qMed AI

Chronic disease management software for state-run primary care clinics in emerging markets

SECTOR	STAGE	HQ/INC	FOUNDED	WEBSITE
Healthtech · AI	Seed	Almaty · Kazakhstan	01/2026 · qBots LLP since 2020	qmedai.kz

SCAN · BOOK A CALL

01 PROBLEM

State clinics in emerging markets are legally obliged to manage every chronic patient, yet have no tools: 30+ patients a day per doctor, follow-up by phone and paper card, no view of who is hospitalized next. Hypertension, diabetes and heart failure drive 70%+ of adult deaths.

02 SOLUTION & WHY NOW

Chronic-care operating system for state clinics: pulls every chronic patient from national health registries, stratifies them red / yellow / green by risk, patients self-monitor through a mobile app, doctors see only who needs attention, one-click compliance reporting. **Live in 12 clinics, 15 more under contract.**



Doctor's view: readings turn yellow when control is lost, so the clinic acts before the hospital does.

Why now: the regulator is drafting national digital self-monitoring rules on our outcome data, and the national health registries opened integration access in 2025–26.

03 MARKET

TAM	SAM	SOM
$13.7B	**$310M**	**$10.5M**
Global chronic disease management software	State primary care, Central Asia and CIS	5-year target

Bottom-up: 692 state-funded primary care clinics in Kazakhstan (357 public + 335 private, all paid by the single insurance fund) × $12K/yr = $8.3M ARR; 5,000+ physician-led state clinics in Central Asia and the Caucasus, 80M people. Sources: Kazakhstan Social Health Insurance Fund 2026; World Bank, WHO, national statistics offices 2021–24.

05 BUSINESS MODEL

Who pays	Price points	Gross margin	Pricing model
State clinics (public health budget)	$10K onboarding + $1,000 per clinic / month	~75% blended subscription ~80%, rising with SaaS share	Onboarding fee + SaaS per clinic

06 GO-TO-MARKET

Main channel: direct sales to regional health departments and chief physicians; regional programs (one contract = 10–15 clinics).

Also: Ministry of Health endorsement, pharma partnerships (AstraZeneca), national cardiology association.

Launch markets: Kazakhstan. **Sales cycle · CAC:** [ ] weeks · $[ ]

Global expansion: Uzbekistan pilot 2027 → Kyrgyzstan and Caucasus 2028 → MENA.

07 COMPETITION & MOAT

Competitors: Huma, Omada Health, Livongo (Teladoc), built for insurers and employers; local clinic MIS vendors (e.g. Damumed) with no risk stratification or patient app.

Why we win: live integration with 3 national health registries (3 more in progress), state information-security certificate, protocols validated by the national cardiology school, and the only published outcome data (−85% high-risk) the regulator relies on. 12–18 months for anyone to replicate.

04 TRACTION

MRR	MOM GROWTH	CLINICS · DOCTORS
$13K	**[ ]%**	**12 · 1,880**
100% retention		live · 8,660+ patients
PIPELINE	**ARPU / CLINIC**	**CHURN / MO**
15 clinics	**$1,080/mo**	**0%**
contracted: $15K MRR + $150K onboarding booked	list $1,000 + $10K onboarding	

Key logos / pilots: Ministry of Health of Kazakhstan (MoU with AstraZeneca and qBots) · AstraZeneca, $88K funded · Almaty, 10 polyclinics live · Atyrau region, 15 polyclinics contracted as a regional program, onboarding in progress.

Outcome, 10 clinics, 8 months: high-risk patients **449 → 67 (−85%)**, controlled patients ×3.1, ≈ $85K in avoided hospitalizations.

08 TEAM

Nurlan Biimbet
RANEPA, Bolashak scholar · Almaty city administration · IT founder since 2020
CEO · FT · [ ]%

Leyla Muratbekqyzy
Al-Farabi Kazakh National University · 5+ years in digital product · owns product and clinical workflow
CPO · FT · [ ]%

Salim Berkinbayev
MD, professor · 45+ years in cardiology · advisor to the Minister of Health
Co-founder, CSO · [ ]%

Almas Kenessary
MD, PhD · 15+ years in life sciences management · co-founder of Valeron Partners
Co-founder, CBDO · [ ]%

Who builds the product: in-house, 16 people (engineering, AI, implementation); clinical lead Prof. Gulnara Dzhunusbekova.

09 FUNDING & CAP TABLE

Raised to date: $100K pre-seed + $88K AstraZeneca	**Founders own:** [XX]%	**Runway:** [ ] months
Previous investors: 5 angels; AstraZeneca (partnership grant)	**ESOP pool:** [XX]%	**Instrument:** [SAFE / equity / CLA]

Committed · Lead: $3M term sheet · international healthcare fund at $15M valuation [name with consent · signed?]

10 THE ASK

$3M Seed

Terms: 20% → $15M post-money
Lead term sheet in hand · funds the 8-quarter plan to Q3 2028

11 USE OF FUNDS

69% · $2.0M	12% · $0.35M	11% · $0.31M	8% · $0.24M
Clinic onboarding: implementation payroll and travel, 8 quarters	Product: qMed LLM assistant, predictive risk, lab and e-prescription modules	Equipment: servers and clinic hardware, Q4 2026	Office, legal, tax and ops

12 MILESTONES (DECK PLAN)

1 · Q2 2027	2 · Q4 2027	3 · Q3 2028
100 clinics, $1.2M ARR	200 clinics, $2.4M ARR; first regional pilot signed in Uzbekistan, [N] clinics	350 clinics, $4.2M ARR, half of Kazakhstan; Series A readiness, 2 countries. Model upside: 677 clinics, $8.1M

13 5-YEAR VISION

ARR in Year 5: $ [25–30] M [model runs to 2028 only] . Kazakhstan alone is an $8.1M ARR market at full coverage.

Year-5 growth comes from the next countries: the chronic-care layer for state primary care in Central Asia, the Caucasus and MENA, 2,000+ clinics, paid by the single national payer in each.

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