

Straight talk from... Victoria Hale

In 2000, former Genentech executive Victoria Hale and her husband launched the Institute for OneWorld Health from the first floor of their San Francisco home. They called the institute “the world’s first nonprofit pharmaceutical company” and intended it to address diseases of poverty, which are generally neglected by drug companies. For its first project, the group tried to revive paromomycin, a 60-year-old antibiotic, to treat a disease called visceral leishmaniasis. In September 2006, India approved the drug. OneWorld Health has in the meantime grown to 50 employees and a \$90 million budget. On 27 September, Hale stepped down from her role as chief executive officer of the institute. Here she tells Erika Check Hayden what’s next for her and for the unique organization she launched.

What was your goal in founding OneWorld Health?

I saw this huge chasm between global health and the pharmaceutical industry. I wanted to fill it the best way I knew how. There were a lot of partnerships forming to address neglected diseases, but they were all doing the ‘big three’: tuberculosis, malaria and HIV/AIDS. So I wanted to do something different.

I talked to lots of people about my idea in the beginning—and I didn’t listen to them, or I wouldn’t be here. I talked to one former executive from a big pharmaceutical company and he said, “You won’t be successful. It takes at least 10,000 people to make a drug.” But we cut that short by quite a bit because we took a medicine that had been marketed for years and just wasn’t marketed any more. We just had to prove it was efficacious in this parasitic disease. That’s why our drug approval was a crowning moment. It was the proof of concept that a nonprofit pharmaceutical company could get a drug approved.

How has the institute raised the profile of neglected disease drug development?

We have revived interest in the field. Ten years ago, it was, “Parasi-what?” Now, tropical medicine is being taught in medical schools, and we have PhD students who want to study parasitology. But there’s still so much more to do.

Then why did you decide to step down as the institute’s leader?

I’m a starter. I love working in the special situation that exists [in which] you can demonstrate proof of concept. OneWorld Health is pretty well established, and it’s time for another type of leader who will bring systems and procedures and meetings and those types of things that I don’t do so well in.

Also, this spring I had surgery to remove a herniated disc in my neck. The pressures of being founder, chair of the board, and chief executive officer played a role in the acute stress that contributed to my condition, and the pressure of these multiple roles began to slow down my recovery when I attempted to return to full-time work after surgery. I believe I will be most valuable to the organization by facing outward as its visionary, so I’ll remain chair of the board.

Do you think the institute can keep doing what it’s doing without you?

I do. I played a major role in the paromomycin project, as did my husband [chief medical officer Ahvie Herskowitz]. But with each program we brought in, there were increasingly others who made those key decisions. I want to leave while OneWorld Health is still peaking. When we submitted the paromomycin application, I felt like, “Okay, now I can go.” Not that I was looking forward to leaving—I looked forward to the day that a proof of concept would be demonstrated that something could be done, so others could go out and do it.

How has your experience with the institute changed you?

Anita Roddick [founder of The Body Shop, who died this year] wrote of the passionate, eternally optimistic, opportunistic entrepreneur and

how you just don’t take no for an answer—and I am that still. But I’ve learned a lot. I’ve been quite humbled by the reality of the severity of poverty and the depth of it. And I have come to feel that global health is just one little piece of global poverty.

I still believe medicines are miracles, but they’re little miracles. To address the global inequities that exist in the world today, we need megamiracles. We need people working together, doing what we’re doing, but with more people doing it.

Do you see the organization switching away from relying on donations?

I feel strongly that we should be at least partially sustaining ourselves. Take the case of diarrhea: our plan is to develop a safe, effective

diarrhea drug that anyone in the world could take. If you could have an over-the-counter diarrhea drug you could market around the world, you could bring back revenues by selling it to travelers.

What are your personal plans?

I want to write a book. And I already have ideas popping out left and right for other things I’d like to pursue. I will continue to explore and develop new opportunities for OneWorld Health. We are going to move into intestinal worms. I am a women’s health advocate and would love to get into eclampsia. Talk about a neglected population—no one will do clinical trials in a pregnant woman. So pregnant women all over the world continue to die or lose their fetuses because of eclampsia.

I have a deep passion to bring the pharmaceutical industry back to tropical medicine. The best pharmaceutical employees want their companies to figure out ways to get engaged again. We’ve been invited to speak to [the U.S. lobby group] Pharmaceutical Research and Manufacturers of America.

Some people will say it’s horrible that you might work with an industry group.

I say we’ve got a lot of work to do and we need everyone at the table. I believe industry really does want to come back, but they have let go all the people who knew global health. And there’s a big penalty when you get a drug developed, because then you have to figure out how to deliver it.

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