

Reader's Digest

MEET THE APE WOMEN

"I'm the surrogate mum
to a baby orangutan"

WHERE'S KIKI?

What happened to
the "miracle boy"
rescued from the
Haiti earthquake?

DISCOVER THE FUTURE...

of work, of food,
of health

PLUS

Stephen
Tompkinson
Sarah
Millican
Ken
Livingstone

**"All that nipping
and tucking?
No thanks!"**

Alex Kingston

on plastic surgery, Doctor Who,
and paranormal experiences...

HOW TO
choose a dog
sit comfortably
get financial help
display paintings
mend a broken
heart



four people who want to change the world

Poverty, pollution and overpopulation. Will these huge problems ever be solved? Not everyone has given up the fight, as Gary Rimmer reports

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Victoria Hale
Philanthro-
pharmacist

There are plenty of medicines to treat illnesses that afflict people in rich countries. But for those in the poorest countries, the medicines needed to treat many diseases simply don't exist, because pharmaceutical companies can't commercially justify the cost of developing them.

According to Victoria Hale, however, all that's needed to make those medicines is a little science, some expertise and money—and to expect the unexpected. The problem comes when you're obliged to make a profit.

So, in 2000, Dr Hale—then a San Francisco-based pharmaceutical chemist—used her training and experience to get philanthropic funding to open the Institute for One World Health (iOWH), the world's first “non-profit” (or “charitable”) pharmaceutical company.

It has changed the world. Though some people said it couldn't be done, Victoria's gamble has paid off. After getting funding of nearly £100 million from the Bill & Melinda Gates Foundation, one of iOWH's most impressive achievements has been to bring ➔



Victoria Hale,
taking the fight
to diseases
that affect the
world's neediest

➤ a drug called paromomycin to the world's poor as a treatment for the disease visceral leishmaniasis, sometimes known as kala-azar—the world's second-largest parasitic killer (malaria is the first).

Every year, there are an estimated half a million new cases and 60,000 deaths. Though paromomycin was originally identified as a potential treatment in the 1960s, it was abandoned as unprofitable.

But now it illustrates the contribution pharmaceutical companies can make, with not-for-profit medicines that can treat the world's poor. A three-week course of paromomycin costs about £6.50 and completely cures over 90 per cent of visceral leishmaniasis cases.

But, for Dr Hale, the biggest surprise was finding new drugs, which has been a lot easier than anticipated. What proved difficult was getting them to the people who need them—what she calls “getting them the last mile”.

So now she's trying to change the world again. She's involved with a new enterprise: Medicines360, a self-sustaining, non-profit pharmaceutical company dedicated to treating the diseases of women and children. Dr Hale believes the best way to ensure a child's health is to give its mother a mix of both medicines and education—not handed down from above, but as requested by those who need them at the bottom. It solves the access problem, too. As she points out, people know what they need the medicines for.

2 Amir Hasson Drive-by Wi-Fi

In his final year at business school, Amir Hasson, 34, was asked to devise a business plan for something that could reach a billion people. In what he describes as almost a joke, he and some friends

came up with the idea of installing a Wi-Fi “dongle” on a bus—everywhere the bus drove, it could pick up and drop off data.

The idea touched a nerve. Amir had also solved the last-mile problem. In this case, how to deliver a service in areas where infrastructure costs are high but user numbers are low. So Amir soon found himself setting up a prototype network for the Karnataka state

government in India, using public buses to enable rural villagers to access their land records.

Nearly ten years down the line, Amir has built extensively on his original idea, establishing similar bus- or motorbike-based data networks in Cambodia, Costa Rica and other parts of India—each of them connecting rural, developing-world villagers with the global-communications network. From a “kiosk” in each village, local people can send or receive a voicemail, a text message, an email or a web search, which is picked up or delivered when the bus next comes through.

But however empowering such a

service might be, even at a marginal cost, Amir found there was surprisingly little demand. Flipping the idea of “the last mile” on its head and thinking about it instead from the users' perspective (or “the first mile”), Amir realised that what most people want are goods. So he added e-commerce to the mix and introduced his “E-Shop”, an online retail service provided through local village merchants and delivered by bus. Suddenly, even the most isolated places could buy goods online (albeit “off-line”).

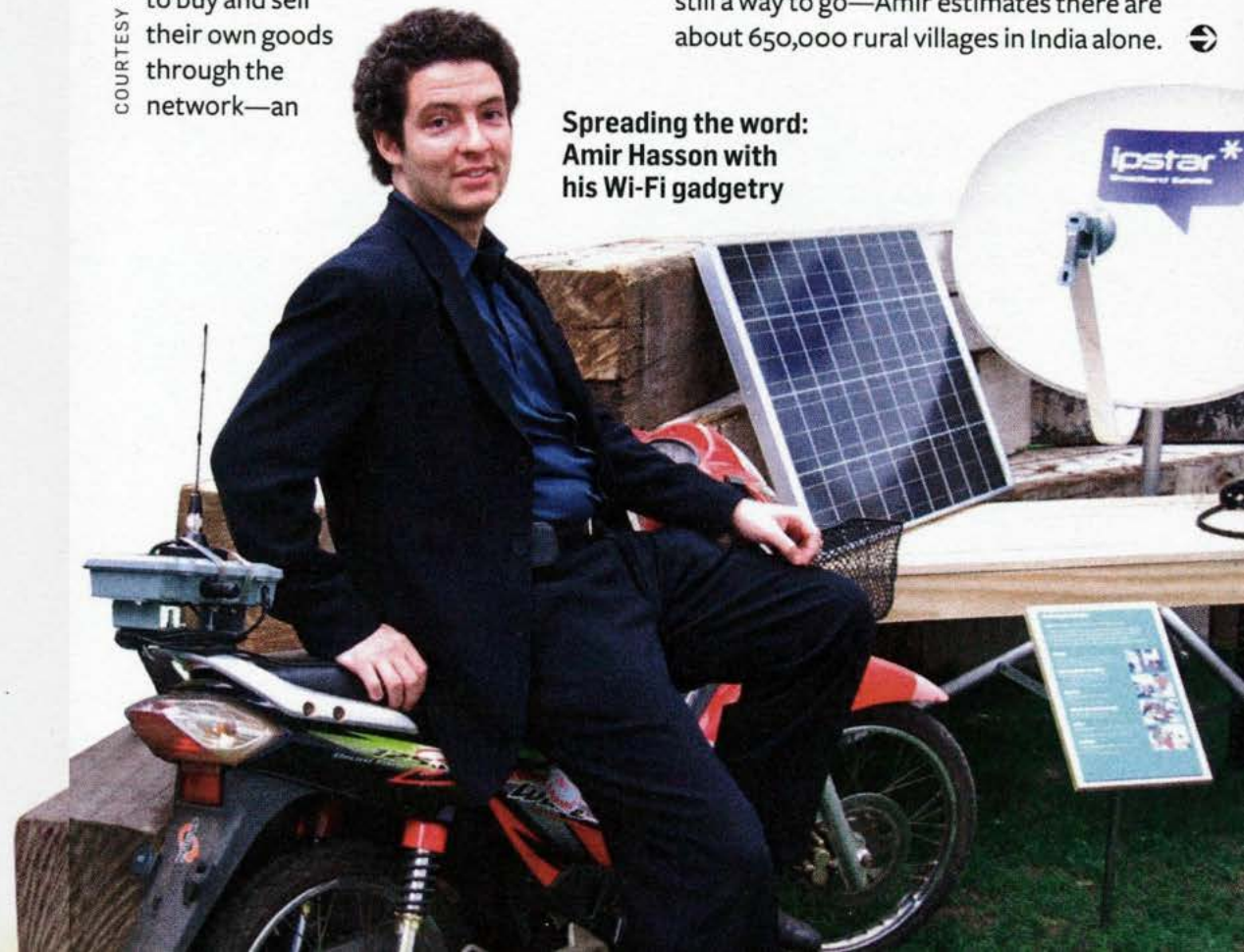
Amir likens the service to Sears Roebuck, the catalogue retailer that opened up rural frontier America. The latest step is enabling rural villagers to buy and sell their own goods through the network—an

eBay style service, not that Amir would call it that.

There's another social benefit, too: so successful has Amir's idea become, it's now a partner in spreading the kind of health education foreseen by Victoria Hale (see page 98).

Amir has changed the world by giving the rural poor access to the global market. Recently, he has migrated the service onto SMS, through a specialist phone app, allowing access by mobile phone as well as computer. Already over 1,000 merchants have registered for the service at Amir's United Villages and First Mile Solutions offices in Jaipur in Rajasthan. But there's still a way to go—Amir estimates there are about 650,000 rural villages in India alone. ➤

Spreading the word:
Amir Hasson with
his Wi-Fi gadgetry



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