



Nadine Hachach-Haram

Proximie

**INSPIRING
FEMALE
FOUNDERS**



Introduction

Long before she pioneered borderless surgery, Nadine Hachach-Haram's journey began with the lessons of a war-torn childhood. When Nadine was eight years old, her family left the safety of the United States and returned to their home in Beirut. The Lebanese civil war had scarred the country; bombings were frequent, trauma visible everywhere.

'I remember classmates with burn scars, neighbors missing limbs, families rebuilding their homes again and again,' Nadine recalls. 'The fragility of life was everywhere. It was normal for me as a child, but of course, it wasn't normal at all.'

She was raised mostly by her mother and grandmother, as her father often worked abroad. Her grandmother — one of the rare educated women of her generation — had dedicated her life to supporting widows and children. She repeated one line to her granddaughters over and over:

'Make sure that whatever you do in your life has impact and changes the lives of others, because you never know when your time ends.'

Those words became Nadine's compass. Surrounded by visible wounds of conflict and inspired by her grandmother's conviction, Nadine began to wonder what impact could look like in her own life — until an encounter at age 13 opened her eyes to a different kind of healing.

It was during one of the visits of a family friend, a plastic surgeon from New York. Nadine, who was 13 then, insisted on accompanying him to his work and found herself at a camp hospital at five a.m. one day. She remembers standing wide-eyed in the operating room as he reconstructed the burned leg of a seven-year-old girl.

'She hadn't been able to walk, to play with her friends,' Nadine says. 'And in what felt like a miracle, the surgeon released the scar tissue and she could move her foot again. For him, it was a routine procedure. For me, it was life-changing.'

She left the hospital that day determined to become a reconstructive surgeon — not only to save lives, but to restore dignity.

Nadine began her pre-med studies at the American University of Beirut but left after two years. 'I went to California to finish my pre-med,' she explains. 'But I met my husband, and eventually we moved to England. So I finished pre-med and did medical school in England.'

England became more than just a place to study — it became home. Nadine threw herself into surgical training, drawn to the ethos of the NHS, with its promise of community, public service, and access for all.

But she never limited herself to the operating theaters of London. Over the next decade, she carried her skills across borders, volunteering on global surgery missions in Vietnam, South America, and the Middle East. The experiences were moving: lives transformed, families given new hope. Yet the victories were small against the enormity of the need.

'During the overseas trips I took, leaving my children at home, each time we only treated 40 or 50 patients. It felt like a drop in the ocean,' she reflects. Around that time, the Lancet Commission released its landmark findings: five billion people worldwide lacked access to safe surgery. Nadine remembers how the number hit her. 'That statistic haunted me.'

'Can technology act as a force multiplier? Can I virtually scrub in and guide a surgeon through an operation?'

It was one thing to read the numbers on a page. It was another to see them unfold in real time. The reality struck hardest before a mission to Lebanon, when Nadine and her colleagues had prepared to treat children with cleft conditions — many of them from war zones in Iraq, Syria, and Palestine. Equipment, flights, and logistics were ready. Then, security deteriorated. The patients could not cross borders. The mission collapsed.

'All these children weren't going to get the surgery they deserved because we couldn't be in the same place at the same time,' Nadine recalls. 'I thought: couldn't we just support their doctors remotely? Couldn't we train them to do these cases in their own hospitals?'

At the same time, innovations like Google Glass and even Pokémon Go were emerging, which made Nadine wonder: 'Can technology act as a force multiplier? Can I virtually scrub in and guide a surgeon through an operation?'

These questions refused to leave her. Even back in London, the thought lingered, pressing at the edges of her daily work. In the NHS operating rooms, surrounded by brilliant colleagues and advanced equipment, she began to notice the cracks — siloed data, analog notes, inefficiency everywhere. If world-class hospitals struggled to connect knowledge, how much harder was it for doctors in war zones or rural clinics?

The birth of Proximie

That thought began to take shape, shifting from a passing question into a challenge she felt compelled to solve. Nadine wanted to know if the concept could move from imagination to reality — and she wasn't willing to wait for someone else to try.

Her first experiments were with Google Glass. It was exciting at first, but the flaws were obvious. 'You can't expect people in different countries to buy \$2,000 equipment,' she explains. 'The most common device in everyone's hand is their phone, their laptop. It had to work on any device, any bandwidth, in any type of surgery.'

She boiled her vision down to five principles: accessible on any device, adaptable to all bandwidths, low cost, cloud-based, and compatible with any surgical modality.

But principles alone wouldn't change anything. With no background in technology, Nadine

began knocking on doors, persuading engineers to help her build a prototype. But she insisted that technical talent alone wasn't enough: they had to experience the chaos and stakes of real surgery. 'Every engineer has to spend time in the operating room,' she insists. 'It's part of their induction. You cannot build technology for healthcare from behind a desk. You have to feel the pressure, see the workflow, and witness the organised chaos of surgery. Only then can you design something that truly works.'

'Build for the hardest settings first. If it works in low-bandwidth, resource-constrained ORs, it will work anywhere'

And she was clear about one thing: it had to be tested in the toughest environments. Rural Peru. Conflict zones in Gaza. Overstretched hospitals in Beirut. 'Build for the hardest settings first. If it works in low-bandwidth, resource-constrained ORs, it will work anywhere,' she told her team.

The real test came in April 2016. Nadine received a call from Gaza about a young man with a blast injury to his hand — the sole breadwinner for his family, but with no hand specialists available. Armed with nothing more than her



prototype and a mobile phone, she guided local surgeons through the reconstruction. The operation succeeded. The young man, once unable to work, later trained as a nurse.

The story caught CNN's attention. After the broadcast, a journalist asked her the name of her company. Sitting at the kitchen table with her children, Nadine improvised. It was going to be called Proximie.

Building and scaling Proximie

Registering the company was one thing. Building it while still in surgical training was another. 'To be honest, a lot of it was ignorance. I didn't really know what I was signing up for,' Nadine laughs. 'From 2016 to 2021, I was doing both full-time, training as a surgeon and building Proximie. I didn't reduce my surgical hours until I became a consultant.'

When she secured her consultant post, she negotiated a 50/50 role: half clinical, half innovation. 'That gave me more room to work

on Proximie while keeping me grounded in clinical reality. It also helped the hospital think differently about how to apply innovation in a very bureaucratic environment.'

But if building the technology was challenging, getting it adopted was even harder. Many assume that if a solution works, adoption follows. Nadine quickly learned otherwise. 'The idea that you can just drop technology in and it works is a misnomer. The hardest bit is the people side: change management, stakeholders, culture,' she says.

Winning over clinicians was one challenge. At a 2017 conference, a senior surgeon stood up during Q&A and declared: 'I think your idea's stupid. It's never going to work.' Nadine stayed calm. 'You're in bucket four,' she replied, 'the group who will never adopt this technology. Luckily, there are surgeons in bucket one who are ready to try.' The audience broke into applause.

In the early days, Proximie realised it didn't need an army of traditional sales reps. What it needed was people on the ground, inside



hospitals, showing surgeons and nurses how the technology fit into their daily routines. Nadine herself often did it at first, shadowing staff in operating rooms, answering questions, and troubleshooting in real time. Over time, this evolved into a dedicated customer success team: specialists trained to embed with clinical teams, build trust, and support the often slow process of changing mindsets. Today, about 80–90% of Proximie's commercial team is in customer success, not sales.

Her philosophy extended beyond adoption into product development. From the start, she required every engineer and product manager to spend time in surgery as part of their induction. 'Every new hire at Proximie spends a day in surgery... we expect product managers to spend more time in the field than at their desks,' she explains. For Nadine, staying in the field, close to clinicians and patients, is what keeps the product improving case by case. It is also how Proximie can hold fast to its dual model: listening to users in both the most advanced hospitals and the most resource-limited settings, and building technology that works for both.

Equally important was the choice of where to start. Nadine deliberately sought out early champion hospitals, places that were nimble enough to experiment, where leadership would open doors to both the surgical teams and the C-suite. These weren't just customers; they were partners. 'Some hospitals were even offered equity. That kind of deep partnership is critical when you're building something new,' she says.

As Proximie expanded globally, Nadine resisted the temptation to build heavy direct sales operations everywhere. Instead, the company worked with local resellers in Africa and Asia, distributors who already had trusted relationships with hospitals and doctors. Proximie trained these partners to represent and support the platform, a more efficient path than entering each market from scratch. 'It's very expensive to go direct into a new market,' she explains. 'So in our non-core regions, we work with partners on the ground who know the system and can take it forward.'

Winning over investors

Winning over clinicians was one challenge. Winning over investors was another. From the start, Nadine had to fight the perception that Proximie was 'tech for good' which many thought was the same as charity.

'We needed to make clear from the beginning that we were not a software only for the Global South. We were building software for the whole world,' she says. 'Our first use cases just happened to be in the Global South.'

That distinction was critical, but it was only the first hurdle. Investors wanted to know: could a mission-driven platform also be a viable business? Nadine reframed the answer. Building for diverse, resource-limited settings, she argued, actually made the technology stronger. It forced Proximie to design for low bandwidth, for cost efficiency, for interoperability. It also made the company's data more robust. She kept repeating: 'It isn't a weakness, it's an advantage.'

Still, Nadine knew the company had to be explicit about how it would sustain both sides of its mission. She was transparent from the beginning:

'I was upfront that we would allocate part of our budget to support surgery in low-resource settings. For us, this wasn't optional — it is part of our DNA.'

This philosophy shaped Proximie's dual-market model. In the Global North, the company built a commercial engine around efficiency, cost savings, and accreditation support for leading health systems. Those revenues, in turn, enabled Proximie to subsidise deployments in the Global South, where patients and hospitals could not otherwise afford the service. The impact side wasn't a bolt-on; it was designed into the business from day one.

And critically, the two halves reinforced each other. Demands from low-resource settings made the platform more resilient, bandwidth-light, and cost-effective — qualities that proved just as valuable in the most advanced hospitals. As Nadine put it, impact sharpened the product.



Not everyone was convinced though. Some questioned whether hospitals in low-income countries would ever pay. Others asked if the company was really a nonprofit disguised as a startup. But Nadine chose her investors carefully, targeting those who understood both healthcare and impact. Over time, Proximie secured more than \$150 million from a group of health-tech and life sciences specialists, including F-Prime, Yosemite (led by Reed Jobs), Adjuvant Life Sciences, British Patient Capital, and Maverick. 'They cared about patients. That made all the difference,' Nadine says. 'We weren't trying to persuade generalist funds chasing the fastest exit. We were building with people who shared our mission to make healthcare better.'

Beyond Proximie itself, Nadine also launched what she describes as the only NHS-anchored venture fund, backing early health-tech companies to accelerate adoption across the UK system. For investors, it underscored that she was not only building a company

but shaping the wider innovation ecosystem, a signal that her commercial model and her impact thesis were institutionally grounded.

Regulation posed another set of questions. Proximie didn't require FDA approval, but operating across borders raised issues of data sovereignty. In some countries, data had to be hosted locally, as in Saudi Arabia and the UAE. The requirement added cost and engineering complexity, but Nadine sees it as a strength today. 'It pushed us to deliver globally. It wasn't easy early on, but it meant we built an infrastructure that can handle any market,' she reflects.

The investor journey was never straightforward. At every stage, Nadine had to balance two narratives: Proximie as a mission-driven company, and Proximie as a scalable, commercially viable business. Convincing investors meant showing that the two were not in conflict, but deeply intertwined.

The future: AI and orchestration

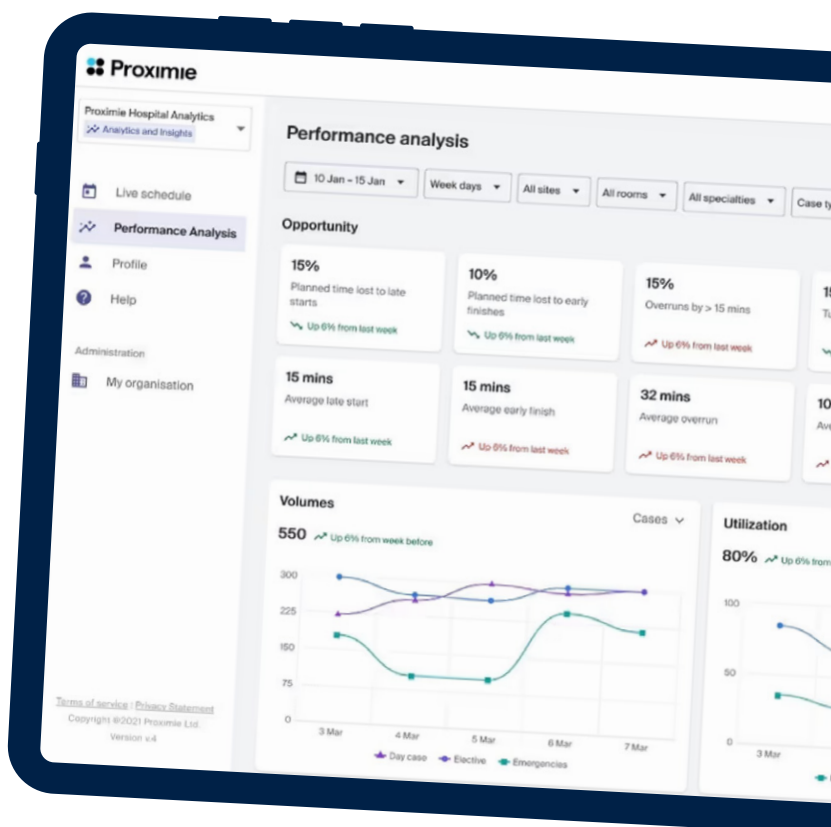
As Proximie grew, Nadine's focus shifted from proving the technology to imagining what it could become. The question is no longer whether remote collaboration is possible. It is how far the platform can go in reshaping surgery itself.

'We are going to become the operating system for every procedure room,' Nadine says with conviction. 'Your intelligent co-pilot in the OR. Your autonomous surgical partner. We're going to take surgery to another level.'

That vision rests on embedding intelligence directly into the surgical workflow. For Nadine, the next frontier is automation and AI — not replacing surgeons, but amplifying them. Workflow orchestration is one priority: using computer vision and sensors to capture what's happening in the room, automatically documenting cases, and reducing the administrative load on already stretched clinical teams. Imagine a system that detects when a procedure is nearing completion, automatically notifies recovery to prepare a bed, and pings cleaning staff to turn over the room. No phone calls, no delays — just seamless coordination.

The second focus is clinical orchestration. By surfacing patterns from thousands of procedures, Proximie can offer real-time decision support to surgeons in resource-limited environments. In cities where there may be only one neurosurgeon for millions of people, or in rural hospitals without specialists, Nadine envisions the platform providing guidance drawn from the experience of peers worldwide. 'It's about bringing case intelligence into the room,' she explains. 'Helping a surgeon in one part of the world benefit from the knowledge of others who have treated similar cases elsewhere.'

This is not science fiction. Device companies are already beginning to shift their software onto Proximie, embedding it into the fabric of the operating room. The trajectory is clear: a platform that doesn't just connect surgeons across borders, but integrates every device, every dataset, and every workflow inside the OR.



Impact and legacy

Looking back, Nadine often frames her journey less as a linear career and more as a series of lessons in resilience. Each setback — whether a skeptical surgeon dismissing her idea, an investor questioning her business model, or a regulatory hurdle slowing her down — reinforced her conviction that innovation in healthcare is as much about persistence as it is about brilliance.

She also reflects on the importance of staying in the field. Even at the height of Proximie's growth, she never stepped entirely away from the operating room. 'I never saw my surgical practice as a distraction,' she explains. 'It's what keeps me grounded. It reminds me who I'm building for, and it's how I make sure the technology works in real life.'

For Nadine, impact has always been the measure of success. She recalls meeting a young man who had once been a runner in the Gaza operating room during Proximie's first major case. Years later, he told her that watching Proximie in action had inspired him to pursue a career in radiography. It wasn't just the patients who were transformed, but the ripples of influence reaching those who witnessed the change.



Nadine also sees potential for innovation to flow in reverse — from emerging markets back into established systems. ‘I believe strongly that the Global South can leapfrog traditional systems, just as we’ve seen with the M-Pesa story in Kenya,’ she says. Today, Proximie operates in about nine East African countries, where it not only deploys software but hires local talent — Kenyans, Rwandans, Tanzanians — creating jobs and diversifying the data that trains its AI models.

‘Continuing my surgical practice keeps me grounded. It reminds me who I’m building for, and it’s how I make sure the technology works in real life.’

Nadine is proud to be an Endeavor Entrepreneur, part of a global community of high-impact founders selected for their potential to scale innovative companies and drive systemic change. Her advice to other founders echoes her own path: be clear-eyed about your business

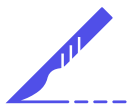
model, selective about your partners, and relentless about your mission. ‘You can’t just keep raising funding and hope to survive,’ she says. ‘You need to build a repeatable, scalable model that works on its own terms. The wrong money, the wrong partners — they can pull you away from the very communities you’re trying to serve.’

That duality — commercial sustainability and mission clarity — is the tightrope Nadine has walked from the start. What keeps her steady is the same principle that guided Proximie’s early days: never step away from the clinical reality. Stay close to the users and keep testing in the field. For Nadine, that is how the product keeps improving — and how the company can hold fast to its dual model of serving both the world’s most advanced hospitals and the communities with the least access to care.

Impact by the numbers



50+
countries



100,000+
procedures
supported



800+
hospitals



Subsidised
programmes in nine
African countries



~30-person commercial
team, with ~80–90% focused
on customer success

Proximie timeline

First prototype
tested in Gaza;
CNN coverage;
Proximie founded

2016

Global scale-up;
partnerships with
medtech and cloud
giants; resellers
expand presence
in Africa and Asia

2020
–2023

Targeting role as the
operating system
for every procedure
room worldwide

2024

Early
adoption
in NHS

Intelligence suite
launched in Kenya;
AI-driven workflow
orchestration piloted

2025
–2035

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