

# Forming International Networks of Philanthropy: The Cross-Border Activity of the Wellcome Trust, 1936-1995

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## Abstract

Attention given to the international scope of large-scale philanthropy has grown over the past three decades, mirroring the increased prominence of organized philanthropy in the global institutional landscape. Aligning with such an environment, this research analyses the formation of international networks by philanthropic foundations, focusing on the motives and means of one such organization, the U.K. based Wellcome Trust. The paper takes an historical approach to examine the Trust's formation of international networks. Based on archival research, it argues that the process by which the Wellcome Trust formed cross-border networks was non-linear; that while the international networks built by the Trust were all concerned with knowledge, they were heterogenous in nature and, that these networks shaped the conditions of possibility as to what international philanthropy could be and should do. Thus, the paper introduces a new dimension to debates around the nature, origins and scope of international philanthropic networks.

## Keywords

international networks, knowledge networks, philanthropy, foundations, multinationals

## Introduction

Debates centered on the global scale and reach of philanthropy—the distribution of private funds across national borders to effect economic and social change—have grown over the last three decades (Montero, 2020; Saunders-Hastings, 2022; Wiepking

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et al., 2021). These occurred within a context of hyper-globalization and its subsequent decline (Rodrik, 2011) and, the emergence of “philanthro-capitalism” (Bishop & Green, 2008). Such research, moreover, has increasingly recognized, explicitly, the political dimensions of philanthropic foundations as transnational actors (Youde, 2019). Consequently, there has been greater scrutiny over the nature, and role, of business-like interests that may permeate charitable transactions and global philanthropic initiatives (Daly, 2023; Papin & Beauregard, 2024; Wiepking, 2021).

From a critical perspective, Fuentenebro et al. (2024) note that much of this international giving incorporates networked activities and relationships; that network formation is often the stated objective of large foundations who seek to leverage multi-stakeholder partnerships, exploit historical postcolonial arrangements, and construct alliances. These observations have historical resonance and significance. Throughout the 20th century the large, general-purpose, grant-making philanthropic organization, or “foundation” was the central actor in transnational philanthropy (Bulmer, 1999). Furthermore, networks were a key device used by such foundations to practise philanthropy outside their home country (typically the United States) (Rietzler, 2014; Weber, 2020). This paper thus addresses the cross-border networks of philanthropic foundations by focusing on the international growth of a major European philanthropic foundation, the Wellcome Trust, over a period of approximately 60 years, 1936–1995, examining specifically the Trust’s formation of international networks.

Posing the research question:

“How did the Wellcome Trust form international networks over the course of the 20<sup>th</sup> Century? What was the purpose of these networks and what was their significance?”

The paper analyses three types of network formed between the Wellcome Trust, and a variety of international actors. This enables an assessment to be made of the nature, origins and scope of international philanthropic networks, one not centered on the activities of North American Foundations, a major focus of previous research.

The first network examined is the dyadic relationship created in the 1950s between the Wellcome Trust and the Danish Carlsberg Foundation (*Carlsbergfondet*): a philanthropic organization resembling Wellcome in its corporate origins. The *Carlsbergfondet* acted as a reference point, as well as a source of comparison and divergence for the Wellcome Trust, at a time when the Trust first began to engage with its philanthropic purpose. The paper then proceeds to analyze a second area of international activity where the Trust formed links across national borders: supporting knowledge flows in tropical medicine. The Trust’s activity in tropical medicine, shows the role and ability, of international philanthropy to substitute and supplement former government agencies in areas of strategic and socio-economic interest. The Trust promoted research in tropical medicine through the creation of new institutes, fellowships, and buildings. This reflected a move to retain scientific influence, interests and activity in the international space of tropical medicine. The third and final international connection considered in this paper is the Wellcome Trust’s developing relationship with other

European philanthropic organizations. Through crafting an organization that came to be known as The Hague Club—in which the Trust's Director, was a prominent actor—the Trust located itself at the center of European philanthropy, assuming a leadership role among European philanthropic peers. The Hague Club was an attempt to create a cohesive European philanthropic organization, that codified and contemplated what international philanthropy should truly be and, also, to consider its limits.

These three examples of international network formation: the creation of partnerships with like-minded organizations; supporting research in health and medical science; and orchestrating a collaborative network of European foundations, reflect different amplitudes of international activity while also illustrating the evolution and growth of the Wellcome Trust and its spheres of interest. As such the paper advances a nuanced consideration of international philanthropic networks which emerged in Europe during the 20th century. Our historical analysis demonstrates that the formation of international networks by the Wellcome Trust were all concerned with knowledge creation and had three important features. First, the three examples of network formation by Wellcome show that this process was non-linear, involving simultaneous activities based on layered motivations and capabilities. Second, that philanthropic network formation by Wellcome consisted of forming heterogeneous networks with different modalities and rationales. Finally, these networks were created to shape the conditions of possibility in determining the scale and scope of European philanthropy.

Although our evidence suggests that philanthropic organizations such as the Wellcome Trust have been state-like in their domains of activity (e.g., agriculture, health, education), and work outside of the state, it does not argue, that the Wellcome Trust was hegemonic or geopolitical in its nature, as previous research on global-scale philanthropy from an international relations perspective has (Berman, 1983; Fisher, 1983; Parmar, 2012; Youde, 2019). Instead, like Weber's (2020) contribution, we unite relevant theoretical concepts with historical evidence to emphasize *the means* for creation and development of international knowledge networks by a large-scale, European, philanthropic organization, and *why* such an organization assembled these networks.

### *Global Philanthropy, International Knowledge Networks, and the Wellcome Trust in Historical Perspective*

The non-profit sector broadly, and philanthropy specifically, have benefited from historical research, but historical enquiry has traditionally been quite a small and overlooked area of non-profit scholarship (Brown, 2018) despite major contributions from historians (e.g., Harvey et al., 2011; van Leeuwen et al., 2023). Previous research has drawn useful parallels between the expansion and consolidation of global philanthropic activity at the end of the 20th and start of the 21st centuries, and that which occurred in the first half of the 20th century (McGoey, 2015; Youde, 2016). Then, as now, private philanthropic foundations, originating from the vast wealth of mid-late 19th century North American entrepreneurs, demonstrate the possibilities of intervention and, have significance for framing global discourses and norms of practice (Kumar & Brooks, 2021).

Comparisons have specifically been drawn between the global health initiatives of the Rockefeller Foundation and the more recent projects of Bill and Melinda Gates Foundation (Moran, 2014; Youde, 2013). Until its disbandment in 1951, the Rockefeller Foundation's International Health Commission (created in 1913, renamed the International Health Division in 1927) built on its experience of combating yellow fever to focus on eradicating hookworm and malaria (Farley, 2004). Through program officers, and the construction of field offices and scientific networks, the International Health Division developed a public health program with an explicitly international mission and portfolio and, global reach (Fisher, 1978; Picard & Schneider, 1999; Schneider, 2002). This model was subsequently emulated in other fields—such as education with the launch of the International Education Board (Farley, 2004; Kohler, 1991; Nally & Brooks, 2018).

Importantly, historical scholarship has highlighted international network building, as one of the key cross-border activities of large, North American, philanthropic foundations (predominantly Rockefeller and Ford) across a range of disciplines including the social sciences and management (Gemelli, 1998a) and medical research (Gemelli et al., 1999): as well as in fostering international relations and cultural diplomacy (Berghahn, 1999). The major contribution of this literature is that it shows the influence of certain foundations (Rockefeller and Ford) on Europe in fields such as biomedical research (Picard & Schneider, 1999); and in the partnership between the United States, (Ford) and European foundations (Olivetti), in developing specific disciplines in national contexts (Gemelli, 1998b). But, as Weber (2019) likewise shows, this research has further demonstrated that local actors are not simply passive recipients but active agents in international philanthropic networks who can shape the reception of ideas and institutions.

Despite this, the building of networks across borders has not been without critique, with one school of thought seeing philanthropic foundations' activity, particularly in the social sciences, during the inter-war period, at first in the United States and Western Europe and then later more globally, as the production and reproduction of cultural hegemony (Fisher, 1983). This perspective has subsequently been extended to the post-1945 era, with a focus on the developing countries of the Global South, with attention being given specifically to international knowledge networks (Parmar, 2002, 2012). Such, international knowledge networks are defined as "a system of coordinated research, disseminated and published results, study and often graduate-level teaching, intellectual exchange, and financing, across national boundaries," (Parmar, 2002, p. 13).

This is a useful definition emphasizing co-ordination, knowledge creation and dissemination (Stone, 2004) but one that conceives of only a specific type of formal, technical knowledge. A definition of international knowledge networks that enables a broader conceptualization of knowledge, to be considered, one that includes the strategic knowledge to position philanthropy within a global institutional framework, might however be preferable. This is particularly so as distinctions have been made between different approaches to understanding global knowledge networks: as epistemic communities, as discourse coalitions and communities, and as embedded knowledge networks (Stone, 2004). Having previously been utilized to analyze the

development of networks in tropical medicine (Neill, 2012) and the role of philanthropic foundations in global health partnerships (Moran, 2011), the concept of epistemic communities defined as “network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue-area,” (Haas, 1992, p. 3), has particular relevance for understanding the Wellcome Trust’s formation of international networks. International knowledge networks are therefore defined here as: “the relationships that are forged between multiple actors and institutions across space that enable the mobilisation, flow and transfer of knowledge.”

As noted above, what hegemonic analyses of international networks do not account for sufficiently, is the agency of local actors, their objectives, and how the local environment can shape international philanthropic activity (Weber, 2019). Unlike its North American counterparts—such as Rockefeller and Ford—the Wellcome Trust did not, initially, have the freedom, resources, or political incentives to operate at scale, internationally, across domains. Created in 1936, upon the death of Sir Henry Wellcome (1853–1936) by his will to promote and support research in medicine and the medical science the Wellcome Trust was to be funded by annual profits of the pharmaceutical multinational, the Wellcome Foundation Ltd (WFL). Wellcome’s will named five Trustees who were the sole shareholders of the WFL., the company he, Sir Henry Wellcome, had created. Thus, Wellcome’s Trustees, were bound to support only medicine and the medical science. In the Trust’s early years, the Trustees main concern was with organizing the Wellcome Trust; organizing the relationship between the Trust and the WFL.; and responding to intermittent crises in the company that required their attention and limited their capacity to fulfill their philanthropic purpose (Brooks & Buckley, 2024). By the time the Trustees could turn their attention to the Trust’s philanthropic purpose, the world had been fundamentally transformed by the total war of 1939–1945, and its consequences, most notably the contracting of the British Empire.

This meant that like a small-medium sized business enterprise, whose growth depends on international expansion in a dynamic and volatile environment, the Trust had to develop, build and integrate into variety of international collaborations over time (Coviello & Munro, 1995). As documented below, these international collaborations were initially made with like-minded organizations in Europe, and through the Trust’s philanthropic programs, specifically in the field of tropical medicine and hygiene. The connections the Trust made with organizations from other nations, were however responsive to a changing geopolitical and economic order and can be understood as repeated efforts by the Trust to give meaning to its philanthropy within a changing landscape. This can be seen clearly in the Trust’s interest in tropical medicine and hygiene, where it leaned on existing transnational relationships associated with the former colonies and territories of the British Empire. As the Trust’s sophistication and resources grew, it, and its staff, assumed a more prominent role in organizing and creating a new association of European philanthropic foundations. The Trust therefore identified and developed its cross-border activities alongside, and with, local foundations exploiting organizational knowledge and the existing relationships it had developed since its inception.

## Methodology and Research Setting

The Wellcome Trust, has been the direct (Hall & Bembridge, 1986; Williams, 2010) and indirect object (Church & Tansey, 2007; Church, 2015) of previous historical analysis. The Wellcome Trust's origins lie in the incorporation of the WFL. in January 1924. The WFL. included the London parent of the pharmaceutical company Burroughs Wellcome & Co., the company's international subsidiaries and branches, three research laboratories, and the libraries and museums which were founded or supported by Henry Wellcome personally. The WFL. was designed to continue and advance both the industrial and scientific activities initiated by Henry Wellcome. The WFL's articles of association, made provision for philanthropic expenditure after Wellcome's death from the company's annual profits for the purposes of medical and scientific research. Consequently, the Wellcome Trust created by Wellcome's will, was funded entirely by the annual profits of the WFL. The Trustees named in Wellcome's will were to be the sole shareholders of the WFL., which thereby intricately bound together philanthropic and commercial purpose.

Although, the existing historical literature on the Wellcome Trust features discussion of the Trust's international activities, it does not systematically reflect on the formation of networks built by the Trust internationally, their character or substance. Our research approach was therefore to produce an analytically structured investigation of the Wellcome Trust, whereby the organization and its history are examined within the defined structure of "international knowledge networks," (Rowlinson et al., 2014). Historical sources, methods and knowledge are utilized to position the Wellcome Trust, within its context and produce a historically informed narrative structured by the relevant theoretical constructs (Maclean et al., 2016, 2017). While we acknowledge that the Wellcome Trust and its archive (held by the Wellcome Collection in London) are a *distinctive* case, we believe that some wider conclusions can be drawn and developed from it (Miskell, 2018). An historical analysis of the Wellcome Trust broadens perspectives on the evolution of foundations and, by extension, philanthropy during the 20th century. Our knowledge and understanding are deepened by looking back on the actions and behavior of a specific philanthropic organization which contributed to the state of global philanthropy that exists today (Wadhwani & Bucheli, 2014). Specifically, our historical analysis enables an in-depth exploration of the variety of networks created and developed by the Wellcome Trust, their origin, organization and rationale. This speaks to a deeper philanthropic environment, distinct from North America, in the 20th century. Nevertheless, the situated stance of the researchers, looking back on the actions and behavior of a philanthropic organization in the past from the present is a primary feature of the knowledge claims made (Wadhwani & Decker, 2017).

The main sources drawn from the Wellcome Trust archives include annual reports, board minutes, and correspondence and memoranda. To build a better understanding of these documents, to contextualize them, and to triangulate information contained within them, it was necessary for the authors to visit additional archives and libraries. The most relevant of these were the GlaxoSmithKline's Heritage Archives, which

holds archival material related to the WFL., and the British Library, where reports of the U.K.'s Medical Research Council were consulted. Archival material was approached with the objective of uncovering sequences and processes rather than testing, verifying, or nullifying specific claims (Decker et al., 2015). Ultimately, the use of historical methods in this paper is founded on the belief that such methods contribute a different, and unique understanding to the nature of philanthropy; one that is complementary to traditional social scientific approaches, such as experiments or quasi-experiments, hypothesis testing and statistical analysis (Raff & Scranton, 2016).

### *Gaining Understanding and Exploring Possibilities: The Wellcome Trust's Relationship With the Carlsberg Foundation*

Wellcome's initial encounters with philanthropic organizations located outside the United Kingdom, centered around forging a bilateral alliance and partnership with a like-minded philanthropic European foundation, the Carlsberg Foundation (*Carlsbergfondet*). The association between *Carlsbergfondet*, (owner of the Carlsberg Breweries, founded in Copenhagen in 1847) and the Wellcome Trust, represents a dyadic relationship, that highlights how the Trust, with its early philanthropic initiatives sought to understand itself better while fostering and extending its philanthropic reach across Europe. Carlsberg, like Wellcome, tied its philanthropic giving to the ongoing operations of a large-scale business. Unlike their archetypal North American counterparts, where the philanthropic organization was more commonly a separate entity operating with no clear linkage to the fortunes which underpinned their endowments, both Wellcome and Carlsberg maintained a close, if separate, association between the commercial and philanthropic arms of their activities. While Wellcome's philanthropic purpose was defined without borders, Carlsberg operated on a smaller scale with its activities limited by charter to philanthropic giving in support of Danish science.<sup>1</sup> Although limited geographically, Carlsberg had more experience with supporting non-commercial research than Wellcome; an activity that began in 1875 when the Carlsberg Laboratory was established independently from the Breweries to support the development of Danish physical scientists.<sup>2</sup>

One year later, in 1876, the first iteration of the Carlsberg Foundation, *Carlsbergfondet*, was established with an endowment of 1,000,000 Danish krone. Its objectives were (a) to continue and extend the scope of the chemical and physiological Carlsberg Laboratory; (b) to promote the natural sciences; and (c) to support a natural history museum in Bergen.<sup>3</sup> Carlsberg's founder Jacob Christian Jacobsen (1811–1887) requested that the Royal Danish Academy of Science nominate five trustees to allocate funds and report on the Foundation's activities. Upon J.C. Jacobsen's death in 1887, the brewery was bequeathed to the Foundation and its five trustees. Subsequently, in 1902, J.C. Jacobsen's son Carl Jacobsen (1842–1914) added a special section to the existing *Carlsbergfondet*, the New Carlsberg Foundation (*Ny Carlsbergfondet*) for the advancement of art. At the same time, Carl Jacobsen transferred his brewery, New Carlsberg, (*Ny Carlsberg*) to the *Carlsbergfondet*, so that the five trustees owned both

Breweries and the annual profits from both were distributed across the two organizations (*Carlsbergfondet* and *Ny Carlsbergfondet*). The Carlsberg Trustees had the power to appoint the General Manager of the Carlsberg Breweries and the managers of the other breweries in the group. As shareholders, the Trustees also elected the Board of Directors. In this regard, the *Carlsbergfondet*'s commercial activity was inseparable from its philanthropic objectives although the general manager was not charged with the philanthropic distribution of funds.<sup>4</sup> As with the Wellcome Trust, the Carlsberg Foundation was ultimately responsible for the management not only of the commercial element of the brewing company, but also that of the distribution of funds in line with its stated philanthropic objectives.

Within this model of commerce-philanthropy, the Wellcome organizations sought to engineer a collaborative partnership with the Carlsberg Foundation and Breweries to promote co-operation, the sharing of knowledge, and joint philanthropic ventures. In 1953, the WFL Chairman, Sir Michael Perrin contacted the Carlsberg Foundation in Copenhagen and drew the attention of the Wellcome Trust's Chairman, Sir Henry Dale, to the analogies that existed between the Carlsberg Foundation and its relationship with the Carlsberg Breweries, and those that existed between the Wellcome Trust and the WFL.<sup>5</sup> The similarity of objectives and constitution, resonated with the Trust, whose first report drew explicit attention to the likenesses between the two organizations. As the Trust recognized the resemblance between itself and the *Carlsbergfondet*, Perrin suggested the possibility of advantageous international collaboration, promoting common objectives. Collaboration between Carlsberg and Wellcome, served a dual purpose, for Wellcome. It augmented the WFL's international profile, in what Perrin described as supporting "prestige publicity" given Carlsberg's strong reputation and supported the Wellcome Foundation sales in Scandinavia.<sup>6</sup>

In a memorandum from Perrin to the Board of Directors of the WFL in September 1954, which was also circulated among the Wellcome Trustees,<sup>7</sup> Perrin stated his desire to maintain close connections with Carlsberg. Perrin was impressed by the Carlsberg Foundation's "active" role in their capacity as owners of the breweries, noting that

they meet regularly and frequently and are concerned with major—and indeed some minor—executive decisions so that Mr Skat Rordam's [Chairman of the Directors of the Carlsberg Breweries] position and that of his colleagues is really equivalent to managers rather than a board of directors responsible to shareholders.<sup>8</sup>

To advance these initial connections made between the Wellcome and Carlsberg organizations, a dinner was organized in London by the Wellcome Foundation, in April 1955, to which members of the Carlsberg Foundation and management of the Carlsberg Breweries were invited. Both the commercial and philanthropic elements of the Carlsberg and Wellcome organizations, appear to have been satisfied with how this first, social (but formal) event went. In the following year, September 1956, a visit was made by the Wellcome Trustees and the Directors of the WFL to Copenhagen where they were entertained by the Directors of the Carlsberg Foundation, and the

management of the Carlsberg Breweries. Before this visit took place, a letter was sent from the Chairman of the Carlsberg Foundation, Professor Børge Jessen, to the Wellcome Trust Chairman, Dale, in which “not a proposal but a tentative suggestion,” was made that the Wellcome Trust and Carlsberg Foundation, strengthen the scientific links between their respective countries, Denmark and the United Kingdom. Jessen observed, while: “the means available for European scientists to study in the United States, and for Americans to study in Europe, have been greatly increased. . . the means available for exchanges between the European countries have not been correspondingly augmented.” Thus, Jessen suggested, “the possibility of joining with us in an activity. . . with regard to exchanges between our two countries.” Practically, this would involve, “the establishment. . . of some Wellcome-Carlsberg Fellowships, by which we could have each year a Danish scientist working in a British institution and you a British scientist working in a Danish institution.”<sup>9</sup> Dale responded positively to the suggestion: “I am sure that the idea in itself will be very warmly welcomed by my colleagues of the Wellcome Trust.”<sup>10</sup> This was indeed the case, and the Carlsberg-Wellcome Traveling Fellowships, the costs of which were shared between the two foundations, were first established in 1957.<sup>11</sup>

The relationship between the Wellcome Trust and Carlsberg Foundation continued throughout the 1960s, 70s, and 80s into the 1990s along the lines of supporting research, knowledge exchange and enabling scientists to travel between the United Kingdom and Denmark.<sup>12</sup> The numbers of fellowship recipients were generally modest with only three - four fellows receiving funding each year to support scientific research activities in Denmark or the United Kingdom respectively, but it was a starting point for the Trust to begin forging an international footprint and a tie to a European organization with a similar and familiar partner. While not at the same scale as the projects initiated by the U.S. foundations of Rockefeller and Ford under the auspices of the Green Revolution for instance, it paved the way for broader European collaboration and participation by the Wellcome Trust in the field of philanthropic giving. The success of the Carlsberg-Wellcome Fellowship system, together with a recognition of the opportunities for research training in biochemistry and other fields led the Trustees, to propose to the Medical Research Council of Sweden in 1961, that a similar system of exchange fellowships should be instituted between the United Kingdom and that country.<sup>13</sup>

The relationship built with Carlsberg demonstrates Wellcome's early attempts at international network making. It is indicative of the complexity of the Trust, in its early years, balancing both commercial and philanthropic interests. It was the Chairman of the WFL., who drew the Wellcome Trust's attention to the similarities between Wellcome and Carlsberg. It was the Chairman of the *Carlsbergfondet* who proposed the mechanism by which scientific researchers moved to spend work time working in another country, the Carlsberg-Wellcome Fellowship. The Trust was open and accommodating to these arrangements, which helped it extend its activity internationally and acquire a greater sense of itself, but it did not proactively seek out these opportunities. Despite this, the relationship between Carlsberg and Wellcome, established a notion of mutually advantageous collaboration, and a consideration of what

could be gained through formal transnational relationships. As Brooks and Buckley (2024) note, the tensions between corporate and philanthropic concerns were at the forefront of many Wellcome Trust decisions and in shaping its identity as a philanthropic organization. In forging an international partnership with Carlsberg, the Trust could learn from the methods and behaviors of a more mature philanthropic organization and the impacts of having a shared industrial-philanthropic board. For Carlsberg, links to the Wellcome Trust were also more than superficial: the *Carlsbergfondent* was bound by charter to only support Danish science and thus lacked the broader geographical parameters of Wellcome. For both, the opportunity to partner with a similarly structured organization, with similar research purpose, commercial activities, and philanthropic mission made it a useful alliance.

### *Nurturing Knowledge Flows: The Wellcome Trust's Contributions to Tropical Medicine*

The Wellcome Trust's dyadic relationship with Carlsberg, was a new initiative that enabled new flows of medical knowledge across borders. It was an arrangement which originated with the Chairman of the WFL, and was developed by the Wellcome and Carlsberg Trustees. In contrast to the creation of this new link with a comparable European organization, the Trust was, from its genesis associated with existing international networks, particularly networks of medical knowledge, which it had to position itself within as a new philanthropic actor. Becoming established in these existing networks, posed a different challenge to the one facing the Trust in building new networks. The Trust's participation in, and support for, one subject in particular, tropical medicine, illustrates this.

The Trust's concern with tropical medicine originated directly from the medical interests of Sir Henry Wellcome. In 1901, Henry Wellcome had been one of the first civilians to enter Khartoum after its recapture by Lord Kitchener at the Battle of Omdurman.<sup>14</sup> Aware of his ability to contribute to the improvement of hygiene and control of disease in the city, where conditions were appalling, Sir Henry offered to equip, staff and endow the Wellcome Research Tropical Laboratories at the Gordon Memorial College in Khartoum. Henry Wellcome's interest in Africa was not however, purely philanthropic. His company, Burroughs Wellcome, had supplied the explorer Henry M. Stanley with portable medical chests, free of charge, on Stanley's last expedition to Africa.<sup>15</sup> The promotional value this created, was captured by the company for marketing purposes: the first page of the 1896 Burroughs Wellcome Price List, under the heading "In Darkest Africa," quoted directly from Stanley's book.<sup>16</sup> Such publicity was instrumental in helping Burroughs Wellcome establish a global reputation and receive worldwide recognition. It is perhaps unsurprising therefore that in the will, creating the Wellcome Trust, Sir Henry made special provision for: "the discovery, invention and improvement of medical agents and methods for the prevention and cure of disorders. . . in tropical and other regions."<sup>17</sup> Despite this clear and explicit guide to his Trustees to support tropical medicine, in its early years the Trust's support of

tropical medicine was limited. Nevertheless, what the Trust *did* do—establishing a Wellcome Research Professorship of Clinical Tropical Medicine at the London School of Tropical Medicine and Hygiene and supporting the Malaria Research Laboratory at Thessaloniki,<sup>18</sup> was indicative of its future interventions in this field.

The Wellcome Trustee minutes, record that at their meeting on 31st January 1938, one of the two scientific Trustees, Sir Henry Dale reported that he had received an urgent request from the Tropical Medical Research Committee of the Medical Research Council (MRC), asking whether the Trust would be able to provide funds to enable work to carry on being conducted at the Malaria Research Laboratory at Salonika (Thessaloniki), Greece.<sup>19</sup> The laboratories had their origin in an investigation on malaria and its control in Greece, undertaken by the International Health Organization of the League of Nations. There was agreement in principle among the Trustees that this request should be considered favorably, and the two scientific trustees, were tasked with making enquiries into the laboratory, before expenditure be authorized. The Trustees began corresponding with the eminent tropical disease researcher, Dr Neil Hamilton Fairley who made numerous visits to the laboratory, while conducting research into blackwater fever, and indeed wrote to the Trustees, while in Greece. The Trustees also corresponded with the Director of the International Health Organization—Dr Ludwig Rajchman about the laboratory. Satisfied by their enquires, the Trust accepted the ownership of the laboratory, in 1938, with full responsibility for its further maintenance and that of the research and organizing activities of the principal investigator, Dr Foy. Dr Fairley was later appointed to the Wellcome Research Professorship of Clinical Tropical Medicine at the London School of Tropical Medicine and Hygiene in 1945.<sup>20</sup>

The need to resolve the settlement of Sir Henry Wellcome's estate, a preoccupation with the commercial performance of the WFL, as well as disruption caused by the Second World War precluded the Trust from engaging any further with a philanthropic program funding tropical medicine until the mid-1950s.<sup>21</sup> In the interim, the landscape in which the Trust operated, and in which research on medicine in the tropics was conducted, changed in unprecedented ways. The nature and extent of these changes, and their implications for research into tropical medicine are illustrated by the 1952–53 report of the MRC. Until 1947 a major outlet for British activity in Tropical Medicine, was India, where “the immensity of the population and the corresponding magnitude of its problems of epidemic and other diseases had early demanded attention.”<sup>22</sup> Consequently, in India there developed both a large and highly efficient medical service and a well-staffed research organization. In other British colonies, however, owing to smaller populations and fewer resources, the medical service and research facilities, were less advanced. With Indian independence there was, however, a need to improve the services in these other countries, rapidly.<sup>23</sup>

Within this context, Brigadier John Smith Knox Boyd, was appointed as a Wellcome Trustee in 1956, directly from his post as the Wellcome Foundation's Director of the Wellcome Laboratories of Tropical Medicine, although Boyd retained a laboratory within the WFL, while a Trustee. Furthermore, Boyd was a member of the MRC's Colonial Medical Research Committee and in 1957, became President of the Royal

Society of Tropical Medicine and Hygiene.<sup>24</sup> This marked a new beginning and an escalation in the Trust's funding of tropical medicine: in the year immediately following Boyd's appointment, 1957, the Trustees made a grant of £10,000 for the cost of establishing and maintaining a Sprue Research Unit at the Christian Medical College, Hospital, Vellore, India.<sup>25</sup> The funding of the laboratory at Vellore, gave the Trust the opportunity to expand its tropical medicine program and facilitate international co-operation by making connections between laboratories in developing countries and between these laboratories and established institutions of Tropical Medicine in the metropole.<sup>26</sup> This type of co-operation was perceived to be of mutual benefit, providing facilities for the worker overseas and access to special material for colleagues in the "home" country.

In 1960, the Trust's tropical medicine agenda increased with the appointment of Dr Peter Williams, as the Trust's Deputy Scientific Secretary, directly from MRC, where he had been responsible for the grants program and understudy of Sir Harold Himsworth, the Chairman of Colonial Medical Research committee – which had given him a good understanding of tropical research.<sup>27</sup> Williams' appointment and subsequent elevation to the Trust's Scientific Secretary (later Director) in 1964 was important for the provision of funding for tropical medicine by the Trust not only because it was a key area of interest for him, but also because it marked a shift in the Trust's policy away from an opportunistic, ad hoc mode of grant giving toward a more a "positive policy." This new policy, announced in 1966, sought "to support promising new advances and inadequately supported or interdisciplinary subjects which offer opportunities for development, until such time as these can be absorbed into regular budgets."<sup>28</sup> Endemic tropical diseases, and establishing links between centers of research, and research overseas assumed a central role within this policy. As the Trust's 1968 report stated: The Trust adopted "a special interest in tropical research to ensure that new men enter this field and maintain the advances in knowledge made during the colonial era. The reduction of other sources of funds has made the Trust's policy especially important."<sup>29</sup> This led to more explicit budgeting of the Trust's increasing income to the funding of tropical research, and the launch of new programs, such as the London-Harvard scheme, that sought to create more opportunities for medically qualified doctors from the United Kingdom to make careers in tropical medicine by being based in suitable institutions in the United Kingdom, but spending the majority of their time working overseas.

The increased resource and significance that the Trust committed to supporting tropical medicine, was sufficient to catch the attention of other non-governmental international actors with an interest in medicine in the tropics: most notably the Rockefeller Foundation and the World Health Organization (WHO). In October 1974 a meeting was organized jointly by the Wellcome Trust and the Rockefeller Foundation, at the Villa Serbelloni in Bellagio, Italy "to gather information about available expertise and interest in tropical medicine research."<sup>30</sup> This joint Bellagio meeting built on a previous meeting organized by the Wellcome Trust in 1971 at Ditchley Park in Oxford, and was perceived to be particularly timely as it coincided with the WHO's resolution to enhance its own role in co-ordinating and stimulating further research

into the parasitic and communicable diseases of tropical areas. In connection with this resolution, the WHO planned to establish a network of centers of tropical research in Africa.<sup>31</sup> Four participants at the 1974 Bellagio meeting, which was attended by WHO representatives, were members of the WHO planning group for this initiative. The Trust thus felt the Bellagio meeting provided the WHO with authoritative opinions which could prove of value during the development of their plans.

As this section demonstrates, the Trust's funding of tropical medicine and hygiene was different in nature to the relationship that it forged with the Carlsberg Foundation. Nonetheless the support given by the Trust to the subject demonstrates important features of how the Trust built international networks over time. The Trust's initial support for tropical medicine, although on a small scale, brought it into contact with major international non-governmental organizations (the International Health Organization of the League of Nations) and led to the ownership of research laboratories in foreign countries. Moreover, the Trust communicated with, and cultivated the expertise of, leading researchers in the field. Owing to the disruptions caused by World War II, and the more immediate priorities associated with the management of the company from which the Trust derived its income, it was not until the mid-1950s that the Trust could give sufficient attention to the funding of research into tropical disease. The Trust's renewed consideration of tropical medicine took place against a changing geopolitical environment. The Trust's funding, therefore, sought to sustain British investment in tropical medicine and to create links between laboratories in developing countries, and between laboratories in developing countries and knowledge centers in the metropole. This agenda was key in mobilizing and transferring knowledge across borders. Sustaining support for research in tropical medicine, enabled the Trust to participate in and take the lead in the organization of important, agenda-setting meetings: such as the one organized at Bellagio in 1974. Facilitation of and attendance at these meeting, moreover, contributed to the formation of a community that enabled communication and fostered personal connections among important international health actors. A community within which the Trust became an important member.

*The Hague Club: Building Networks and Knowledge in Europe.* As the previous section detailed, during the 1960s, with Dr Peter Williams as its Director, the nature of the Trust changed, from an opportunistic, ad hoc funder of medical research, seeking to fill gaps, to one that was proactive, and willing to initiate change: a shift that owed much to Williams' forward thinking and progressive program of action. For Williams, moving the Trust to a more strategic footing was reflective of a changing world and the changing role of philanthropy in this world. Cognisant of the potential for philanthropy to achieve ever more ambitious objectives, and to avoid duplication (thereby reducing inefficiencies) in giving, the Wellcome Trust became, through Williams' initiative, a founding member of the Hague Club. The Hague Club was created to support the exchange of knowledge and information between foundation directors, and to bring together European foundations in some form of co-operation that had hitherto been absent. With biannual meetings, the Club sought to provide an informal gathering of European philanthropic organizations to discuss the "common problems of

foundation policy and management.”<sup>32</sup> The stipulation for membership was that the foundations needed to have international terms of reference, as it was considered that narrowly and locally defined foundations would gain little from European-level co-operation. As such, Wellcome’s partner Carlsberg with its focus solely on Danish Science did not feature in the internationally defined club.

Alongside Williams, the founder members of the Hague Club were William H Welling (of the Dutch *Bernard van Leer Foundation*), Ubaldo Scassellati (of the Italian *Agnelli Foundation*), and E.h.G. Gotthard Gambko (of the German *VolkswagenStiftung*). The Club was first proposed in May 1969 at a meeting at the Villa Serbelloni, Bellagio, Italy.<sup>33</sup> William Welling, the Bernard van Leer foundation’s CEO, subsequently assembled this group to establish the club, formally, in The Hague in Autumn 1970. The 1969 Bellagio meeting sought to share ideas of what philanthropy could achieve through collaboration and on a larger scale, how best to distribute funds and for what domains of activity, and how such foundations should be managed to improve effectiveness and efficiency.

The Hague Club founders were particularly interested in cultivating a *European-based* network of foundations. The group argued that there was a need “for continuing action. . . to introduce and develop activities of private foundations in European countries as part of existing democratic structures and, more particularly, for the purpose of European co-operation and integration.”<sup>34</sup> The members were particularly interested in “informal cooperation between individual foundation Chief Executives on practical issues of foundation-management and programming.” They were not concerned with the policies of foundations themselves—it was noted that the legalistic differences between Germany, the United Kingdom, Netherlands, Italy and France would preclude blanket philanthropic approaches. The drawn-up regulations of the Club stressed that cooperation was organized “along informal lines and between individuals rather than institutions.”<sup>35</sup>

The first interest in a pan-European approach to philanthropy had been proposed at a 1964 conference in Berlin, organized by the Ford Foundation in collaboration with the German Fritz Thyssen Foundation. However, other than a publication entitled *Trusts and Foundations in Europe (A Comparative Survey)*, little tangible action followed this event.<sup>36</sup> Similarly, an existing organization, Interphil, was operating with similar purposes to coordinate an international collaboration among European foundations. However, the organization was unpopular and ineffective in coordinating the larger foundations of Europe. In a document entitled “The future of Interphil: A personal assessment and proposals” there was clear criticism of Interphil as lacking the presence of major foundations and that members had “no authority.”<sup>37</sup> The document noted some sympathy for the organization’s attempts to bridge connections between different organizations but also summarized its shortcomings.<sup>38</sup>

Despite Interphil’s limitations, many early Hague Club activities were focused on organizing collective European philanthropic collaboration and voice. For instance, Williams and Gambke attended a European Council meeting on seventh and eighth February 1973 to represent the interests of European foundations. Similarly, other members of the Club attended a Council of Europe meeting in Strasbourg where they

stated they would be “undertaking studies on ‘the public image’ and ‘evaluation and assessment’” alongside a Club commissioned study on perceptions of philanthropy among Europeans. The assessment considered “a number of problems, objectives and dangers which are of a common concern to the various groups and bodies activities in the field of philanthropy.”<sup>39</sup> These problems were framed around terminology (what a “foundation” is, what the “third sector” is), legal considerations (customary laws and differences between countries) and a discussion around the differing levels of supervision and registration in countries regarding philanthropic activity. The notes from these meetings point to observations around the limitations in foundation giving, outlined by Williams as “public relations, information, technology, and management,” areas that were far superior among the American foundations.

These objectives, notwithstanding, the members of the Hague Club distanced themselves from building over-integrated philanthropic activities. The European Commission had earlier sought to set up a European Foundation based on suggestions of Belgian Prime Minister Leo Tindemans for the “purposes of European unity.” The Hague Club were alarmed by the initiative as it suggested public control over private funds. They preferred instead to support and assist on wider matters *via-a-vis* not centralized control focusing on the creation of new knowledge and research.<sup>40</sup> For example the Club’s “Conference on Opportunities for Philanthropy” featured talks on social justice and philanthropy by Paul Ylvisaker and higher education by Clark Kerr among others.<sup>41</sup>

That the Hague Club’s activities and ambitions to coordinate European philanthropy, and enable European philanthropy to achieve more, was a broader, shared sentiment, is evidenced by a 1972 OECD report on foundations.<sup>42</sup> The report contained a survey of foundation spending to ascertain their role in research activity and policy. The report commented on the nature of foundations in both the United States and Europe and the advantages philanthropy had over the state.<sup>43</sup> The conception of philanthropy as a major donor and state-like actor in international space is revealing of the shift in *how* philanthropy was conceived and could be actioned within Europe. Whether through a complementary role — filling gaps in state provision and complementary financing, a pioneer role funding the social sciences,<sup>44</sup> or as a source of leveraging resources and effort to influence policy, Wellcome and its European counterparts were aware of their emergent role in the international order. Crucially it was through knowledge sharing, and a shared understanding that collaboration was a useful strategic focus for foundations such as Wellcome to extend their reach and influence internationally. This enabled such organizations to position themselves as a relevant and significant actor in the decades to come and to frame the conditions of possibility for philanthropy. The conceptualization of “major” European foundations put these organizations in a bracket of the emerging globally oriented foundations, which collectively were a viable match—or a counterweight to—their North American counterparts.

## Discussion

In the 21st century, international philanthropy has become a prominent feature of the global institutional landscape for the distribution of private funds into areas of public

life, effecting social and economic transformation. The development of international philanthropic networks is an activity; however, whose origins lie in the 20th century. In a European context, the Wellcome Trust was a leading actor in the formation of several influential networks, establishing a prominent position for itself within these. The Trust's means (how) and motives (why) for establishing these networks were heterogenous, reflecting a changing organization, and changing socio-economic conditions.

Wellcome's formation of international knowledge networks began passively with the establishment of links to the Carlsberg Foundation, an important European philanthropic organization which, by virtue of its restrictive charter, had a limited international presence. The creation of the Wellcome-Carlsberg Fellowships was an important first step in the Trust's broader involvement in a European program facilitating the flow of scientific knowledge. For the Carlsberg Foundation and the Wellcome Trust, the advantage of partnering with each other was to enable comparable commercial-philanthropic organizations to organize scientific exchange within Europe. Although this was a dyad, for the Wellcome Trust it was an international relationship that helped the Trust identify its purpose and realize the scope of what was possible.

This Wellcome-Carlsberg partnership continued alongside a more systematic and integrated program of scientific philanthropic activity in tropical medicine. In funding this research, the Trust—a British philanthropic organization—had a more extensive, expansive function, located within a shifting political landscape. As the structures that had previously supported research into tropical disease were transformed with the ending of Empire, the Trust purposefully endeavored to maintain links between overseas laboratories and institutions in newly independent nations, the United Kingdom and the United States. This commitment to sustaining interest in tropical disease, ultimately resulted in the Trust occupying a central role in a community promoting communication between and connections with international health actors.

Finally, allied to this, the Trust was central to efforts to homogenize and instill coherence into European philanthropy, bringing together directors of prominent philanthropic organizations, such as the *Fondazione Agnelli*, and the *VolkswagenStiftung*, through the Hague Club. There was an increasingly strategic posture to this network that served to formalize philanthropy in Europe: debating issues of common concern and exchanging information on how resources could be implemented most effectively. This emerging strand of “strategic” philanthropy, manifested through the Hague Club, was purposeful and calculative, similar in many regards to that of the large American foundations. The main features of these three networks are summarized in Table 1.

These three networks indicate amplitudes of philanthropic activity with different reaches, strategic rationales, and outputs. They allowed Wellcome to assert itself, and organize others, to maximize their philanthropic potential and influence. International network creating activities did not occur in a linear, progressive fashion. Rather these networks were part of an expanding field of activity that had features of (a) joint venture partnerships; (b) epistemic communities, sharing and creating expertise and competence; and (c) exclusive club membership seeking to codify the nature of a European philanthropy. As others have noted, these communities ultimately have the capability

**Table 1.** International Networks Formed by the Wellcome Trust From 1936.

| Network participants                                             | Form of network           | Dates                 | Primary rationale                                                                       | Basis of network                                                                                           |
|------------------------------------------------------------------|---------------------------|-----------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Wellcome Trust and the Carlsberg Foundation.                     | Dyadic Partnership        | Mid-1950s – 1990s.    | Strengthen scientific links between European countries                                  | Similarity of objectives and constitution between WT and Carlsberg                                         |
| Wellcome Trust and Tropical Medicine Researchers and Institutes. | Epistemic Community       | Late 1930s – ongoing. | Support of medical science, which was not receiving adequate funding from other sources | Sir Henry Wellcome's Personal Interest in Tropical Medicine. Provision made in will for Tropical Medicine. |
| Wellcome Trust and European Foundations.                         | Selective Membership Club | 1970— ongoing.        | Discuss problems and issues of Foundation Management and foster cooperation.            | Directors of European Foundations.                                                                         |

to add leverage, power and brokerage to policy and advocacy activities (Ball, 2008; Maclean & Harvey, 2016) and to shape what the future of philanthropy could become.

The value of the networks can be found primarily in the Trust's increasing prominence in a changing world. Through these networks the Trust engaged with and influenced international organizations, such as the Council of Europe and WHO. In essence, the Trust's networks were a constituent element of an emergent, European philanthropic enterprise. These networks offered new connections for sharing and promoting philanthropic visions in Europe. The Hague Club discussions for example helped Wellcome to identify areas that were of common concern or overlooked by policy and to craft an "interconnected space" (Harvey, 2013) of overlapping interests and worldviews.

**Implications**

Philanthropic actors have the power to intervene and shape the world in meaningful ways: understanding how, where, and why the connections that enable them to do this is of critical importance both practically and theoretically. This paper's central implication is that the creation of international knowledge networks by the Wellcome Trust represent an emerging and evolving European consciousness of organized philanthropy and its possibilities. These heterogenous international networks the Trust established expressed its philanthropic interests.

From a theoretical standpoint, the paper advances understanding of international knowledge networks by a large-scale, European, philanthropic organization. In addition, the paper presents and explains the reasons why such an organization assembled these networks and its emerging geographical and historical contours. This research therefore adds to knowledge about the activities of European foundations, and how philanthropic institutions have utilized knowledge inflows and outflows to shape cross-border, international activities.

Philanthropic networks are in constant formation, and reformation, and are subject to the changing objectives of their founders, leaders and practitioners. The Trust was especially concerned with emerging global challenges, foreshadowing many of the issues that preoccupy modern philanthropic foundations in the 21st century. The findings presented here demonstrate the significance of knowledge creating networks for international philanthropy, and the contexts that shape these networks form and functions. As organized and influential international actors, foundations were, and remain, critical stakeholders in developing knowledge and its application to scientific, social and technological change.

## **Conclusion**

The international knowledge networks created by the Wellcome Trust were formed to address contextual challenges emerging during the 20th century and were used to frame how philanthropy could operate internationally. These networks developed non-linearly and operated simultaneously, as the Trust learned to manage its position within global philanthropic agendas. While the Wellcome Trust's network making resonated with different amplitudes of activity—from the small-scale bilateral work of the Carlsberg-Wellcome collaboration, to the larger political economy priorities of tropical medicine, and finally to attempts at forming a collective European philanthropic approach through the Hague Club—the overwhelming result was a greater visibility and an articulation of the future strategic need for philanthropic foundations to operate in Europe after 1945.

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## Data Availability Statement

There is no data set applicable to this article.

## Notes

1. GlaxoSmithKline's Heritage Archives (GSKHA from here). FE/C/12. Carlsberg 1953–1973 Letter from Professor Børge Jessen to Sir Henry Dale. 8.9.1956.
2. The Laboratory opened in 1871 for use by the Breweries.
3. Wellcome Trust Corporate Archive, Wellcome Collection, (WT from here). WT/A/2/7/3. Carlsberg Foundation. Summary of address by Mr K. Skat-Rordam on 19.10.53. “Natural” sciences seems to have included different branches of science, broadly understood. Support for the natural history museum actually occurred in 1878.
4. GSKHA FE/C/12. Carlsberg 1953–1973; WT/A/2/7/3 Carlsberg Foundation.
5. Hall and Bembridge (1986).
6. WT/A/2/7/3. Carlsberg Foundation. Letter to the Board and Secretary by Perrin following a visit to the Carlsberg Breweries (8.9.1954).
7. WT/A/2/1/2 Board of Trustee Minutes 1946–1959.
8. WT/A/2/7/3 Letter to the Board 8.9.1954.
9. GSKHA FE/C/12. Letter from Børge Jessen.
10. GSKHA FE/C/12. Carlsberg 1953–1973. Letter from Sir Henry Dale to Professor Børge Jessen 11.9.1956.
11. WT/A/10/1/1 Wellcome Trust Annual Reports. First report covering the period 1936–1956. Second report covering the period 1956–58. The first awards were made in 1957–58.
12. The last reference found to a Wellcome-Carlsberg Fellowship being awarded was in 1993.
13. WT/A/10/1/1. Wellcome Trust Annual Reports. Fourth report covering the period 1960–62.
14. James (1994).
15. WT/A/10/1/1 Wellcome Trust Annual Reports. First report.
16. Wellcome Foundation, Wellcome Collection WF/M/PB/32/01/14 Wellcome Foundation Ltd. Publications. Medical Price List 1896. James (1994).
17. WT/A/4/1/12 Interpretation of the will of Sir Henry Wellcome. A copy of the will of the late Sir H.S. Wellcome.
18. After World War II, this laboratory was relocated to Kenya.
19. WT/A/2/1/1. Board of Trustee Minutes 1937–1945.
20. WT/A/2/1/1. Board of Trustee Minutes 1937–1945; WT/A/10/1/1 Wellcome Trust Annual Reports. First report.
21. Brooks and Buckley (2024).
22. Report of the Medical Research Council for the year 1952–53. London: HMSO 1954, 4.
23. See Note 22.

24. Goodwin (1982).
25. WT/A/10/1/1 Wellcome Trust Annual Reports. Second report.
26. WT/A/10/1/1 Wellcome Trust Annual Reports. Fourth report.
27. WF/WT/03 "The Wellcome Trust Story 1960–1991: Personal Recollections," by Dr Peter O Williams.
28. WT/A/10/1/2 Wellcome Trust Annual Reports. Sixth Report 1964–66.
29. WT/A/10/1/2 Wellcome Trust Annual Reports. Seventh Report 1966–68.
30. WT/D/5/1/1 Bellagio meeting 7–11th October 1974. General Correspondence.
31. WT/D/5/1/4 Bellagio meeting 7–11th October 1974. Minutes and Reports.
32. WT Hague Club B00663.2 The Hague Club regulations.
33. WT B0662.2 Hague Club.
34. WT B0662.2 Hague Club. Aide Mémoire, 10.10. 1970.
35. WT/A/5/2/21. European medical research foundations. "The future of Interphil: A personal assessment and proposals" 11.10.1972.
36. WT B0662.2 Hague Club 'The Hague Club's future' 10.10.1975.
37. WT/A/5/2/21. European medical research foundations. "The future of Interphil: A personal assessment and proposals" 11.10.1972.
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41. WT/D/5/4/26. Conference on opportunities for philanthropy 4–9 October "1976 Bellagio meeting."
42. WT/D/5/4/36 Round table conference on "European Foundations and the Financing of Fundamental Research," 27–28 April 1972. 'OECD report on "The Place of the Foundations in Research Policy."
43. WT/D/5/4/36 "OECD report."
44. See Note 43.

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### Author Biographies

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