

## Investment Proposal

### Medikea

12 March 2025

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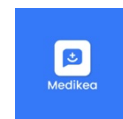
Materials:

[Data Room](#)

### Recommendation

Medikea

Tanzania



### Key Deal Information

<b>Industry</b>	Health	<b>Founders</b>	Elvis Silayo (CEO), Munir Said (CTO), Denis Ruhinda (exiting)
<b>Sub-Industry</b>	Clinical Network & Telehealth	<b>HQ</b>	Tanzania
<b>Stage</b>	Pre-seed	<b>Key Operational Metrics</b>	<ul style="list-style-type: none"> <li>• 2025 Revenue: \$637K</li> <li>• 2025 Gross Margin: 51%</li> <li>• CAGR: 47.8%</li> <li>• Number of live clinics: 2</li> <li>• Upcoming Clinics: 2</li> <li>• New Clinic Breakeven Period: 6-8 months</li> <li>• Number of FTE: 44</li> </ul>
<b>Fundraising Target</b>	\$200,000-\$300,000	<b>Key Impact Metrics</b>	<ul style="list-style-type: none"> <li>• Patients served: 60,000</li> <li>• Women served: 32,618</li> </ul>
<b>Post-Money Valuation</b>	\$5,000,000	<b>Key Investors</b>	Impacc, Madica, Catalyst
<b>Instrument</b>	Equity	<b>Fundraised to date</b>	\$700,000

### Madiro Fitness:

Medikea (the Company) aligns with Madiro's thesis as **the Company addresses a clear access gap** by combining digital consultations, diagnostics, pharmacy services, and centralized records into a single,



practical model for underserved patients. **Medikea would expand Madiro's impact footprint into a new geography, one that has a particularly low insurance penetration and that is below the Continent's average on key health access indicators.**

### *Key Risks:*

- **Regional Expansion:** This is a business that notoriously favors incumbents and is hard to expand cross-borders. This is due to significant differences in healthcare and regulatory systems across countries and high upfront costs before a brand builds reputation. Regional expansion in this business has been via acquisitions of an already established network rather than set up from scratch.

On the flip side, this means that if Medikea builds depth into its home market, it becomes an interesting acquisition target for a larger player that wants to expand to Tanzania.

- **Operational Complexity:** As the network of clinics expand, the founder effect is stretched thin and it becomes more likely that clinical practices vary across sites, leading to inconsistent patient outcomes and potential malpractices.

Medikea will need to aggressively invest in professional development and have recurrent trainings to build and maintain the same quality and standard across all its clinics.

- **Funding Challenges & Growth Plateau:** Unfortunately, the pool of funds that invest in physical healthcare infrastructures is rather limited due to skepticism on scalability potential, and this lack of capital forces companies into a premature growth plateau.

It's imperative that the Company starts building connections with growth-stage funds that have appetite for physical infrastructures such as Africa50 and AfricInvest and even possibly small and mid-cap PE funds but also start thinking ahead of time of possible alternatives to equity financing. Continued financial discipline that ensures positive net margins and a well-reputable network of clinics may make them attractive to debt financiers, for example.

### *Madiro Value Creation:*

- **Board Formation & Oversight:** As the Company expands, the complexity of decision-making increases. Madiro can draw from its network and experience investing in health ventures across the Continent to help set up both the BoD and an advisory board that comprises experts in clinical care, regulatory affairs, and health management. As part of the Board, Madiro can champion operational excellence within the existing network of clinics before new ones are launched; this will be key to ensure the Company has a solid foundation and won't struggle to maintain its quality as it expands.
- **Senior Management Recruitment:** Close to the above, Madiro can help with finding a replacement for the exiting COO or filling other necessary roles critical to the Company's growth.
- **Evidence Generation and M&E for Scaling:** Help Medikea build the impact-measurement framework needed to prove Medikea's clinical outcomes to future investors.
- **Growth-stage Financing:** Guiding the Company in future financing strategies (equity, debt) and helping it build a network of future financiers ahead of time.
- **Portfolio Synergies:** Madiro can facilitate intros with existing portfolio companies for learning and sharing experiences and exploring potential collaborations.

## Due Diligence Summary

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### Problem

Quality healthcare in Africa is scarce, expensive, inaccessible, and fragmented in non-urban centers. **While digital health promised to integrate a fragmented healthcare system, it simply cannot work without prerequisite investments in physical healthcare infrastructures that make healthcare services widely accessible and affordable.** Africa, and Tanzania in particular, has a dismal shortage of clinics; well run, equipped, and standardized clinics; well-trained physicians; and few specialty services offering. The table below gives a side-to-side comparison of Tanzania and Sub-Saharan Africa versus Europe to illustrate the extreme structural scarcity that needs to be addressed.

Indicator	Europe	Sub-Saharan Africa	Tanzania
Health facilities per 10,000 people	5	2.2	1.9
Physicians per 10,000 people	40	2.5	1.52
Nurses per 10,000 people	85	11	6.9
Hospital beds per 1,000 people	5.1	1.2	0.44

### Solution

Medikea is building a hybrid healthcare delivery model that combines in-person clinical services and in-app digital health services.

- **In-person Clinical Care:** Medikea clinics provide integrated care from consultation, diagnostics, and pharmacy. Beyond general medicine, Medikea clinics offer services across the following specialty services:
  - Pediatrics
  - OBGYN
  - Dermatology
  - Diabetes
  - Hypertension

In 12-18 months, they plan to have added the following specialty services:

- Cardiology
- Gastroenterology
- Dental Care

- **In-app Digital Health Services:** Medikea’s app allow patients to have a seamless digital healthcare journey.

The app offers the following services:

- Booking an appointment, either online or in-person.
- Online consultation
- Messaging for questions and follow ups
- Lab results
- Prescriptions

### Product-Problem Mapping

Product	Problem	How the product addresses the problem
<b>Hybrid Care Model (Telemedicine + Physical Clinics)</b>	<b>High Customer Acquisition Cost (CAC), Low trust, and unsustainable unit economics of purely digital platforms.</b>	<p>Purely digital apps in Africa fail due to limited clinical utility and low trust/patients’ habit and preference for seeing the doctor in person. Purely telemedicine solutions have an impossible unit economics predicament given the high costs of clients’ acquisitions (which often relies on expensive digital channels and constant engagement to create mass cultural change and attitude towards online consultation) and the structurally limited revenue as their only service is consultation. The hybrid model removes the need to do massive upfront investments in changing population attitudes towards online consultation and instead builds on the already existing market preference, acting as a high trust anchor that drive local patient acquisition organically while moving routine follow ups to convenient digital channels and keeping the online consultation option available for the population segment that is comfortable with/prefers it.</p> <p>The hybrid model also captures a bigger share of the patient’s wallet, allowing for more sustainable unit economics.</p>
<b>Integrated Pharmacy and Diagnostic Services</b>	<b>Fragmented supply chain &amp; 3-4x retail markup</b>	<p>Medicines across Africa pass through multiple small-scale wholesalers, each adding a markup. By the time a medicine reaches a patient, the markup is more than 100% and, in many cases, a multiple, making the cost of care punitive for most of the population.</p> <p>Medikea solves for this as it directly imports or purchases from national distributors, skipping sub-national middlemen, allowing it to price medicines cheaper than traditional private pharmacies while still capturing a 50-60% margin.</p>
<b>Integrated Digital Health Record (DHR)</b>	<b>Diagnostic Redundancy</b>	<p>Patients across Africa often visit multiple clinics for the same issue because data isn’t shared, leading to repetitive, expensive tests, and lack of a coordinated approach to care.</p>

		Medikea’s patients’ digital profile reduces clinical waste and enables the Company to manage chronic diseases through continuous monitoring rather than isolated acute visits
<b>Insurance Integration &amp; HMO</b>	<b>Low Liquidity &amp; High Out of Pocket (OOP) Spending</b>	Only 15% of Tanzanians have medical insurance. Medikea was the first company to get insurers to cover virtual care, and they partner with the National Health Insurance Fund, the largest medical insurer in the country. Further to this, Medikea plans to become an HMO, contributing to increasing Tanzania’s insured population and reducing OOP spending.

### Impact

- **For the B2C Market**
  - Local communities that get easier access to specialty services and high-quality general medicine
  - Patients with chronic conditions that get to have virtual care (check in and follow ups) without back-and-forth clinical visits
  - Uninsured and underinsured people, often without formal jobs to enjoy corporate-sponsored health benefits
  - Budget and time-conscious consumers who need care from doctors they can trust, at prices they can afford, conveniently
  
- **For the B2B Market**
  - Uninsured MSME’s who are not served by traditional insurance companies
  - Insurance companies who want to use telemedicine services to reduce the cost of claims while delivering top notch customer experience to their clients
  - Corporates who want to use telemedicine to offer innovative wellness services to their employers, e.g. mental health, diet and nutrition and other related employee assistance programs.

### Theory of Change (ToC):

Medikea’s ToC is built on the belief that if patients are anchored in coordinated primary care, specialists are availed, and incentives are aligned towards prevention, we can ensure early diagnosis, lower costs, and improve long-term health outcomes at scale.

### Medikea’s ToC works in five steps:

1. **Anchor Patients in Structured Primary Care:** Make primary care the entry point into the system — not tertiary hospitals.
2. **Digitally Coordinate the Patient Journey:** Integrate EMRs and referral systems to eliminate fragmentation across clinics, specialists, diagnostics, and pharmacy.
3. **Detect Chronic Disease Earlier:** Proactive screening and longitudinal tracking to reduce late-stage presentation.
4. **Align Incentives Toward Prevention:** Reduce reactive fee-for-service dependency through subscriptions, corporate programs, and insurance integration (including NHIF)



- **Impact metrics:** The Company doesn't track impact metrics yet beyond the number of patients served (60,000). This is something that Madiro can help them with post-investment.
- **Impact at scale:** In the short run (12-18 months), Medikea seeks to have served 100, 000+ patients, expanded to 3 more clinics, launched 10 specialty care services, and launched a health insurance product.

Ultimately, Medikea's vision is to transform healthcare by enabling a seamless access to quality healthcare, a unified digital health profile enabling patients to own and access their medical history, making healthcare more affordable, and supporting drug development on the continent by partnering with Big Pharma to leverage patients' data for clinical trials.

Overall, these will lead to outcomes such as:

- Fewer preventable diseases
- Lower out-of-pocket spending
- Less pressure on tertiary hospitals

## Market

### *Economic Tailwinds:*

- **Total healthcare Spend:** Tanzania's current health expenditure is approximately \$4.1bn, representing 3.36% of GDP. While the per capital spend is modest at \$49-52, the sheer volume of a 66.6 million population growing at 2.9%-3.2% annually creates a massive, non-cyclical floor for healthcare services
- **Urbanization:** Tanzania is one of fastest urbanizing nations in Africa, with a 38% urbanization rate in 2023. Smartphone penetration in cities such as Dar es Salaam, Arusha, and Mwanza is at 60%. Urban patients are higher Lifetime Value and represent a segment that is more likely to pay for convenience and opt into digital services.
- **Supply Scarcity Moat:** With only 1.9 healthcare facilities and 1.52 physicians per 10,000 people, there is zero price war risk. Demand so far outstrips supply that the primary challenge is not finding patients but increasing access and efficiency.

### *Regulatory Tailwinds:*


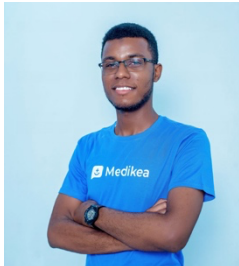
- **Universal Health Insurance (UHI) Act:** The government officially commenced the mandatory "Bima ya Afya kwa Wote" scheme in early 2026. This represents a significant opportunity for health insurance players and will open a bigger market as the more people are insured, the more they seek healthcare services on a timely and regular basis instead of waiting for when it is too late or go to traditional healers or informal drug vendors.
- **National Health Sector Strategic Plan (HSSP V):** The government targets to move 46% of curative services to the private sector.

Overall, **Medikea is not just one more clinic services provider but a necessary infrastructure in a market that is massively under-built**, and as scarce and inefficient the healthcare system currently is, it will only

get worse if more solutions like Medikea do not emerge to deal with growing challenges in NCDs, urbanization, and population growth.

### Team

Medikea founders, particularly the CEO, have on the ground experience and an intimate understanding of the realities of Tanzania’s healthcare system. Below is a snapshot of their experience:

 <p><a href="#">Elvis Sirayo</a> Co-founder, CEO</p>	<p>Elvis is a medical doctor and former primary care clinician at a leading tertiary hospital in Tanzania, where he treated and managed over 12,000 patients. His frontline experience gives him deep insight into patient pain points and health system gaps. Beyond medicine, Elvis is a self-taught Product Manager, uniquely blending clinical expertise with technology and user-centered design. This hybrid skill set enables him to build digital and physical health solutions that are intuitive for patients and efficient for clinicians.</p>
 <p><a href="#">Munir Said</a> Co-founder, CTO</p>	<p>Munir is a seasoned software engineer with deep experience building secure, scalable systems. At Nexis Africa, he developed backend systems for banks and financial institutions, gaining strong expertise in high-reliability infrastructure. He later joined Tuya Global—one of China’s fastest-growing unicorns—where he built IoT and cloud development platforms used by hardware companies worldwide. Munir brings world-class technical leadership to Medikea’s digital ecosystem.</p>

The Company currently has no board. Madiro should assist in board formation—both BoD and advisory. Moving forward, it will also be critical to explore how to strengthen management to ensure it’s able to meet the growing financial & admin and clinical care complexities of an expanding clinical network.

### Note on Co-founder, Desire Ruhinda, Exit:

The Co-founder and COO, Desire Ruhinda, decided to exit the Company, and Medikea’s investors—Madica and Catalyst Fund—have been supporting the founders in mediating the exit process. As of today, the exit framework has been agreed upon by both parties and is in contracting under the following terms:

- **Total Buyout Price:** \$100,000
- **Guaranteed Payment:** \$50,000 to be paid upfront within the first 3 months. \$30k upfront, and \$20k by April 30th.
- **Share Surrender:** Desire agrees to surrender 100% of his shares.

- *Note:* There is a proposal to hold 50% of these shares in escrow until the final payment is cleared. The shareholder is responsible for any legal fees associated with this escrow arrangement. Alternatively, if the second (contingent) payment is not triggered, 50% of the shares may be subscribed at nominal value.
- **Operational Handover:** Resignation and handover of all company accounts and software access must be completed immediately. This is a standalone requirement and is not contingent on the payment schedule.
- **Resignation.** Desire agrees to resign after he receives first payment but is happy to sign agreement stating these terms and that being tied to his resignation.
- **Contingent Payment (\$50,000):** The remaining balance is subject to company performance. Specifically, it is payable only if Medikea successfully raises a minimum of \$1,000,000 USD within 24 months of the agreement date.

The buyout costs will be personally incurred by the CEO, Elvis, and not the Company.

### Financials

	2023	2024	2025	2026	2027	2028
<b>Revenue</b>	<b>197,130</b>	<b>422,907</b>	<b>637,073</b>	<b>1,817,898</b>	<b>7,581,034</b>	<b>15,836,560</b>
Consultation	49,857	96,937	158,311	467,175	1,948,210	4,069,755
Medicine Sales	67,938	139,368	259,653	872,048	3,636,656	7,596,872
Diagnostics	79,335	186,602	219,108	478,675	1,996,168	4,169,933
HMO Model						
<b>Cost of Sales</b>	<b>(84,069)</b>	<b>(175,814)</b>	<b>(309,957)</b>	<b>(618,823)</b>	<b>(2,580,629)</b>	<b>(5,390,859)</b>
Consultation	(29,914)	(54,271)	(80,878)	(163,511)	(681,874)	(1,424,414)
Medicine Sales	(27,175)	(69,131)	(142,398)	(287,776)	(1,200,096)	(2,506,968)
Diagnostics	(26,980)	(52,411)	(86,680)	(167,536)	(698,659)	(1,459,477)
<b>Gross Profit</b>	<b>113,061</b>	<b>247,094</b>	<b>327,116</b>	<b>1,199,074</b>	<b>5,000,405</b>	<b>10,445,702</b>
<b>Gross Margin</b>	<b>57%</b>	<b>58%</b>	<b>51%</b>	<b>66%</b>	<b>66%</b>	<b>66%</b>
Consultation	40%	44%	49%	65%	65%	65%
Medicine Sales	60%	50%	45%	67%	67%	67%
Diagnostics	66%	72%	60%	65%	65%	65%
<b>Total OpEX</b>	<b>(83,196)</b>	<b>(331,382)</b>	<b>(268,246)</b>	<b>(950,955)</b>	<b>(1,280,068)</b>	<b>(2,788,744)</b>
<b>EBITA</b>	<b>29,864</b>	<b>(84,288)</b>	<b>58,870</b>	<b>248,120</b>	<b>3,720,337</b>	<b>7,656,958</b>
EBITDA Margin	15%	-20%	9%	14%	49%	48%

The Company has had impressive growth since starting operations, growing revenue by more than 2x in 2024 and 1.5x in 2025. As seen in the graph, diagnostics and medicines are the leading sources of revenue. **This validates our conviction that digital-only solutions are not only not enough to address inadequate healthcare but are also not enough for a company to be financially promising.** Also important to note are the margins across product lines. Again, diagnostics and medicine sales lead. Again, we see that by

offering a hybrid model, Medikea has been able to escape the structural margins leakage that has plagued telemedicine platforms across the continent. **Beyond this, the high margins on diagnostics and medicines sales show Medikea's advantage of being vertically integrated.** By importing/purchasing from national distributors and then directly stocking its pharmacies and selling to end consumers (patients), Medikea has been able to capture margins that would have been taken by middlemen. By owning in-house labs, the Company has also been able to capture margins that would have otherwise been lost if they were outsourcing such services.

In 2026, Medikea projects to 3-4x their revenue. This is a function of all their 4 clinics being live by April 2026, and as per Company's estimate, each clinic bringing in a minimum of \$50K per month. Proceeds of the current round will be imperative in enabling this as they will go towards fully equipping and staffing clinics. On average, their clinics have capacity to receive 4000 patients a month and require a staff of around 15 full time employees which comprises 3 doctors, 4 nurses, 3 lab technicians, 3 pharmacists, 1 clinic manager, and 1 finance manager. Other operations such as tech, procurement, pharmacovigilance and quality assurance, HR, and marketing are centralized, which allow the Company to enjoy economies of scale as they expand their network of clinics.

Projections for 2027 and 2028 are functions of increasing specialty services offered from 5 to 10, existing clinics serving at near full capacity, and launch of new clinics. These projections are still speculative, and the Company will be remodeling over time.

**The Company is also planning to launch an HMO product after its Seed fundraises.** The HMO will cover individuals and MSMEs that are not served by traditional insurance players, and people covered under the HMO will be able to use that cover across Medikea's network of clinics and partners. This will make the Company even more vertically integrated and fully meet patients' needs. The Company has communicated that it takes 3-6 months to get an HMO license in Tanzania, and that the capital required by the Central Bank is \$600K, of which 50% goes towards the deposit requirement and 50% goes towards operation. The HMO product isn't included in the model above pending more certainty on launch timelines.

It is important to note that the high margins projected are revelatory of that the Company may be capturing all the margins gained by skipping middlemen and not necessarily passing some of them to patients through lower pricing. In any case, the high margins give the Company enough breathing space and means to invest in more clinics, better services, and better equipment, for example, and maintains the optionality to lower prices if and when it is the right strategy.

### *Funding*

The Company has raised \$700,000 across 3 pre-seed rounds. The current largest investors are Impacc that invested \$250,000 in the pre-seed round 3, and Madica and Catalyst that invested \$200,000 each in pre-seed round 2.

As noted above, Co-founder Desire Ruhinda is in the process of being bought out by Co-founder Elvis Silayo.

Medikea			
Shareholder	# Shares Outstanding	Ownership %	Ownership Value
ELVIS SILAYO (Co-Founder)	3,000,000	23.1%	1,154,250
DESIRE RUHINDA (Co-Founder)	3,000,000	23.1%	1,154,250
MUNIR SAID (Co-Founder)	3,000,000	23.1%	1,154,250
Unallocated	1,000,000	7.7%	384,750
Baobab	1,111,111	8.6%	427,500
Catalyst	617,284	4.8%	237,500
Madica	617,284	4.8%	237,500
Impacc	649,773	5.0%	250,000
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
	-	0.0%	-
Total	12,995,452	100.0%	5,000,000

Fundraise Target	Instrument	Use of Funds
\$200,000-\$300,000	SAFE	<ul style="list-style-type: none"> <li>Hiring top talent for key positions (Finance, HR, Marketing, Product Management, Business Development)</li> <li>Hiring Core Specialists (Pediatrician, Obstetrics &amp; Gynaecologists, Physician)</li> <li>Operational excellence (Rolling out operational SaaS for Business intelligence, streamlining processes, boosting team productivity and efficiency)</li> <li>Growth and Marketing</li> <li>Employees development programs</li> </ul>

### Exit

A 5 years NPV and IRR calculation based on the Company’s current financial model, a \$200K investment, and a 15% discount rate provides a \$685K NPV and a 76% IRR. This calculation should not be given any weight, however, as the current financial models are bound to change and the long-term financial projections of such an early stage startup are too uncertain for any reliable forward-looking figure to be extrapolated.

Medikea represents a compelling investment given the still very underserved market it’s entering, and its approach to combining digital and clinical services to offer integrated care.

Most likely exit opportunities include a trade sale to a large hospital group looking for established players with existing infrastructure and digital-first patient base and a secondary buyout to a late-stage fund.



## Due Diligence Questionnaire

### Medikea, Inc

**Note to the organization:**

This questionnaire and the information contained within are for discussion only and will be for the exclusive use of Madiro and **Medikea, Inc**. No part of this document will be copied, photocopied or duplicated in any form by any means, or redistributed without the prior written consent of Madiro and **Medikea, Inc**. Information contained in this document is not all-inclusive, and no one other than Madiro should use this information or place any reliance on this document for any purpose.

**Guide to completing the questionnaire:**

- Complete all sections that are applicable to your organization at this stage.
- If an answer to a question has already been addressed in your supporting documentation, please indicate where it can be found in the Dropbox data room.
- Do answer this questionnaire as completely and in as much detail as possible.

## Summary

Information on the organization	
Summary of organization	
Headquarters	5th Floor, Noble Centre, Victoria, Dar Es Salaam, Tanzania
Type of innovation, technology or social enterprise	Tech-enabled healthcare solution
Information on geography	
Country(ies) of registration	Delaware US, and Tanzania
Current country/region/city of operation	Tanzania
Planned country/region/city for expansion	Uganda, Zambia, Ethiopia
What is your approach towards localizing day-to-day operations and decision making on the continent?	<b>[For organizations based outside of Africa]</b>
Information on finance & funding	

Total funding raised / available and source of funding (personal, friends, family, angels, investors)	\$700,000
Funding requirements (12-18 months)	\$1,000,000
Use of the funding required	<ul style="list-style-type: none"> <li>- Hiring top talent for key positions (Finance, HR, Marketing, Product Management, Business Development)</li> <li>- Hiring Core Specialists (Pediatrician, Obstetrics &amp; Gynaecologists, Physician)</li> <li>- Operational excellence (Rolling out operational SaaS for Business intelligence, streamlining processes, boosting team productivity and efficiency)</li> <li>- Growth and Marketing</li> <li>- Employees development programs</li> </ul>

## Human Resources

Information on the organization	
Company headcount by location/function/department	Total headcount 44
Headcount growth over time	
Board makeup (highlight relevant skillsets)	No board yet
Advisors (highlight relevant skillsets)	Ex-Startup founders (Operations), VC Partner (Fundraising), Specialist Doctors (health services), Ministry of Health (Policy, Regulation, and local network)
Diversity makeup of the team	

### Management team

Only include team members with key management functions. Include as many as you need.

Team member 1: ELVIS SILAYO	
Role	CEO
Tenure	Since company founding 2022
Full time/part time/contractor/other	Full time
Highlight relevant experience and background	Elvis is a medical doctor and former primary care clinician at a leading tertiary hospital in Tanzania, where he treated and managed over 12,000 patients. His frontline experience gives him deep insight into patient pain points and health system gaps. Beyond medicine, Elvis is a self-taught Product Manager, uniquely blending clinical expertise with technology and

	user-centered design. This hybrid skill set enables him to build digital and physical health solutions that are intuitive for patients and efficient for clinicians.
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Team member 2: MUNIR SAID	
Role	CTO
Tenure	Since company founding 2022
Full time/part time/contractor/other	Full time
Highlight relevant experience and background	Munir is a seasoned software engineer with deep experience building secure, scalable systems. At Nexis Africa, he developed backend systems for banks and financial institutions, gaining strong expertise in high-reliability infrastructure. He later joined Tuya Global—one of China’s fastest-growing unicorns—where he built IoT and cloud development platforms used by hardware companies worldwide. Munir brings world-class technical leadership to Medikea’s digital ecosystem.

Team member 3: DESIRE RUHINDA	
Role	COO
Tenure	Since founding 2022
Full time/part time/contractor/other	Full time
Highlight relevant experience and background	Desire is a medical doctor, researcher in non-communicable diseases, and a Master of Philosophy in Innovation graduate from the University of Cape Town. He specializes in health behavior change and is an active advocate for NCD prevention and management. Desire brings strong expertise in public health, population insights, and patient engagement strategies—ensuring Medikea’s care models are evidence-based, empathetic, and impactful.

## The problem

- What is the problem you are trying to solve? How severe is the problem? What are the adverse effects of this problem not being solved?  
Medikea is solving fragmented, low-trust, and inaccessible healthcare in Africa.

Today, patients face three core challenges:



1) Fragmentation of Care - Primary care, specialists, diagnostics, pharmacies, and follow-ups operate in silos. Patients must move between multiple facilities, repeat medical history multiple times, coordinate their own care, there is no integrated system that manages the patient journey end-to-end.

2) Poor Access to well-equipped facilities & Specialists - Well-equipped facilities and Specialist care are concentrated in major cities, leaving 70% of Rural and peri-urban populations lacking access, Waiting times are long, Informal or underqualified providers often fill the gap. Quality care exists, but it is not equitably accessible.

3) High Out-of-Pocket Costs - Over 90%+ of healthcare in many African markets is paid out-of-pocket. This leads to patients delaying seeking care early, opting to self-medicate, or skip follow-ups due to costs. This has leads to long term catastrophic health spending when conditions worsen.

## 2. How Severe Is the Problem?

Africa carries ~24% of global disease burden but has ~3% of global health workers. Chronic diseases are rising rapidly (hypertension, diabetes, cancer). Public hospitals are overwhelmed with primary-care cases.

This is a system-level failure, not an isolated inefficiency.

### Adverse Effects If Not Solved

Preventable strokes, kidney failure, maternal deaths

Increased poverty due to medical bills

Overburdened tertiary hospitals

Reduced workforce productivity

Declining life expectancy gains

This is both a public health crisis and an economic development constraint.

Africa carries ~24% of global disease burden but has ~3% of global health workers.

Most care is still paper-based and uncoordinated.

Patients often wait hours for consultations that last minutes.

Chronic diseases (hypertension, diabetes) are rising rapidly. Specialist-to-population ratios are critically low.

In many markets, healthcare quality is a function of geography and income — not the patient's needs. This is not just a health system inefficiency problem. It is a life expectancy and economic productivity problem.

## 3. What Happens If This Problem Is Not Solved?

If nothing changes, the consequences are severe:

1) Rising Chronic Disease Crisis and Preventable deaths - Late diagnosis of hypertension, diabetes, cancer, which leads to health complications Increased stroke, kidney failure, heart disease or at worst case loss of

lives. WHO proved that by scaling up primary health care interventions across low and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030

2) Financial Catastrophe for Families - Households fall into poverty due to medical bills. According to World Health Organization, over 500 million people in Africa are at risk of falling into poverty due to out-of-pocket health spending of 10% or more of their household budget

3) Overburdened Public Hospitals - Tertiary centers and Specialists treating primary care cases, leading to long queues, clinician burnout and Reduced quality of care overall

4) Loss of Productivity

Working-age adults suffer preventable complications, Businesses face absenteeism, National GDP impact increases, Healthcare inefficiency compounds economic inequality.

- How many people are affected by the targeted health issue each year in the region where you operate (or plan to operate)? What are the consequences for these people?

Primary Market: Tanzania ~ 67 million

Expansion Market: East Africa ~ 300 million

In Tanzania (~67M population)

~60 million people live in underserved regions (peri-urban and rural) with no reliable access to quality healthcare services and specialists.

~ 90% of the population are uninsured or underinsured, pay out-of-pocket for healthcare and at risk of high hospital bills or ignoring seeking care to avoid costs.

Millions lack structured primary care follow-up

- How do these health issues affect low-income people compared with middle and high-income people in East Africa? Is it more prevalent in certain demographics than others?

Low-Income Populations

- Delay care due to cost
- Higher reliance on informal providers or self medication
- Higher rates of undiagnosed disease
- More catastrophic health expenditure
- Worse outcomes

Fragmentation hurts them most because they lack resources to navigate it.

Middle- and High Income Populations

- Access private clinics but still fragmented
- Pay repeatedly across disconnected providers
- Lack continuity and data coordination

They pay more — but don't necessarily receive integrated care, and Fragmentation becomes inconvenient rather than catastrophic.

## The solution

- Describe the solution/product/service you have developed/are in the process of developing. Outline the key features and benefits of the solution from the perspective of the user described above.

Medikea is building a tech-enabled, integrated healthcare system that combines virtual and in-person care to deliver accessible, affordable, and high-quality primary and specialized services under one coordinated platform.

#### Key User Benefits

- One coordinated care journey
  - Faster access to trusted network of GPs and specialists
  - Affordable diagnostics and pharmacy
- What are the drawbacks of the solution from a user perspective when compared with existing alternatives?
    - Requires behavior change (through community education and engagement)
    - Requires basic digital familiarity (for our telemedicine solution)
    - Our solution may initially appear to be perceived to be expensive and built for middle and high income people while in reality it is designed to be affordable even for low income.
    - Physical visit still required for some services
  - What infrastructure is necessary for your solution? (Ex. Testing equipment, cold chain/storage, power, etc.)
    - User mobile app
    - Physical clinic space
    - Diagnostic equipment and reagents supply chain
    - EMR platform
    - Internet connectivity
    - Power backup
    - Pharmacy supply chain
    - Licensed clinicians
    - Referral network partnerships
  - What makes your approach novel? What is being done here for the first time? When completed what will your product be able to do that no one else has done?

While most players are digitizing a broken healthcare system, Medikea is rebuilding the system from the ground up. We are creating a vertically integrated healthcare model that combines care delivery, technology, and risk management under one coordinated operating system, designed to make healthcare more efficient, lower cost, and prevention-driven. When fully built, Medikea will deliver longitudinal, coordinated, risk-aligned healthcare at scale in East Africa – something no existing provider currently offers.

- What intellectual property do you anticipate that this innovation will generate if any?  
In future, Medikea’s defensibility will be based on integrated system architecture, proprietary care models, and data network effects.

We anticipate generating IP in the following areas:

1. Proprietary Care Pathways for Product lines: Standardized, data-informed condition specific product line i.e chronic disease program. These pathways become structured, algorithmic, and continuously improved through outcomes data.
2. Healthcare Operating System: Our vertically integrated platform (primary care + specialists + diagnostics + risk layer) becomes a proprietary healthcare operating architecture tailored to emerging markets.
3. Clinical + Cost Data Layer: Longitudinal patient data across levels of care will enable Predictive risk modeling, Cost optimization algorithms, Preventive intervention triggers. The data becomes a compounding strategic asset.
4. Brand + Trust Equity: In healthcare, trust is infrastructure. Brand defensibility becomes a major intangible moat.

- How easy would it be for others to develop a solution that would deliver similar features while not violating any IP that you expect to have? Are there any other barriers to stop someone from competing with you? Why hasn't anyone done this before?

On the surface, components are easy to copy: Clinics can be built, Apps can be developed, Specialists can be contracted. But replicating the integrated system is significantly harder. What makes Medikea defensible is not features — it is orchestration. To replicate Medikea, a competitor would need to simultaneously:

- Build physical clinic infrastructure
- Recruit high-quality clinicians
- Integrate specialist networks
- Develop scalable health-tech infrastructure
- Align incentives with insurers or risk pools
- Acquire enough patient volume to generate meaningful data
- Build brand trust in a sensitive sector

This is a multi-layered execution challenge.

## Value proposition, customers & beneficiaries

- Who are the company's target beneficiaries/customers/ users? List all potential beneficiaries/customers/ users of the solution.

For the B2C Market

- Uninsured and underinsured people. Often without formal jobs to enjoy corporate-sponsored health benefits.
- Budget and time-conscious consumers who need care from doctors they can trust, at prices they can afford, conveniently.

For the B2B Market

- Uninsured MSME's who are not served by traditional insurance companies
- Insurance companies who want to use our telemedicine services to reduce the cost of claims while delivering top notch customer experience to their clients
- Corporates who want to use telemedicine to offer innovative wellness services to their employers e.g mental health, diet and nutrition and other related employee assistance programs.

- What is the total addressable market? What is the market growth projection?

Our target market is in Tanzania, where the total available market (TAM) for out-patient expenditure is \$10 billion, based on the 40 million annual hospital visits. The serviceable available market (SAM) represents 70% of outpatient visits that can be effectively addressed through virtual or in-person primary care, amounting to \$7 billion.

In Tanzania healthcare spending increases at ~6–10% CAGR.

- What have you done to understand your customers and beneficiaries well? How much time have you spent speaking to them? Who have you spoken to and what research have you done?

- As a doctor myself, I have treated over 10,000+ patients, giving me first hand experience of clinicians pain points, how the current health system works, and its inefficiencies.
- Ongoing customer interviews during our product development process
- After visits anonymous reviews and ratings by patients
- Strategic partner meetings (Insurance companies, employers, hospitals, suppliers)
- Specialist engagement
- Market analysis

- Has the solution (product or service) been tested with a sample set of potential customers/beneficiaries? If so, where did you test the solution, with how many people and what was the impact?

Since 2023, we have served over 60,000 patients.

- What is the value proposition for each of the beneficiaries and customers listed? Specifically, does it address the various problems/pain points you have stated in the earlier sections?
- Competitive landscape: What is your competitive advantage? Who or what is currently providing solutions to this problem? How effective are these solutions? Why do these existing solutions need to change or be improved upon? What are the barriers to entry?

Current solutions:

- Public hospitals → Overcrowded, low trust, low quality
- Private hospitals and clinics → Fragmented, Expensive, Limited to their geographical location, Outdated tech, inconvenient
- Telemedicine apps → Limited to online consultations only, No physical integration for labs and medicine delivery, High CAC, High churn, Low consumer trust.

Medikea Advantage:

Hybrid integration: Virtual and in-person care, giving patients convenient

Technology-enabled care: Boosting patient engagement, experience, and retention

Trusted GP and Specialist network: Brand positioned as infrastructure

Positive unit economics: In house labs and pharmacy ensuring affordability with profitable margins

## Scalability & impact

- Is this business designed to grow large? Do the owners have the desire and capability to support this growth?

Yes — Medikea is intentionally architected for scale. The model scales across three reinforcing layers:

### 1. Physical Infrastructure (Hub-and-Spoke Clinics)

- Standardized primary care clinics
- Centralized specialist network
- Replicable operating playbooks

### 2. Technology Layer (Low Marginal Cost Expansion)

- Unified EMR
- Coordinated referral engine
- Longitudinal patient tracking
- Technology scales with minimal incremental cost, improving margins over time.

### 3. Risk & Payment Layer (Future launch)

As patient volume grows:

- Subscription models become viable
- Corporate contracts expand
- Insurance alignment strengthens
- Preventive care economics improve
- Scale improves both unit economics and clinical outcomes.

- What are some of the challenges you anticipate for scale?
  - Talent acquisition - Scarcity of high-performing talent that fit startup culture
  - Regulatory and cultural differences across countries when scaling beyond Tanzania
- What role do government sales have to play in your business' ability to reach scale?

Government partnerships are strategic accelerators, not the foundation of our business model.

Medikea is designed to scale initially through:

- Direct-to-consumer patients
- Corporate partnerships
- Private insurance
- Subscription-based primary care

However, government alignment significantly expands reach and impact.

NHIF Partnership Opportunity – Already Secured

We have successfully closed an NHIF partnership for our Dar es Salaam clinic. This allows us to serve members of the National Health Insurance Fund (NHIF) – representing approximately 4 million insured Tanzanians.

Through this partnership:

- NHIF members can access our integrated primary and speciality care services
- We reduce out-of-pocket barriers for insured patients
- We increase patient acquisition efficiency
- We strengthen our institutional credibility

We expect to expand the partnership to our Telemedicine services and other clinics.

- What is your theory of change and ultimate impact goal?

Theory of Change

Healthcare in East Africa is fragmented, reactive, and hospital-centric. This leads to late diagnosis, preventable complications, catastrophic spending, and productivity loss.

Medikea’s theory of change is built on one core belief:

If we anchor patients in coordinated primary care, digitally connect specialists, and align incentives toward prevention, we can reduce complications, lower costs, and improve long-term health outcomes at scale.

Our change pathway works in five steps:

1. Anchor Patients in Structured Primary Care

We make primary care the intelligent entry point into the system — not tertiary hospitals.

2. Digitally Coordinate the Patient Journey

Integrated EMRs and referral systems eliminate fragmentation across clinics, specialists, diagnostics, and pharmacy.

3. Detect Chronic Disease Earlier

Proactive screening and longitudinal tracking reduce late-stage presentation.

4. Align Incentives Toward Prevention

Through subscriptions, corporate programs, and insurance integration (including NHIF), we reduce reactive fee-for-service dependency.

5. Reduce Financial Shock and System Congestion

Better-managed patients mean:

- Fewer preventable strokes and kidney failures
- Lower out-of-pocket spending
- Less pressure on tertiary hospitals
- Higher workforce productivity

Scale compounds these effects.

Ultimate Impact Goal: Build Africa’s most trusted, integrated healthcare system that shifts care from reactive to preventive – improving life expectancy, reducing catastrophic health spending, and strengthening economic productivity.

- How will you track and identify the impact on patients? Provide sample metrics to indicate social impact.

Medikea measures impact through structured clinical, financial, and access metrics captured within our integrated digital system.

#### 1. Clinical Outcomes

% of hypertensive patients with controlled blood pressure

% of diabetic patients achieving target HbA1c

Reduction in preventable hospital admissions

Follow-up and treatment plan adherence rates

#### 2. Early Detection & Prevention

% of patients screened for chronic disease

Stage at diagnosis for key conditions

Time from primary visit to specialist consultation

#### 3. Financial Protection

Reduction in out-of-pocket spending per episode

% of patients using NHIF or subscription coverage

Average spend per patient per visit Vs Competition

#### 4. Access & Equity

Number of patients served (urban vs peri-urban vs rural)

Specialist access rates via hybrid model (peri-urban and rural)

Patient satisfaction (NPS)

Impact Thesis:

If we improve continuity, early detection, and financial protection, we reduce preventable complications and improve economic productivity at scale.

- What is the environmental impact of doing business? How is it mitigated?

Mitigated via:

- Digital records (paper reduction)
- Efficient supply chain
- Energy-efficient clinic operational policies

## Revenue generation

- What channels will you use to reach your customers/beneficiaries? What do you think are the most effective channels to reach out and communicate with these segments? How will your product reach the intended user?

Channels

- Physical clinic
- Direct-to-consumer
- Corporate partnerships
- Insurance partnerships

- Digital marketing (Social Media, SEO, Youtube Channel)
- Referral programs (Not yet implemented)

Most effective:

- Employer partnerships
  - Insurance partnerships
  - Word of mouth
  - Clinical referrals
- What are the anticipated margins for different participants in the distribution channel?  
n/a
  - What are your sales and marketing plan and strategy? What resources and tools will you use to reach your customers?  
B2C channels
    - Medikea App
    - Physical clinic - Walk in customers
    - Social media Ads
    - Health promotion content (Blog, Youtube)
    - Influencer marketing
    - Word of mouth
    - Loyalty programs
 B2B partnerships
    - Specialist partnerships
    - Corporate clients
    - Insurance companies
    - SME's
    - Strategic non-compete brand partnerships
    - Third-party providers marketplace
  - What are the challenges you foresee in marketing to your segment of customers and closing a sale?  
Regulations around marketing healthcare products and services can be limiting especially on stigmatized conditions i.e sexual health
  - What are the sources of the type of revenue you will generate? Will you have recurring revenue from a particular customer?  
We currently operate on a fee-for-service model, which generates revenue through three main streams:  
Consultation fees: We charge patients a \$3 fee for GPs and \$10 Consultation for Specialists.  
Medication sales: When doctors prescribe medications, we generate revenue through the sale of these medications, with profit margins ranging from 50%.  
Laboratory and diagnostics tests: Our lab can perform over 500 laboratory and diagnostic tests, with profit margins ranging from 50%.  
  
We are currently piloting subscription services to ensure predictable recurring Revenue: Chronic care programs, Corporate contracts, Membership plans  
  
Pricing Mechanisms: Our pricing is primarily fixed, with predefined rates for consultation fees and the sale of medications and tests. These rates ensure transparency and consistency in pricing for our customers.

## Product / service



- What key resources do you need to make/deliver the solution?  
Key Resources
  - Medical staff
  - Technology platform
  - Clinic infrastructure
  - Diagnostic equipment
  - Working capital
  
- Does your solution depend on any unique raw materials or ones that are difficult to get?  
No rare raw materials required.
  
- Who are your key partners in developing this solution/product/ service? List the partners and what / how they are contributing to the development of the solution.
  - Specialist doctors
  - Hospitals and Diagnostic labs
  - Pharmaceutical Distributors, Wholesellers
  - Technology SaaS providers
  - Corporate clients
  - Insurers
  
- What is the cost of producing your product in small quantities vs. at scale?  
n/a
  
- What is your targeted selling price at small quantities vs. at scale?  
n/a

*[For SaaS companies: Technical presentation and/or written commentary, including details on the following: Architecture; tech stack; third party, open source and white labeled products, databases (including dataflow, size and growth); existing integrations]*

## Financial Metrics

- What is the current and expected revenue?  
Annual Revenue 2025 - \$635K  
Expected Revenue 2026 - \$2M
  
- What is the current and expected EBITDA?  
*Actuals await Financial statements*
  
- What is the cost composition?
  - Are there economies of scale regarding R&D costs?
  - What marketing costs are expected when the company reaches maturity?
  
- How much does the product or service cost?  
Our average patient spend per visit is ~\$15-20 which is 2x cheaper than other private clinics or hospitals
  
- What is the company valuation?  
Current Post Money Valuation for this Round is \$6M

## Funding

- Has the company gone through any previous round of investment?  
Company is currently in Pre-Seed stage
- Are there other partners or incubators?  
Current investors - Baobab Network, Madica, Impacc, Developpp Ventures, Catalyst Fund
- How much is needed? \$1M Pre-seed Round Size, \$700k amount Raised
- How will the money be spent?
  - Hiring top talent for key positions (Finance, HR, Marketing, Product Management, Business Development)
  - Hiring Core Specialists (Pediatrician, Obstetrics & Gynaecologists, Physician)
  - Operational excellence (Rolling out operational SaaS for Business intelligence, streamlining processes, boosting team productivity and efficiency)
  - Growth and Marketing
  - Employees development programs
- What is the expected ROI and when?  
In 12-18 months we generate over \$3M in Annual Revenue
- What are the exit options and timeline expectations?
  - M&A through Insurance companies, Large hospital or Clinic Chains outside Africa looking to have operations in Africa
  - Private Equity
  - Going Public

## Legal

- Does the organization currently have financial liabilities?  
No
- Is there any ongoing or proposed litigation?  
No
- What insurance coverage does the business hold?  
No
- What government regulations apply to the business?  
Ministry of Health Licensing
- What licensing and permits are necessary for this work?  
Certificate of Incorporation, Tax Certificate, Business License and Ministry of Health Licence for Service Provision - All are complied
- What licensing and permits does the company hold?  
All required licenses and permits within our scope of business are complied
- Are there any antitrust or regulatory concerns?  
No
- What significant contracts and obligations exist for customers, partners, vendors, and other service providers?  
Approved Service Provider Certificate and Contracts by Insurance companies, MOUs by partners, vendors or B2B customers
- Do you have general liability insurance for the organization?  
No

## Data room checklist requirements

Please checkmark all the supporting documents that have been included in the Dropbox data room. If you do not have certain documents, it's not a problem. We can instead have a conversation about the specific areas that are missing and take notes to ensure we have the details we require for our due diligence.

1. Corporate Overview and Governance (Not required immediately. Required in the legal due diligence step)
  - 1.1 Articles of Incorporation and Bylaws
  - 1.2 Minutes of Directors Meetings
  - 1.3 Minutes of Shareholder Meetings
2. Current Fundraising Round
  - 2.1 Investor Presentation
  - 2.2 Pro Forma
  - 2.3 Cap Table
  - 2.4 Term Sheet
  - 2.5 Marketing Materials
3. Administration and HR
  - 3.1 Organizational Charts
  - 3.2 CVs Management
  - 3.3 Bios Advisors and Directors
  - 3.4 HR Standard Operating Procedures
  - 3.5 Accounting Standard Operating Procedures
4. Market Insight, Competition and Risks
  - 4.1 Market Analysis
  - 4.2 Competitive Analysis
  - 4.3 Risk Analysis
  - 4.4 Relevant Third Party Documentation
5. Commercialization and Sales
  - 5.1 Commercialization Plan
  - 5.2 Current Customers
  - 5.3 Pipeline Customers
  - 5.4 Sales Contracts
  - 5.5 Strategic Partners
6. Finance
  - 6.1 Interim Financial Statements & Cash Flow
  - 6.2 Annual Financial Statements (Past 3-5 Years)
  - 6.3 Financial Projections (Next 3-5 Years)
7. Fundraising and Investment History
  - 7.1 Friends and Family Round
  - 7.2 Series A Closing Documents
  - 7.3 Seed Round Closing Documents
  - 7.4 Convertible Debenture Agreements
  - 7.5 Non-Dilutive Funding
8. Impact
  - 8.1 Theory of Change
  - 8.2 Impact Measurement and Data
9. Product Development
10. Legal and Related Matters (Not required immediately. Required in the legal due diligence step)
  - 10.1 IP
  - 10.2 License Agreement

- 10.3 Insurance
  - 10.4 Legal Counsel
  - 10.5 Certifications
11. Letters of Support

## Site Visit Photos





