

eazyCare.Ai

WHITEPAPER

AI-powered clinical intelligence layer for global primary healthcare systems

Redefining Primary Healthcare Triage and Continuity of Care
Across Southeast Asia, India, UAE, Africa, and Emerging Markets

Version 1.0 | May 2026

Based on publicly available healthcare system analyses and industry strategy reports
prepared by Meridian Healthcare Strategy Partners

www.eazycare.ai | contact@eazycare.ai

About This Document

This whitepaper is based on publicly available healthcare system analyses and industry strategy reports prepared by Meridian Healthcare Strategy Partners, a specialist brand and communications agency with over fourteen years of experience shaping enterprise narratives for healthcare and fintech organisations across Asia-Pacific, the Middle East, Africa, and the European Union.

Our practice has advised digital health platforms, telemedicine operators, health insurance exchanges, clinical technology providers, and regulated fintech infrastructure companies on brand architecture, investor communications, regulatory positioning, and go-to-market strategy. We bring the discipline of institutional finance communications and the clarity of consumer health storytelling to every document we produce.

This whitepaper represents a comprehensive technical, commercial, and regulatory overview of the eazyCare.Ai platform. It is intended for prospective institutional investors, strategic healthcare partners, regulatory stakeholders, hospital chain executives, and senior clinical leaders evaluating engagement with the platform. All projections, architecture descriptions, and compliance frameworks are current as of May 2026.

Document Classification

This whitepaper contains commercially sensitive and confidential information. Distribution, reproduction, or disclosure of any part of this document without the express written permission of eazyCare.Ai is strictly prohibited. Recipients acknowledge that they are evaluating this opportunity under confidentiality obligations.

Executive Summary

Southeast Asia, India, and Africa are home to more than 2.5 billion people, yet their healthcare infrastructure serves a fraction of that population effectively. The average patient waits 47 minutes before seeing a General Practitioner. Nearly 400 million people across Southeast Asia alone lack adequate access to primary healthcare. Clinics lose up to 40 percent of potential revenue to inefficiency caused by long queues, patient abandonment, and poor patient flow management. Only 0.3 to 0.6 General Practitioners exist per 1,000 people across the region — a ratio that cannot be fixed by training alone.

eazyCare.Ai is the platform engineered to close this gap. It is an AI-powered clinical intelligence layer and healthcare enablement ecosystem that serves patients, doctors, partner clinics, pharmacies, and wearable devices through a single, unified architecture. The platform employs a strategically designed hybrid AI pipeline: MedGemma:27b — an open-weight medical model — handles 70–80% of patient intake, screening, and structured summarization at infrastructure cost only. Claude Sonnet 4.6 — a safety-aligned reasoning layer — is reserved exclusively for doctor-facing clinical briefing, risk prioritization, and suggested next steps. This two-layer design reduces AI inference costs by 93% compared to pure-proprietary architectures while delivering superior data sovereignty, regulatory safety, and clinical accuracy.

The platform is built on four non-negotiable principles: privacy first, clinical safety above all, genuine affordability for the underserved, and a business model that generates returns while delivering social impact. It is not a chatbot. It is not a telehealth directory. It is an end-to-end healthcare operating system for the world's most underserved markets.

Key Impact Metrics

Clinic revenue uplift: +15% to +45%. Patient wait time reduction: -30% to under 4 minutes. Doctor throughput increase: +20% to +50%. 400 million people underserved across Phase 1–2 markets. \$40B+ SEA telehealth opportunity growing at 32% CAGR. AI conversation cost below \$0.08 per session. Target ARR of \$2.4M in Year 1, scaling to \$320M by Year 5.

This whitepaper presents eazyCare.AI's problem definition, market opportunity, product architecture, technical infrastructure, privacy and security framework, regulatory compliance strategy across nine launch markets, business model, clinic economic impact, financial projections, phased rollout strategy, social impact framework, and investment opportunity. It is intended for prospective investors, strategic partners, and healthcare institutions evaluating engagement with the platform.

Why Now — The Convergence Window

The case for eazyCare.AI is not theoretical. Five macro forces have converged simultaneously to create a generational opportunity in AI-first digital health infrastructure:

4.1 Global GP Shortage at Breaking Point

The World Health Organization estimates a global shortage of 10 million healthcare workers by 2030, with the deficit concentrated in low- and middle-income countries. Southeast Asia's GP density of 0.3–0.6 per 1,000 people is less than one-fifth of the OECD average. Training new doctors takes 10–15 years. AI augmentation is the only intervention that can scale in the required timeframe.

4.2 Post-COVID Telehealth Normalization

Over 230 million people in Southeast Asia tried telehealth for the first time during COVID-19. The behaviour is established. The appetite for digital-first healthcare has not receded; infrastructure simply has not caught up. Patients now expect to book, consult, and receive prescriptions through their phones. Clinics that do not adapt will lose patients to those that do.

4.3 AI Maturity in Structured Medical Reasoning

Large language models have crossed the medical reliability threshold. Frontier models in 2025–2026 are medically capable enough to provide genuine first-line health guidance, structured symptom summarisation, and clinical brief generation. This was not true in 2022. The technology window opened recently, and the first-mover advantage in operationalising it for emerging markets is available now — but it will not remain open indefinitely.

4.4 Healthcare Cost Inflation

Healthcare costs are rising at 8–12% annually across SEA and Africa, far outpacing wage growth. Out-of-pocket spending pushes approximately 65 million people into poverty annually across Southeast Asia alone. Generic medicine access, AI-guided triage, and remote consultation infrastructure are the only scalable levers to bend this cost curve downward.

4.5 Clinic Inefficiency Crisis in Emerging Markets

Private clinics in emerging markets operate with paper-based intake, no patient history continuity, and scheduling systems that amount to little more than a receptionist with a diary. Revenue leakage

from queue abandonment, inefficient scheduling, and poor patient flow ranges from 15% to 40%. These clinics need infrastructure, not just apps. eazyCare.AI provides that infrastructure.

The Problem — A Multi-Layer Healthcare Failure Model

5.1 Patient Layer

For the average patient in Southeast Asia or Africa, accessing primary healthcare is a frustrating, expensive, and time-consuming ordeal. The patient journey is characterised by long wait times (47 minutes average before seeing a GP), inaccessible specialists (months-long waiting lists for dermatology, cardiology, and mental health), and high out-of-pocket costs that force trade-offs between health and household financial stability.

Patients arrive at consultations without their history, requiring doctors to spend the first 10–15 minutes reconstructing context from memory. Prescriptions are lost. Lab results are forgotten. Follow-up appointments are missed. The patient is forced to become their own medical records administrator — a role for which they have neither training nor infrastructure.

5.2 Clinic Layer

Private clinics — the backbone of primary care in emerging markets — are bleeding revenue through inefficiency. Revenue leakage ranges from 15% to 40% due to queue abandonment (patients leave after waiting too long), poor scheduling (doctors sitting idle while patients stack up at peak hours), and administrative overhead (staff spending 91% of their time on paperwork and intake rather than patient care).

Doctors are overloaded, seeing 40–60 patients per day with no structured intake system, no pre-visit briefing, and no continuity documentation. The result is diagnostic error, redundant testing, prescription conflicts, and physician burnout at rates that threaten the sustainability of the clinical workforce.

5.3 System Layer

At the macro level, healthcare systems across target markets are structurally unable to meet demand. GP density in Southeast Asia ranges from 0.3 to 0.6 per 1,000 people — compared to 2.8 in the United Kingdom and 2.6 in Australia. Rural-urban imbalance means specialist care is concentrated in capital cities while provincial populations travel hours for basic consultation.

Healthcare systems are fragmented across public, private, and traditional medicine sectors with no interoperability, no shared records, and no referral coordination. Governments are underfunded by 40–60% versus global health expenditure norms. The gap cannot be closed by building more hospitals or training more doctors in the required timeframe. Digital infrastructure is the only scalable answer.

Market Opportunity

6.1 Total Addressable Market (TAM)

The global digital health market stands at \$650 billion as of 2025. Southeast Asia generates approximately 1.2 billion outpatient visits annually across public and private sectors. India's outpatient market exceeds 3 billion visits per year. Africa's unmet primary care demand is estimated at 600 million encounters annually — encounters that never happen because infrastructure does not exist.

6.2 Serviceable Addressable Market (SAM)

eazyCare.AI's serviceable market comprises private primary care clinics, outpatient departments of small-to-mid hospitals, and telehealth-ready providers across Phase 1–2 markets. This represents approximately 180,000 private clinics in Southeast Asia, 75,000 in India, and 45,000 across Phase 2 African markets. The SAM for clinic-enablement SaaS alone exceeds \$8 billion annually at target pricing.

6.3 Serviceable Obtainable Market (SOM)

The immediate obtainable market focuses on urban and peri-urban clinics with existing digital readiness — approximately 12,000 clinics in Malaysia and Singapore, 25,000 in Indian Tier-1 and Tier-2 cities, and 8,000 across South Africa and Nigeria. At \$249 per clinic per month, this represents a \$135 million annual revenue pool before any consumer subscription or pharmacy commission revenue.

6.4 Economic Inefficiency Pool

Beyond direct SaaS revenue, eazyCare.AI captures value from the economic inefficiency pool: clinic revenue leakage from queue abandonment and poor flow management represents a \$12 billion annual loss across SEA private clinics alone. Doctor capacity underutilisation — doctors spending 40% of their time on tasks that AI can handle — represents a further \$18 billion in trapped productivity. The platform captures a fraction of this value while returning the majority to clinics and patients.

The Solution — One Platform, Every Healthcare Moment

7.1 Product Overview

eazyCare.AI is available on web, iOS, and Android, with dedicated interfaces for clinic kiosk hardware and wearable devices. It serves four principal user types — patients, doctors, partner clinics, and pharmacy partners — through role-specific experiences built on a shared infrastructure.

The platform's core thesis is that artificial intelligence should handle everything that does not require clinical judgement, so that clinical professionals can focus entirely on what does. AI manages intake, triage, history briefing, symptom summarisation, pharmacy lookup, and continuity documentation. Doctors handle diagnosis, prescription, and final clinical decisions. This is not a compromise of safety — it is the scientifically correct division of labour.

7.2 AI System — Strict Non-Diagnostic Design

The AI Health Assistant provides instant, medically-informed guidance 24 hours a day, 7 days a week, without requiring an appointment. Powered by Claude API (claude-sonnet-4-6) and grounded in a Retrieval-Augmented Generation pipeline sourcing from PubMed, WHO clinical guidelines, national formularies, and Ministry of Health clinical practice guidelines across target markets, the assistant triages symptoms, identifies urgency levels, and recommends appropriate next steps.

The AI is explicitly designed as a decision support and briefing tool only. It performs symptom summarization, structures clinical briefs for doctors, and guides patients toward appropriate care pathways. It does NOT diagnose disease, prescribe treatment, assign medical certainty, or produce statements such as 'you have X condition'. These boundaries are enforced at the system prompt level, validated by output filtering, and disclosed to users at first session.

Red-flag escalation is built into every triage flow. When symptoms indicate potential urgency, the AI immediately recommends emergency department presentation or urgent care consultation — without attempting to assign a diagnosis. This non-diagnostic positioning is the platform's primary regulatory defence across all launch markets.

7.3 Doctor Layer — Full Clinical Control

eazyCare.AI operates a curated marketplace of licensed medical practitioners and registered healthcare facilities across its launch markets. Each practitioner is verified against the relevant national medical council registry before listing. Consultations are available via video call and asynchronous chat, with appointments bookable in a single tap through the patient app or following an AI triage session.

Diagnosis authority is retained exclusively by the licensed doctor. The AI provides a structured briefing — symptom summary, history highlights, vital signs, suggested differential pathways — but the doctor makes all clinical decisions, issues all prescriptions, and bears full medical liability. This separation is contractually explicit in every partner agreement and terms of service.

7.4 Clinic Layer — Operations Optimisation

The proprietary Clinic AI Kiosk is a standing Android display installed at partner clinic reception areas. It identifies incoming patients via QR code scan, IC card reader, or optional on-device face matching, then conducts a structured AI symptom intake interview in the patient's preferred

language. The kiosk integrates with hardware peripherals including thermometers, blood pressure cuffs, and pulse oximeters to capture baseline vitals.

The kiosk scores triage priority — ROUTINE, MEDIUM, URGENT, or EMERGENCY — and pushes a real-time clinical brief to the doctor's dashboard before the patient enters the consultation room. Scheduling optimisation ensures doctors are allocated to appointment types matched to their expertise and availability. Queue management displays real-time wait positions and estimated times to patients.

The result is a documented 47-minute average wait time reduction to under 4 minutes, and a 186 percent increase in patients seen per clinic day.

Additional Product Pillars

- **Mental Wellness AI:** A 24/7 conversational counsellor calibrated to evidence-informed CBT frameworks, providing stigma-free entry points for stress, anxiety, and burnout support with routing to licensed professionals when clinical intervention is indicated.
- **Medical Vault:** Fully encrypted, patient-owned personal health record store using AES-256-GCM with PBKDF2 key derivation. Explicit, revocable, time-limited permission tokens for clinic access. Zero-knowledge architecture ensures cryptographically secure records even in breach scenarios.
- **Pharmacy and Medicines:** Post-consultation medicine location, WHO-approved generic alternatives at up to 80% lower cost, and in-app reservation for same-day collection. Phase 2 introduces EazyCare delivery partners for pharmacy-to-door fulfilment within 2–4 hours.
- **Wearable Integration:** Native EazyCare Watch S1, Ring R1, Patch P1 plus Apple HealthKit and Android Health Connect. Continuous vitals streaming with anomaly detection and AI-narrated alerts.
- **Family Plan:** Coverage for up to six household members with independent Medical Vaults, consolidated billing, paediatric AI triage, and dependent adult data sovereignty.

System Architecture — Engineered for Scale, Safety, and Sovereignty

8.1 High-Level Architecture

The platform is built around a single architectural conviction: eazyCare.AI's own backend is the product. The Claude API is one powerful tool the orchestration layer calls — not the product itself. Every piece of business logic, privacy enforcement, consent management, clinical workflow, partner routing, and compliance lives in eazyCare-owned services that the team fully controls, audits, and can modify without dependency on any single AI provider.

All client surfaces communicate exclusively through the EazyCare API Gateway. Five distinct client surfaces are supported: Patient mobile app (iOS & Android), Doctor & clinic portal (web + mobile dashboard), Clinic kiosk (standing Android display for triage and intake), Wearable devices (native EazyCare hardware plus Apple Watch / Garmin / Fitbit via HealthKit & Health Connect), and Pharmacy partner integration (stock lookup, prescription forwarding, delivery coordination).

8.2 Technology Stack — Hybrid AI Architecture

Layer	Technology	Rationale
AI Core — Layer 1–2	MedGemma:27b (self-hosted / vLLM)	Purpose-built for medical reasoning; handles 70–80% of patient intake traffic; self-hostable for data sovereignty
AI Core — Layer 3	Claude API — claude-sonnet-4-6	Safety-aligned clinical reasoning; doctor briefing, risk prioritization, and suggested next steps only; no diagnostic authority
AI Orchestration	Python / FastAPI + Model Router	Routes patient intake → MedGemma; routes doctor briefs → Claude; handles fallback and load balancing
Real-time services	Node.js + Socket.IO	WebSocket for kiosk live feed, wearable streaming, appointment notifications
Mobile apps	React Native (iOS + Android)	Shared codebase with native HealthKit / Health Connect bridging
Kiosk app	React + Electron on Android tablet	Full-screen locked mode; all AI calls routed through eazyCare backend API
Primary database	PostgreSQL (AWS RDS / Supabase)	ACID compliance; JSONB for flexible health records schema
Vector database	pgvector or Pinecone	RAG embeddings for medical knowledge retrieval at inference time
Time-series database	InfluxDB / TimescaleDB	High-throughput wearable vitals ingestion and historical analysis
Blob storage	AWS S3 / Cloudflare R2	Encrypted medical vault documents; versioned; private ACLs enforced
Cache and queues	Redis + BullMQ	Session store; async job queues for notifications and report generation
Infrastructure	AWS ECS Fargate + ALB	Container-based; autoscaling; primary region ap-southeast-1 (Singapore)

8.3 AI Pipeline Design — Two-Layer Clinical Safety System

The EazyCare Orchestration Service is the most critical proprietary component. It implements an intelligent Model Router that directs patient intake traffic to MedGemma (Layer 1–2) and doctor-facing reasoning to Claude (Layer 3). This creates a two-layer clinical safety system with explicit boundaries between medical intake and clinical interpretation.

Layer 1 & 2: MedGemma:27b — Medical Intake & Structured Summarization

MedGemma handles 70–80% of total AI traffic: patient symptom chat, kiosk triage interviews, mental wellness sessions, and wearable anomaly structuring. It is purpose-built for medical reasoning and clinical text understanding, with capabilities including:

- Symptom extraction and medical entity recognition — identifies symptoms, duration, severity, body systems, and associated factors from unstructured patient text.
- Structured clinical summarization — converts free-form patient descriptions into standardized JSON clinical records.
- Red-flag detection — flags potential urgency indicators without assigning diagnosis.
- Medical terminology normalization — maps colloquial descriptions to standard medical terms.
- Multilingual medical understanding — handles Malay, English, Mandarin, Tamil, Hindi, and Arabic medical descriptions.

MedGemma outputs a standardized JSON structure that is passed to Layer 3 (Claude) for doctor briefing. Because raw patient free-text never reaches Claude, token budgets are dramatically reduced and regulatory control is retained.

Layer 3: Claude Sonnet 4.6 — Clinical Reasoning & Safety Validation

Claude operates as the clinical reasoning and safety validation layer only. It receives **ONLY** the structured JSON output from MedGemma — never raw patient free-text. Claude's permitted outputs are:

- Clinical narrative brief — readable summary for the doctor.
- Risk prioritization — highlighting items requiring attention.
- Suggested next-step questions — additional history the doctor may want to explore.
- Differential pathway suggestions — possible clinical directions (explicitly non-diagnostic).
- Anomaly narration — human-readable explanation of wearable deviations.

Claude is prohibited from generating definitive diagnoses, treatment prescriptions, medical certainty statements, or direct-to-patient diagnostic language. These boundaries are enforced via system prompt engineering, output filtering, and legal terms.

Structured JSON Handoff Between Layers

The Model Router enforces a strict data contract between MedGemma and Claude. MedGemma outputs structured clinical records containing: chief complaint, symptom array with severity scoring, red flags, vital signs, relevant medical history, current medications, allergies, triage score, and confidence level. Claude receives this structured input plus RAG context and patient vault data (if consented) — but never the original patient free-text expressions. This architecture reduces Claude input tokens by approximately 70% compared to receiving raw conversation history, cutting doctor-facing AI costs from ~\$0.038 to ~\$0.009 per briefing.

The orchestrator exposes eight clinical tools via the appropriate AI layer: `get_patient_history`, `book_appointment`, `find_pharmacy_stock`, `get_wearable_summary`, `get_clinic_brief`, `lookup_drug_interaction`, `request_prescription_refill`, and `triage_score`. Every tool call passes through the privacy enforcer before execution, which verifies session mode, active consent grants, plan entitlements, and jurisdiction-specific data access rules.

8.4 RAG Medical Knowledge Pipeline

Rather than fine-tuning a model — an approach requiring millions of dollars and years of validation — eazyCare.Ai grounds Claude's responses in curated medical knowledge through retrieval at inference time. The RAG pipeline ingests from PubMed Open Access, WHO Essential Medicines and

treatment protocols, national Ministry of Health clinical practice guidelines across all launch markets, the OpenFDA drug interaction database, and country-specific generic medicine formularies.

Documents are chunked to 500 tokens with 50-token overlap, embedded using a text embedding model, and stored in the vector database with rich metadata. The top-three most relevant chunks are retrieved per query and injected into Claude's context as a verified reference layer. A nightly refresh job re-indexes updated sources.

8.5 Multi-Country Routing System & Data Sovereignty

The platform implements regulatory compliance switching per geography through a jurisdiction-aware configuration layer. Feature gating by country ensures that AI outputs, available tools, prescription workflows, and data handling rules conform to local requirements.

Critically, MedGemma:27b can be self-hosted in jurisdictions with strict data residency requirements: India (AWS Mumbai for DPDP compliance), UAE (Dubai/Abu Dhabi cloud regions for MOHAP/DHA data residency), and EU (on-premises in partner hospital data centres for GDPR Article 44–49 compliance). Raw patient intake data — the highest-volume, most sensitive data stream — never leaves jurisdictional boundaries for the 70–80% of traffic handled by MedGemma. Only the structured JSON output crosses to Claude for reasoning, satisfying data localisation requirements that would otherwise block platform entry.

8.6 Scalability Design

The architecture is cloud-native and API-first. All services are containerised on AWS ECS Fargate with Application Load Balancer for automatic scaling. The primary database uses PostgreSQL with read replicas for query scaling. Time-series data from wearables is sharded by user_id for horizontal scalability. The RAG pipeline operates asynchronously with BullMQ job queues, decoupling ingestion from inference. This design supports scaling from 10,000 to 10 million users without architectural redesign.

8.7 Why the Hybrid Architecture Is Strategically Winning

Regulatory Safety

The two-layer architecture creates a natural regulatory firewall. MedGemma — as an open-weight model — is explicitly positioned as a medical intake and structuring tool only, with no decision-making authority. Claude — as a safety-aligned proprietary model with constitutional AI training — serves as the interpretation and reasoning validation layer, but only for doctor-facing outputs where human oversight is guaranteed. No single AI vendor controls the entire clinical pipeline.

Data Sovereignty

MedGemma can be self-hosted in jurisdictions with strict data residency requirements: India (AWS Mumbai for DPDP compliance), UAE (Dubai/Abu Dhabi cloud regions for MOHAP/DHA data residency), and EU (on-premises in partner hospital data centres for GDPR Article 44–49 compliance). Raw patient intake data never leaves jurisdictional boundaries for the 70–80% of traffic handled by MedGemma. Only structured JSON output crosses to Claude for reasoning.

Cost Scaling

70–80% of total AI traffic is handled by self-hosted MedGemma at infrastructure cost only. At 10,000 MAU, total AI cost drops from ~\$1,400/month (pure Claude) to ~\$98/month (MedGemma + Claude) — a 93% reduction. This makes the free tier economically viable at scale and provides substantial margin headroom for aggressive B2B clinic SaaS pricing.

Clinical Accuracy

The three-stage accuracy stack combines biomedical tuning (MedGemma on clinical text and PubMed), structured medical abstraction (MedGemma JSON output), and reasoning validation (Claude safety-aligned layer). Each layer has a narrow, well-defined responsibility with explicit validation boundaries — reducing hallucination risk compared to single-model architectures.

Privacy & Security Architecture — The Foundation, Not a Feature

eazyCare.Ai was designed with privacy as a structural constraint, not a compliance checkbox. The platform handles some of the most sensitive data that exists — health histories, mental wellness conversations, genetic markers from wearable vitals, family medical records. Every architectural decision was evaluated through the lens of: what is the minimum data we need to hold, for the minimum time, to deliver this feature?

9.1 Encryption at Rest and in Transit

Data at rest: AES-256-GCM for medical vault documents; AES-256-CBC for encrypted Postgres columns. Data in transit: TLS 1.3 minimum; certificate pinning in mobile apps. Key management: AWS KMS for service-level keys; PBKDF2 (600,000 iterations, SHA-256) for user vault keys. Wearable device communication: BLE with pairing-based encryption; HTTPS for cloud upload.

9.2 Dual Session Modes

Auto-Delete Mode (Ephemeral)

When a user enables privacy mode before initiating a chat session, the platform operates in ephemeral mode. No conversation turns are written to any database. Context is held in Redis with a session-scoped TTL and is permanently deleted within 60 seconds of session close. The Medical Vault is not read. No AI-generated summary is stored. The session occurred — but left no recoverable trace on eazyCare.Ai infrastructure.

Important disclosure: Claude API processes messages and retains them under Anthropic's own data handling policy. eazyCare.Ai discloses this clearly in its privacy policy and within the app at the point of enabling ephemeral mode. eazyCare's ephemeral guarantee covers eazyCare's own infrastructure only.

Persistent Context Mode

When a user elects persistent mode, conversation turns are encrypted (AES-256-GCM) and written to Postgres. An AI-generated summary of 200 tokens or fewer is appended to the patient's timeline

on session close. This persistent context enables genuine continuity of care — the AI assistant can reference prior conversations, track medication adherence patterns, notice symptom evolution over time, and brief partner clinicians with accurate longitudinal context when the patient consents to share.

9.3 Role-Based Access Control

The vault uses a zero-knowledge encryption architecture. The user's vault key is derived using PBKDF2 (SHA-256, 600,000 iterations) from the user's authentication credential hash and a unique per-user vault salt. Documents are encrypted client-side before being written to blob storage. eazyCare servers store only the encrypted ciphertext and document metadata. The plaintext key and plaintext document are never simultaneously present on eazyCare infrastructure.

Consent grants are granular: a patient issues a permission token to a specific clinic, scoped to specific document categories (labs, imaging, prescriptions, etc.), with a defined expiry time. Revocation is immediate and cascades — the signed URL expires instantly, and the clinic's access is terminated at the consent layer before any storage layer interaction.

9.4 Audit Logs

Every request touching health data generates a HIPAA/PDPA-compliant audit log written through the API Gateway. Logs capture user ID, timestamp, session type, data categories accessed, and consent grant status — but never the content of PHI itself. Audit logs are tamper-evident, retained for 7 years per jurisdiction requirements, and available for regulatory inspection on demand.

9.5 Data Classification and Controls

Class	Examples	Controls Applied
PHI — Sensitive	Medical records, diagnoses, prescriptions, wearable vitals, mental wellness sessions	AES-256 at rest; TLS 1.3 in transit; explicit consent required for every access; full audit trail; zero PHI in server logs
PHI — General	Appointment history, session summaries, triage outcomes	Encrypted at rest; plan-gated access; audit logged; retained per jurisdiction-specific schedule
PII	Name, phone, email, national ID number, device identifiers	Encrypted in Postgres; hashed where used as identifier; minimised in logs
Operational	API call counts, error traces, performance metrics	Standard cloud security; no PHI or PII present (sanitised at middleware before any log write)

9.6 Data Minimization and Breach Response

Data minimisation is enforced at the product design level: the platform collects only the health data required for the active feature, retains it only for the jurisdiction-mandated period, and anonymises wherever possible for analytics.

The incident response protocol is: automated detection via AWS GuardDuty; triage by on-call engineer within 1 hour; containment via service isolation and API key rotation; PDPA notification to JPDP (Malaysia) within 72 hours; user notification within 24 hours; written post-mortem within 5 business days shared with affected clinic partners.

Commitment: No Data Selling — Ever

eazyCare.Ai will never sell, license, or monetise patient health data to third parties, including advertisers, pharmaceutical companies, insurers, or data brokers. Health data belongs to the patient. Commercial sustainability is derived entirely from subscription and partner fees — not from patient data.

Regulatory Compliance Framework — Across Nine Markets

10.1 Global Design Principle

Across all Phase 1 and Phase 2 launch markets, eazyCare.Ai operates as a digital health intermediary platform — not a medical provider, hospital, clinic, or diagnostic service. This is a deliberate and precisely maintained regulatory position. The platform's governing principle is absolute: AI does not diagnose, prescribe, or independently make clinical decisions.

The platform's three-line regulatory defence is: We never practise medicine. We only facilitate doctor-patient interaction. Doctors remain fully and exclusively responsible for all clinical decisions.

10.2 AI Classification Strategy

AI Classification Boundary

Across all launch markets, eazyCare.Ai's AI must remain classified as 'decision support / briefing tool only' — NOT as a diagnostic or treatment recommendation engine. This classification is maintained through product design (output wording, disclaimers, tool definitions), system prompt engineering, and legal terms. If it ever crosses into diagnostic language, it may require medical device registration — a multi-year, multi-million dollar process. This boundary is absolute.

10.3 Liability Separation Model

The platform maintains a strict liability separation: AI = assistant (symptom summarisation, structured briefing, triage support with non-diagnostic wording); Doctor = sole medical authority (diagnosis, prescription, final clinical decision); Platform = infrastructure provider (technology facilitator, communication layer, data steward).

This separation is contractually explicit in every partner agreement, terms of service, and patient consent flow. It is the platform's primary legal shield across all jurisdictions. Regulators in SEA and Africa rarely regulate 'apps'. They regulate 'who is practicing medicine'.

10.4 Region-Wise Compliance Mapping

Market	Medical Regulator	Data Law	Key Platform Obligation
 Malaysia	MMC-registered doctors; licensed clinics under Private Healthcare Facilities Act 1998	PDPA 2010 (amended 2024)	No platform licence required. Act as technology facilitator only. MOH telemedicine guidance compliance. 72-hour breach notification to JPDP.
 Singapore	HCSA-licensed clinic partners; SMC Ethical Code for doctors	PDPA (SG)	No platform licence. Strictest market — audit logs, consent capture, and secure communication mandatory. AI must stay decision-support only under HSA classification.
 India	NMC-registered RMPs; state Clinical Establishments Acts for clinics	DPDP Act 2023	No telemedicine platform licence. Strict adherence to Telemedicine Practice Guidelines 2020. Strong consent, record-keeping, and prescription workflow compliance.
 Philippines	PRC-licensed doctors; DOH-licensed facilities	Data Privacy Act 2012	Platform classified as health information system. DOH-compliant telemedicine workflow. No platform medical licence.
 Thailand	Thai Medical Council licensed doctors	PDPA (TH) 2019	Platform must be communication + scheduling system only. Prescription drug restrictions online — AI must not suggest restricted medication categories.
 South Africa	HPCSA-registered doctors; licensed facilities	POPIA 2020	No platform licence. HPCSA telemedicine ethical compliance. POPIA is well-established — strong consent and data handling required.
 Nigeria	MDCN-licensed doctors; registered hospitals	NDPA 2023	Regulation still maturing. Strong hospital/clinic partnerships essential for compliance credibility. NDPA compliance for data handling.
 Kenya	KMPDC-registered doctors; licensed providers	Data Protection Act 2019	Relatively startup-friendly. Government actively supports digital health. KMPDC and Data Protection Act compliance required.
 Ghana	Ghana Medical and Dental Council; registered facilities	Data Protection Act 2012	Institution-led telemedicine model. Strong clinic partnerships required. Data Protection Act compliance.

10.5 Detailed Country Requirements

Singapore (Strictest in SEA)

Under the Healthcare Services Act (HCSA), clinics and doctor providers offering teleconsults must be licensed healthcare providers. eazyCare.AI's platform is NOT licensed as a medical provider unless it operates clinics itself. The platform must partner with HCSA-licensed clinic partners and ensure teleconsult workflows follow MOH telemedicine rules.

Singapore regulates how doctors use the platform: doctors must follow the SMC Ethical Code, teleconsults must meet the standard of care equivalent to physical consultation, and proper consent

plus documentation is required. The platform must ensure audit logs, consent capture, and secure communication. The AI must remain a 'decision support / briefing tool' and NOT a diagnostic or treatment recommendation engine, otherwise it may fall under medical device classification under HSA.

Malaysia

Malaysia has the Telemedicine Act 1997 (foundational though not fully enforced) and Ministry of Health regulations governing practice today. Teleconsultation is allowed under MOH guidance and must be performed by registered medical practitioners. The platform does NOT need a platform licence, but must ensure doctors are registered with the Malaysian Medical Council (MMC) and clinics are registered under the Private Healthcare Facilities Act 1998. The platform cannot 'practice medicine' and must act strictly as a technology facilitator only.

India

India has the Telemedicine Practice Guidelines, 2020 (MoHFW) — legally binding under the National Medical Commission (NMC) framework. NMC ethical regulations govern how doctors provide teleconsultation. Telemedicine is fully permitted and mainstream for licensed doctors. The platform does NOT need a healthcare or telemedicine licence, but must ensure doctors onboarded are NMC-registered Registered Medical Practitioners (RMPs), doctors comply with Telemedicine Practice Guidelines 2020, and if clinics are involved, they may fall under state Clinical Establishments Acts.

South Africa

Telemedicine is regulated by the Health Professions Council of South Africa (HPCSA) under ethical guidelines (especially post-COVID updates). Strong privacy protection exists under the Protection of Personal Information Act (POPIA) 2020. Telemedicine is legal and actively used. Only HPCSA-registered healthcare professionals can provide diagnosis and treatment. The platform does NOT need a platform healthcare licence but must ensure doctors are HPCSA-registered, clinics are properly licensed, and POPIA compliance is maintained for all patient data handling.

Nigeria

Doctors are regulated by the Medical and Dental Council of Nigeria (MDCN). Telemedicine is permitted under evolving Ministry of Health guidance, and digital health is actively encouraged due to doctor shortages. The platform does NOT need a telemedicine platform licence but must ensure doctors are MDCN-licensed, partner clinics are properly registered, and compliance with the Nigeria Data Protection Act (NDPA) 2023 is maintained. Strong reliance on hospital/clinic partnerships is essential for credibility and compliance.

10.6 Cross-Market Compliance Stack

Regardless of jurisdiction, eazyCare.Ai deploys a minimum compliance infrastructure across every market:

- Legal: jurisdiction-specific Terms of Service with medical disclaimers; consent flows per country; data processing agreements with all clinic and pharmacy partners.
- Healthcare partners: verified licensed doctors in each country; licensed clinics or hospitals where required; ongoing credential monitoring with automatic suspension on licence lapse.
- Data and AI: applicable data protection law compliance (PDPA MY/SG, DPDP India, NDPA Nigeria, POPIA South Africa, etc.); secure encrypted hosting; full audit trail of all consultations.

- Platform: app store compliance and local content rules per market; no claims of medical diagnosis in any marketing, UI, or AI output.

Business Model — Multiple Revenue Streams, One Ecosystem

11.1 Revenue Streams

eazyCare.AI operates four distinct revenue streams that reinforce one another. B2B clinic revenue subsidises consumer AI costs, enabling genuinely low subscription prices. Consumer subscriber volume increases the value of clinic partnerships. Pharmacy integration generates commission revenue and deepens patient retention. Corporate wellness opens a high-margin enterprise sales channel.

Revenue Stream	Rate	Description
Clinic Partner SaaS	\$249/mo per clinic	Kiosk software licence, doctor dashboard, triage AI, patient flow management, real-time briefing system
Per-consult platform fee	5% per consult	Share of each virtual or in-clinic consultation booked through eazyCare platform
Enterprise hospital contracts	Custom pricing	Multi-clinic hospital chain deployments with white-label options and EMR integration
Corporate Wellness	\$10/employee/mo	Per-employee plan for HR health benefits; includes HR analytics dashboard, bulk appointment packages; \$200 minimum
Pharmacy commission	Variable	Commission on generic medicine sales facilitated through the platform; pharmacy listing fee for stock API integration
Insurance integrations	Future	Automated claims pre-authorisation using Medical Vault data; payer analytics dashboard (Phase 3)

11.2 Pricing Logic

Pricing is based on revenue uplift value capture rather than cost-plus. The clinic SaaS fee of \$249/month is positioned against a demonstrated revenue uplift of \$5,000–\$15,000 per month per clinic — a 20:1 to 60:1 return on investment. Per-doctor and per-clinic tiering allows small single-doctor clinics to adopt at lower price points while multi-specialty clinics pay for expanded feature sets.

11.3 Unit Economics — Hybrid AI Cost Advantage

Customer Acquisition Cost (CAC) per clinic is estimated at \$800–\$1,200 including kiosk deployment subsidy, sales cycle, and onboarding support. Lifetime Value (LTV) per clinic at 24-month average retention is \$7,000–\$12,000, yielding an LTV:CAC ratio exceeding 6:1. Expansion revenue per clinic grows over time as patient volume increases, additional doctors are added to the platform, and premium features (promoted listings, analytics, corporate wellness) are upsold.

The hybrid AI architecture delivers a transformative cost advantage. 70–80% of total AI traffic (patient intake, mental wellness sessions, kiosk triage, anomaly structuring) is handled by self-hosted MedGemma at infrastructure cost only. Claude is reserved for the 20–30% of high-value doctor-facing reasoning where safety alignment justifies API cost.

Use Case	AI Layer	Cost/Call (USD)	Notes
Patient symptom chat	MedGemma	~\$0.001*	*Infrastructure only; vLLM on AWS g5.xlarge spot instance
Kiosk structured intake	MedGemma	~\$0.001*	Produces structured JSON for Claude Layer 3
Wearable anomaly structuring	MedGemma	~\$0.0005*	Structured markers passed to Claude for narration
Doctor clinical brief	Claude	~\$0.009	Receives structured JSON only; 70% cost reduction vs. old architecture
Risk prioritization	Claude	~\$0.006	High-value reasoning; justified by safety requirements

AI Cost Scaling Advantage

At 10,000 MAU with 10 interactions per user per month: MedGemma traffic (~8,000 calls) costs approximately \$80/month in infrastructure. Claude traffic (~2,000 doctor briefs) costs approximately \$18/month in API fees. Total AI cost: ~\$98/month — a 93% reduction versus a pure Claude architecture (\$1,400/month). This cost structure makes the free tier economically viable at scale and provides substantial margin headroom for B2B clinic SaaS pricing.

Clinic Economic Impact Model

12.1 Revenue Uplift Drivers

eazyCare.Ai drives clinic revenue uplift through three primary mechanisms, each validated through pilot deployment data:

- **Throughput Increase (+20% to +50%):** AI-powered intake and triage reduce per-patient administrative time from 12 minutes to under 1 minute. Doctors arrive pre-briefed with symptom summaries, history highlights, and vital signs. The result is more patients seen per day without extending clinic hours.
- **Reduced Abandonment (+5% to +15%):** Real-time queue management, accurate wait time estimates, and streamlined check-in reduce patient walkouts. Every prevented abandonment is recovered revenue.
- **Retention Improvement (+5% to +10%):** Patients who experience shorter waits, better-prepared doctors, and continuity of care return for follow-up appointments at measurably higher rates.

12.2 Total Uplift Range

The combined effect of these drivers produces a total clinic revenue uplift ranging from 15% to 45%, depending on baseline efficiency, patient volume, and feature adoption depth. Clinics starting from a low baseline (paper-based intake, no scheduling system) see the highest uplift. Clinics with existing digital infrastructure see more modest but still material gains from the AI briefing layer and pharmacy integration.

12.3 ROI Example Per Clinic

Metric	Before	After	Change
Patients per day	15	43	+186%
Average wait time	47 minutes	4 minutes	-91%
Admin time per patient	12 minutes	1 minute	-91%
Monthly revenue (example)	Baseline	+RM 28,000	+35–45%
Patient satisfaction	3.8 stars	4.9 stars	+29%
Payback period	—	< 3 months	Immediate

Clinic ROI Summary

A typical partner clinic investing \$249/month in eazyCare.Ai SaaS plus a one-time kiosk deployment sees a payback period of under 3 months. At 24-month retention, the clinic generates \$5,000–\$15,000 in incremental monthly revenue against a total platform cost of under \$8,000 — a return on investment exceeding 15:1.

Financial Projections

13.1 Clinic Adoption Curve

Clinic adoption is modelled conservatively based on comparable digital health platform growth rates observed across Practo (India), DoctorOnCall (Malaysia), and HealthHub (Singapore). Year 1 targets 50 clinic partners across Malaysia and Singapore. Year 2 scales to 250 partners with entry into India and the Philippines. Year 3 reaches 800 partners across all Phase 1 markets plus South Africa and Nigeria.

13.2 Revenue Forecast

The following projections are based on a conservative scaling model anchored in validated unit economics. They assume no extraordinary market events and a moderate B2B clinic partner acquisition pace.

Year	ARR Target	Free Users	Paid Users	Key Milestone
Y1	\$2.4M	100,000	15,000	Launch in Malaysia, Singapore, India, Thailand, Philippines. 50 clinic partners.
Y2	\$9.6M	320,000	60,000	B2B corporate wellness launch. Africa Phase 2 entry (SA, Nigeria). Wearable Watch S1 ships.
Y3	\$36M	850,000	200,000	Kenya and Ghana launch. RAG knowledge base full-scale. Pharmacy delivery live in urban MY and SG.
Y4	\$114M	2,100,000	630,000	Delivery network launch across SEA. EazyCare Patch P1 (medical-grade ECG). Insurance integrations.
Y5	\$320M	5,000,000	1,500,000	Global English diaspora Phase 3. 1B people served target. IPO or strategic acquisition pathway opens.

13.3 Platform Scaling Model

eazyCare.AI employs a SaaS + transaction hybrid growth model. B2B clinic SaaS provides predictable recurring revenue that covers infrastructure and API costs at relatively low scale. Consumer subscriptions generate high-margin incremental revenue. Pharmacy commissions and corporate wellness contracts expand average revenue per user and per clinic over time. The hybrid model ensures that even if consumer acquisition slows, the B2B base provides operational continuity.

13.4 Long-Term Projection

By Year 5, eazyCare.AI targets a platform footprint spanning 5 million free users, 1.5 million paid subscribers, and 3,000+ clinic partners across 9+ markets. At this scale, the platform transitions from a telehealth application to a healthcare infrastructure utility – the operating system layer for primary care in emerging markets. The long-term revenue model evolves toward insurance integration, pharmaceutical analytics, and population health data services.

Phased Global Rollout Strategy

Phase 1 — SEA Core (Q3-Q4 2026) - B2C subscriptions + clinic SaaS

Markets: India, Malaysia, Singapore, Indonesia, Philippines, Thailand (low-friction, telemedicine-friendly)

- Patient app: AI health assistant with ephemeral and persistent mode; basic Medical Vault; pharmacy locator (curated directory)
- Doctor portal: patient clinical brief via consent-shared vault; virtual consultation link generation
- Clinic kiosk: symptom intake, triage scoring, real-time doctor dashboard feed; deployment in Klang Valley and Singapore pilot clinics
- Appointment booking: partner clinic directory; virtual consultation via Jitsi/Daily.co integration
- Mental Wellness AI (limited release) module goes live alongside the core assistant
- Target: 100,000 free users, 15,000 paid subscribers, 50 clinic partners by end of Year 1

Phase 2 — Expansion 1.0 (Q1-Q2 2027) - Corporate wellness + pharmacy partnerships

New Markets: Africa (Kenya, Ghana, South Africa and Nigeria)

- Expand to African market with existing stack
- Pilot wearable integrations and limited-access health sensing programme
- Apple Watch HealthKit and Android Health Connect integration live
- Real-time pharmacy stock API with partner pharmacies in MY and SG
- RAG medical knowledge base goes live at full scale: PubMed, WHO, MOH CPGs across all launch markets
- Family plan launch with AI-assisted paediatric intake workflow module
- Corporate wellness B2B vertical opens
- EazyCare Delivery: pharmacy-to-door pilot in Kuala Lumpur and Singapore
- multilingual support across SEA + Africa
- hospital EMR integration APIs
- compliance routing engine

Phase 3 — Expansion 2.0 (2027–2028) - Insurance integrations + enterprise licensing

Markets: UAE & European Union - high regulation, high trust markets - (PDPL / health authority rules + GDPR + MDR + AI Act compliance)

- Full UAE & EU regulatory compliance: PDPL / health authority rules, GDPR data handling, MDR device classification review, AI Act high-risk classification avoidance
- Insurance integration partnerships: automated claims pre-authorisation using Medical Vault data
- AI-powered follow-up care plans generated from consultation summaries

- federated healthcare deployment support
- regional data residency architecture

Phase 4 — Further Expansion & Consolidation (2027–2029) - Government + infrastructure contracts

Markets: Global

- Full last-mile delivery network across SEA urban markets
- Global English diaspora expansion: UK, Australia, Canada, UAE
- Government and NGO partnership programmes for rural clinic enablement

Social Impact — Profit and Purpose

eazyCare.Ai rejects the premise that profit and social impact are in tension in healthcare. The freemium model is not charity — it is a deliberate structural choice to ensure that the population least able to afford private healthcare has access to at least the AI guidance layer at zero cost. The economics work because B2B revenue subsidises this access.

SDG	Goal	eazyCare.Ai Contribution
SDG 3	Good Health & Well-Being	Direct 24/7 healthcare guidance access for 400M+ underserved people. Free tier ensures zero-cost AI triage for the poorest communities.
SDG 10	Reduced Inequalities	Generic medicine access at 80% lower cost. Family plan extending coverage to low-income households. Freemium model removing financial barriers to health information.
SDG 9	Industry, Innovation & Infrastructure	AI-powered healthcare infrastructure in emerging markets where traditional infrastructure cannot scale to meet demand.
SDG 5	Gender Equality	Safe, stigma-free space for women's health questions including reproductive health, mental wellness, and sensitive conditions that cultural barriers prevent patients from raising in person.

Beyond SDG alignment, eazyCare.Ai delivers measurable social outcomes: rural access improvement through telehealth and kiosk deployment in peri-urban clinics; reduced doctor burnout through AI handling of intake, documentation, and triage; improved primary care efficiency that allows existing doctors to serve 20–50% more patients; and affordability expansion through generic medicine access and zero-cost AI triage for free-tier users.

Risk Factors and Mitigations

Risk	Description	Mitigation
Regulatory reclassification	AI output crosses into diagnostic language, triggering medical device classification in one or more markets	Hard-coded output guardrails; legal review of all AI prompts; product is designed around briefing language from day one
Adoption risk	B2B sales cycle for clinic partners longer than projected, delaying B2B revenue ramp	Clinic ROI proof points from pilot deployments; kiosk subsidy in Year 1; consumer subscription revenue provides independent path
Liability risk	Patient acts on AI output in a way that leads to an adverse health outcome	Mandatory clinical disclaimer on every response; AI never diagnoses; clear escalation to licensed doctor; comprehensive terms of service; medical advisory board review
Data breach	Unauthorised access to patient health records despite encryption controls	Zero-knowledge encryption means breach of storage layer yields undecryptable ciphertext only; 72-hour regulatory notification protocol; external pen testing
AI provider dependency	Anthropic API pricing changes, availability issues, or policy changes affecting core product	Orchestration layer is AI-provider agnostic by design; can route to alternative providers. Volume growth provides Anthropic negotiating leverage.
Market-entry regulatory delays	Specific country regulatory approvals slower than modelled, delaying Phase 2 Africa launch	Phase 1 markets (MY, SG, IN) are sufficient to reach B2B break-even; Africa expansion is additive to base case

Competitive Landscape

The digital health ecosystem in emerging markets is fragmented. No single competitor solves the full patient-to-clinic-to-pharmacy journey with AI-powered clinical intelligence. eazyCare.Ai's competitive positioning is defined by what it is not:

Feature	Generic AI	Telehealth Apps	Health Info Sites	eazyCare.Ai
AI Health Guidance	Generic	—	Static	✓ Medical-specific + RAG
Verified Doctor Consults	—	By appointment	—	✓ Instant, AI-briefed
Mental Wellness AI	Partial	Partial	—	✓ Full AI counsellor
Encrypted Medical Vault	—	—	—	✓ User-controlled, zero-knowledge
Auto-Delete Privacy Mode	—	—	—	✓ Unique to eazyCare.Ai
Pharmacy + Generic Medicines	—	—	—	✓ Stock lookup + delivery roadmap
Clinic AI Kiosk System	—	—	—	✓ Proprietary hardware + AI
Family Plan (6 members)	—	Partial	—	✓ Bundled, paediatric triage

Platform Positioning

We are not a telemedicine app — we are a clinical efficiency layer. Telemedicine apps connect patients to doctors. AI symptom checkers provide generic information. Clinic management SaaS handles scheduling. eazyCare.Ai is the only platform that integrates a hybrid AI pipeline (MedGemma for medical intake + Claude for doctor reasoning), AI-powered triage, clinic workflow optimisation, encrypted health records, and pharmacy fulfilment into a single ecosystem. The hybrid architecture delivers 93% lower AI costs than pure-proprietary solutions while providing superior data sovereignty and regulatory safety. That integration is the moat.

Closing Statement

Healthcare is the most important industry on earth. And it is failing the people who need it most.

eazyCare.Ai is not an app. It is an infrastructure layer for the future of primary healthcare across Southeast Asia, India, Africa, and emerging markets. It sits at the intersection of three forces that are simultaneously at their most powerful: frontier AI that is genuinely medically capable, a post-pandemic population that has accepted digital health as normal, and healthcare systems that are structurally unable to meet demand through traditional means.

The platform is designed for the 400 million people who cannot afford to wait 47 minutes, who cannot afford branded medicines, who cannot afford not to have their history available when they finally see a doctor. It is designed for the clinic that loses 40 percent of its revenue to queue inefficiency and 91 percent of its admin time to paperwork. It is designed for the doctor who arrives at a consultation knowing nothing about the patient they are about to see.

eazyCare.Ai changes all of this. Not eventually. Now.

Contact

contact@eazycare.ai | www.eazycare.ai

This whitepaper can be updated as and when necessary and the same will be notified via official channels.