control services suited to local needs. It is to provide individual experts and operational demonstration teams to advise and assist governments in developing local and national programs; these teams are to remain in the assigned areas for at least two years. The Board decided that WHO should form three such teams as soon as possible. The Organization is to assist in a training program by providing expert lecturers on request to establish schools and fellowships for training in malariology. It is also to assist in educating the public, through various means, on the subject of malaria and its control.

In view of the effectiveness of DDT, the Board recommended that its production and distribution be stimulated. It requested the Director-General to refer to the appropriate body of the Economic and Social Council of the United Nations the questions of regional production and of the waiver of customs duties to permit wider distribution.

Finally, the Board made recommendations with respect to the treatment of malaria through drug administration and decided that additional research was required in both the treatment and eradication of the disease.

2. Tuberculosis

It is estimated that the annual mortality from tuberculosis is between four and five million and that between forty and fifty million persons annually contract the disease. The Interim Commission recognized that, since tuberculosis had reached epidemic proportions in many areas of the world, international measures were required for its control. At its fifth session in January and February 1948, the Commission decided on a program to provide fellowships to train medical officers in administration, epidemiology, and laboratory and clinical work; to provide demonstration field-teams to various countries on request; to assist in developing uniform procedures and techniques in both clinical and laboratory aspects of tuberculosis prevention and treatment; and to advise governments conducting campaigns against tuberculosis on the facilities they required. It was also decided that WHO might give financial grants to governments and distribute information on recent developments of special importance. In view of the prevalence of tuberculosis among immigrants, the Commission recommended that medical examinations be made at the point of departure.

A meeting of international experts, called by the Interim Commission, was held in July 1948 to study and report on the use of streptomycin in the treatment of tuberculosis. The conference indicated that this drug could be used to treat several forms of tuberculosis, but that the streptomycin regimen suitable in each case must be designed to meet individual requirements. The drug should be used only as an auxiliary in the general treatment of the disease, the conference pointed out, as its curative effect was partially dependent on other therapeutic measures, such as bed rest and pneumothorax. The conference recommended that streptomycin be distributed only to institutions, medical centres, and teaching hospitals regularly concerned with the study, diagnosis and treatment of tuberculosis, and that further research as to the use and effects of the drug be undertaken.

At the request of UNICEF, the Interim Commission began early in 1948 to provide technical assistance and guidance in a mass immunization program being carried out jointly by UNICEF and the Danish Red Cross and its Scandinavian associates. Under this program, an estimated total of 50,000,000 children and adolescents in Europe alone were to be tuberculin-tested for tuberculosis infection. Those who registered negative to the tuberculin test, estimated at 15,000,000, were to be immunized by BCG (Bacillus Calmette Guerin) vaccination. UNICEF provided funds for the extension of this program of tuberculin testing and BCG vaccination to India, Morocco, Algeria and other countries outside Europe.

The Organization planned a large-scale medical research program on tuberculosis based on results obtained in conducting the mass immunization program. The cards kept on all persons tested and vaccinated were to be analyzed by WHO for the preparation of current and long-term studies on tuberculosis, especially as regards mortality and morbidity rates in different countries.

Several BCG laboratories were set up before September 1948 through the efforts of WHO. Since it was not practical to ship BCG to India, a team of WHO experts sent to that country in May 1948 set up a laboratory for the production of BCG, taught qualified Indian personnel how to produce the vaccine and began training personnel to administer it. The large-scale tuberculin-testing and vaccination program was put into operation by the Indian Government and WHO on August 11, 1948. Small teams of experts were sent to China and Greece in 1947 and to Ethiopia in May 1948 by the Interim Commission to demonstrate and to teach people in those countries how to

7 See p. 622.