



Company presentation

January 2026

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AHI Partners with His Excellency Dr. Obaid Alketbi and The Dr. O Group to Transform Healthcare Across the Middle East

We are proud to share AHI's strategic partnership with His Excellency Dr. Obaid Alketbi and The Dr. O Group a collaboration that reflects a shared commitment to redefining healthcare delivery throughout the Middle East.

His Excellency Dr. Obaid Alketbi widely known as Dr. O is a prominent and deeply respected figure in the UAE and across the globe. His distinguished career spans academia, diplomacy, and national service, including roles as UAE Ambassador, Military General, Chief of Logistics in the UAE Armed Forces, and Deputy Commander-in-Chief of Abu Dhabi Police.

A true embodiment of leadership and resilience, Dr. O's personal transformation toward health and wellness stands as a powerful testament to his character. Once allowing his own well-being to take second place to duty, he has since embraced a lifestyle of fitness and balance today, he is a dedicated marathon runner and advocate for the role of sport in promoting national identity, values, and diplomacy.

The founding of The Dr. O Group in February 2019 marked a new phase in his mission to give back to the nation that shaped him. The group supports both international and local brands that champion quality, authenticity, and wellness. The Dr. O Group is leading the UAE's transformation into a regional hub for health and well-being.

Museum 1185, located in Abu Dhabi, is a unique private museum founded by His Excellency Dr. Obaid Al Ketbi. Named after his military service number, the museum houses over 15,000 artifacts collected throughout his distinguished career in the UAE Armed Forces, diplomacy, and public service. The collection includes military memorabilia, diplomatic gifts, rare manuscripts, and cultural items from more than 160 countries, offering a personal narrative intertwined with the nation's history. Museum 1185 serves as an educational and inspirational space, reflecting the values of ambition, resilience, and national pride. Visits are available by reservation or invitation.

This vision aligns seamlessly with AHI's own mission to make healthy living simple, accessible, and driven by actionable insight. Together, we aim to empower individuals through knowledge, facilitate access to better health choices, and elevate the overall standard of well-being across the region.

This alliance is not just a partnership; it is a purposeful movement, guided by the vision and leadership of Dr. O. Through our joint efforts, we are committed to building a healthier, more vibrant UAE one where future generations thrive, and where health becomes a fundamental right, not a privilege.



AHI is leveraging digital technology to revolutionise Cardio Metabolic Remote Patient Management and Monitoring



Our mission

Provide accessible digital technology solutions to enhance human health



Our vision

Ubiquitous proactive health care

Empowering physicians, payers, patients and pharma to:

- **Increase access** to remote non-invasive and simple to conduct assessment of digital biomarkers, vital signs and associated risks
- **Predict likelihood of obesity driven chronic disease** for earlier, more personalized interventions
- **Provide insights** to support consultations, electronic health records, program development and policy-making
- **Save costs** for obesity and related cardiometabolic and liver disease and **enhance processes** and workflows (e.g. digital triaging)

Using our established solutions to bridge from cardio-metabolic disease into a targeted platform for the obesity market

- Growth market with global drug of spend USD15 bn in 2024, potentially reaching USD150bn in 2035¹
- Increasing acknowledgement of the importance of obesity in preventing cardiovascular and metabolic deaths
- Significant unmet need for long term, post GLP-1 solutions due to cost and side effects
- Diverse value drivers across physicians, payers (insurers and pharmacy benefit managers), patients and pharma

Currently deployed in North America, the UK and Asia across life insurance, wellness, public health and medical records industries

*"AHI's technology is both unique and universally applicable. We identified what the healthcare system needed and, rather than reinventing the science, we **digitized it**"*

Vlado Bosanac, AHI Founder



1 - <https://www.morganstanley.com/insights/articles/weight-loss-medication-market-unstoppable-growth>

AHI has dedicated 10 years of Science and Development with \$100m invested aimed at Cardio Metabolic Disease



* The University of Western Australia, Mahidol University, Thailand, and the University of Taipei, Taiwan

AHI's Money Shot: starting with an obesity remote patient care platform with a personalized digital health coach, companion and physician advisor

A digital-first, obesity cause-finding, learning and orchestration platform that journeys with the obesity patient and their primary care coordinator through smartphone sensing and clinical data, suggests routes to the right mix of digital tracks and specialist care, and learns outcome-to-phenotype mappings over time to continuously improve match quality and return on investment.

Product and tech architecture



Sensing and data stack

Smartphone body comp, sleep acoustics/IMU, remote photoplethysmography, wearables, surveys, med tracking, lab/LIS integrations, genetics/ microbiome/ epigenetics, optional continuous glucose monitoring.



Decision engine

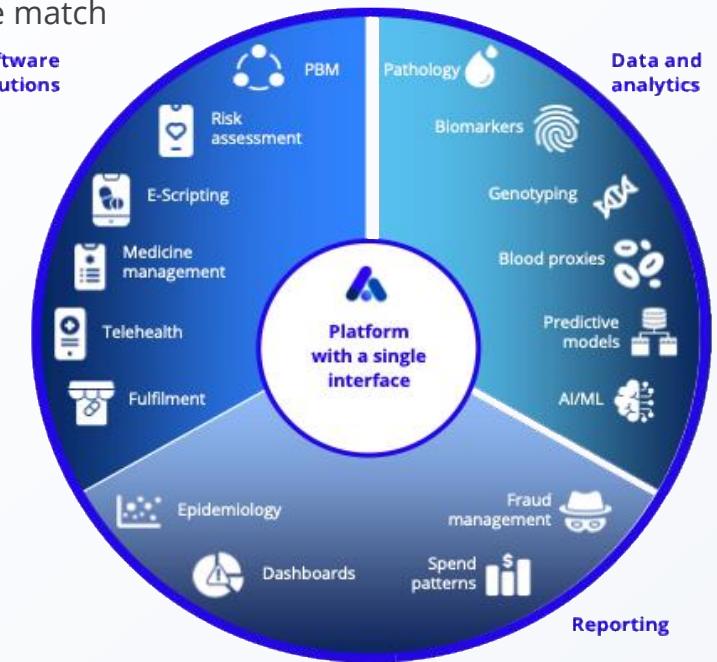
Bayesian cause inference, contextual bandits/RL for next-best-action, large language model-powered coaching, human-in-the-loop guardrails.



Orchestration layer

Referrals, e-prescribing partners, CPAP vendors, labs, continuous glucose monitoring /fitness integrations, longitudinal dashboards for members and providers.

Software solutions



Privacy First: In-country hosting, federated learning across sites, differential privacy for analytics—fully compliant with HIPAA, GDPR and UAE data protection requirements.



Where we are today

AHI Sensing and Data Stack offers patented remote digital Cardio Metabolic biomarker solutions primed for Obesity



Analyses **47 health markers** and **35 health risks** in <15 minutes, including obesity, diabetes, hypertension, cardiovascular disease, metabolic syndrome and mental health disorders

Sensor input modules validated in eight studies



Analyses **vital signs** to predict **15 health risks** in <2 minutes

Predicts risks related to weight, blood pressure, cholesterol, and cardiac profile

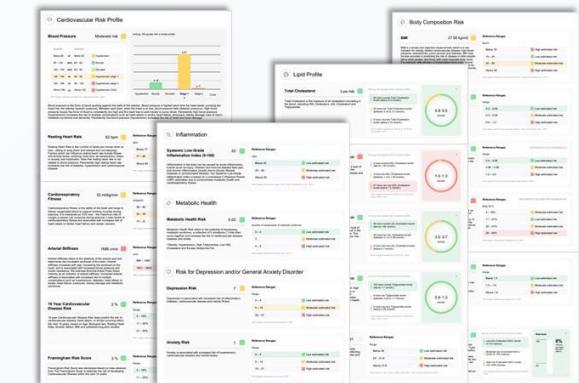
Validated in three studies: All estimates met mean error hypotheses vs medical devices



Measures and analyses **body composition and dimension**

Predicts risk of obesity, metabolic syndrome and diabetes and enables progress tracking vs fitness goals – **FDA Registration Underway***

Validated in three published studies: $R = 0.84-0.97$



Detects **14 heart arrhythmias** including atrial fibrillation

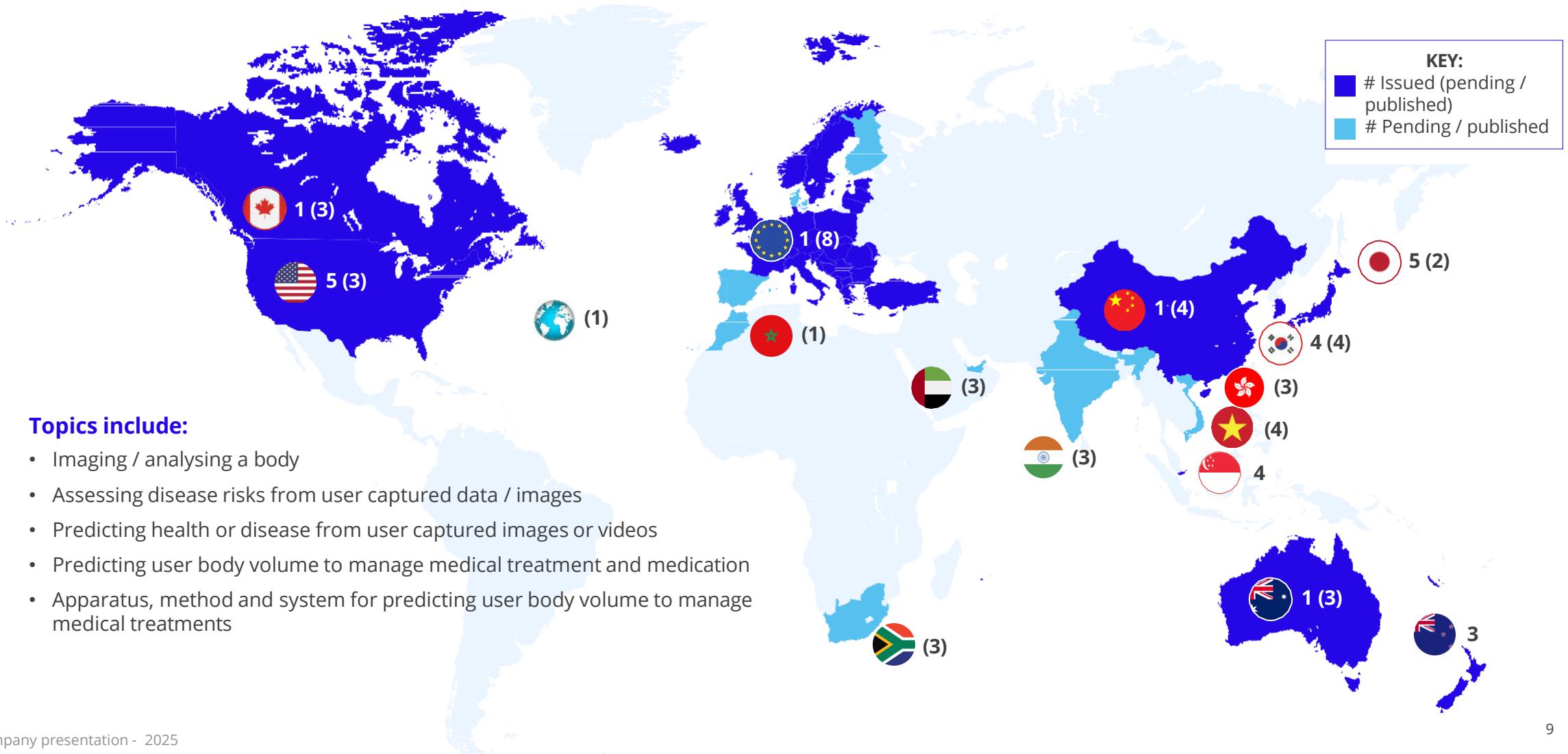
Advanced heart rhythm monitoring for detection when arrhythmias occur, aiding diagnosis and management

Validated accuracy of 91% - 99% across ten studies and FDA cleared (K232804) with ECG equivalence

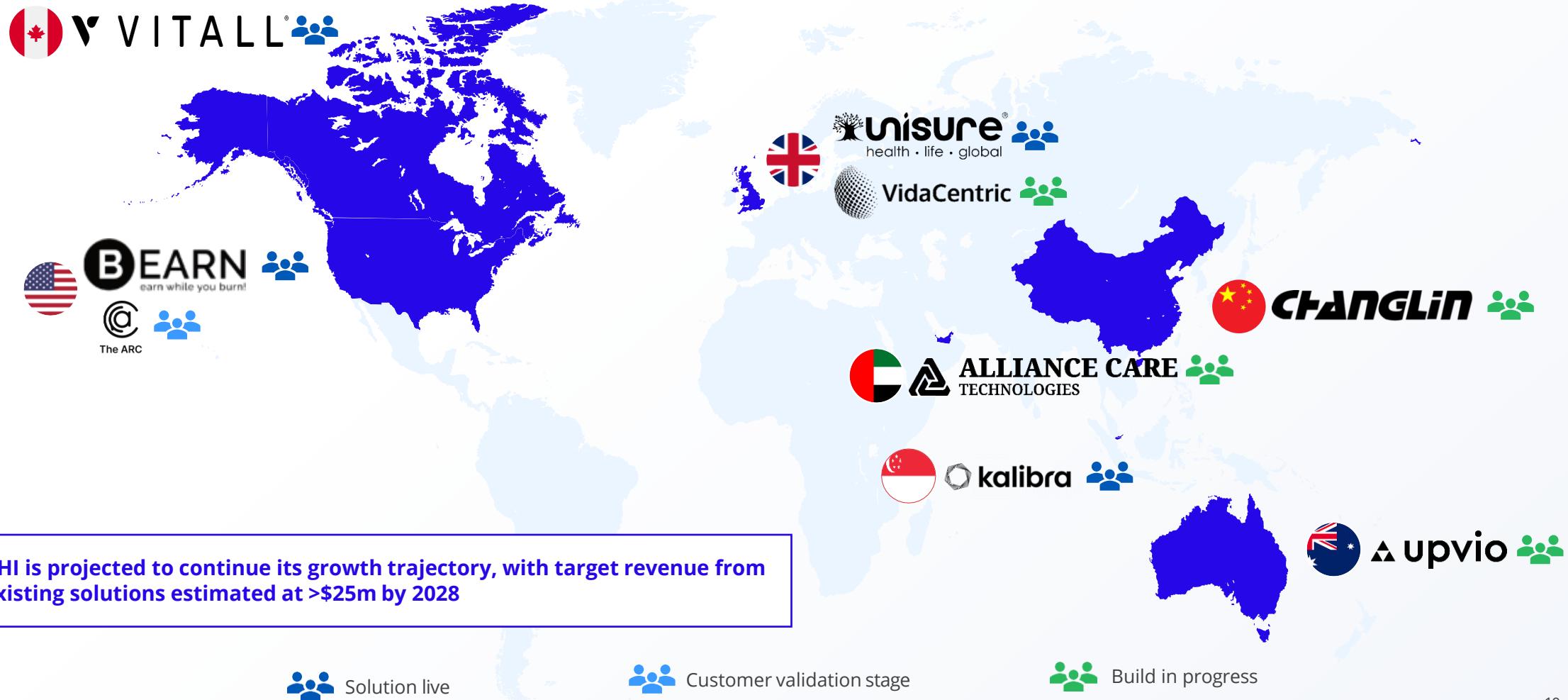
[^] Data processed on-device: no images or videos transmitted

* In development

We have 25 issued patents; with 45 pending or published



We have a growing global partner base and will continue to ramp up Revenue whilst we commercialise the money shot





Obesity Market opportunity

Why obesity: \$1 trillion global problem with high unmet needs, fast growth and future potential

Current market

- Growth market with global drug of spend USD15 bn in 2024, potentially reaching USD150bn in 2035¹, driven by:
 - Recognition of obesity as a key factor in long term cardiovascular outcomes
 - Expanding regulatory indications for existing drugs
 - New drug classes becoming available (GLP-1-GIP combinations)
- Improved length and quality of life for people at risk of cardiovascular death
- Pharma has increased the obesity playing field by changing boundaries – eating into the wellness market spend

Remaining unmet need / complications in addressing those

- There are still >1bn people living with obesity globally, with >30% prevalence in UAE and US
- Efficacy can plateau for certain patients after initial positive results, and patients can experience substantial weight regain after stopping drug treatment
- Intolerable side effects e.g. GI symptoms and high prices limiting accessibility
- Fragmented and uncoordinated provider systems in UAE and US
- Downstream organ systems derangement and other health effects of obesity

Expectations for future potential

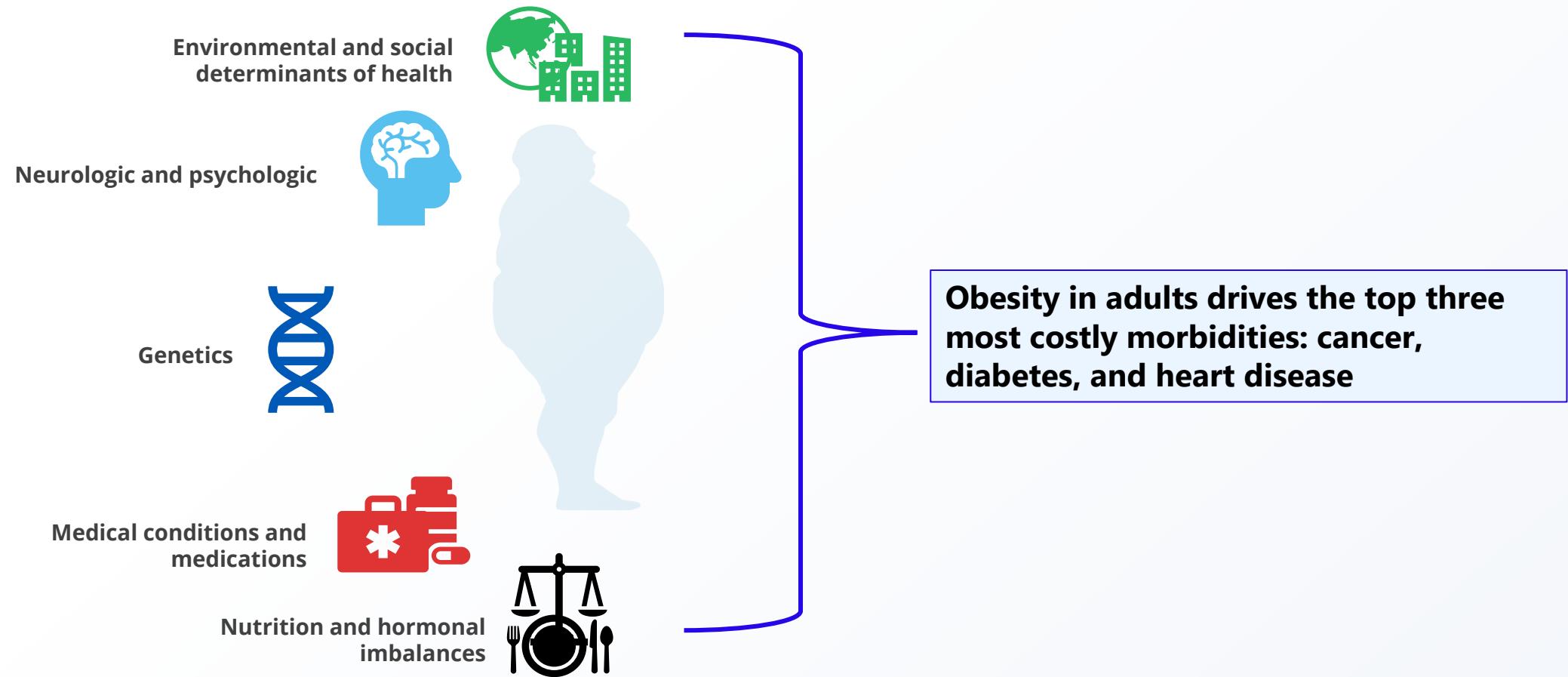
- Further growth in user volume, driven by price erosion / generic competition, increasing physician comfort and new/better drugs
- Obesity will be treated as a chronic disease for the masses requiring far more disease management and co-ordination across the health care system
- Refinement of the one size fits all approach, addressing cause and effects of obesity on a more individualised patient level²

1 - <https://www.morganstanley.com/insights/articles/weight-loss-medication-market-unstoppable-growth>

2 - <https://www.goldmansachs.com/insights/articles/the-anti-obesity-drug-market-may-prove-smaller-than-expected>

Obesity is at the epi-centre for cardio metabolic disease leading to premature death

Causes of obesity and its association with increased cardiovascular risk factors according to the American College of Cardiology



Obesity will increasingly become a chronic disease with active remote patient treatment approaches in large populations serviced by GLP1's

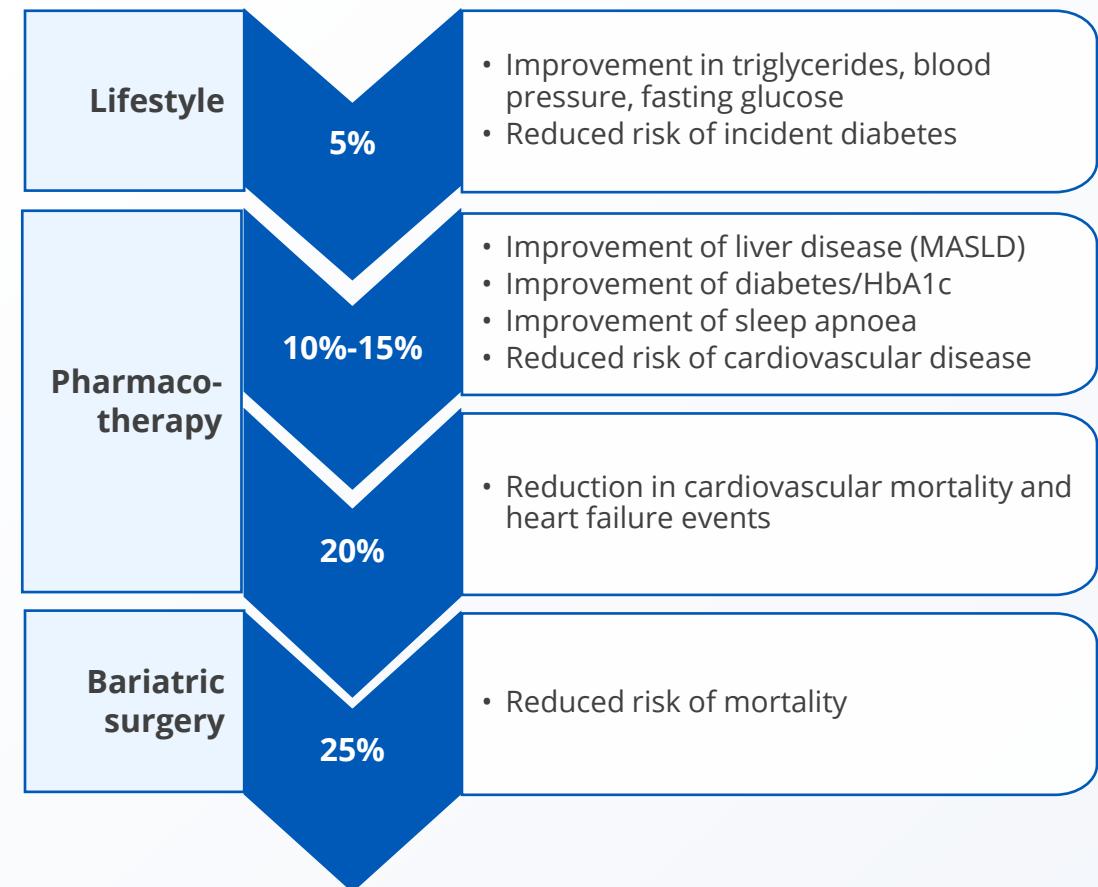
Perspective	From	To
Patient	<ul style="list-style-type: none"> Actively driving their own health through self advocacy and increasingly equipped with the right information to ask the right questions 	<ul style="list-style-type: none"> Driving their own care pathways with increasing influence over their providers and payers
Funding	<ul style="list-style-type: none"> Self pay or private payers 	<ul style="list-style-type: none"> Public payers
Treatment guidelines	<ul style="list-style-type: none"> Drugs used short term, in part due to cost pressure 	<ul style="list-style-type: none"> Drugs will be used as chronic treatment alongside lifestyle support
Provider	<ul style="list-style-type: none"> Time and financial pressures restrict a more holistic care approach 	<ul style="list-style-type: none"> Decrease in fragmentation allows approaches that focus on the whole patient
Regulatory	<ul style="list-style-type: none"> GLP-1 drugs are approved, and safety is increasingly demonstrated 	<ul style="list-style-type: none"> More and better availability of drug therapies, including combination molecules
Public Health Systems	<ul style="list-style-type: none"> Increasing focus on prevention, longevity and wellness 	<ul style="list-style-type: none"> Next-level health care system prioritising wellness to support increasing longevity

Guidelines from the American College of Cardiology recommend a multidisciplinary approach including drugs

Multidisciplinary team approach for weight management



Weight Loss Thresholds Associated With Comorbidity Improvements

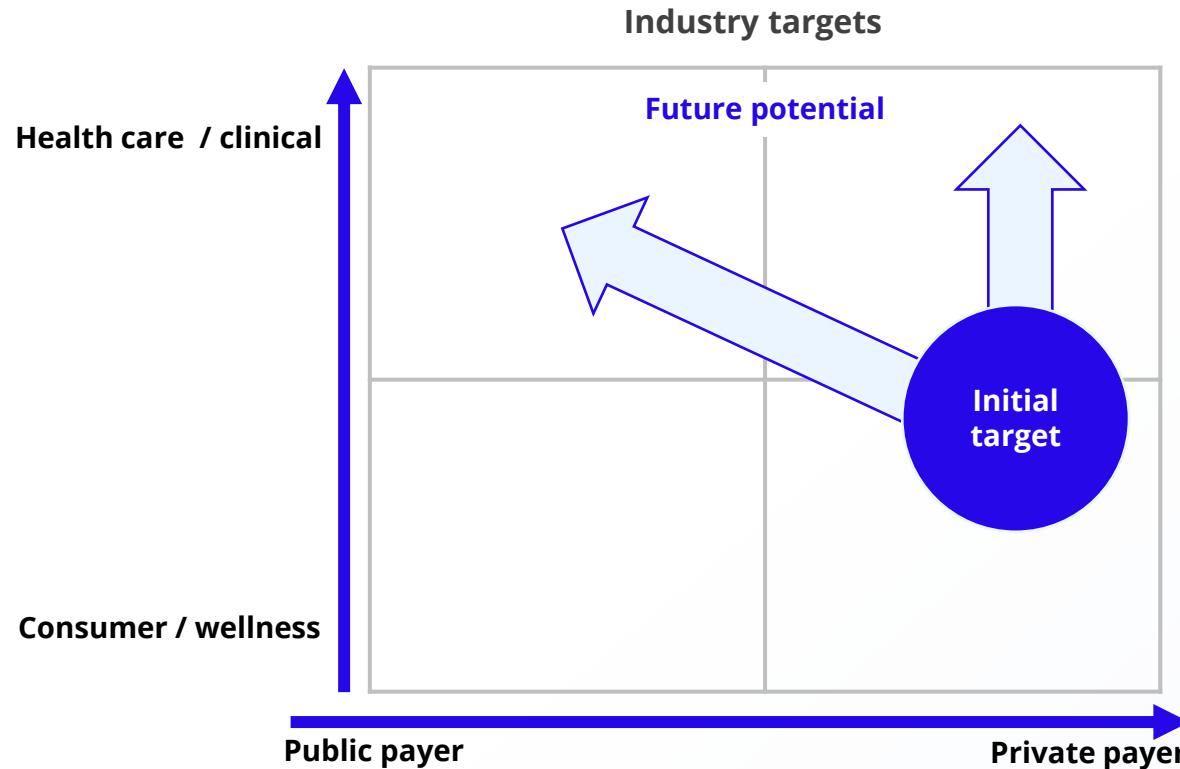


Playbook – AHI will tap into the existing money flow being unlocked by Big Pharma – multiple sources of income to be exploited

Stakeholder	Deployment	Payment model	Potential fees
Pharma	Companion diagnostic or R&D tool	Annual licence fee	\$millions annually
Private health insurers	Obesity managed care program with networks	Monthly program management fee per member (end-to-end) for managing the patients covered by certain policies	\$hundreds / member / month
Independent physicians	Helping to get the CPT code payment for managing obesity as a chronic disease – workflow automation	AHI takes percentage of CPT code payment in a revenue share model	\$10-20 per CPT code claim
Provider groups	Helping to get the CPT code payment for managing obesity as a chronic disease – work flow automation	AHI takes percentage of CPT code payment in a revenue share model	\$10-20 per CPT code claim

As we scale, our revenue becomes more tightly coupled to value per patient: faster time to right care, sustained weight/comorbidity improvements, fewer avoidable complications, and lower friction for everyone in the ecosystem

Target markets include payer or provider segments in US, AsiaPac and UAE



Geographies

Characteristic	US	UAE
Hospital based care coordination	✓	✓
High insured population	✓	✓
Need for efficiencies within high health care spend	✓	✓
Commitment to innovation	✓	✓
High unmet need	✓	✓

Potential roads to revenue include working with health insurers, pharma or health care providers. AHI will be exploring potential and risks of each stakeholder within Phase 1 of commercialization.

Our leadership has 180+ years experience in relevant fields

Board



Nick Prosser,
Chairman

- 15+ years ICT experience.
- Founder of \$1.16 billion data centre exit in 2016



Peter Goldstein,
Independent Director

- 30 years capital market, M&A, advisory experience
- Founder of exchange listing, LLC. CEO of Grandview Capital Partners, inc.



Low Koon Low,
Independent Director

- 20 years accounting and corporate finance experience.
- Executive director SGX company.



Mike Melby,
Independent Director

- Founder of fintech exit to phunware
- Investment banker and private equity investor



Jacqueline Yee,
Independent Director

- 30 years institutional investor and global capital markets structured finance >\$25B
- Board directorships UK / APAC
- Funderbeam exchange CEO

Key management



Dylan Garnett,
Chief Executive Officer

- Expert in healthcare and biotech strategy
- Former COO Zurich Insurance and CEO Metropolitan Health Group



Vlado Bosanac,
Founder / Head of Strategy

- Capital markets and investment banking in health tech expert
- Led four exits and co-founded AHI



Simon Durack,
Chief Financial Officer

- 30+ years CPA
- 20+ years board experience
- Qualified Auditor



Riaan Conradie, PhD,
Chief Scientist

- Expert in systems biology, electronics, mechanics, mathematics, physics and computer science
- Founder and former executive at LifeQ



**Prof. Manie de Klerk, MBChB,
DCH, M Fam Med, MBA**

Clinical Director

- Expert in medicine, health care delivery, med-tech, clinical trials and regulatory
- Former Head of Clinical Governance, Met, Health and GM of Product Development

Thank-you

For more information on how Advanced Health Intelligence how our technologies can help you,

email us at hello@ahi.tech, or find out more at <https://ahi.tech>

"We didn't create the science, we digitized it."

Vlado Bosanac , AHI Founder



Locations:

Asia Pacific: Australia, Singapore
South Africa: Cape Town
Europe: Amsterdam
UAE: Dubai- Abu Dhabi

Email: vlado@ahi.tech
AU: +61 412 000 409
UAE: +971 58 597 0090

We will build out and scale the product as proof of value evolves

Core principles

Patient-first access

Patients do not pay out of pocket; access is funded by sponsors, providers, or insurers

Ethical routing

We avoid pay-per-referral kickbacks; routing is based on fit, availability, and outcomes

Value-based success

Our success is measured in time to right care and sustained outcomes, not in maximising drug or procedure volume

Phase 1: Proof of orchestration

Goal: Prove we can diagnose "why" quickly, reduce time to right care, and show early improvements in weight, sleep, mood, and comorbid markers; obtain necessary certifications, automation of physician workflows

Customer acquisition cost: Near-zero; patients onboard via existing institutional channels

Phase 3: Insurer per member per month and analytics

New revenue: US / UAE insurers per member per month for high-risk members; analytics/models/real world evidence for insurers and providers

Contracts: Link our upside to time to right care reduction and sustained outcomes, not simple cost cutting

Existing streams: Provider operating systems, network fees, cohorts, and white-label continue but become smaller share of total revenue

1

2

3

4

Phase 2: Multi-provider operating systems and network effects

Goal: Turn pilots into a repeatable operating system across providers and cohorts; scale digital twin library and phenotyping

Phase 4: Data flywheel and global scaling

Goal: Become the default operating system for obesity journeys across regions