities relating to mental health, alcoholism and drug addiction.

The Interim Commission had previously prepared a survey of the size and strength of public health services in various countries and on national resources for the training of staff for these services. It had also made a preliminary survey of alcoholism and in 1948 began preliminary work with respect to the incidence, control and treatment of Schistosomiasis, which incapacitates millions of persons annually in the agricultural regions of Africa, Asia and South America.

An outline of the principal activities of the Interim Commission and WHO from July 1, 1947, to September 21, 1948, is given below.

### 1. Malaria

The Interim Commission decided that malaria, which attacks hundreds of millions of persons each year, causing the death of approximately 3,000,000 annually, was of sufficient importance to warrant immediate international action for its control. It accordingly presented for the approval of the Health Assembly a general plan for world malaria control prepared by its Expert Committee on Malaria.

Assistance in carrying out programs begun by UNRRA for malaria control and for the eradication of the anopheline mosquito in Greece and Italy was continued by WHO missions operating in those countries. As a result of DDT spraying and other control measures carried out in Italy and Sicily since 1946, 93 deaths from malaria were recorded for 1947 as compared with 285 in 1946 and 386 in 1945; it was hoped that by the end of 1949, malaria would have been completely wiped out in Italy. In Greece the program has reduced the incidence of malaria, which had previously averaged one million cases annually, by more than 80 per cent. It is estimated that the malaria control program in Greece has saved more than 30,000,000 man-days in agricultural work alone.

At the request of UNICEF, WHO is providing technical assistance and guidance in connection with anti-malaria projects, financed by UNICEF, to be undertaken in certain Far Eastern countries, including Siam and Indo-China.

The Organization also supplies governments, on request, with medical literature and information concerning the latest scientific developments for the prevention and treatment of malaria and gives expert advice concerning national control programs.

In its world-wide campaign to control malaria, WHO will undertake similar measures. It is selecting the areas for its operation on the basis of: (1) the feasibility of effective control; and (2) the potential increase in food production, in co-operation with FAO, since the disease is one of the main factors affecting agricultural development. According to the policies laid down by the Executive Board at its first session, in July 1948, WHO is to assist governments on request, through its regional organizations, in setting up permanent malaria

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*The text of the Agreement between the United Nations and WHO is reproduced on pp. 919-23.*