qMed AI

Chronic disease management for state-run primary care.

−85% high-risk patients in 10 state clinics in 8 months.

Proven in Kazakhstan. Built for emerging markets.

Nurlan Biimbet, CEO · qbots@gmail.com

THE GAP

The state mandates chronic care. The clinics have no tools to deliver it.

70%+

of adult deaths in the region come from hypertension, diabetes and heart failure

30+

patients a day per doctor; follow-up is a phone call and a paper card

0

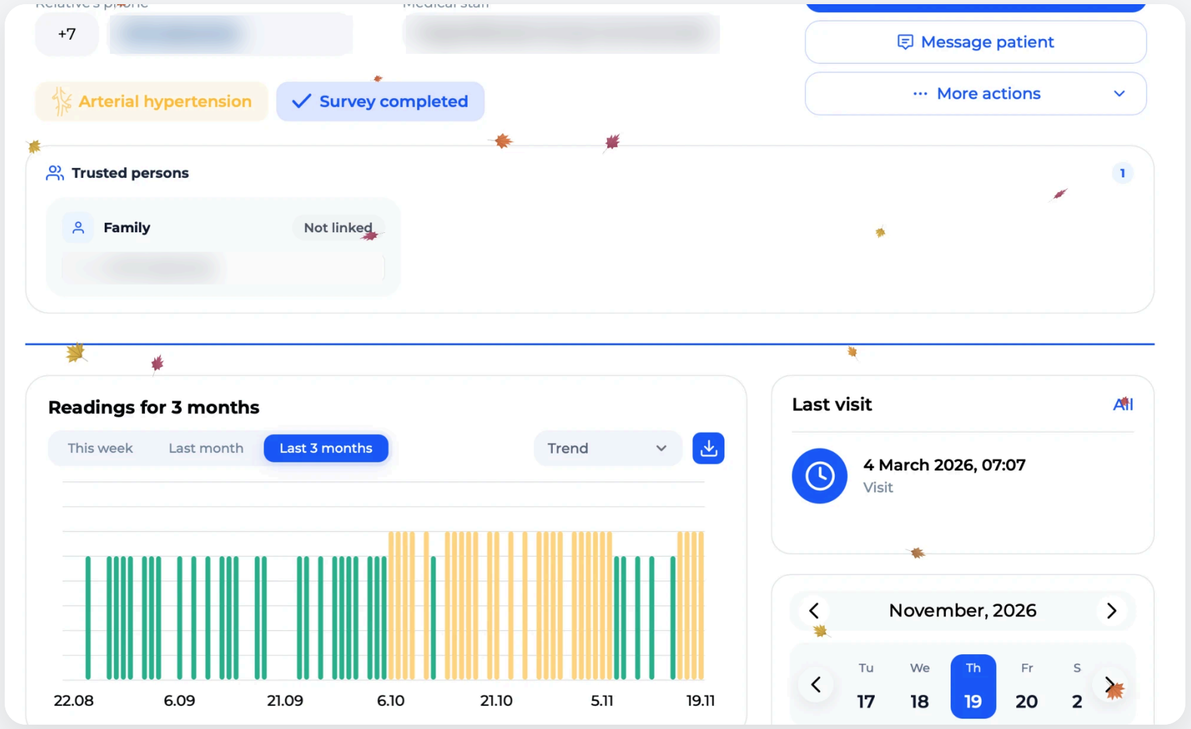
clinics know which patient is about to be hospitalized next month

In emerging markets the state owns primary care and obliges every clinic to manage every chronic patient. The obligation exists. The tooling does not.

Source: WHO noncommunicable disease country profiles

WHAT WE DO

A chronic-care operating system plugged into national health data.



01 **Pull.** Every chronic patient is loaded from national registries automatically.

02 **Stratify.** Patients are sorted red, yellow, green by clinical risk.

03 **Monitor.** Patients self-report through a mobile app; doctors see only who needs attention today.

04 **Report.** Compliance reporting to the regulator in one click.

Sold to the clinic. Paid by the state. One buyer per country.

Doctor’s view of a hypertension patient: readings turn yellow when control is lost, so the doctor acts before the hospital does

PROOF: OUTCOMES

10 clinics. 7,545 patients. 8 months.

449 → 67

high-risk patients, −85%

×3.1

patients under control, 1,249 → 3,879

$85K

in avoided hospitalizations, about $8.5K per clinic

A clinic pays $10K onboarding plus $1K a month. From year two, avoided hospitalizations alone cover the subscription.

Source: clinic reporting to the Ministry of Health, April to November 2026; 3,012 patients moved to a lower risk level

PROOF: IT SELLS WITHOUT US

A second region bought 15 clinics after seeing the first results.

12 + 15
clinics live + under contract

1,880
clinicians using it daily

8,600+
patients enrolled

$13K
MRR, $1K per clinic, zero churn

AstraZeneca co-funds our work with the Ministry of Health, $88K to date. $100K pre-seed from 5 angels.

MOAT

What a competitor needs 12 to 18 months to get, we already have.

Data access

Live on 3 national health registries, 3 more in progress

Security clearance

State information-security certificate and trusted-software listing

Clinical validation

Protocols validated by the national cardiology school

Regulatory pull

The regulator uses our outcome data to draft new digital-monitoring rules

Two years of integration work is now the barrier to entry.

MARKET

Kazakhstan is the lab. The market is every country with the same structure.

NOW

Kazakhstan

692 state-funded clinics, $8M ARR potential. Model proven, second region under contract.

NEXT

Central Asia and Caucasus

80M people, 5,000+ physician-led state clinics. Same mandate, same gap, same buyer.

THEN

MENA and Eastern Europe

State-run primary care with a rising chronic burden and digital-health budgets.

Omada, Livongo and Huma built this for insurers and employers. We build it for the single payer: one buyer per country, zero cost to acquire a patient.

Sources: Kazakhstan Social Health Insurance Fund, 2026; World Bank, WHO and national statistics offices, 2021–2024

THE ROUND

Raising $3M seed. Lead term sheet at a $15M valuation.

An international healthcare fund leads the round with a $3M term sheet at a $15M valuation.

KAZAKHSTAN

30 → 200 clinics

$2.4M ARR by end of 2027; 350 clinics, half the market, by Q3 2028

UZBEKISTAN

First regional pilot

[N] clinics signed, same registry-first playbook

PRODUCT

qMed LLM

Clinical assistant, hospitalization prediction, lab and e-prescription modules

Use of funds over 8 quarters: 69% clinic onboarding · 12% product · 11% equipment · 8% ops

TEAM AND ASK

16 people, two years inside the system we sell to.

Nurlan Biimbet
Founder, CEO
RANEPA, Bolashak scholar; Almaty city administration; IT founder since 2020

Leyla Muratbekqyzy
CPO
Al-Farabi Kazakh National University; 5+ years in digital product; owns product and clinical workflow at qMed

Salim Berkinbayev
Co-founder, Chief Scientific Officer
MD, professor; 45+ years in cardiology; advisor to the Minister of Health

Almas Kenessary
Co-founder, Chief Business Development Officer
MD, PhD; 15+ years in life sciences management; partnerships, investment and scaling

Looking for investors who know how governments buy.

qbots@gmail.com · +7 708 585 16 75 · scan the code

We follow up within 24 hours

APPENDIX · GLOBAL MODEL

One product, every single-payer market. A new country is a connector, not a rebuild.

STAYS THE SAME · 90%

Clinical core

Risk stratification for hypertension, diabetes and heart failure on WHO and ESC protocols. Doctor workflow, patient app, analytics.

CHANGES · 3–6 MONTHS

Country layer

Registry connectors, language, the regulator's report templates, local security certification. Done once, then it is a sales motion.

HOW WE ENTER

Government pilot

10–15 state clinics with a regional health authority, co-funded by a pharma partner. Uzbekistan 2027, then one new country a year.

Livongo sold for $18.5B selling chronic care to US insurers. In a single-payer market the same product has one buyer per country and zero cost to acquire a patient.

Sources: Teladoc–Livongo merger announcement, 2020; qMed AI integration logs, 2024–2026