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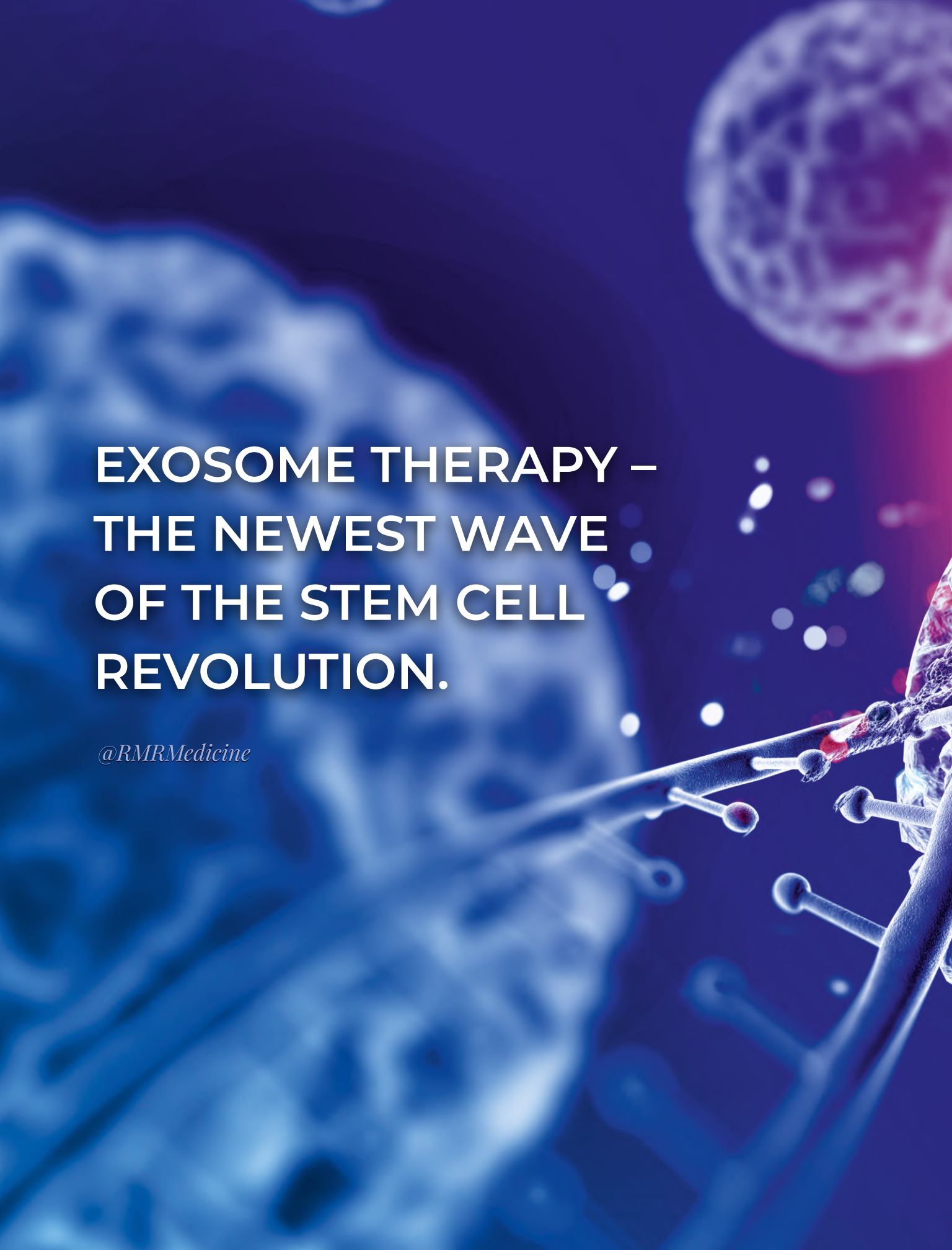
Transforming Health Horizons: Middle East's Dynamic Healthcare Leaders 2025

Dr. Lior Shaltiel
CEO and Director
NurExone Biologic

NurExone Biologic

Architects of Tomorrow's Regenerative Medicine Breakthroughs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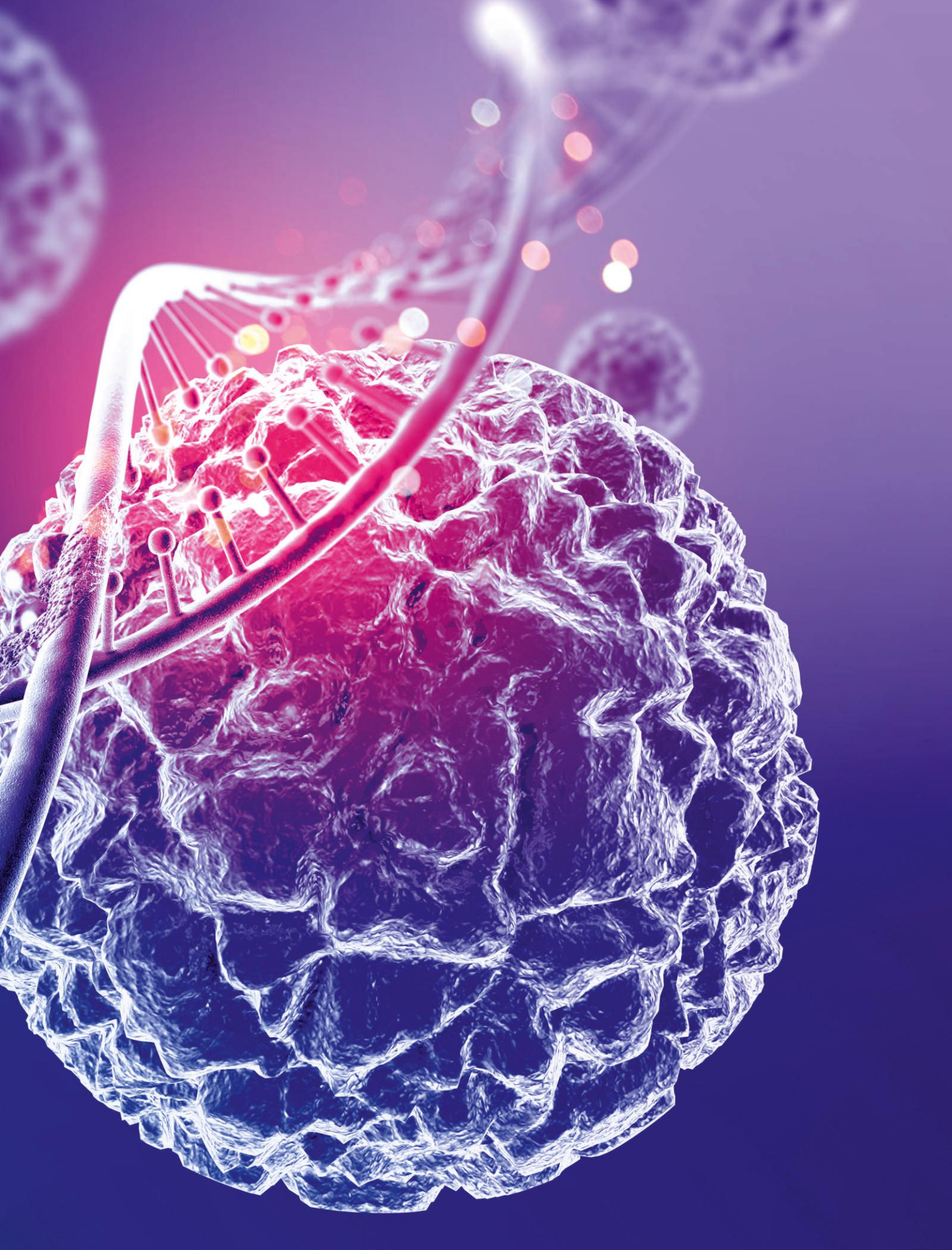

The Heart of Healing

Millions still struggle to access basic healthcare across the Middle East. Long wait times, high costs, and uneven infrastructure continue to put lives at risk.

That's the reality. But it's not the full story.

Yet within this complex domain, a new generation of healthcare leaders is driving meaningful change. Their approach is practical and results-focused. They are not defined by position or publicity, but by the impact of their work. From expanding outreach services in remote areas to integrating technology that enables faster diagnoses and better patient outcomes, their efforts are reshaping care delivery on the ground.

Some come from medical backgrounds, having witnessed the consequences of inadequate access firsthand. Others bring entrepreneurial experience, driven by the conviction that the system can and must serve people better. Despite their different paths, they share a common belief: healthcare should be a right, accessible and dignified for every individual.

These leaders are committed to equity, empathy, and accountability. Their work reflects a shift away from outdated systems toward more inclusive models of care. They are using data, partnerships, and innovation to close longstanding gaps, not in theory, but in daily practice.

In this latest edition, **"Transforming Health Horizons: Middle East's Dynamic Healthcare Leaders, 2025,"** we highlight the individuals who are transforming healthcare across the Middle East. Their contributions span policy reform, public health innovation, and patient-centered delivery. Each one brings a unique perspective, but together, they are forming a more responsive and resilient healthcare future.

Have a great read ahead

Alexia Ferez

Editor-in-chief

FROM THE DESK OF

the EDITOR

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NurExone Biologic

Architects of Tomorrow's Regenerative Medicine Breakthroughs

I am most proud of building a team of passionate individuals who share a common vision.

NurExone

Dr. Lior Shaltiel
CEO and Director
NurExone Biologic

Imagine a future where science picks up where nature leaves off—where a groundbreaking treatment regenerates damaged nerves, restoring movement after spinal cord injuries and reversing vision loss from optic nerve damage. This isn't science fiction; it's the future that biotechnology and regenerative medicine are striving to create. Transformative breakthroughs emerge at the crossroads of bold vision and relentless dedication, turning ambitious ideas into revolutionary therapies. Innovation alone isn't enough—it takes commitment to navigate scientific and regulatory challenges and bring these life-changing treatments to patients.

At the heart of the NurExone journey is a compelling story of discovery. Professor Shulamit Levenberg, a leading scientist from Israel's Technion—often considered the country's equivalent of the Massachusetts Institute of Technology (MIT)—and Professor Dani Offen of Tel Aviv University recognized the potential of exosomes for spinal cord healing. Seeing the commercial potential of this breakthrough, serial entrepreneur Yoram Drucker set out to build a company around it. Mr. Drucker, with a track record of transforming cutting-edge scientific discoveries into successful ventures, had previously collaborated with Professor Offen on groundbreaking companies including EggXYT and Brainstorm Cell Therapeutics. He recruited Dr. Lior Shaltiel, an accomplished scientist with a deep passion for engineering, medicine, and translational research.

With a background in chemical engineering and a focus on drug delivery systems, Dr. Shaltiel initially worked with synthetic liposomes before pivoting to the promising world of natural extracellular vesicles—exosomes. Today, as CEO of NurExone, he leads a team dedicated to translating research into real-world treatments that could redefine regenerative medicine.

A Team Driving Innovation

NurExone's success is the result of a collective effort by a multidisciplinary team pushing the boundaries of what's possible in regenerative medicine. As a spin-off from the Technion, the company was founded on pioneering research into exosome-based therapies, leveraging these natural biological carriers to develop a platform for targeted drug delivery. Under Dr. Shaltiel's leadership, NurExone has evolved into a publicly traded entity in Canada, advancing innovative therapies while maintaining a strong focus on collaboration.

From its inception, NurExone has achieved critical milestones, demonstrating the power of its novel approach. Its flagship product, ExoPTEN, has shown promising preclinical results, restoring motor function and sensory reflexes in acute spinal cord injury models after a brief, minimally invasive treatment cycle. The company is expanding its pipeline with preclinical studies in optic nerve regeneration, a second indication that could offer hope for patients at risk of blindness due to glaucoma, a leading cause of vision loss.

A major milestone was recently reached with ExoPTEN receiving Orphan Drug Designation (ODD) for acute spinal cord injury. This designation provides strategic advantages, including market exclusivity, an accelerated and cost-efficient clinical trial pathway, and high reimbursement potential, with ODD therapies averaging $150,000 per patient. The status also facilitates expedited clinical trials, bringing NurExone closer to delivering its therapy to those who need it most.

Dr. Talia Kizhner,
Director of Research
and Development

Dr. Lior Shaltiel *accepting NurExone's award for being included as a 2025 TSX Venture 50™ Top Performing Stock*

In parallel, the company has strengthened its operational capacity with key initiatives. The acquisition of an exclusive Master Cell Bank ensures a stable and independent exosome supply for its drug pipeline and future partnerships. Additionally, the launch of ExoTop, a U.S.-based subsidiary focused on exosome production, positions NurExone for expansion in global market.

Overcoming Scientific and Regulatory Hurdles

Innovating in biotech means navigating complex scientific and regulatory landscapes. NurExone has built a strong regulatory team to ensure that its cutting-edge therapies can progress smoothly toward clinical applications. Dr. Ina Sarel, a biotechnology executive with over 20 years of experience in product development, leads these efforts. Her expertise in stem and progenitor cell therapy, combined with her deep understanding of regulatory frameworks, has been instrumental in guiding NurExone's clinical strategy. By establishing early and strong relationships with regulatory agencies, NurExone is strategically positioned to streamline its path to approval.

Dr. Tali Kizhner, Head of R&D, plays a crucial role in developing NurExone's groundbreaking products. With over 15 years of experience in therapeutic protein and biopharmaceutical development, Dr. Kizhner ensures that the company's research remains both innovative and scalable. Her leadership has helped NurExone translate its exosome platform into a versatile tool for treating conditions beyond spinal cord injury, including degenerative eye diseases.

Igniting Transformative Advances

Dr. Shaltiel sees enormous potential for innovation emerging from Israel in the coming years. He highlights a unique dynamic in which hundreds of thousands of engineers, scientists, PhD students, and tech executives have served in reserve duty, gaining firsthand exposure to healthcare challenges in complex situations. He believes that this experience will fuel substantial advancements in biotech, medtech, and regenerative medicine. He also expresses hope for peace in the region, which would enable greater collaboration across borders and cultures, ultimately accelerating medical breakthroughs.

His own journey in biotech has been shaped by inspiring mentors and pioneering scientists. Early on, he was deeply influenced by Professor Robert S. Langer of MIT, a global leader in biomedical engineering whose work laid the foundation for many modern medical innovations. Professor Langer's relentless pursuit of translating scientific discoveries into real-world therapies resonated with Dr. Shaltiel, reinforcing his own drive to push the boundaries of medicine. Personal experiences—seeing the impact of medical advancements on patients' lives—have further fueled his commitment to bringing transformative therapies to market.

Envisioning a Healthier Future

For Dr. Shaltiel, a great achievement in his journey with NurExone has been assembling a team of talented and passionate individuals who share a unified vision. Their collective dedication and expertise are what drive the company forward, ensuring that scientific innovation is always aligned with real-world patient needs. Beyond NurExone's advancements in regenerative medicine, the company's contributions to the broader scientific community—including research publications, industry collaborations, and partnerships with leading institutions—reinforce its role as a leader in the field.

His long-term vision is to help usher in a new era of neuron regeneration, where central nervous system diseases and injuries no longer dictate a person's quality of life. Early successes in spinal cord injury and optic nerve regeneration provide hope that this goal is within reach. While the challenge is immense, he believes that even incremental progress—small steps toward functional recovery—can represent a breakthrough for millions of patients.

For those looking to make an impact in biotech, Dr. Shaltiel's advice is clear: stay curious, keep learning, and develop both scientific and business acumen. He emphasizes the value of understanding business strategy, whether through hands-on experience or formal education like an MBA. In an industry that is constantly evolving, staying ahead requires building strong networks, finding mentors, and embracing adaptability. The path to success is rarely linear, but those who remain committed to their vision will ultimately shape the future of medicine.

The Road Ahead

NurExone Biologic continues to make strides in regenerative medicine, leveraging its exosome-based technology to develop groundbreaking therapies. The company has received a prestigious Eureka grant for its collaboration with the Canadian company Inteligex, aiming to combine its exosome technology with Inteligex's stem

I envision a future where central nervous system diseases and injuries become a thing of the past. The early successes we've seen give me hope that even small steps forward will lead to significant breakthroughs.

July, 2025

Professor Shulamit Levenberg

Dr. Kinneret Taler

The potential to make a meaningful difference in people's lives is a profound motivator for me. Our work in fields with no current therapeutic solutions, enhanced by scientific advancements, is what drives us forward.

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cell-based therapy for chronic spinal cord injury. Recognized by the scientific community, its researchers—led by globally recognized scientists like Professor Shulamit Levenberg—are driving forward the next generation of biologics.

With a clear vision, a strong leadership team, and a relentless pursuit of innovation, NurExone is redefining what's possible in regenerative medicine. The company's pioneering work in exosome-based drug delivery holds the potential to transform treatment paradigms for some of the most challenging medical conditions. As it continues to push the boundaries of science, NurExone remains focused on the ultimate goal: bringing life-changing therapies to patients worldwide.

NurExone biologic


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Addressing Healthcare Inequities:

Strategies to Improve Access Across the Globe

Imagine two children born on the same day. One grows up with regular doctor checkups, quick ambulance access, and a pharmacy around the corner. The other walks five miles to a small clinic that runs out of basic medicines.

Both children deserve the same shot at a healthy life. But they don't get it. That's the problem.

Healthcare inequity isn't about numbers on a chart. It's about people being denied care because of where they were born, what language they speak, or how much money they have. And while the world has made progress, this gap is still painfully wide.

What healthcare inequity really looks like

Let's break it down.

In rural India, patients often wait weeks just to see a doctor. In parts of sub-Saharan Africa, a single nurse might serve thousands. Even in wealthier countries, minorities often face longer wait times, misdiagnoses, or bias that affects treatment.

It's not just about poverty. It's also about race, gender, disability, and even geography. A pregnant woman in a village, a refugee in a camp, or an elderly man in a remote town, they're all dealing with different versions of the same problem: limited access.

Why the system keeps repeating itself

Healthcare is tied to politics, money, and deep-rooted systems. Many governments spend more on war than wellness. Infrastructure gets ignored. Budgets shrink. Corruption creeps in.

But here's something else. Most solutions focus on cities, hospitals, and specialists. The rest, the people in villages, slums, forests, are treated like afterthoughts. When the foundation is broken, building hospitals won't fix the cracks.

Simple strategies that make a real difference

We don't need magic. Just smarter priorities.

- **Mobile clinics**: Vans equipped with medical tools can reach people who can't reach hospitals.
- **Telehealth**: With just a smartphone and signal, patients can speak to doctors hundreds of miles away.
- **Training local health workers**: Instead of flying
- in experts, invest in people who already live there. They understand the culture and speak the language.

These aren't theories. They have worked in Kenya, Brazil, and Bangladesh. They just need more funding and follow-through.

Community power: Local solutions that actually work

Take the ASHA workers in India. They're women trained to assist in childbirth, spread awareness, and guide families through health issues. Many live in the same villages they serve.

Or the barefoot doctors of rural China decades ago, locals who learned the basics and saved lives.

When people from within the community lead the change, care feels less foreign and more trusted. That's powerful.

Policy shifts that can't wait any longer

Governments can't fix everything. But they can stop making it harder.

- Remove red tape that blocks rural clinics from opening.
- Increase funding for primary care, not just big hospitals.
- Offer incentives to doctors who work in underserved areas.
- Include marginalized voices when drafting health policies.

Health should never depend on your income or zip code. Good policy makes that possible.

The role of technology (when done right)

Technology has promise, if it's used with purpose.
AI tools can speed up diagnosis in places with too few doctors. Wearable devices can monitor heart rates for people who live hours from a clinic. Even simple SMS alerts about vaccinations can boost turnout in rural areas. But dumping expensive gadgets into low-resource settings won't solve anything. Tools need to match the ground reality.

What you and I can do about it

This is not just a government issue. Every small action matters.

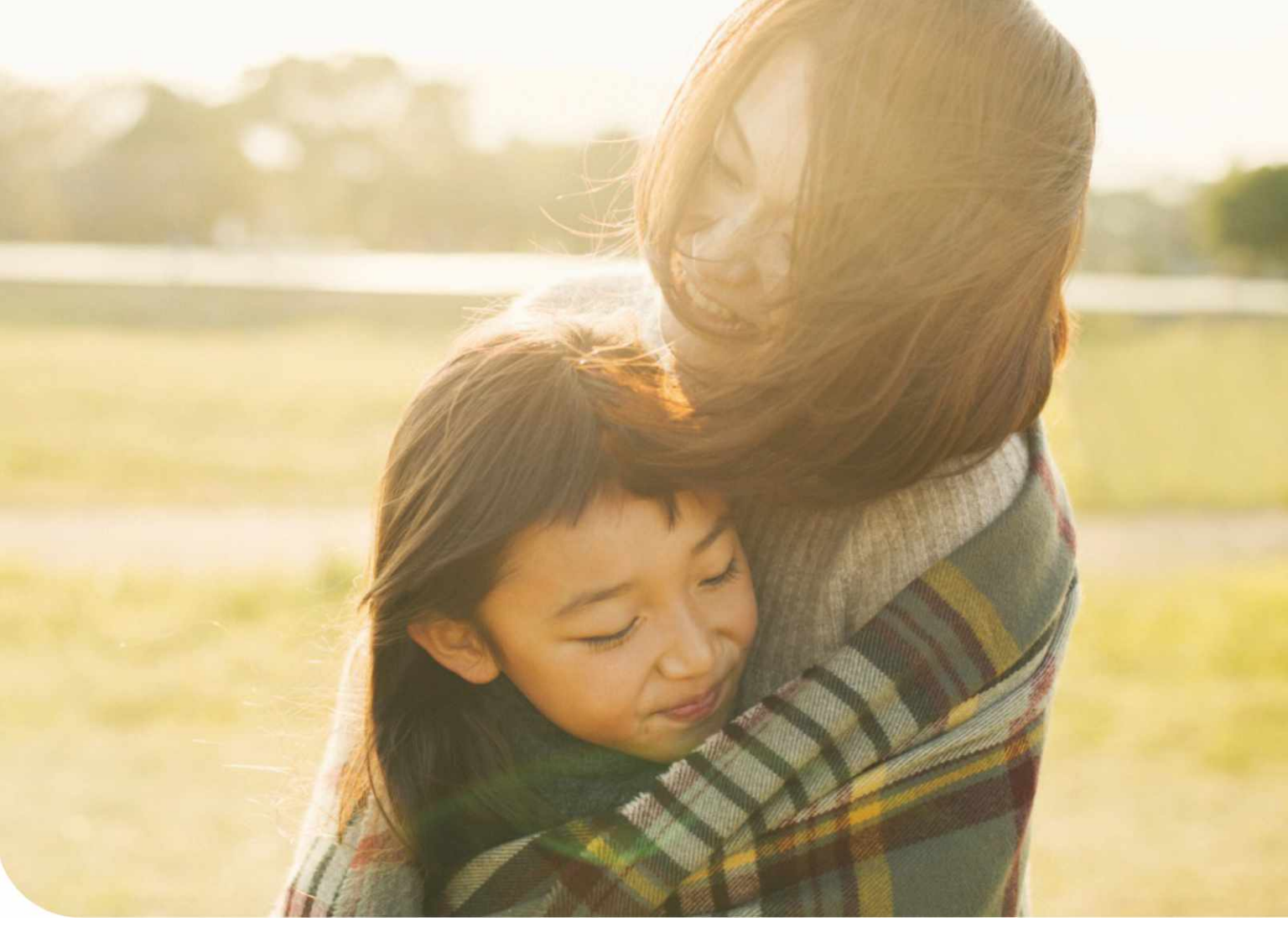
- Support organizations that offer free surgeries or rural healthcare.
- Volunteer skills — doctors, writers, coders, all can help.
- Speak up. Healthcare injustice thrives in silence.
- If you're in a position to hire or donate, include equity in your decisions.

Change doesn't start with massive funding. It starts with care. With seeing the problem and choosing to act.

Healthcare access is one of the few things that can change the entire trajectory of a person's life. When people are healthy, they go to school, they work, they grow old with dignity.

Fixing healthcare inequity doesn't require grand speeches or billion-dollar programs. It needs courage, consistency, and common sense.

And maybe that's the real cure we've all been looking for.



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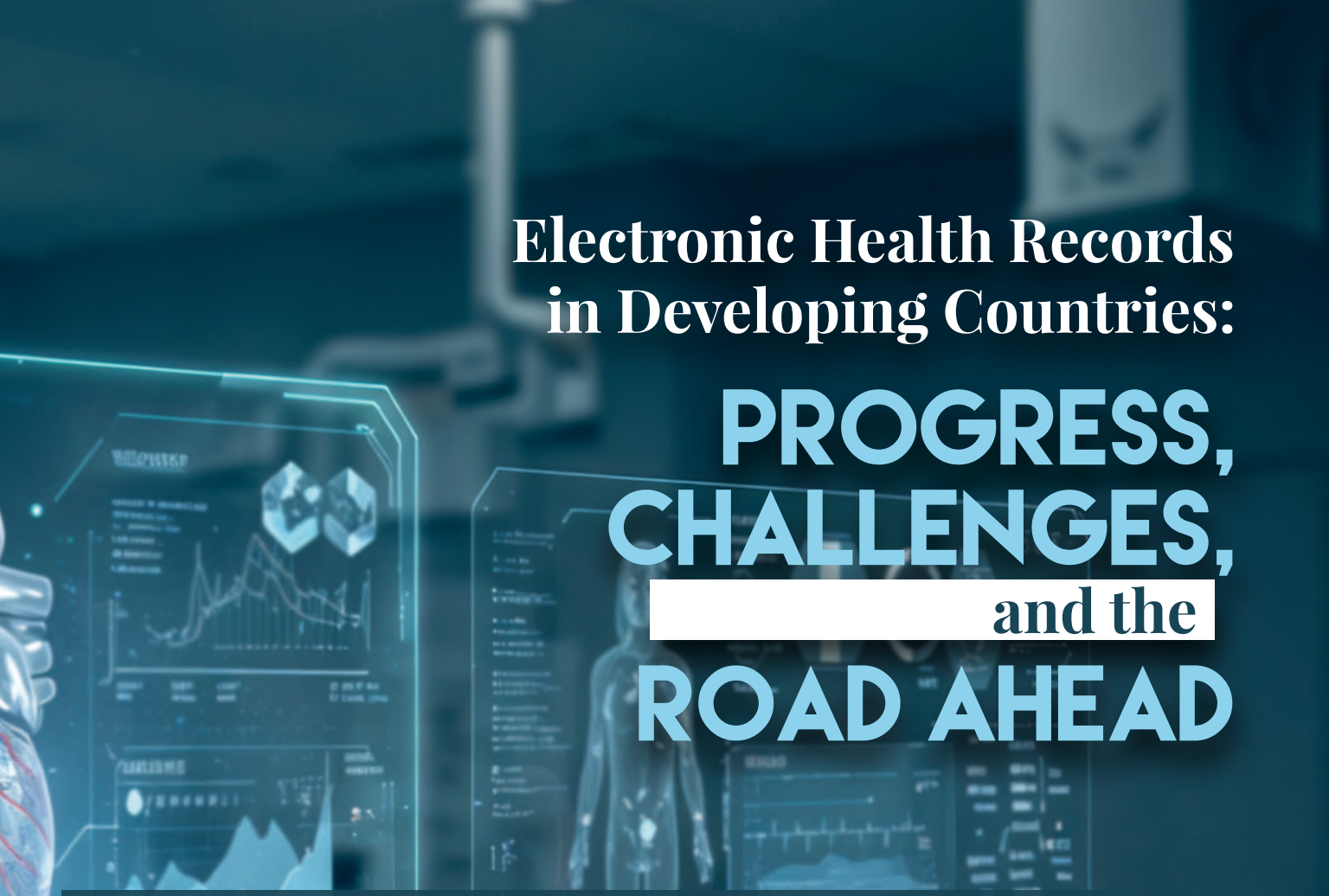

Electronic Health Records in Developing Countries: PROGRESS, CHALLENGES, and the ROAD AHEAD

In many hospitals across developing nations, medical records are still handwritten, stored in overstuffed folders, and vulnerable to being misplaced or misinterpreted. These manual systems often delay care, increase the risk of errors, and limit coordination among healthcare providers.

Electronic Health Records (EHRs) offer a clear alternative. When implemented well, they streamline access to patient information, improve diagnostic accuracy, and support better health outcomes. However, the journey to digital health systems in resource-constrained settings is complex. The path forward requires understanding both the tangible benefits and the persistent barriers.

Understanding the Function of EHRs

EHRs are not merely digitized versions of paper charts. They are dynamic systems designed to record, store, and update a patient's complete health information, including medical history, medications, allergies, imaging, laboratory results, and billing data.

With EHRs, clinicians can view all relevant information in one place. This eliminates the delays and risks associated with manual files and fragmented communication. In critical situations, the ability to retrieve data instantly can be the difference between life and death.

Benefits of EHR Implementation in Developing Contexts

The positive impact of EHRs is especially pronounced in areas where healthcare systems face chronic challenges such as understaffing, inadequate infrastructure, and high patient volumes.

- **Efficiency**: In rural clinics in Kenya, digital systems have reduced diagnosis time and freed up healthcare workers to spend more time with patients.
- **Safety**: EHRs can flag potential issues, such as allergic reactions, before a prescription is made.
- **Continuity of Care**: In regions where patients may visit multiple healthcare providers, a unified digital record ensures that critical information is not lost between visits.
- **Public Health Surveillance**: Governments can monitor disease trends in real-time, enabling faster response to outbreaks.

- **Ease of Training**: New clinicians can immediately access comprehensive patient histories, reducing guesswork and improving care continuity.

The Challenges That Limit Progress

Despite notable advantages, the widespread adoption of EHRs in developing countries faces several serious obstacles.

- **Funding Limitations**: Implementing EHRs requires significant investment in software, hardware, and training. Many public hospitals operate under constrained budgets and cannot afford large-scale digital transitions.

- **Connectivity Issues**: In areas with unreliable internet access, cloud-based EHRs become impractical. Offline support is often insufficient or unavailable.

- **Resistance to Change**: Healthcare providers may be hesitant to adopt new technologies, particularly if they perceive them as difficult to use or disruptive to their workflow.

- **Power Instability**: Frequent electricity outages make it difficult to depend on digital systems without consistent backup solutions.

- **Data Privacy and Security**: Without robust laws and protective measures, sensitive patient information can be exposed or misused, eroding trust in digital platforms.

Examples of Promising Implementation

- Several countries have demonstrated that with thoughtful planning, EHR systems can be effectively integrated even in low-resource environments.

- In **India**, public hospitals in Andhra Pradesh have linked EHRs to national identification systems, improving record consistency and enabling remote consultations between doctors in rural areas and specialists in larger cities.

- **Rwanda** has developed a national health information platform that enables facilities to track patient data, immunization coverage, and medical supply inventory from a centralized dashboard. This has helped improve service delivery and planning across the country.

Key Areas That Need Immediate Attention

To transform isolated EHR pilots into sustainable national systems, the following priorities must be addressed:

- **Localized Solutions**: Systems should be built to reflect the realities of local infrastructure and user behavior. This includes designing for limited internet access, multiple languages, and basic hardware.

- **Continuous Training**: One-time orientation is not sufficient. Ongoing training is essential to ensure that staff remain confident and capable of using EHR platforms effectively.

- **User-Centered Design**: Healthcare workers must be involved in the design and testing phases. Their input is vital in ensuring that the system supports, rather than hinders, clinical workflows.

- **Low-Power and Offline Functionality**: Systems that operate during power cuts or function offline can significantly increase reliability.

- **Policy-Level Commitment**: Government support is critical. When policymakers understand the long-term benefits, such as improved health outcomes and cost savings, they are more likely to allocate resources and enact enabling legislation.

Electronic Health Records are not a panacea. They will not solve systemic healthcare issues on their own. However, they offer a powerful tool for improving the quality, safety, and coordination of care.

For developing countries, the opportunity lies in adopting technologies that are not just functional, but also affordable, context-aware, and scalable. EHR systems that align with on-the-ground realities have the potential to accelerate progress and avoid the missteps seen in more industrialized settings.

The transition away from paper-based records is no longer a question of if, but when. With the right strategy and commitment, digital health records can become a cornerstone of stronger, more resilient healthcare systems across the developing world.

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