VENTURE INVESTMENT MEMO · INDIAN HEALTHTECH · AI DIAGNOSTICS

Qure.ai — AI Diagnostics for the Global South

Venture-style diligence on Mumbai-based Qure.ai — AI medical imaging deployed across 105+ countries — covering thesis, market, traction, competition, moat, risks and valuation.

RECOMMENDATION	INVEST
STAGE	Series D+
VALUATION	~$265M ('24)
CONVICTION	High

FOUNDED	HQ	SECTOR	TOTAL RAISED
2016	Mumbai, IN	AI Diagnostics	~$123M+
LAST ROUND	**VALUATION**	**REVENUE (2024)**	**REACH**
$65M Series D	~₹2,230 Cr	~$16M	105+ countries

Jay Kapoor · Investment Memo Series

2026 VENTURE INVESTMENT MEMO

I Thesis

Qure.ai is building the **default AI-diagnostics layer for the parts of the world with the least radiology supply** — a position protected by regulatory clearances, proprietary clinical data, and government / NGO distribution that Western incumbents cannot easily replicate.

01 **Category leadership where the gap is largest.** While most AI-imaging vendors fight over US hospital budgets, Qure has built the leading position in the global south — 105+ countries, 40M+ lives — exactly where the radiologist shortage is most acute and competition is thinnest.

02 **A regulatory + data moat, not a model moat.** Multiple FDA clearances (incl. a 510(k) for qXR lung-nodule and a breakthrough-device designation for qSpot-TB) plus clinical data from 105+ countries compound into a barrier that a better algorithm alone cannot clear.

03 **Mission-aligned capital de-risks the long game.** Backing from the Gates Foundation, Merck's Global Health Innovation Fund, Novo Holdings, Lightspeed and 360 ONE gives Qure patient capital and public-health distribution that a purely commercial competitor lacks.

II Company & product

Founded in 2016 and led by co-founder/CEO Prashant Warier, Qure.ai turns routine medical images into automated, point-of-care diagnostic insight. Its platform spans the modalities where access matters most:

01 **qXR — chest X-ray.** Detects tuberculosis, lung nodules and other lung disease; the flagship product and the wedge into national TB and lung-cancer screening programmes.

02 **qER — head CT.** Flags stroke, traumatic brain injury and haemorrhage for rapid triage in emergency settings.

03 **qTrack / qSCAN — programmes.** Screening-programme management and care coordination — the layer that turns a model into a public-health deployment.

04 **Point-of-care ultrasound.** A newer, Gates-funded push to extend AI diagnostics to ultrasound for low- and middle-income countries.

Cumulatively, the platform has been deployed in **105+ countries and touched 40M+ lives** — a distribution footprint very few healthtech companies of any size can claim.

III Market

The directly-addressed radiology-AI market is forecast to grow from **~$0.76B in 2025 to ~$2.27B by 2030 (~24.5% CAGR)**; the broader AI-medical-imaging market is larger still (~$1.5–2B in 2024, on a path to ~$4.5B by 2029 on most estimates). The growth drivers line up squarely with Qure's positioning:

01 **A structural radiologist shortage.** Imaging volumes are rising faster than radiologist supply everywhere — and the deficit is most extreme in the emerging markets Qure serves.

02 **Disease burden.** TB, lung cancer and stroke — Qure's core indications — carry enormous, under-diagnosed burden across Asia and Africa.

03 **Regulatory tailwind.** With 500+ AI-enabled devices now FDA-cleared, the path from algorithm to reimbursable product is clearer than ever.

04 **APAC is the fastest-growing region.** India and Southeast Asia — Qure's home turf — are the highest-CAGR geographies, backed by government digital-health programmes.

IV Traction & validation

TRACTION & VALIDATION

SIGNAL	EVIDENCE
Scale of deployment	105+ countries; 40M+ lives touched
Revenue	~$16M (2024); growth is the key diligence item
Regulatory	Multiple FDA 510(k)s; qSpot-TB breakthrough-device designation; paediatric TB clearance (2025)
Government scale-up	National health-screening partnerships in India (with Microsoft, 2025)
Marquee capital	Gates Foundation, Merck GHI Fund, Novo Holdings, Lightspeed, 360 ONE, HealthQuad

The validation is unusually deep for a company this size: regulators, governments and the world's largest global-health funders have all underwritten the product. The watch-item — addressed in the risks — is the distance between impact scale (40M lives) and commercial scale (~$16M revenue).

V Competition & positioning

COMPETITIVE LANDSCAPE

PLAYER	FOCUS	WHERE QURE DIFFERS
Aidoc (US)	Hospital triage / workflow; raised $150M (2026)	US-hospital-centric; Qure owns the global south
Viz.ai (US)	Stroke care coordination	Single-pathway depth vs Qure's screening breadth
Lunit (Korea)	Oncology / cancer screening	Cancer-led; Qure leads TB & lung in LMICs
Annalise.ai / Gleamer	Comprehensive CXR (AU / FR)	Developed-market channel vs Qure's public-health channel
GE / Siemens / Philips	OEMs embedding AI in scanners	Bundle threat, but device-locked; Qure is vendor-neutral

The category is crowded and well-funded, but almost entirely aimed at **developed-market hospital budgets**. Qure's defensibility is that it competes on a different axis — **public-health-**

scale screening in under-served geographies — where the channel (governments, NGOs, philanthropies) and the indications (TB, lung) are ones the US-centric players are not built to win.

VI Moat & business model

01 **Regulatory clearances.** Each FDA / CE clearance is slow, expensive and indication-specific — a barrier that compounds with every new approval and is invisible on a feature list.

02 **A clinical-data flywheel.** Imaging data from 105+ countries and diverse populations improves model generalisability in exactly the settings competitors can't easily access — a data moat, not just a model.

03 **Distribution that doesn't churn.** Government screening programmes and NGO/philanthropy partnerships are sticky, multi-year, and extremely hard for a new entrant to replicate from scratch.

04 **Multi-product platform.** Breadth across X-ray, CT and ultrasound, plus programme-management software, raises switching costs versus single-point tools.

Monetisation blends per-scan / SaaS licensing with government and screening-programme contracts. The moat is genuine; the open question is the pace at which that moat converts into durable, growing revenue.

VII Key risks

R1 **Impact ≠ ARR.** 40M lives touched on ~$16M revenue is the central tension — the emerging-market commercial model (low ability-to-pay, grant dependence) is unproven at scale.

R2 **Well-funded competition.** Aidoc ($150M, 2026) and OEMs bundling AI 'for free' into scanners can compress pricing, especially if they move down-market.

R3 **Reimbursement & grant cycles.** Revenue tied to government budgets and philanthropic funding is real but lumpy and politically exposed.

R4 **Valuation is full on current revenue.** ~$265M on ~$16M (2024) revenue is ~16x sales — defensible for a category leader, but it prices in sustained high growth.

R5 **Concentration in TB / lung.** Deep strength in a few indications is a moat and a risk; diversification (stroke, ultrasound, oncology) is still maturing.

VIII Valuation & recommendation

INVEST — high conviction on the moat and category position; the diligence gate is the impact-to-revenue conversion.

At ~₹2,230 Cr (~$265M) on ~$16M of 2024 revenue, Qure trades around **16× sales** — full, but reasonable for a category-defining, regulatory-moated asset in a market compounding at ~24%+. The bet is not on the algorithm; it is on a **defensible global-south franchise** that incumbents are structurally unsuited to attack, underwritten by the most credible capital in global health.

The case to **build the position** rests on the moat; the case to **size it carefully** rests on monetisation. The single most important thing to underwrite before adding is 2025–26 revenue growth and gross margin — proof that 40M lives is becoming a durable revenue base, not just a mission metric.

Prepared by **Jay Kapoor** · jak581@pitt.edu · linkedin.com/in/jay-kapoor7