

# INNOVATOR CASE STUDY

SEVAMOB

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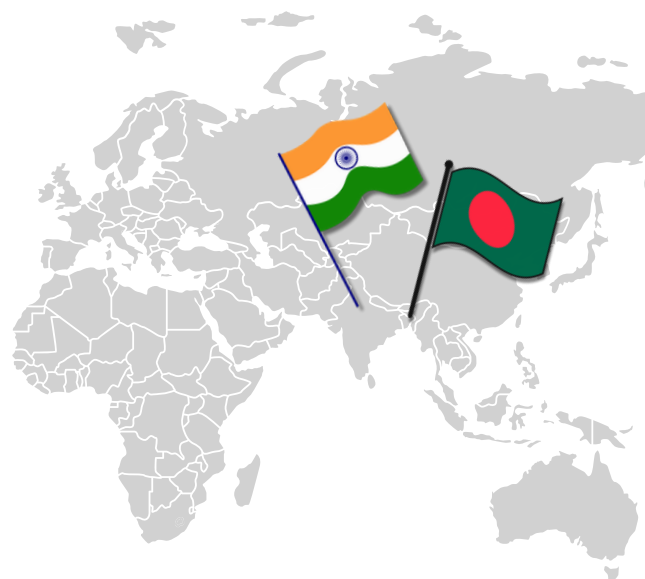
Bringing AI-Enabled Primary Care to the  
Last Mile in India and Bangladesh

The Global Health Innovation Grants (GHIG) program focuses on fostering the growth and scale of health-focused innovations and social entrepreneurs in low- and middle-income countries (LMICs) through one-year grants. Since 2016, liH has worked with grantees to identify metrics that align with their project objectives and activities. Analyzing this data, liH provides an assessment of the portfolio in each cohort, as well as over time, to identify areas for improvement for the program. *This case study is one of six from the GHIG9 grantee cohort.*



## 1. Company and Innovation Overview

**Sevamob** is an impact-driven social enterprise and an AI-enabled primary care provider serving underserved populations, primarily in India, with pilots in Southern Africa and Bangladesh. Founded in 2014, Sevamob operates as an AI-assisted disease management platform that pairs proprietary AI-based triage and diagnostic tools with telehealth and asset-light mobile or pop-up clinics, bringing primary care to low-resource settings where physicians and diagnostics are scarce. **Sevamob AI provides point-of-care triage, screening, and diagnostic support, and health outcome delivery through telehealth and mobile clinics.** Together, they support care in general health, nutrition, cardiometabolic and infectious diseases such as tuberculosis, and vision.



|                     |                                                                    |
|---------------------|--------------------------------------------------------------------|
| Industry/<br>Sector | Primary healthcare, health tech/<br>AI-enabled healthcare services |
| Geographic<br>Focus | India, Bangladesh                                                  |
| Year<br>Founded     | 2014                                                               |

|                  |                                                                                                                                                                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business<br>Type | For profit                                                                                                                                                                                                                                      |
| Headquarters     | Decatur, Georgia, U.S.                                                                                                                                                                                                                          |
| AI<br>Innovation | AI-assisted disease management platform combining AI-based awareness, triage and point-of-care screening (campaigns, symptoms, diet, lab reports, blood, sputum, vision, X-ray) with health outcome delivery via telehealth and mobile clinics. |



*Enrolled patient is screened for hemoglobin as part of the quarterly repeat consultation. Photo credit: Sevamob.*

Its customers are business-to-business (B2B), including employers, NGOs, hospitals, insurers, corporate social responsibility (CSR) programs, and local governments, while frontline nurses and health workers deliver care at the last mile. This work advances the UN's Sustainable Development Goal (SDG) 3 (Good Health and Well-being), with strong links to SDG 10 (Reduced Inequalities) and SDG 9 (Industry, Innovation, and Infrastructure).<sup>1</sup>

As a recipient of the 9<sup>th</sup> Global Health Innovation Grant (GHIG9), Sevamob demonstrates that **in low-resource settings, AI scales best when coupled with direct service delivery models; yet even a proven, self-sustaining model is constrained by a persistent gap in flexible, affordable financing.**

#### **Impact at a Glance**

|               |                                                             |
|---------------|-------------------------------------------------------------|
| 4.5M+         | Lives reached across India (since 2014)                     |
| 72,000+/month | Patient consultations per month, across 15+ states in India |
| Up to 50%     | Lower cost vs. traditional primary care                     |
| 90–95.65%     | Medical evaluation AI accuracy based on device (reported)   |
| Up to 15%     | Improvement in malnutrition in select groups                |
| Up to 25%     | Improvement in vision issues in select groups               |

## 2. Problem Definition and Context

Sevamob emerged to address gaps in India's primary care: limited diagnostic capacity, shortages of rural providers, and fragmented financing that leave many without reliable, affordable care.

Delayed and missed diagnoses are especially common in rural areas, where patients are often referred from provider to provider before the root cause is found. For example, tuberculosis patients wait a median of 55 days from first symptoms to treatment and see an average of 2.7 providers before diagnosis.<sup>2</sup> High out-of-pocket costs push 63 million people into poverty each year, accounting for 44.1% of total health expenditure in 2021.<sup>3,4</sup> Even those who can afford care face understaffed and poorly equipped facilities:<sup>5</sup> only 10.5% of Primary Health Centers and 5.6% of Community Health Centers in Andhra Pradesh<sup>6</sup> met national standards, and rural community health centers nationwide have a 79.5% shortage of specialists. Nearly 70% of Indians avoid government primary health centers, often due to perceptions of low quality.

These challenges reflect weak infrastructure, high financial burden, and failures in last-mile delivery, where essential services do not reliably reach patients. As a result, rural and peri-urban

communities face frequent delays in diagnosis and treatment; long travel distances further increase costs and the risk of preventable complications.

### 3. The Solution

Driven by a mission to fundamentally transform primary healthcare delivery, Sevamob addresses these gaps in India and beyond through **an integrated solution that combines AI with direct service delivery**. Its core offering spans AI-enabled screening, triage and awareness, care coordination, and last-mile delivery, powered by **nine AI tools in the hands of frontline nurses and community health workers**: eight are clinical, and one, Campaign AI, handles patient awareness and engagement.

- **Symptoms AI** assists nurses and community health workers to predict likely medical conditions with physician-level accuracy from reported symptoms, improving triage and referral decisions at the point of care.
- **Diet AI** (see screenshot at right) predicts nutritional deficiencies and generates diet and nutrition plans without a dietitian, addressing the high malnutrition burden in the populations Sevamob serves.
- **Lab Report AI** digitizes and interprets laboratory reports, flags out-of-range results, and suggests next steps so non-specialists can act on lab data.
- **Medical Evaluation AI** guides a structured clinical assessment from history and examination inputs toward a working diagnosis and management plan, supporting less experienced providers.
- **Sputum AI** screens for tuberculosis from sputum samples at the point of care.
- **Blood AI** screens for blood-related conditions such as iron-deficiency anemia.
- **Vision AI** screens for diabetic retinopathy from retinal (fundus) images, extending eye screening to places without an ophthalmologist.
- **X-ray AI** analyzes chest X-rays to support tuberculosis and other thoracic screening.

- **Campaign AI** automates non-diagnostic workflows, including health campaign management, form generation, patient communication, follow-up, analytics, and natural language querying.

This combined technology-and-service model lowers the cost of care and generates rich longitudinal datasets that feed back into model development, creating a virtuous cycle that compounds impact over time.

The screenshot shows the SEVAMOB app interface. At the top is a yellow header with a back arrow, the text 'SEVAMOB' in red, a mobile phone icon, and a trash can icon. Below the header is a section titled 'Pregnancy (Additional nutrients needed for this trimester. Use supplements and following food)'. This section contains a table with two columns: 'Recommended weight gain for trimester' and 'Recommended food (1 or more)'. The table lists 'Iron' and 'Vitamin B9(Folate)' with their respective food recommendations. Below this is another section titled 'Potential nutritional deficiencies (Please get confirmatory tests done in lab)'. This section also contains a table with two columns: 'Name' and 'Recommended food (1 or more)'. It lists 'Vitamin A' with its food recommendations. At the bottom of the screen is a dark navigation bar with four icons: 'Exit', 'Home', 'Patient', and 'Setting'.

| Recommended weight gain for trimester | Recommended food (1 or more)                                               |
|---------------------------------------|----------------------------------------------------------------------------|
| 1kg                                   |                                                                            |
| Iron                                  | Soy beans,Spinach,Egg,Kidney beans                                         |
| Vitamin B9(Folate)                    | Kidney beans,Lemon,Lentils,Orange,beans,Brown rice,Whole wheat,Chicken,Egg |

| Name      | Recommended food (1 or more) |
|-----------|------------------------------|
| Vitamin A | Carrot,Egg,Spinach           |

*Diet AI gives pregnancy diet suggestions, helping mothers receive timely nutrition guidance without needing to ask a dietitian. Screenshot credit: Sevamob.*

***“All of the medical devices we have developed are based on feedback from the customers and from our own field teams. The service delivery gives us the requirements and the feedback that help us develop the next device. And when we have to develop a new AI model, we already have the data coming in from our clinics.”***

*– Shelley Saxena, Founder and CEO, Sevamob*

Designed to serve hard-to-reach populations, these devices are deliberately built to work both offline and with internet connectivity. Sevamob’s digital tools are also user-friendly, allowing frontline health workers to use these tools with minimal digital training at the point of care in villages, schools, factories, or community sites. Most importantly, Sevamob does not stop at digital decision support. It closes the loop by delivering care itself through telehealth and asset-light mobile or pop-up clinics, which generates the field data that trains the next generation of AI. Technology makes the service cheaper and more scalable; the service makes the technology smarter and more grounded in real patients. Compared to many health-tech players that depend on partner providers for data, or limit themselves to teleconsultation, Sevamob has taken the harder but more integrated path of owning both the AI and the last-mile delivery infrastructure.



*Enrolled patient receives supplements and counseling on a health card as part of the quarterly repeat consultation.*

*Photo credit: Sevamob.*

## **Impact Areas**

- Up to 50% lower cost of care (company-reported), with contracts priced to be sustainable rather than subsidy-dependent.
- Direct service to underserved populations in smaller cities, rural areas, and low-income communities.<sup>7</sup>
- Higher diagnostic accuracy and nurse productivity, supported by a study in India and a study in Bangladesh on AI-assisted malnutrition.<sup>7</sup>
- A doubling of new TB case identification in two districts, and screening that targets a 40% female malnutrition rate in the patient population.



## **4. Implementation Strategy**

Sevamob started as a last-mile service delivery organization and evolved into a technology platform after witnessing the impact of frontline workers at the point of care. Its integrated implementation strategy and business model are central to its success.

Sevamob employs a decentralized delivery model with centralized coordination, supported by a B2B strategy. Its contracts are designed for sustainability, reducing financial risk and promoting long-term viability. Serving clinics, employers, CSR programs, and telecom loyalty programs, Sevamob achieves over 90% renewal rates, reflecting strong customer trust and retention. Its revenue is split between software licensing (19%) and health outcome delivery (81%), both structured as B2B contracts.

AI is directly integrated into Sevamob’s service delivery and operations. Campaign AI tools assist frontline workers by generating forms, automating patient communication, and enabling real-time data collection and analysis. This reduces administrative burden, strengthens execution in the field, and improves the consistency and scalability of outreach across dispersed populations.

***“AI in healthcare can be applied both on the frontline as well as in the back office.”***

*– Shelley Saxena, Founder and CEO, Sevamob*

Sevamob's integrated model has made it possible to combine last-mile delivery, AI-enabled workflows, and sustainable B2B contracts. While its general health outcome delivery model is operating at scale with 99+ B2B customers, an implementation gap remains with newer AI products: many AI initiatives are still limited to pilots and proofs of concept, and large-scale deployment is still rare. For Sevamob, moving its AI products from pilot implementation to scale remains an important next step.



## **5. Challenges Faced and Strategies to Overcome**

The implementation journey came with several challenges, many of which stemmed from Sevamob's choice to operate as both a technology provider and a service-delivery organization. Most of these challenges have since been resolved. The most important one has not.

From a technical and operational perspective, the first challenge was **building AI tools** that could function in areas with unstable power supplies and poor internet connectivity. In response, Sevamob prioritized an offline-first architecture, ensuring that some models could run on local devices, generate real-time predictions, and support health workers in collecting data without requiring internet access.

**Uncertainty in AI regulation in low- and middle-income countries (LMICs)** created a second challenge. When the company first developed its AI tools, India had few regulations for AI-based devices. To navigate this ambiguity, Sevamob relied on clinical studies and

“no-objection” letters that allowed some of its more advanced screening tools to be used with medical professionals involved in the decision-making. Its AI-enabled tools fall into two broad categories: [Class 1 devices](#) for triage and wellness, and [Class 2 tools](#) for disease screening such as tuberculosis and diabetic retinopathy.

At the same time, Sevamob made a deliberate choice about data privacy. As a company registered in the United States, it chose to follow HIPAA standards and handle patient data with high ethical standards. This decision also influenced its revenue model: while some primary-care providers in India earn commissions from referring patients for laboratory tests, Sevamob avoided this practice to maximize benefit for patients and to reduce unnecessary testing or risks to their data privacy. By linking both its regulatory approach and its business model to a **clear ethical stance**, Sevamob has positioned itself as a **patient-first AI innovator**.<sup>7</sup>

Sevamob's most pressing growth challenge is financing **short-term working capital**. Although its B2B contracts are priced sustainably, the company still faces a roughly 46-day gap between delivering services and receiving payment. In the U.S., companies often bridge this kind of gap through accounts receivable factoring or unsecured credit lines, but those financing tools are largely unavailable in India and many other LMICs. That leaves Sevamob with only two imperfect options: collateralized loans, which tie up assets, or high-interest unsecured short-term debt. Neither is sustainable for scaling. Because most of Sevamob's revenue is earned in local currency, the company also avoids long-term dollar-denominated debt to reduce foreign-exchange risk, which narrows its options even further.<sup>7</sup>

For a time, USAID partially lowered Sevamob's effective interest rate by five percentage points when it met impact targets. Since USAID withdrew, that financing gap has become much harder to bridge. This points to a broader lesson from Sevamob's experience rolling out AI innovations in LMICs. For healthcare AI innovators like Sevamob, the **highest obstacles may not be technical or regulatory, but the lack of financial infrastructure needed** to support working capital over the long run.



## 6. Government Adoption and Public Sector Pathways

Sevamob's experience shows that public adoption of AI tools depends not only on regulatory oversight, but also on the procurement environment. While local governments have long procured Sevamob's services, contracts themselves remain fairly "cut and dried," leaving limited room for innovation. **Government procurement is an important lever for accelerating the adoption of AI-enabled health solutions**, especially if local governments could explicitly recognize innovation alongside service delivery. Incubators, accelerators, and innovation-oriented procurement pathways could help startups move more efficiently from proof of concept to pilots, clinical trials, and approvals. In this sense, the goal is not simply to regulate AI safely, but to create a procurement environment that makes it easier for promising tools to enter routine health-system use. For Sevamob, that would create a clearer pathway from pilot testing to last-mile delivery at scale.



## 7. New Areas to Explore

While Sevamob maintains its high-quality service across India, it is actively writing its new chapters in Bangladesh to address malnutrition. As one of the 9th Global Health Innovation Grant (GHIG9) grantees, the company used the grant to establish clinical trials testing its solution to

address the critical "double burden," where undernutrition coexists with rising overweight and obesity.<sup>7</sup> Over the past year, Sevamob partnered with CMED Health Ltd. and Swasti Health Catalyst to test an AI-assisted nutrition intervention across three underserved communities in Bangladesh. Among the 1,034 malnourished participants analyzed, the intervention identified clear nutritional needs and generated structured counseling and treatment pathways, with Diet AI counseling strongly associated with improvements in participants' Body Mass Index (BMI).<sup>7</sup> Together, these early results suggest that the same integrated **screen-to-treat model Sevamob refined in India can travel across borders** into a new low-resource market, rather than remain a single-country model.

For Sevamob, success in clinical trials strengthens its position to engage governments and funders at national scale. But scaling depends on more than clinical results. **A business must be willing to pivot continually in response to market conditions**, and Sevamob's trajectory reflects that lesson: from last-mile service delivery to a hybrid AI and care-delivery platform, the company has repeatedly adapted its model to what the market demands.

Even so, a broader structural constraint remains. Without affordable, flexible capital such as collateral-free or low-interest loans, innovators cannot easily deploy, test, and refine integrated care models. For AI innovators working in low-resource health systems, the **decisive question may no longer be whether the technology works, but whether the financing can be built to match it.** ★

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## AI Disclosure

During the preparation of this case study, the authors used Zoom's built-in AI transcription to transcribe interviews and Claude Opus 4.8 to improve the readability and flow of the manuscript. The editor used Canva AI tools to generate and edit maps. After using these tools, the authors and editor reviewed the content as needed to ensure accurate representation of the information.

## Authors, Affiliations, Acknowledgements

Authors: Annie Zhu,<sup>1</sup> Ni Xiong,<sup>1</sup> Shelley Saxena.<sup>2</sup>

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<sup>1</sup> Innovations in Healthcare, Duke University

<sup>2</sup> Sevamob



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