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Ebbs and Flows of International Aid and the Model of Interwar Eastern Europe: An Experimental Reflection


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Ebbs and Flows of International Aid and the Model of Interwar Eastern Europe: An Experimental Reflection

In January 2025, the Donald Trump Administration dismantled the US Agency of International Aid (USAID). The organization was established in 1961, at the height of the Cold War, and had been a long-term staple of US foreign aid. This has sent shockwaves in the foreign aid community, with practitioners, as well as recipients of aid questioning the future of many development programs around the world. The US has certainly made the most drastic cuts in overall foreign aid through the dismantling of USAID. With the US historically taking the reins of *western* assistance, it is then not surprising that the idea that “Big Aid is Dead” has made the rounds. But this is nothing new, as the principles and the point of developmental aid have long been debatable among western policymakers. The trends in France, Germany, Belgium, Finland, the Netherlands, Sweden, Switzerland firmly point to a cut back. The war in Ukraine and various (imperfectly labelled) “refugee crises” also led to rerouting of money to military aid, security support, and border management. It is then possible to argue a new aid era is looming, with some big donor western states withdrawing financial support, the waning of international relief mechanisms, and the potentially a focus on smaller scale projects and localized aid. Naturally, there is widespread concern about what the consequences of this aid void and the disappearance of traditional donor-driven models can be. I propose here a different approach: a departure from a defeatist approach and a turn to the early days of western aid and its darlings as potential models.



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After the Second World War, the aid landscape became significantly crowded, carrying both practical support (e.g. food delivery, growth of health infrastructure, schooling and education) and political agendas. The establishment of the United Nations and its agencies came out of the rubble of the war with a focused goal to create and sustain peace. What followed was a series of western aid eras that defined different/adjusted methods and programs of assistance, political contexts, and programs: for instance, development aid emerged as the measure of western influence in the Cold War. This was followed by the rise and the expansion of non-governmental organizations targeting poverty eradication and infrastructure support in the Global South in the 1970s and 1980s, as well as the instrumentalization of aid as democratization and/or security support in the 1990s and at the start of the Global War on Terror in the early 2000s. But what happens when the crowdedness of aid and its multitude of agendas diminishes?

This essay proposes an experimental thinking of the future of international aid by looking at the past, before the Second World War and long before UN and USAID existed. This scenario-driven proposal first suggests a look at what was a more simplistic aid landscape. In recent years, historians have started to agree that it was the era of the First World War and its immediate aftermath that led to the development of an aid regime through the advent of the League of Nations and the emergence and growth of non-governmental humanitarian organizations. Once peacetime was settled, it was western, and especially American, philanthropy that took the center stage as an agent of assistance. In this context, a second experimental insight is the attention on the experience of eastern Europe, a region that saw varying degrees of intensity and, indeed, ebbs and flows of international aid in the period between the two world wars.

Interwar Western Aid & Eastern Europe

The interwar period saw the rise of “Big Aid” *avant la lettre*, with the particular rise of the United States as a donor nation. During the First World War and especially after, US organizations were the most robust financially and in terms of professional knowhow at a time when European states were depleted. At first, aid was about emergency humanitarianism developed through governmental support, but mostly via non-state organizations that sent



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thousands of volunteers in war-affected spaces as early as 1914. Once the war and its effects ended, the medium- and long-term planning of aid mattered: emergency humanitarianism morphed into a rehabilitation-oriented scheme. Concomitantly, the early 1920s saw the rise of philanthropy particularly through the involvement of the Rockefeller Foundation and Carnegie Foundation, respectively. In this process, projects of infrastructure development, expertise enabling, and peacemaking and democracy were at the heart of this international aid landscape.

A significant portion of this aid was routed to eastern Europe, one of the regional darlings of various organizations. In my recent book, [*Foreign Aid and State Building in Interwar Romania: In Quest of an Ideal*](#), I explored the case of Romania and its status as a recipient state. I argued in this study, and I'd like to highlight in this essay, that American aid organizations, whether humanitarian or philanthropic, had multiple motivations to provide assistance in eastern Europe. First, there was the destruction of war and the effects on the general population. During the war, stories of eastern European war sufferers' poverty, illness, homelessness, or displacement influenced the turn of these organizations to pay attention to this region. Second, aid givers looked at the rather weak sovereignty and the post-war political feebleness of the new or newly expanded states. Aid organizations arguably thrived on this moment of transformation and on the weakness and the need of their recipient nations. This weakness stemmed not only from the material destruction of war but also from post-imperial transition. In this context, American humanitarians and philanthropists as well became convinced of the power of their aid programs to strengthen frail institutions in this region. They believed that it was through their aid that eastern Europeans would be able to strengthen their newly acquired autonomy. Third, the potential economic capacity of eastern European states was important for various American leaders and representatives of these organizations. Feeding populations was one thing, but reviving commerce within the region was appealing as well. Lastly, American aid givers believed in the civilizational powers of their actions in this region. Leaders of various organizations considered the people of eastern European countries to be more backward than white Americans or western Europeans. They believed that these countries were firstly deeply affected by war's events and destruction and in need of aid to depart from "flawed" imperial influences. For instance, philanthropists aimed to transplant principles of modernity to the largely rural and socially and politically feeble states that emerged out of imperial collapse. At the same time, these aid givers also considered that those



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living in this region were still European enough and had some potential to absorb American and deeply civilizational models of modernization. In this context, eastern Europe quickly became a significant space of aid transfers in the interwar period, marked by presence of American philanthropy, and communitarian and localized aid in particular.

Eastern Europe and Aid: A Possible Model

In the analytical scenario I propose in this essay, I suggest that the experience of assistance in eastern Europe could give an insight into potential contemporary paths of aid. In my argument, the rise and possible reliance on philanthropy operating outside the governmental bounds and the community-oriented and localization of aid that eastern Europe experienced are two compelling arguments for a historical model.

In a recent interview, Mark Suzman, Gates Foundation CEO, signaled that the gap left by the US government could, partially, be covered by philanthropy and donors. “We can take risks that government cannot take,” he claimed, foreseeing potentially transformative projects, such as new TB vaccines.ⁱ Arguably, the Gates Foundation has been at the forefront of American philanthropy in the last few years, with its connectivity between health and poverty. But before the Gates foundation, there was the Rockefeller Foundation (RF), whose leaders rather similarly equated modernization with improvement of health and hygiene infrastructure and the meshing of curative and preventive medicine.

The RF was established at the turn of the twentieth century. Its work abroad, however, developed particularly after the First World War. At first, RF focused on curing and eradication of disease. Nonetheless, the palliative nature of the RF programs was abandoned for an approach that implied medium and long-term effects through research and medical programs. This was innovative in and of itself at the time. Throughout the 1920s, its International Health Board coordinated programs to encourage, develop, and improve scientific and medical facilities, education, treatment, and research. The reasoning behind it was that American methods of public health management could be directly transferred to the struggling European countries. In this context, eastern Europe became an ideal space of action.



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A brief overview of the work of the RF in eastern Europe shows the significance and scope of philanthropic aid at a time of limited US governmental presence and performed political isolationism on the international stage. At first, the RF transplanted public health methods in France and Italy in a seeming postwar continuation of material and moral investment in the two powerful allies of the United States.ⁱⁱ Practices and standards designed in the American South were copied in the French and Italian processes of prevention of tuberculosis and in the campaigns against malaria respectively. American standards and their teaching represented the core of the RF's involvement in the two campaigns.ⁱⁱⁱ However, it was the RF's expansion in the new countries of eastern Europe that reflected the foundation's understanding of its self-assigned mission to contribute to the well-being of mankind throughout the world. As a condition of involvement, the RF sought order, stability and efficiency in implementing its projects. The creation of the *cordon sanitaire* for instance established eastern Europe as a buffer zone from a purely medical rationale of eradicating and stopping the spread of disease such as typhus and cholera, both largely endemic in Russia.^{iv} Yet, the issue of *cordon sanitaire* arguably also had political undertones. A report on Czechoslovakia noted that the intervention in the post-Habsburg states was based "upon a recognition of even justice with international team play substituted for German domination."^v Thus, they defined their programs as enablers for eastern European states to be kept free from German and communist influence, and become liberal democracies. The way to address these issues in the rudimentary if not "backwards" countries of the region was through the transfer of the superior American technologies, and methods of organization and intervention in the sphere of public health.^{vi}

According to the RF principles, prevention was to be developed under intense micro-management and would have reinforced the long-term political, social and economic stability of the various eastern European states by building their international administrative structures. In the RF headquarters, the assistance to the creation of the institutes of hygiene in the countries of eastern Europe was planned as a largely top-down institutional design. At the same time, the American foundation counted on local middle-men, known to be scientifically visionary individuals, who would take a leading role in research, teaching and activities stimulated by new ideas. The RF thus attempted to secure such contact figures through award of grants and fellowships, as well as full time advising on public health to



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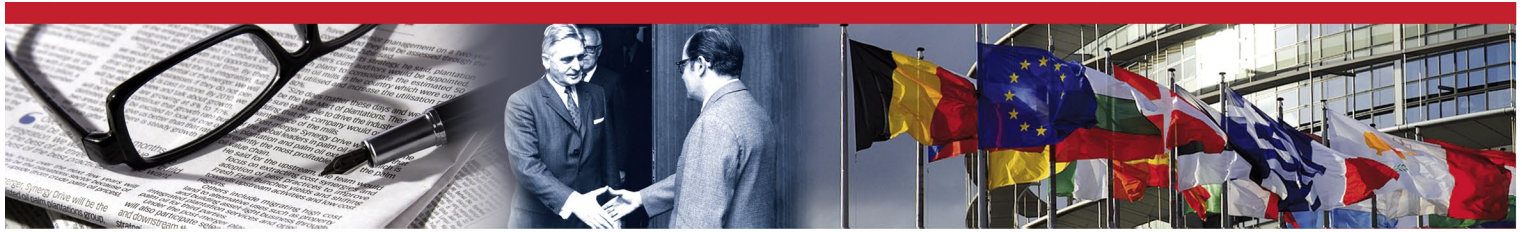
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the new ministries. In many cases, the former RF fellows were expected to become responsible for public health administration in their respective countries.^{vii}

Relatedly, the second feature of note was the localized, community-oriented method of aid giving. This, too, was much driven by philanthropy performed by the RF, in collaboration with local partners. The example of so-called health demonstrations is telling here. These were ways to take the scientific, theoretical, and institutional knowledge and practices “to the ground.” Designed in 1921, health demonstrations were first and foremost models for teaching purposes, which could then be reproduced on a wider scale. By the mid-1920s, the RF supported demonstration districts for teaching purposes in such places as a district of Warsaw, a rural Polish district, as well as parts of Czechoslovakia, with districts in Moravia and Ruthenia included.^{viii}

Despite a seemingly successful diffusion of health demonstration, RF officers increasingly showed concern that without a locally democratic path to health modernization, change was very unlikely. An early form of community-oriented and attempts for localization can give an insight into ways the interwar period saw architects of aid reflecting on the waning of recipients’ dependency. The aforementioned use of middle-men and local collaborators who could understand the local conditions was one way to ensure the potential success of philanthropic aid. Engaging active participation of possible recipients was, in this way, a community-oriented approach.

The quintessential example of this localization under the RF umbrella in the period was Yugoslavia. Local health reformers (e.g. Andrija Štampar) saw the possibilities of including nativist lifestyles and the potential for villagers to be direct participants in the development of their communities. Peasants were exposed as well as participated in applicability of technological advances and educational programs. For instance, villagers would participate in general demonstrations of water supply, cleaning of gutters, or homes whitewashing. Schools of economics, salubrious houses and health centers were to be built for an incorporation of knowledge in local systems of social hygiene. The scope was to “take in consideration all social needs of the community,”^{ix} as opposed to those of the local elites. Active participation, managed by health experts was the preferred avenue of rural modernization. In Mraclin, for instance, a village 32 km from Zagreb, known to be a “model health demonstration center,” village-



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based associations were formed, competing in draining marshes, erecting manure storage tanks, or cleaning houses and streets.^x The Yugoslav way showed RF officers that forced modernization was not the only way, but rather localness, malleability, an awareness of the contextual and the vernacular trumped the “export model” the RF had committed to in relation to the eastern European space.

Undoubtedly, the Yugoslav story success turned some of the RF officers to assess the community and wonder whether transferring models in a vacuum was ever enough. Emboldened by community-oriented enthusiasm, the RF committed to supporting Yugoslavs’ crusades for hygiene, by proposing the financing fellowships and work in areas other than public health, with the eventual aim of developing a “form of rural government which would take into consideration all the social needs of the community.”^{xi} While the project never happened due the contentious politics, the idea of local ownership entered the practical vernacular of the RF officers.

The interwar model of eastern Europe as a space of transfer of American aid points to two features: for one, the rise of philanthropy as the quintessential assistance agent and method of funding when governments are absent. Ideas of new alternatives of new partners have made the rounds for contemporary dilemmas, with many organizations finding alternate money-fueling solutions. It is in this context that the turn to individual philanthropies has emerged as a potential avenue to maintain foreign aid of western nature going in our contemporaneous context. Before the Gates Foundation, the RF relied on a rhetoric and practice aiming to establish pillars modernization, poverty eradication, and health care in places they considered backward, but with potential. Aid was an investment and targeting eastern Europe was framed as such. The second aspect I propose in this essay is the return to local/community-driven approaches. Health experts in Yugoslavia noticed early that forms of community empowerment and promotion of self-reliance could be avenues of modernization; in this context, the RF leadership used local liaisons as key in aid transfers. Similar ideas of localization could be considered for what could be a new era in the story of foreign aid.

The aid rationale for eastern Europe in the interwar period was riddled with a fluctuating assistance landscape, including waning money and governmental support from the US. I proposed here the use of this historical example as a possible insight into future aspects of aid: the rise and the work of philanthropic organizations and the growing



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turn to local communities as methods to eliminate dependency on aid. It is possible to consider the ever-growing capacity of philanthropy, as well as more small-scaled, community-driven projects given the current vacuum.

Still, there are limitations to this cross-referencing across different temporalities and we cannot abandon the Zeitgeist. For one, western aid is not the only type nowadays, with China taking the reins of developmental assistance primarily in the so-called Global South. Second, the current era of technology advancement is undoubtedly playing a role. In a recent piece, development aid experts Michael J. Mortimer and T. Alexander Puutio have highlighted a surge of interest in efficiency, process optimization, and technology-driven solutions. “The rate of AI adoption in aid industry has greatly increased, and organizations around the world are embracing new technologies to extend their reach and reduce operational costs, making programs more efficient and scalable,” they have claimed.^{xii} Significantly, practitioners and scholars have envisioned a rethinking of the long term. There is little clarity of what is next given the quick speed that this financial plug has been pulled from aid schemes. The call for clearer metrics, intensive reliance on corporations and technology, and support for local advocacy is there. But some also do call for a “back to basics” approach where disease reduction, water, sanitation, hygiene, literacy, and health care concerns are primordial. The void of aid is, without doubt, going to have serious repercussions. Going forward, a recalibration of aid mechanisms could be rather erratic and perhaps haphazard in this transitional phase. However, as I show in this essay, history can offer some lessons from an era of a more depleted aid landscape.

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- ⁱ “Bill Gates on why he’s donating his remaining wealth and his concerns about U.S. aid cuts,” *PBS News*, 8 May 2025. Accessed at <https://www.pbs.org/newshour/show/bill-gates-on-why-hes-donating-his-remaining-wealth-and-his-concerns-about-u-s-aid-cuts>
- ⁱⁱ For instance, at the time of war, France and Italy were the main recipients of American humanitarian relief via the American Red Cross.
- ⁱⁱⁱ See Ludovic Tournes, *Sciences de l’homme et politique. Les fondations philanthropiques américaines en France au XX^e siècle* (Editions des Classiques Garnier, 2011).
- ^{iv} Erik Ingebrigtsen, “Privileged Origins: “National Models” and Reforms of Public Health in Interwar Hungary,” in *Imagining the West in Eastern Europe and The Soviet Union* (Pittsburg, PA: University of Pittsburgh Press), 36-58; Benjamin Page, “The Rockefeller Foundation and Central Europe: A Reconsideration,” *Minerva*, Vol. 40, Issue 3 (2002),
- ^v Rose and Gunn report « Public Health Situation in Czechoslovakia, 1919 », RG 1.1/712/3/16, Rockefeller Foundation Archives, Sleepy Hollow, NY.
- ^{vi} For a debate on the motivations and practices of the Rockefeller Foundation in Central and Eastern Europe see Paul Weindling, “Public Health and Social Stabilisation: The Rockefeller Foundation in Central and Eastern Europe between the Two World Wars,” *Minerva*, Vol. 31, No.3 (Sept. 1993), 253-267; Benjamin Page, “The Rockefeller Foundation and Central Europe: A Reconsideration,” *Minerva*, Vol. 40, No.e (2002), 265-287.
- ^{vii} Elizabeth Fee, « Designing Schools for Health in the United States,” in *A History of Education in Public Health*, edited by Elizabeth Fee and Roy Acheson (Oxford: Oxford University Press, 1991), 155-194.
- ^{viii} Weindling, “Public Health and Social Stabilisation.”
- ^{ix} George Strode to C.E.A. Winslow, 11 June 1929. Taken from Murard, “Designs Within Disorder,” 149.
- ^x Zeljko Dugac, “Bolje kpati zahod nego grob: Zdravstveno prosvjećivanje o higijeni nužnika u međuratnom razdoblju,” *Časopis za suvremenu povijest*, Vol. 16, No.2 (2012), 343-358; Lion Murard, “Designs within Disorder: International Conferences on Rural Health Care and the Art of the Local, 1931-1939,” in *Shifting Boundaries of Public Health: Europe in the Twentieth Century*, edited by Susan Gross Solomon, Lion Murard, and Patrick Zylberman (University of Rochester Press, 2008), 149.
- ^{xi} Selskar Gunn Diaries, Entry for 10 February 1930, Online Collection, Rockefeller Foundation Archives.
- ^{xii} Michael J. Mortimer and T. Alexander Puutio, “Development in Retreat?,” *Stanford Social Innovation Review*, 30 June 2025. Accessed at <https://ssir.org/articles/entry/development-in-retreat>