



Source: Candau, 21 February 1972, Nationaal Archief, The Hague, Netherlands, photographer Hans Peters

CANDAU, Marcolino Gomes

Brazilian physician and second Director-General of the World Health Organization (WHO) 1953-1973

By **Marcos Cueto and Bob Reinalda** · Version 18 October 2015

Was born 30 May 1911 in Rio de Janeiro, Brazil and died 23 January 1983 in Geneva, Switzerland. He was the son of Julio Candau and Augusta Gomes Pereira. On 30 May 1936 he married Ena de Carvalho, with whom he had two sons. After their divorce he married Sîtâ Reelfs, WHO employee, in 1973.

Biography

Candau's family was of French Portuguese ancestry. Candau studied at the School of Medicine of the State of Rio de Janeiro, where he earned his living by tutoring his fellow students on anatomy, and completed his medical training in 1933. Shortly after finishing his studies he decided to work in public health and demonstrated administrative skills in his first job as head of a provincial health unit in São João Marcos. A state scholarship allowed him to take a special course in public health at the University of Brazil in 1936. He also worked in the city health departments of Santana de Japuiaba and Nova Iguaçu. In 1938 he was promoted to Assistant Director-General of the Department of Health of the State of Rio de Janeiro and appointed assistant professor of hygiene at the School of Medicine. In the same year Fred L. Soper, representative of the Rio de Janeiro-based Rockefeller Foundation in Brazil, asked Candau to work under his direction in a major eradication campaign against a malaria outbreak produced by the *Anopheles gambiae* mosquito, which resulted in Candau's fieldwork as a medical officer in the Northeast Malaria Service. Candau received a Rockefeller Foundation fellowship in 1940, which permitted him to undertake one year of graduate studies in the United

States (US) at the School of Hygiene and Public Health of Johns Hopkins University in Baltimore, which many Latin American medical students considered the pinnacle of public health training. Upon his return from the US in 1941 Candau became Assistant Director of the medical service for war-mobilized workers who produced rubber in the Amazon River valley. From 1944 to 1947 he was Assistant Superintendent of the Special Service of Public Health (in Portuguese SESP, Serviço Especial de Saúde Pública), an organization created with US bilateral assistance in order to organize health campaigns and construct a public health infrastructure. He was appointed Superintendent of SESP in 1947. Candau was also assistant professor of epidemiology in the Oswaldo Cruz Institute, a research centre of the Brazilian government (1948-1950), and Vice President of the professional American Public Health Organization (1949-1950). Overall, the early years of Candau's professional career provided him with organizational experience and allowed him to develop strong ties with US scholars, foundations and universities, including his special relationship with the Rockefeller Foundation.

By the late 1940s Brazil was promoting, and investing in, a more direct cooperation with the World Health Organization (WHO) and regarded Candau, given his thorough knowledge of the health problems in the Latin American region, as someone to strengthen the bonds between the WHO and its regional office. Candau came to the WHO headquarters in Geneva, Switzerland in April 1950 to collaborate with Director-General Brock Chisholm and to head the Division of Organization of Health Services. He became responsible for advancing the technical planning of regional offices. In June 1951 he was promoted to Assistant Director-General in charge of the Advisory Services, replacing Martha Eliot, the only woman to sign the founding document of the WHO, who returned to the US to be appointed chief of the Children's Bureau in Washington DC. Chisholm regarded Candau as essential for the development of the WHO's programme of technical assistance and, at the suggestion of Soper, sent him to Washington in early 1952 to become Deputy Director of the Pan American Health Organization, which had operated since 1949 as the WHO's office for the Western Hemisphere. In Washington Candau worked under the directorship of Soper, with whom he had maintained a close relationship. They shared ideas about the disease-specific, technology-driven vertical campaigns promoted by the Rockefeller Foundation before the Second World War. Candau's coordination of the WHO's public health programmes throughout the Americas during 1952-1953 was recognized internationally. In May 1953 the World Health Assembly, the WHO's decision-making body, elected him as Chisholm's successor for a five-year term by a vote of 47 to 16. The choice of Candau was a surprise to many, as there were other more widely known candidates, among them Soper. However, the WHO Executive Board had nominated Candau, with his candidacy strongly endorsed by the US delegation and the Latin American countries. In addition, Chisholm had explicitly campaigned for Candau. France, which had pushed for the Italian candidate, G.A. Canaperia, and the United Kingdom, in favour of the Pakistani candidate, M. Jafar, were furious about the election.

Candau assumed office in July 1953 and became known as the Director-General who consolidated and stabilized the young and struggling aid organization and provided it with highly recognized technical and administrative competences. For a long time the WHO was considered one of the most efficient United Nations (UN) agencies (Beigbender 1995: 54). As executive head Candau paid special attention to improving the working atmosphere at WHO headquarters. He began by spending three hours with each staff member in the Geneva office, a task he completed in roughly a year. During this time he debriefed each individual, made personal contact and had a cordial exchange on plans for future work. While Chisholm's challenge had been regionalization, Candau's challenge was expansion and he worked hard to preserve the organization's coherence. In order to keep the scientific proficiency of the organization at a high level, he decided to give permanent contracts to only a small part (20 per cent) of the professional personnel. A few years later the WHO Secretariat was organized into three broad departments (advisory services, central technical services and administration and finance) and Candau initiated a reorganization starting in 1960, which removed the clear division between field and central services in favour of grouping elements of the two together in functionally oriented divisions, which as a result extended his control over the Secretariat. At the same time he

ensured that the World Health Assembly and the Executive Board felt confidence in the Secretariat. Candau was a man who was charming, 'fired with an infectious enthusiasm' and decisive (Current Biography 1954: 150) and had an 'unfailing courtesy, calm, and good humour, especially in times of stress' (Kaplan 1983: 4). He has been described as someone who could fight fiercely in defence of his staff (Royal College 1984) and showed political courage in resisting pressure by governments to take punitive measures against staff members. He also refused to suppress inconvenient information on health matters in various countries (Kaplan 1983: 3).

At the time of Candau's initial appointment, opinions were divided about the limits to the WHO's role. In October 1953 he addressed the UN General Assembly and called for closer cooperation between the UN and the WHO, arguing that investment in health was the best way to develop the world's human and material resources. While the UN Educational, Scientific and Cultural Organization (UNESCO) and the non-governmental Council for International Organizations of Medical Sciences (CIOMS) argued that the WHO should be a practical institution, with the more academic aspects of medical science left to UNESCO and CIOMS, Candau's policy resulted in the WHO being increasingly recognized as focal point in the international coordination of research in the fields of several illnesses (Dr. M.G. Candau 1973: 433). He standardized the advice of scientists through the formation of an Advisory Committee on Medical Research and became known for his diplomatic skills and ability to rally the International Bank for Reconstruction and Development (IBRD), the Food and Agriculture Organization (FAO), the US State Department and even the US Congress to provide resources and support. Under his command the WHO enhanced organizational membership and prestige. In 1953 the WHO had a membership of 81 countries, a staff of 1,500 and a budget of nine million US dollars, but twenty years later the organization included 138 states, a staff of almost 4,000 and a budget over 106 million US dollars. In addition, the organization constructed a modern building in Geneva and a regional organizational scheme with continental field offices. These regional offices increased their membership, held regular meetings of area representatives and controlled their own budgets. These activities were important during a political period that combined the Cold War between the US and the Soviet Union with the decolonization movements in many so-called Third World states. Candau set out to avoid Cold War politics, focusing instead on practical matters such as operational tasks and raising finances for the organization's programmes. The Soviet Union and its allies, which had left the WHO in 1949, accepted his neutrality (Lee 2009: 29) and resumed their membership in 1955. Candau profited from the fact that Chisholm had listed them as non-active members. Candau's political leadership in international relations was also crucial to the management of relations with China, one of the WHO's initiating states in 1946 but with a seat claimed by two rival governments following the establishment of the People's Republic of China in 1949, a situation which was not resolved until 1972 in favour of the latter.

In 1953 the UN reduced the funds that the WHO received under the UN's technical assistance programme. Nonetheless, the WHO helped 74 states in more than 330 health projects. Candau was a strong advocate of malaria eradication and, together with Soper, he advocated a campaign, which was launched by the 1955 World Health Assembly in Mexico City. The campaign focused on the use of DDT as an insecticide. As with many experts at the time, he strongly believed that indoor spraying of residual insecticides and new drugs would eliminate malaria from developing countries. Eventually he also came to believe that all major infectious diseases would surrender to new scientific tools. However, this goal was never achieved. Worldwide malaria was only temporarily reduced, making the campaign a learning experience for the WHO. The organization assessed the limitations of vertical programmes and from the 1960s emphasized the development of basic health services. Candau supported the WHO in a renewed smallpox eradication campaign, launched in 1967. When US support for smallpox eradication grew and added to the long-standing support by the Soviet Union, Candau resented the continuing lack of resources for such an effort. Believing that such funds would not be given to the WHO, he declared that the organization could only be successful if 2.4 million US dollars were provided. Industrialized states committed the necessary resources, much to his surprise, which resulted in an intensified smallpox eradication programme, which achieved the target in 1980

(Lee 2009: 28-29, 49). Candau also played a crucial role in the fight against onchocerciasis (river blindness), for which he managed to combine the contributions of the IBRD, the FAO and private American pharmaceutical companies and the efforts of African health workers. Another theme he championed was the medical use of atomic energy. The WHO assisted the International Atomic Energy Agency (IAEA) in a study on the effects of atomic radiation. In 1959 the WHO and the IAEA signed an agreement, in which the WHO recognized the IAEA's responsibility for peaceful nuclear energy, but without prejudice to the role of the WHO promoting health. The agreement also provided a procedure for consultation if one organization was to initiate an activity in a field that was also covered by the other organization, but the procedure would not prevent controversies about the spheres of competence between the two organizations. The programme on continued assistance to newly independent states that Candau presented to the World Health Assembly in 1962 was widely supported within the WHO, but also criticized because the future of health care in Africa was mainly considered in terms of the medical profession, with development assistance training mostly non-nationals, rather than the countries' own national staff, and it was concentrated mostly in urban areas, rather than everywhere in the country (Cunningham and Andrews 1997: 30-31). In 1964, the year the UN Conference on Trade and Development was established, major donor countries created a forum or pressure group, referred to as the Geneva Group, to discuss their policies with regard to their contributions to developing countries and UN agencies. Candau regarded the group, which gained the reputation of 'budget bashers', as the 'source of all evil' and did not allow his senior officials to meet with Geneva Group representatives (Chorev 2012: 136).

Candau was Director-General for twenty years (1953-1973), being re-elected for three successive terms in 1958, 1963 and 1968. This is largely explained by his non-aligned background and his ability to not alienate any of the large political entities as well as his organizational and managerial skills, being a doctor's doctor rather than a bedside one (*Time* 1962; Lee 2009: 29). He suffered two cardiac infarcts in 1966 and 1969, which were not divulged to the public. He resumed work against the orders of his physician and insisted on participating in important Board and Assembly meetings (Kaplan 1983: 3). In the final years of his term he promoted the career of Halfdan Mahler, an expert in tuberculosis and what became known as 'primary health care'. Candau believed that WHO health programmes needed a radical change and expected that the young and charismatic Mahler, his 'chosen dauphin', could do this because he had a different background in the organization, which made him more suitable to carry out the WHO changes that developing states demanded (Chorev 2012: 57). Mahler's election as Director-General in May 1973, at the height of the Third World mobilization for a New International Economic Order, reflected disillusionment with the past, which, according to Nitsan Chorev (2012: 187), was represented by Candau. After his retirement Candau lived in Geneva, with the title of WHO Director-General Emeritus, and continued to participate in WHO meetings. He also became a member of the Council of the United Nations University and served for several years as the chair of the Joint Coordinating Committee of the Onchocerciasis Control Programme in the Volta River Basin Area. Among the prizes he received were the Geraldo de Paula de Souza Medal by the Public Health Association of Sao Paulo and the Leon Bernard Medal and Prize by the WHO. In 1983 he died suddenly of cancer at the age of 71.

March 2025: profession Reelfs added

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