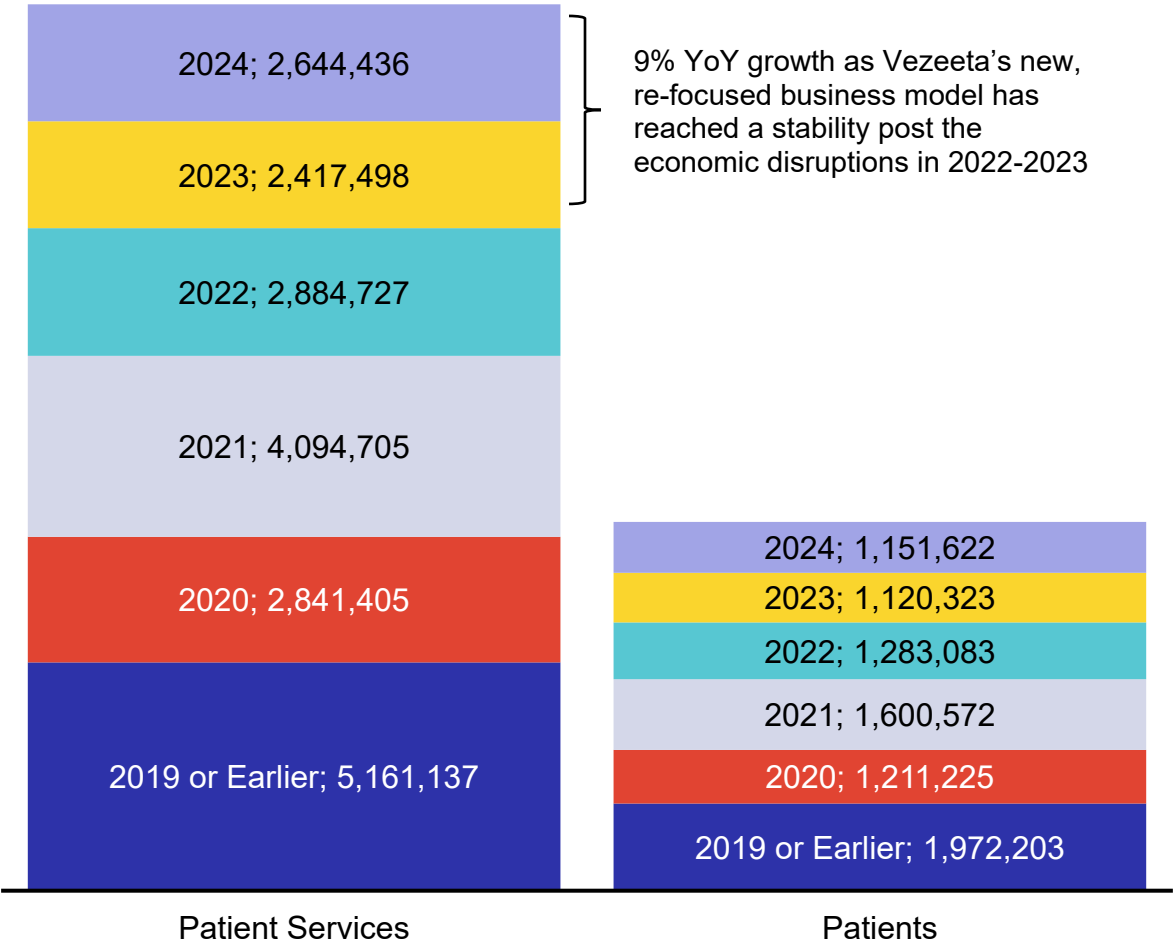




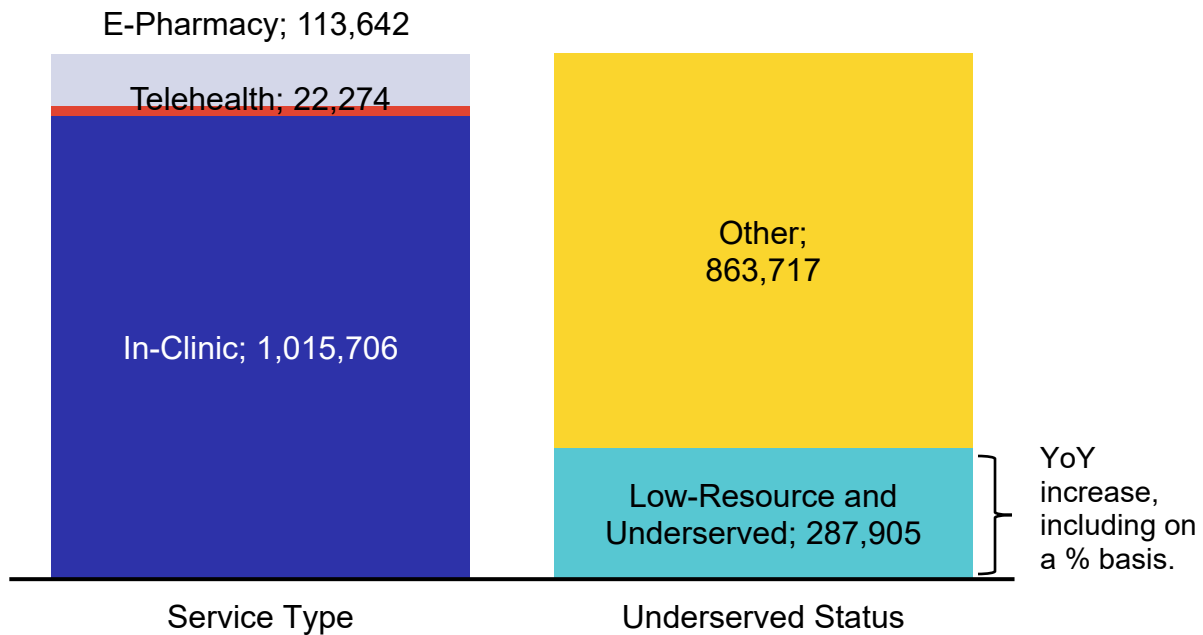
Vezeeta is the leading Health-Tech powerhouse in the Middle East and Africa, that caters to the patient’s end-to-end healthcare journey. Through the advanced, user-friendly Vezeeta app, patients can seamlessly book a doctor’s consultation; order prescribed medications from licensed pharmacies; schedule follow-up calls; book a doctor’s home visit; and request an at-home lab sample collection, all supported with the patient’s integrated insurance provider for a holistic user experience. [Visit Vezeeta website.](#)

I. FY 2024 IMPACT GRAPHICS

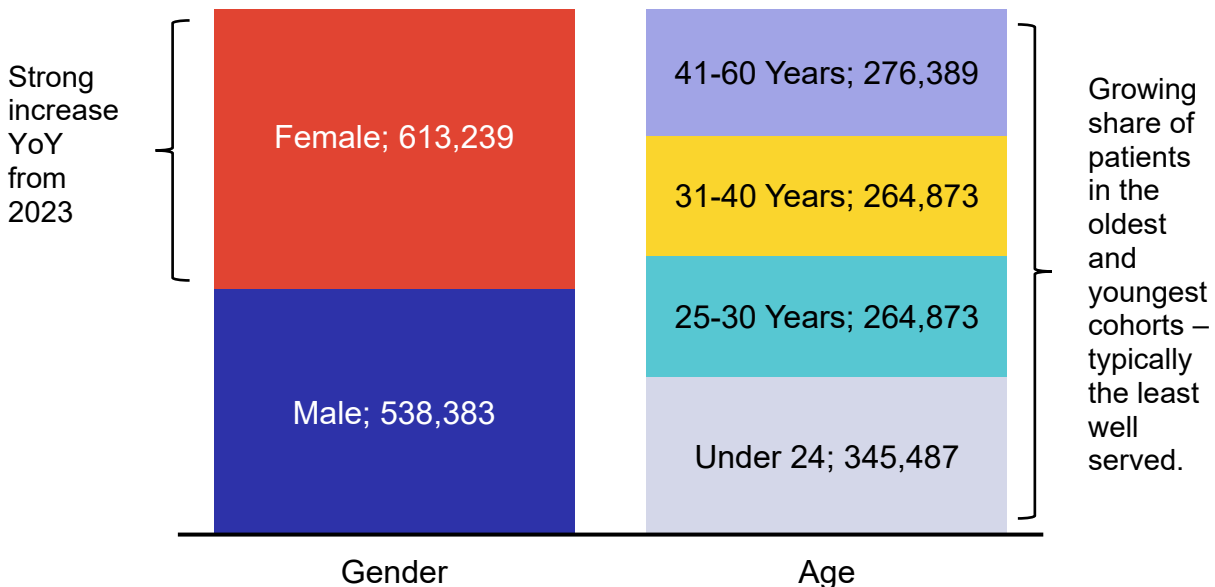
1. Unique Patients and Patient Services Facilitated (Cumulative)
N = 8,339,028 unique patients; 20,043,908 services facilitated



2. Patients by Category of Service and Underserved Status (2024)^{1,2}
N = 1,151,622 (2024); 8,339,028 (cumulative)



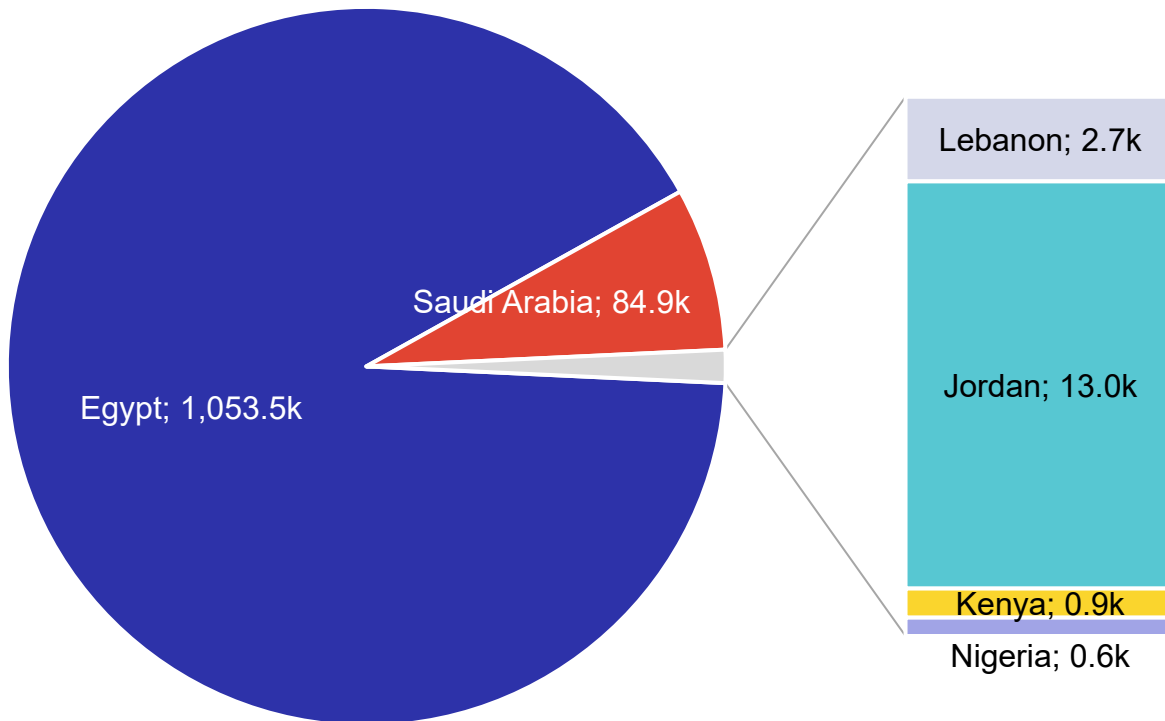
3. Patients Served by Gender and Age (2024)
N = 1,151,622 (2024); 8,339,028 (cumulative)



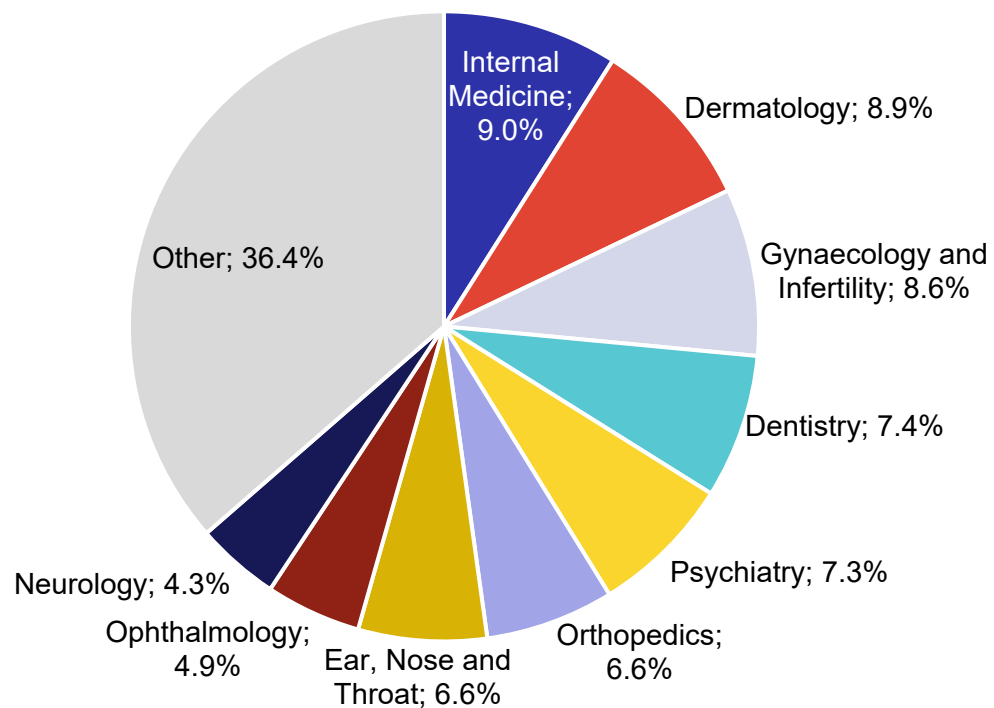
¹ Vezeeta uses a socioeconomic classification system that is localized to Egyptian standards; i.e., the 'Low-Resource and Underserved' segment is relative to the median salary in Egypt of \$258 per month, but much of the 'Other' category would be underserved relative to high-income countries.

² The recent macroeconomic challenges in Egypt over the last few years have limited access for underserved patients (including within Vezeeta's network); however, Vezeeta's new 'Shamel' program intends to solve this barrier.

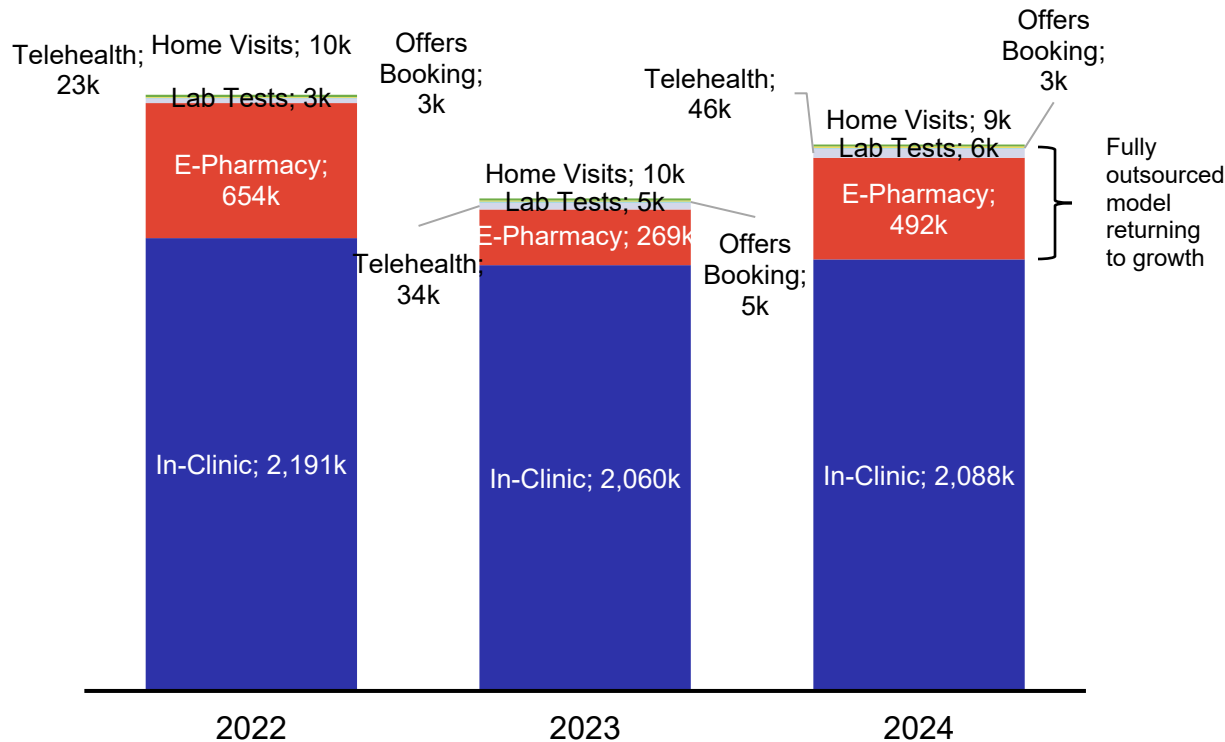
4. Patients Served by Geography (2024, rounded)
N = 1,151,622 (2024); 8,339,028 (cumulative)



5. Patients Served by Specialty (2024)
N = 1,151,622 (2024); 48 Specialties



6. Platform Services ("Units") by Category and Year³
N = 2,644,436 (2024); 20,043,908 (cumulative)

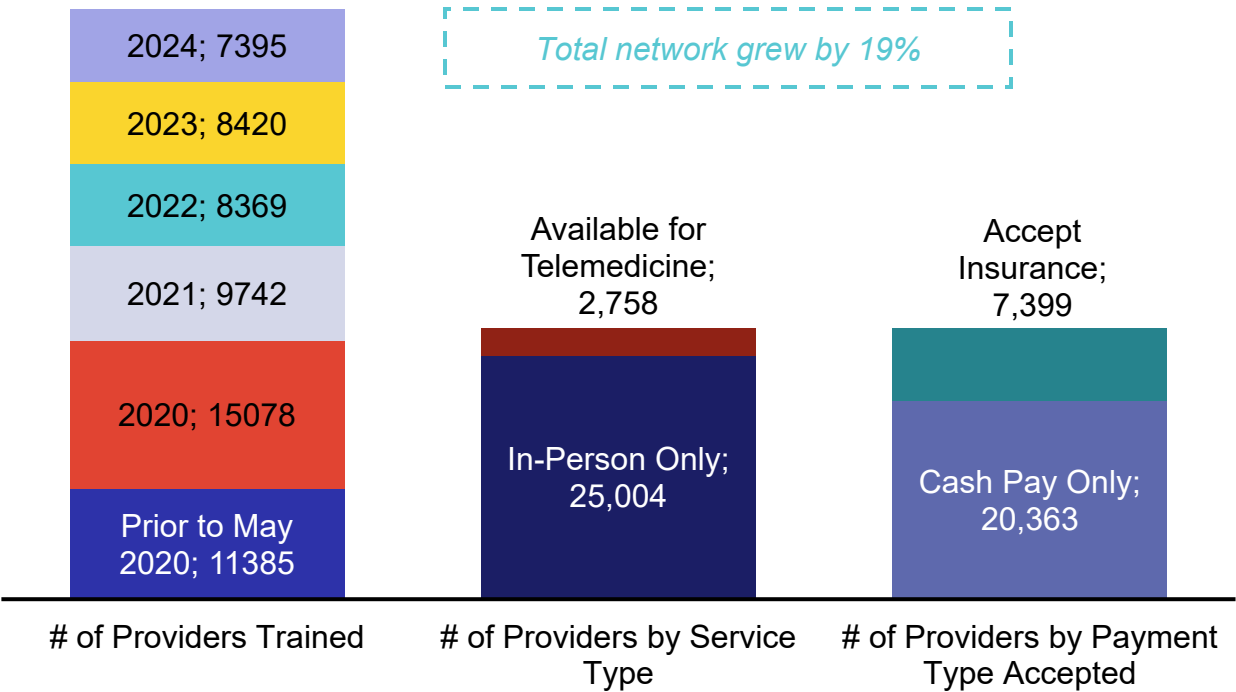


7. Commercial and Other Forms of Distribution by Geography (Cumulatively)⁴
78 Cities across 6 Countries in Africa

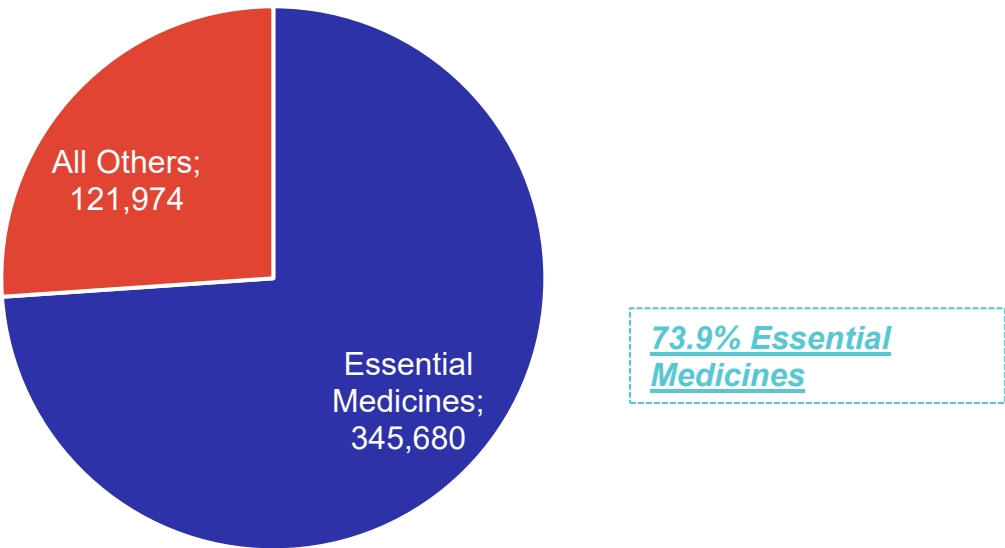


³ Offers booking refers to Vezeeta app promotions for health products and services.
⁴ 90%+ of patients served in FY 2024-2025 were in Egypt. Vezeeta continues to evaluate service expansion opportunities in Sub-Saharan Africa.

8. Provider Profiles by Training, Service, and Payment Type^{5,6}
N = 7,395 New Doctors Trained (2024); 27,762 In Network (2024)



9. E-Pharmacy Medications by Type (2024)
N = 467,654 e-pharmacy orders filled (2024); 286 Active Pharmacies in Total

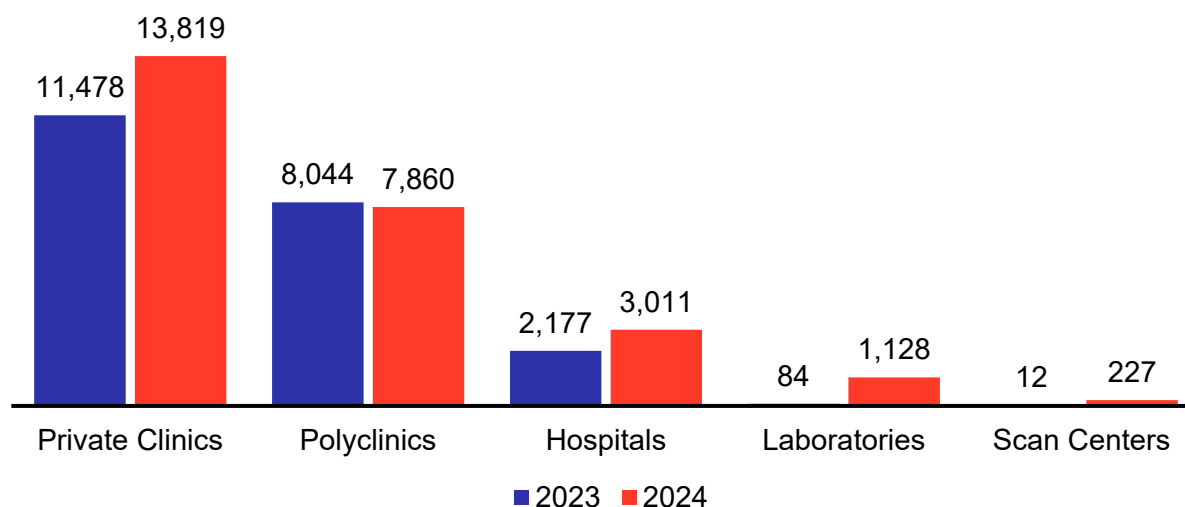


⁵ Reporting methodology adjusted in FY 2022-2023 report to reflect only new doctors trained (as opposed the year-over-year increase in the total active doctor network).
⁶ Breakdown of total active doctors in the Vezeeta network as of 3/31/25.

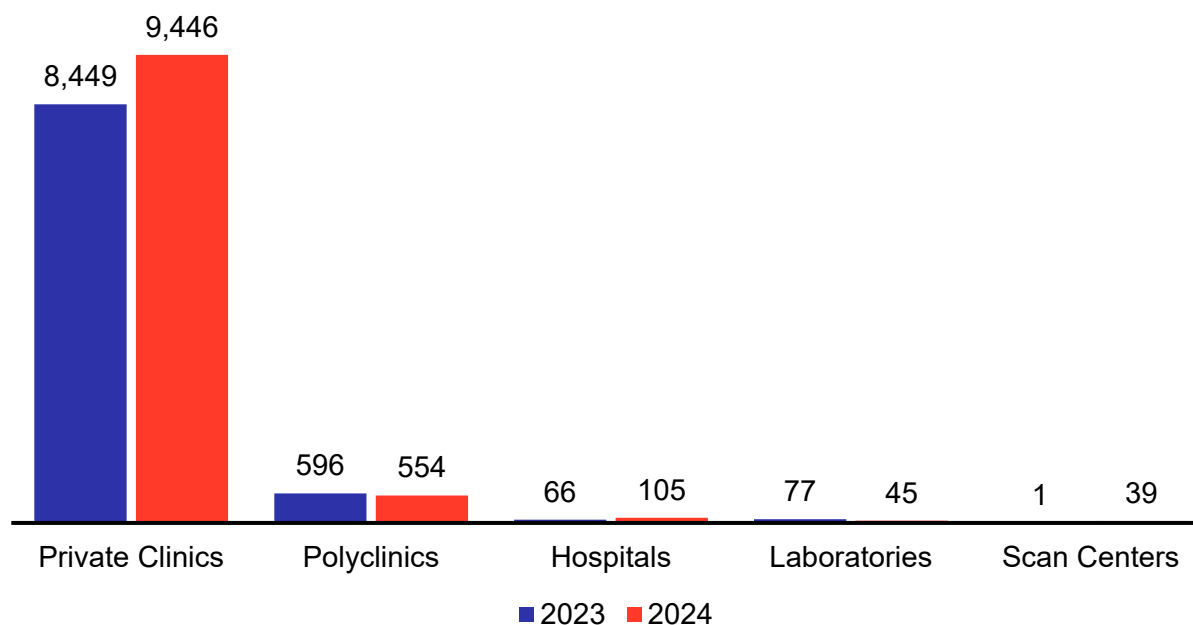
10. Healthcare Facilities and Providers by Facility Type (2024)⁷

N = 26,045 Providers (2024); 10,189 Facilities (2024)

Providers (Doctors) by Facility Type



Facilities by Facility Type



⁷ In the context of the Egyptian healthcare system, a polyclinic is a medical facility that provides a wide range of outpatient healthcare services across multiple specialties. It is designed to offer patients access to various types of medical consultations and treatments in one location, typically without the need for hospitalization. Polyclinics in Egypt commonly serve as a more affordable and accessible alternative to larger hospitals, especially for primary care and routine medical services. These clinics are often found in both urban and rural settings, helping to bridge the gap between small private practices and larger hospitals. They play a significant role in expanding healthcare access to underserved populations, particularly in areas where healthcare infrastructure may be limited.

II. IMPACT SPOTLIGHT: Bridging the Divide Between Public and Private Healthcare in Egypt: Vezeeta's Deeply Discounted Platform of Digital Health



A. Background

In recent years, Egypt has experienced a number of **converging developments** that have put the urgent need for more **affordable, quality healthcare** in the spotlight. Among other trends, the country is experiencing:

- (1) continued growth of both **its elderly population** and **life expectancy**;
- (2) a notable **shift in disease burdens** -- away from infectious diseases, and towards **non-communicable diseases ("NCDs")**, including the full range of **chronic care needs** that come with NCDs;
- (3) **macroeconomic** headwinds, and their toll on the economic wellbeing of Egypt;
- (4) **constraints** with respect to **government health spending**;
- (5) **access challenges** with respect to **private insurance**; and
- (6) **outsized out-of-pocket ("OOP") health expenditures**, threatening too many Egyptian households, especially the country's working class.

Each of these trends, summarized below, has put strains on Egyptians' capacity to afford quality healthcare. Collectively, they have created an urgent need for healthcare affordability solutions.

1. Population and related health trends

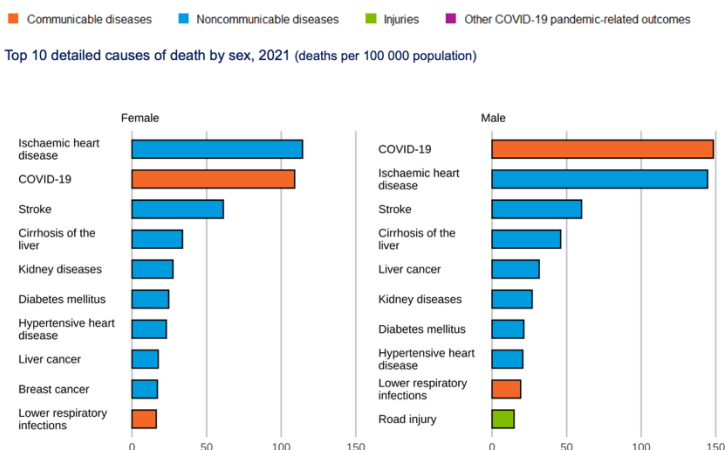
Egypt's population -- the **largest** in the MENA region -- is **rapidly aging**. Between **1980-2020**, the average life expectancy in Egypt increased from **58 to 69 years for men**, and from **62 to 73 years for women**.ⁱ By **2050**, life expectancy will reach **~74 years for men** and **~79 years for women**.ⁱⁱ

Beyond life expectancy, Egypt is undergoing a **demographic shift**, moving from a predominantly youthful population, to a **growing proportion of older adults**. By 2050, roughly **14%** of the country will be **60 years of age and over**, representing **~22M** Egyptians.ⁱⁱⁱ

This growing cohort of aging adults is creating **heavier demands** on public and private healthcare systems alike, and spawning a call for new research to better understand the full spectrum of potential health burdens and needs confronting Egypt's elderly population.^{iv}

2. Growing NCD burdens and related disease and risk factor management concerns

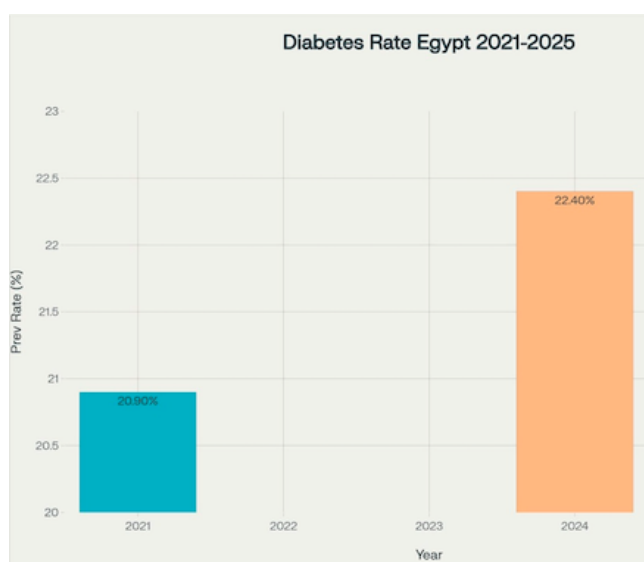
NCDs -- often **interrelated**, with **multiple co-morbidities** -- afflict predominantly adult populations. As the number of older Egyptians, and the country's adult population more generally, continue to grow, demand for healthcare services to manage the full spectrum of NCDs and their related conditions and risk factors, has also grown.^v NCD burdens are expected to escalate still further in coming years, due to further population growth; behavioral, metabolic, and environmental risk factors; and continued challenges to accessing care.



As of 2021, the **top causes** of death in **both men and women** in Egypt, were NCDs, with COVID-19 a notable exception and lower respiratory infections a 9th and 10th leading cause for males and females, respectively.^{vi} NCDs are now estimated to account for **82%** of all deaths, and

67% of premature deaths in Egypt.^{vii} Across the country, there is **high prevalence of risk factors** exacerbating these trends,^{viii} including for example: smoking (a troubling trend found in **~33%** of the **male population over 15**);^{ix} high blood pressure; diabetes; physical inactivity; unhealthy diet; air pollution; and obesity (a troubling trend affecting **50% or more** of Egyptian **women**, with up to **75%** reported as **overweight**).^x

Diabetes, a significant risk factor for **multiple NCDs**, is a case in point for Egypt's **rising tide of NCD burdens**. According to the International Diabetes Federation, **~11M** people **20-79** years of age, or about a **fifth** of Egypt's adult population, had diabetes in 2021, **up from 7.3M** in 2011.^{xi} These rates continue upward unabated: today, there are between **13.2-13.3M** adults with diabetes, representing **22.4%** of the population.^{xii} These burdens place Egypt in the **top 10** countries worldwide for this category of disease.^{xiii} If not further controlled going forward, diabetes numbers in Egypt are expected to reach **24.7M** by **2050**.



Recent age-standardized **cancer** trends likewise tell the story: **~166** per 100,000 (both sexes) in **2022, up from ~113 a decade earlier**.^{xiv} By **2050**, Egypt's National Population-Based Cancer Registration Program has projected a **3-fold** increase in incident cancer relative to **2013**.^{xv}



These rapidly growing NCDs and related conditions and risk factors, pose a significant threat to Egypt, not simply because of the toll from heavy disease burdens, but also because of the **enormous economic toll** on households, health systems, workforce productivity, and National health-related agendas more generally.

3. Continued harsh macroeconomic headwinds

While Egypt is aggressively pursuing macroeconomic stabilization and structural reforms, the country and its citizens continue to be buffeted by a host of adverse factors affecting economic wellbeing. Among other stressors, there are mounting public debt and debt interest payment burdens; high inflation affecting household spending capacity; devaluations of the Egyptian pound (which have decreased citizens' purchasing power,

and increased the cost of imports); persistent trade deficits; slow economic growth; and ongoing significant disruption from conflict in the Region.^{xvi} For all these reasons, **health affordability** is now a top priority for the vast majority of Egyptians and their economically strapped households.

4. Public investment in health remaining low for the foreseeable future

Although Egypt's healthcare system is **pluralistic**, with both **public** and **private** providers, many Egyptians seek private care due to understaffed and under-equipped public health offerings. These collective concerns have contributed to a public sentiment favoring private care.^{xvii}

Historical underfunding has been a key contributor to public health system concerns and related public perceptions. In recent years through 2024, total health expenditure ("THE") as a percentage of GDP, has declined, despite representing an increase in absolute Egyptian pounds.^{xviii} The government has struggled to meet its healthcare spending target of 3% of GDP, allocating only 1.2% in the 2024-2025 budget, which is low relative to comparable LMICs.^{xix} Although slated to increase more meaningfully in the 2025-2026 budget,^{xx} Egypt historically has spent annually only \$151 per person on healthcare, which is less than peer countries like Iraq (\$202), Morocco (\$187), and Tunisia (\$222).^{xxi}

Thanks to the Universal Health Insurance ("UHI") Law of 2018, Egypt has begun the multi-year process of establishing a new National program for public insurance,^{xxii} aided by a proposed, more cost-efficient health system that will rely heavily on **digital health infrastructure**.^{xxiii} However, UHI will not be active throughout Egypt until ~**2030**, and perhaps longer.^{xxiv} It is also likely **not to cover total OOP costs**, due to factors including high unemployment, large numbers of informal sector workers, and a significant proportion of the population unable to cover OOP costs (i.e., roughly one-third of Egypt's population is under the age of 15).^{xxv} Until full implementation of UHI, government investment in the public health system is expected to remain relatively low, and **OOP costs high** as described further below.

5. Extremely limited access to private insurance

Although there are no official figures on Egyptians with broad coverage private health insurance, less than **5%** of the population is able to afford such protection, and informal surveying by Vezeeta suggests that those actually holding such insurance, is no more than **~1-4%** of the population.^{xxvi} While partial coverage may also be available through employers for some subset of Egypt's salaried population, the vast majority of Egyptians are unable to afford, or otherwise do not have access to, these benefits.^{xxvii}

Even for those fortunate few Egyptians that hold private insurance, these plans tend to have limitations built into their policies. **Pre-approval**, for example, is typically a requirement for health services, and this process can take **up to 2-3 weeks** -- a process incompatible with **more urgent health needs**.^{xxviii} Private insurance policies may also have lengthy **waiting period** requirements with respect to **pre-existing conditions**, or even **exclude** those conditions.^{xxix} It is likewise not uncommon for there to be **obligations** placed on coverage **beyond a certain age** (e.g., special forms to be submitted for those 60 years of age and older), and some policies impose **age coverage limitations** more generally.^{xxx}

For all these reasons, Egyptian private health insurance benefits are **exceedingly rare**, with **important conditions** that attach and/or with **only partial coverage**.

6. Out-of-pocket health expenditures and their crippling effects on Egyptian households

Out-of-pocket ("OOP") health spending is a critical barrier to access in Egypt, and **exceeds half** of Egypt's total health spending, with a potential to threaten the economic viability and long-term sustainability of many Egyptian households.^{xxxi} OOP health payments remain the principal source of healthcare financing in Egypt, ranging from **41%-72%** (mean **63%**) of THE, in recent years. This percentage is higher than the **39%** average seen in countries of similar economic status.^{xxxii} At **~63%** of THE, the **risk of catastrophic OOP expenditures** on households is **significant**: studies have reported that up to **20%-33%** of Egyptian families have experienced "catastrophic" health expenses, defined as health spending exceeding 20% of annual household incomes.^{xxxiii} This rate is higher than corresponding

rates of catastrophic expenses seen in other low- middle-income countries (“LMICs”) like India and Bangladesh.^{xxxiv}

Today, **pharmaceuticals** comprise an **outsized proportion** of healthcare spending in Egypt -- **over 32%** of THE, and **43%** of household expenditures.^{xxxv} Recent Egyptian pound devaluations have served to further increase the cost of medicines, most of which must be imported.^{xxxvi} While pricing policies historically have aimed to improve affordability of pharmaceuticals, OOP expenditure remains high, hindering health access and outcomes, and contributing to the crippling effects of health OOP expenditures on too many Egyptians and their families.^{xxxvii}

The OOP **affordability** of **diagnostic tests and lab services** in Egypt is likewise a barrier to healthcare access in that country.^{xxxviii} For those that lack or have inadequate insurance coverage, many Egyptian households are unable to afford the **regular testing** required to **manage chronic diseases**, or that involve **more advanced forms of diagnostics** (e.g., testing via large imaging systems, and advanced diagnostic tests like molecular diagnostics and next-generation sequencing). Because more peripheral towns and rural areas of Egypt often lack access to close-by diagnostic facilities, additional time/travel costs further limit the affordability of these testing services, which are **critical for ongoing NCD management**. While Egypt's diagnostic market is growing, the average number of diagnostic tests per person in Egypt (**2.5** per year) is still low compared to countries like Saudi Arabia (**10.1**) and the United States (**23.2**), due partly to **affordability concerns**.^{xxxix}

* * *

As these **demographic, macroeconomic, and population health** developments have converged, **affordability of healthcare** has become **the central issue of concern** around healthcare offerings in Egypt, along with **quality of care**. Those most affected are the millions of Egyptian households, especially the **working class**, that:

(1) **do not rely** on the **public health** system, but also **do not have access** to, and/or **cannot afford, private medical insurance**; or

(2) have **medical insurance** that **does not cover all OOP** health costs.

B. Tackling the Problem:



Last year we told the story of Vezeeta's very early efforts to conceptualize and begin to build-out its **Shamel** initiative -- a program with a central focus on **affordability** and **convenient, digital access to quality private care** in Egypt. Because efforts around Shamel have advanced considerably since our previous report, this year we add new details about the initiative, now a **flagship program** for the Company. As you will read, Shamel's combined features -- its **steep discounts**; its **comprehensive** healthcare offerings; its **expansive reach** throughout Egypt and soon beyond; and its impressive **digital infrastructure** deployed to support all aspects of healthcare service needs -- represent **first-of-its-kind** health access benefits for Egypt and the broader MENA Region.

We give special focus in this report, to the **digital infrastructure** supporting Vezeeta's broad platform of Shamel services. As **LMICs** everywhere move to improve access through digital infrastructure and innovations, Shamel serves as an excellent early **case study** on how **improved access** and **affordability** through **digital innovations**, can **bridge** the divide between **public** and **private** healthcare, not simply for Egypt and the MENA Region, but potentially in other LMICs as well.

Directly in response to Egypt's healthcare affordability concerns, described in Part A, Vezeeta in **July** of this year, formally launched its Shamel (meaning “**comprehensive**” in Arabic) healthcare platform. This platform of services is intended to assist the many millions of Egyptians, who are looking for **private** health offerings, but **do not have access to**, and/or **cannot afford**, **private** medical **insurance**. Shamel is **not** an insurance offering; it is a highly affordable **subscription-based** program (set at **~\$US 16** annually for individuals, and for families up to 4 individuals at **~\$US 32-33**), that allows Egyptians and soon **Saudi Arabia**, immediate access to the most **deeply discounted** private health offerings in Egypt and MENA generally. Discounts of **up to 80%** are offered on a wide range of services, through a network of **over 10,000 providers**. Via its comprehensive digital platform **merging healthtech and fintech** offerings, Shamel services are now accessible **throughout Egypt**, including more rural regions and smaller cities and towns, in the **Upper Delta** and **Northern** parts of the Country.



There are **three** essential parts of the Shamel program that stand out:

- (1) the **comprehensive range of private healthcare service** offerings accessed through the platform;
- (2) the **uniquely steep discounts** and **other affordability features** connected to those services; and
- (3) the **digital connectivity** throughout **participants' healthcare experience** -- from **finding** and **scheduling** appropriate care, to connecting users to testing services and medications needed to **manage** that care, to pathways for **digital payment** -- all handled via a **Shamel App**.

Users subscribe to Shamel either directly through Vezeeta or as part of a bundled offer with partners, further described below. Subscribers register their account on the Vezeeta App, using their phone number or other form of identification, and then discounts are applied automatically when booking services through the App or by showing the Shamel eCard at participating providers.

Although the program is still in nascent stages of growth and is expected to further evolve rapidly, as of July, Vezeeta's rich **network of healthcare offerings**, include:

- over 8,000** doctors providing private care;
- 617** types of clinical services;
- 150** hospitals;
- 300** categories of surgery/operations;
- 1,220** labs and **2,402** categories of tests;
- 185** scan centers and **349** categories of tests; and
- 355** pharmacies.

Beyond Shamel's comprehensive health services, the most unique access of this program is its **radical affordability**, shown here.

Discounted Private Health Offerings	
Up to 80%	Clinic services
Up to 40%	Doctor's teleconsultations
Up to 70%	Lab tests
Up to 70%	Scan tests
Up to 15%	Pharmacy orders and supplies
Up to 40%	Hospital surgeries

To put these steep discounts in perspective, Vezeeta is the **only company in Egypt**, providing this **tier of affordability**.

More specifically, Shamel's providers and services represent **the least**

Private Care Mostly OOP (~1-4% Covered by Insurance)
Shamel -- Affordable, Instant Access Private Care
Public Healthcare

expensive care above public healthcare care, closing the affordability gap for **working class** Egyptians, that would prefer private sector care services, but costs put those services out of reach. The potential addressable market for this new pathway of care is **potentially enormous**, since as previously noted, only **~1-4%** of the population can afford private insurance at this time.

New financial access initiatives, improving affordability and customer control of the payment process

To further support affordability, the Company this last year secured a number of important collaborations, **merging fintech innovations** with its customer **healthtech platform**. Vezeeta's new partnerships pave the way for improved **customer control and management** over payments, and **greater convenience, simplicity**, and **security** during the **payment process**. These new initiatives create additional opportunities for Egyptians, enabling them to prioritize their healthcare, by reducing financial strain.

Two partnerships now central to Shamel's fintech offerings, are with **Valu** (for flexible financing), and **Geidea** (for digital payments). The Company has pursued these relationships precisely because of their "**impact multiplier**" benefits -- allowing more Egyptians wanting private healthcare in Egypt, to have **pathway options** to **manage** OOP expenditures with **greater flexibility, control, and ease**. Here is a graphical snapshot of these two collaborations:

Partner	Role/Contribution to Shamel	Key Benefits for Users
Valu	Flexible payment plans for Shamel and medical services	Affordable installment options for healthcare
Geidea	Cashless and digital payment integration	Seamless, secure, and efficient transactions

As the table above summarizes, **Valu** is a **leading financial technology provider** in the **MENA Region**, and has partnered with Vezeeta to offer **flexible payment** for Shamel **subscriptions**. In the near future, Valu will also be collaborating with the Company to create flexible payment plans for **all services**. This will allow users to pay for healthcare services, including

doctor consults, surgeries, lab tests, and pharmaceuticals, through **manageable installments, further reducing affordability barriers.**

Geidea is a prominent Saudi-based **payment solution provider**, and in its tripartite partnership with Vezeeta and Valu, Geidea has integrated **cashless payment options** onto Vezeeta's platform. Cashless processes allow for more **seamless, secure, and simplified** payment transactions, fully integrated into the Shamel App, for a seamless digital experience.

With the Valu and Geidea pillars added to the platform, Vezeeta has also joined forces with **Visa, Nymcard, and CIB Egypt**, and all of their **debit and credit card holders**, to further broaden the reach of Egyptians who would benefit from Shamel's steeply discounted offerings, but want or need the option of spreading payment for those services over time.

In addition to fintech, the Company has also begun to consider potential collaborations and other business option(s) with respect to Health Maintenance Organization ("HMO") insurance offerings, keying off recent changes in Egyptian law that provide for new HMO opportunities, especially for entities advancing **digitization**, and inclusion of **underserved markets**. These HMO opportunities would complement the Company's efforts to advance into health-related fintech, and would represent yet another aspect of end-to-end healthcare services managed on Vezeeta's unique platform.

Expanding access to healthcare via collaborations with Egyptian businesses

To further broaden the reach of its affordable health service offerings, Vezeeta has begun to create **a network of** alliances with Egyptian companies, ranging from Egypt's largest to smaller entities, and the **employees and/or customers** they serve. One significant example this last year was with **WE**, Egypt's **top ICT service provider**. The alliance provides WE (Space and Gold) customers, **annual Shamel subscriptions**, granting them discounts on the full range of medical services and products offered under the Shamel program -- from doctor consults, radiology and laboratory services, to surgery (including elective surgery), and medications.

To further expand access, this time with small- and medium-sized companies in Egypt, Vezeeta also has begun a collaboration with **e& business**, the **business-focused technology and digital solutions** arm of **e& Egypt (formerly Etisalat Egypt)**. Vezeeta sought this partnership so that it would have the platform necessary to extend its steep discounts to **countless small- and medium-sized companies** in Egypt, that want to elevate their employees' wellbeing, but do not have the budget to afford insurance, or do not have full coverage insurance, for their employees. With the help of Egyptian businesses, this new capacity of the platform is yet another "impact multiplier," accelerating and expanding Vezeeta's ability to reach more Egyptians needing affordable, quality healthcare.

Expanding beyond Egypt

Vezeeta has now expanded into **Saudi Arabia**, primarily through collaborations (e.g., with **Merck** on female health/fertility issues, and with the **Saudi Schizophrenia Association**). The Company is also giving serious consideration to expanding to **other parts of Africa**, potentially to countries like **Kenya** and **Nigeria**, both of which have relatively strong private-sector clinicians and clinical services.

* * *

Peter Singer, former **Assistant Director General** at the **WHO**, recently wrote about **global health** and **changes needed**, in the wake of **development aid curtailment** from the US and other countries. "Replacing traditional tenants of global health," he noted, "will be **innovation**" (which we would further qualify as **private sector-driven, commercially self-sustainable digital innovation**). "The next global health development model," he continued, "will be **innovation in health services**, especially those that are **better, faster, and cheaper**," and especially those that "can reach **millions**."^{xi}

For a variety of reasons, Vezeeta's Shamel is an **excellent example** of what Dr. Singer sees as the **future of healthcare in LMICs**. More specifically, Shamel's **collective health services and payment features** have the potential to improve access to care not just in Egypt, but potentially could do so more broadly in **other LMICs**, particularly those that

share demographic^{xlii} and pluralistic public/private healthcare system^{xlii} similarities with Egypt. Only as examples:

- **“Bigger, better, faster”:** With **instant** access to **Egypt’s largest network of private care providers and services**, at the **most steeply discounted rates** other than through public health, and with **digital reach** across Egypt and beyond, Shamel, in the words of Dr. Singer, is “bigger, better, and faster,” than any other health service model in Egypt today.
- **Vezeeta has created a new tier of care:** By virtue of its unique platform around affordability, Vezeeta has in effect created a **new tier of healthcare** for the Egyptian population -- a tier no other entity is in the position to make available in that Country today. Shamel’s digital platform is unique in its capacity to **bridge** the **great divide** between **public** and **private care**.
- **Improved quality of care for millions of Egyptians, especially its working class:**^{xliii} By offering steep discounts, this new pathway to accessing private care services, offers potentially millions of Egyptians the opportunity for a **higher quality of care**, than provided through public health.
- **Benefits to the public health system:** **Offloading demand away from public healthcare** and towards the private sector, has the additional benefit of helping to **relieve some of the unrelenting strain, endemic** to the **public healthcare system** in Egypt (and all LMICs). This shift serves to focus public healthcare on those that are **poorest** and **most in need**, and also helps **preserve** the Country’s limited **health budget** for **other health priorities**.^{xliv}
- **Easing health-related financial burdens common in Egypt and LMICs more generally:** Vezeeta’s new digital pathway of care **reduces the risk of financial strain**, including **catastrophic OOP healthcare expenditures**, prevalent not just in Egyptian households, but throughout LMICs. As noted previously, OOP health expenditure **exceeds half of Egypt’s total health spending**, increasing economic uncertainty for too many Egyptian families, and compelling them to make tough decisions about whether to forego needed

quality care for loved ones, or accept potentially disruptive, sometimes even catastrophic, OOP expenses.

- **An alternative, when private insurance is unavailable:** Where **private health insurance** is either unaffordable or unavailable, as is typically the case **throughout LMICs**, the Company has created an **alternative, simplified digital pathway** for quality private care at reduced cost. Shamel has **no paperwork, no age limits, no pre-approval waiting periods, or other requirements** that often attach to **private insurance policies**, for the few Egyptians that can afford them. The program allows **unlimited access to services** throughout the subscription period; is **transparent in its pricing** (both the original cost, and as discounted, with no hidden fees); and has an **array of payment and installment options** to improve affordability -- all available on the Shamel App.
- **Shamel's increased value in the context of NCDs:** As Egypt and all LMICs seek to manage the **rising tide of NCDs**, often involving **interrelated diseases** and **co-morbidities**, these **chronic** diseases often require **multiple, ongoing touch points** with healthcare providers and other services. For participants that must rely on **regular care** and **medications** to manage their chronic conditions, **aggregate discounts** amount to greater savings, and may mean the difference between those Egyptians that are able to control their disease(s), and those that will suffer disease progression.
- **Shamel as a case study for digital health infrastructure transformation in LMICs:** Finally, Shamel's digital platform is precisely the type of health access platform LMICs need, as they seek to **build out improved healthcare infrastructure** via **digitization**.^{xiv} As the **number one** digital healthcare platform in **Egypt**, and **one of the** largest digital healthcare platforms on the **Continent** today, Shamel's **comprehensive healthtech/fintech offerings** provide a unique window into the **future of healthcare in LMICs**.

During this period “post-global health,” when all LMICs are accelerating their moves to develop more self-reliant and sustainable health systems, Vezeeta’s Shamel stands out as a **model to consider**, and to follow along, as the Company takes its innovative digital platform to **hundreds of thousands of Egyptians and beyond**.

END NOTES

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^{xli} Egypt has a **large working class, salaried population**. Egypt's **employed population** is ~31M (2023), or roughly **28.5%** of the Country's total population. **Salaried workers** make up **69.7%** of employed individuals; self-employed make up **22%**; and family business workers **2%**. Although all Egyptians want affordable healthcare, for **working class** Egyptians, **affordability** is **essential** to securing private care. See generally, e.g., Egypt - Labor Force, Total. *Trading Economics*. 2025. <https://tradingeconomics.com/egypt/labor-force-total-wb-data.html>; Egypt: Employment. *The Global Economy*. https://www.theglobaleconomy.com/Egypt/employed_persons/?utm_source=perplexity. See generally, Egypt's Unemployment Drops to 6.3 Percent in Q1 2025 Amid Labor Market Shifts. *Egypt Today*. May 18, 2025. https://www.egypttoday.com/Article/3/140238/Egypt's-Unemployment-Drops-to-6-3-Percent-in-Q1-2025#google_vignette.

^{xlii} Egypt graduates approximately **10,000-20,000** medical doctors annually from its **27-40** medical schools, unmatched by most African countries. This cadre of physicians is known for strong medical training and competency, both in the private and public sectors, and Egypt as a whole is also known for its high reputation in clinical research. Offsetting these accomplishments are a series of challenges, including a **severe imbalance** in the **distribution** of doctors (especially **specialists**) between **urban** and **rural** settings; **high emigration**; and **low retention** of doctors in the **public** sector. See generally, e.g., Bassiouny, Mohamed Reda and Elhadidy, Azza R. Continuing professional development system for health-care professions, Egypt. *NCBI*. April 26, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9178427/>; El-Kalamawie, Ebba, et al. Increasing the Retention of the Health Workforce in Egypt: Improving Work Environments. *AUC Knowledge Fountain*. 2021. https://fount.aucegypt.edu/cgi/viewcontent.cgi?article=1091&context=studenttxt&utm_source=perplexity; Kabbash, Ibrahim, et al. The brain drain: why medical students and young physicians want to leave Egypt. *World Health Organization*. 2021.

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