Airese & Atenvia — Month 2 Progress Update

Fractional engagement: Digital Product & Go-to-Market

Field	Detail
Prepared for	Ervin and Gary — The Air Station / Easmed Group Management
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Reporting period	29 August – 30 September 2026 (Month 2)
Date issued	30 September 2026
Covers	Tracker, user journey, marketing plan, tech development plan, team and decisions

How to read this report

Section 1 is the short version of where things stand.

Section 2 tracks every item from last month's update, plus what is new. I will keep this list going each month.

Sections 3 to 5 cover the three focus areas this month: the user journey, the marketing plan and the tech development plan.

Section 6 covers the team and my October schedule. Section 7 lists the decisions that would help most in October, and what Kedar will cover.

1. September at a glance

Airese is on track for a closed beta in the second week of November 2026 and an open launch on the App Store and Google Play in January 2027. The algorithm now works well for moderate and heavy snorers, and the marketing team has a launch framework by audience and channel. Kedar joins as our UI/UX designer to take over from Fadhli, and will also cover design for the TAS website and the SleepEdge microsite.

What changed since August:

- **Shane leads both products.** Shane is PM for Airese and Atenvia, which keeps one person across the platform the two products share.
- **The user journey is mapped.** Section 3 covers the full patient journey and what users see in their first three nights in the app.
- **Launch dates are set.** Closed beta in the second week of November, open launch in January.
- **Atenvia is being scoped.** Shane and I are spending the next two weeks on it, and I will bring you the game plan by end October.

To make progress easy to follow, section 2 lists every item from last month's update with its status, plus what is new. I will keep the same list going each month so you can see what has moved.

2. Tracker: what closed, what carried over, what is new

Of the 14 items from last month's update, 8 are done, 1 is closed and 5 are in progress. Nineteen new items came up this month.

From last month's update

Item	Owner	Status	Where it stands
PM for Airese and Atenvia	Raena, Joey	Done	Shane started in early September and is PM for both products.
Designer to take over from Fadhli	Gary	Done	Kedar joins as UI/UX designer through AUD'NCO. His scope also covers design for the TAS website and the SleepEdge microsite. Raena and Joey are preparing his full job description.
Airese user journey	Raena	Done	Mapped section 3 and walked through with Gary on 29 September. The linking screens are next.
Launch timeline	Raena, Shane	Done	Closed beta in the second week of November, open launch in January 2027. Team confidence is about 90%, with at most a week of slip.
MVP scope	Shane	Done	In: snore chart, snore score, sleep tags, settings and consent, onboarding.
Analytics and crash monitoring	Shane, Jonas	Done	PostHog is set up. Jonas is checking whether the free tier is enough or a paid plan is needed.
Tone of voice	Marketing	Done	Agreed: a knowledgeable friend who happens to be a doctor.
Private download link before the App Store	Shane	Done	The closed beta runs on TestFlight for iPhone and Google Play testing for Android, so there are no public ratings until January.
Diametos	Gary	Closed	Stood down. Kept as an option if Airese ever moves to medical grade.
Full-time PM to take over from Shane after February	Joey	In progress	Job ad is running.
Beta testers	Raena, marketing	In progress	Onboarding moves to November so it follows the marketing messages; we will bring testers in gradually. About 10 testers so far.
Engineering capacity	Raena, Shane	In progress	We will settle the approach together with the Atenvia plan at end October.
Telegram volunteer channel (about 20,000 SG members)	Raena	In progress	Recruitment poster going into the channel, timed with the November onboarding. Will hand this over to Kedar.
Atenvia patient data from each machine brand	Shane	In progress	Jonas found some Löwenstein API documentation in the handover files, and we are checking with Gary for the rest (section 5).

New this month

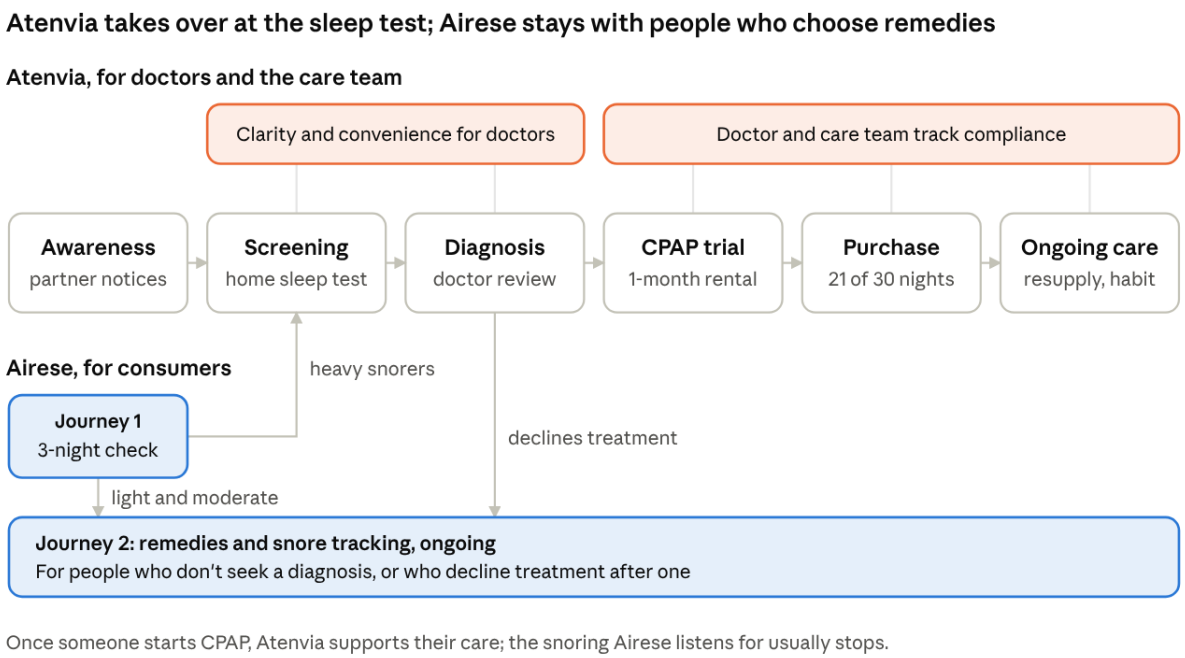
Item	Owner	Status	Where it stands
Handover from Fadhli to Kedar	Raena, Fadhli, Mahaa	**In progress**	Fadhli's last day is 6 October. The handover covers Airese, Atenvia, the TAS website and the SleepEdge microsite, with Mahaa sitting in.
Snore score formula	Shane, Jonas	**In progress**	Built on count, duration, clusters and loudness. Shane is finalising it with Jonas.
Beta tester set-up	Shane, Jonas	**In progress**	TestFlight for iPhone and Google Play testing for Android. Shane manages the tester list and a simple how-to guide.
Tracking from ad click to callback	Shane	**In progress**	Approach agreed: the tracking ID from each ad link stays with the device and passes to the Zoho callback form, so Zoho holds the full journey. Shane to confirm Zoho's features with Lex.
AWS access for Shane	Weijian, Shane	**In progress**	Access request set up. Shane is setting up the deployment pipeline.
Test phones: top 5 models in Singapore	Shane, Jonas	**In progress**	iPhone 12 to 16 and Samsung Galaxy A. Adding Galaxy S.
Compliance checklist for marketing content	Zhi Yang (HSA), Mahaa (MDA)	**In progress**	Every post and screen goes through it before publishing.
IMDA Digital Leaders claim, Milestone 5	Joey	**In progress**	Due 30 September. The final milestone is 28 February 2027.
Cyber Trust audit	Weijian, Shane	**In progress**	Scheduled for 21 October and 4 to 6 November.
Atenvia game plan	Raena, Shane	**In progress**	Two weeks of scoping, then the plan by end October.
Campaign-level marketing plan	Zhi Yang, Mahaa	**In progress**	Targeting, spend and bidding per ad, plus past campaign results. Gary would like to see it this week (section 4).
Linking screens: what scores mean and what to do next	Kedar, Raena, Shane	**Not started**	Top design priority for launch (section 3). **Design: Kedar**
Waitlist landing page	Kedar, Mahaa	**Not started**	Not essential, but a strong good-to-have: beta testers get a page to go to and understand what they are testing. **Design: Kedar**
Care team guideline	Raena, Shahira	**Not started**	A guideline the care team can build on for light, moderate and heavy snorers, including which remedies to suggest. Needed before closed beta.
User survey and interviews	Kedar, Raena	**Not started**	At least 50 survey responses plus about 10 in-person interviews. **Design: Kedar**
Running-cost projection	Shane	**Not started**	Costs at different numbers of users, as Gary requested.
Criteria for the January open launch	Raena, Shane	**Not started**	Minimum thresholds for conversion, crashes and satisfaction.

Item	Owner	Status	Where it stands
SleepAge booth materials	Kedar, Mahaa	Not started	Banner and QR code for the 22 January event in Kuala Lumpur. **Design: Kedar**

3. Airese user journey

Every user records for three nights. On night 3 the app sorts them into light, moderate or heavy snorers and points each to one next step. The piece still to design is the set of linking screens that explain what a score means and what to do about it.

Where Airese and Atenvia sit in the full patient journey



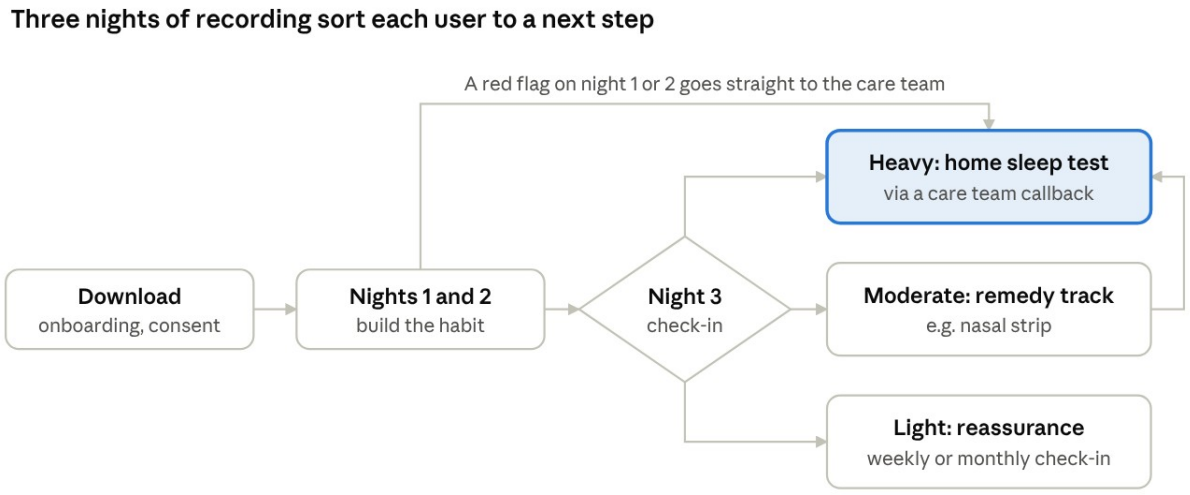
Full patient journey · 6 stages, Airese and Atenvia touchpoints

Atenvia comes in from the home sleep test. Through screening and diagnosis it gives doctors clarity and convenience, which is where we want doctors to adopt it. From the CPAP trial onwards, it lets the doctor and the care team track compliance. The trial is where most is at stake: about half of trials convert to a purchase today.

Airese plays two roles:

1. **Journey 1: finding people who need a test.** Airese helps people notice a problem and guides heavy snorers to a home sleep test. Once they start CPAP, their care moves to Atenvia, as CPAP usually stops the snoring Airese listens for.
2. **Journey 2: ongoing remedies and tracking.** Airese keeps supporting people who want to try remedies and track their snoring, whether they never seek a diagnosis or decide against treatment after one.

Inside the app: the first three nights



Airese in-app journey · 3 nights, 3 paths

A moderate snorer might try a remedy for 14 days, for example a nasal strip, and record as they go. If it doesn't help, they move to the sleep test path. The remedies and the length of the track are to be confirmed with Shahira and the care team.

Who we are designing for. We group people by how ready they are to act.

- **Self-diagnosed:** already searching for answers. Easy to reach through search and doctors, and many are already on the sleep test route.
- **Quietly suspicious:** they sense something is off but are not acting yet. This is our main marketing focus.
- **Unaware:** the largest group, and they rarely search for it. We reach them mainly through their partners; about 80% of snoring searches come from the partner, not the snorer.

What happens on each path.

- **Heavy:** the app prompts a callback with the care team, who look at the recordings first and then help book a home sleep test. From there it is consult, CPAP and servicing, with Atenvia supporting the doctor and care team.
- **Moderate:** the app suggests a remedy (for example, a nasal strip) and tracks the change. The list of remedies is pending, to be confirmed with Shahira and the care team. Our early hypothesis is that people who track remedies stay with the app longer, so we will nudge a group of moderate users there early and test it.
- **Light:** the app reassures them and checks in weekly or monthly. Light snorers are welcome and get a useful answer. We simply don't tune the first version or the ad spend around them; that comes in a later phase.

What users see each morning. The tone follows the 7 August agreement: friendly and outcome-led, about patterns and change, never a diagnosis.

Morning	Goal	What the sleeper sees	Next step offered
1	The "hear yourself" moment	"Here's what your night sounded like." Snoring time, top events and a clip to play. "One night is a snapshot. Three nights show a pattern."	One tap on how they woke up feeling; set tonight's reminder.
2	Build the habit, teach one thing	Night 2 next to night 1, plus a 30-second explainer on breathing pauses and energy. A linked partner is asked whether they have noticed gasping.	"One more night unlocks your sleep picture."
3	The reveal and the branch	Heavy: "Your three nights show a pattern worth a proper look." Moderate: "Let's find what makes it better." Light: "You're sleeping quietly most of the night. Check back in a month."	Heavy: get a proper sleep check. Moderate: pick a remedy to try. Light: none.

These are first drafts. Kedar will keep testing them with beta users and refines the wording and layout based on how people actually respond. **Design: Kedar**

Keeping people recording for three nights. Gary raised a good point: many people will record one night and stop, especially lighter snorers, unless there is a reason to continue. We will start with a hypothesis for the nudges between nights. After launch, Kedar tracks who drops off, and we call a sample of those who stop to learn why and adjust the messages. **Design: Kedar**

A quiet "Talk to someone" link stays visible from day one, so anyone worried can act at any time. The call to action is worded from the user's side, "Get a proper sleep check", rather than asking them to admit they need help.

Why light snorers are not the first target. Easmed's revenue comes after the app: the sleep test, CPAP and years of servicing. A light snorer costs the same to reach as a heavy snorer but rarely takes a sleep test, and a large light-snorer base would make conversion look weaker and pull features away from the people most likely to need help. They are still welcome: they can refer heavier snorers, and snoring can change with age and weight. So we write ads around heavy-snoring symptoms and give any light snorer who arrives a simple monthly check-in.

Who owns each stage: a proposal. We suggest splitting the journey into three stages, each led by the team closest to that moment:

- **Marketing, from first contact to the first night of recording.** They know the audiences and channels, and a first recording is the clearest sign a message reached the right person.
- **Product (Shane/Jonas), from the first night to the callback request.** The in-app experience, including the check-in and linking screens, is shaped by what we build, so one owner can adjust it quickly using usage data.
- **Care team (Shahira), from the callback request onwards.** They already speak with patients every day and guide them to sleep tests and treatment, so the move from the app to a real conversation sits naturally with them.

Happy to adjust this if you see it differently.

The gap: linking screens. Today the app shows two charts. What users don't yet get is what those numbers mean or what to do next, and that is the moment we are most likely to lose them. We propose an insights box under the charts: one line on what last night's score means, one line on what to do next, and more detail on tap. The wording would be rule-based by score range, not a chatbot. **Design: Kedar**

Things that we still need to figure out on:

Question	Area	Owner	Why it matters
How do unaware people end up getting diagnosed today? At least 50 survey responses plus about 10 in-person interviews.	Design and user research	Kedar, Raena	Tells us how to reach the largest group. **Design: Kedar**
What thresholds define light, moderate and heavy, given microphones vary by phone? Do three nights give a stable read?	Tech and engineering	Jonas	The night-3 check-in depends on it.
Partner route: does the partner record on their own phone, or invite the sleeper to install?	Product	Shane	Recording someone asleep needs a clear consent answer.
Should a short screening questionnaire (STOP-BANG style) be in the first version?	Design	Kedar, Shane	It lets us spot red flags before night 3. **Design: Kedar**
Do self-diagnosed users need the app, or a fast lane straight to a sleep test?	Product	Raena, Shane, Kedar	Decides whether the app needs a shortcut to booking.
Singapore guidelines restrict going straight to a home sleep test without a doctor's consultation. What can the callback offer?	Clinical and regulatory	Shahira, Raena	Shapes the next step we offer heavy snorers in Singapore.
What can we promise users about privacy?	Product and data protection	Shane, Weijian	Still evaluating
What plain words describe what users hear? "Pause" is unclear and "possible apnea" is too clinical.	Design	Kedar	**Design: Kedar**

What we still need to settle on privacy. Some people worry that a sleep result could affect their insurance, a concern raised. We would like the app to say plainly that results stay private, and before we can say that truthfully, four things need confirming:

- **What leaves the phone**
- **What the care team sees**
- **Where the data sits**
- **Who else could see it**

4. Marketing plan

Marketing's job is to get the right people to their first night of recording. Zhi Yang and Mahaa have drafted a launch framework: it aims mainly at the quietly suspicious and at bed partners, leads with sleep issues people recognise, and keeps every message inside HSA and MDA rules. Past campaign results from April to September are being added to test the channel choices.

Who we reach, where, and with what message. "For launch" means the January open launch; the November closed beta is invite-only.

Group	For launch	Going forward	What we say
Quietly suspicious (primary)	Instagram, Facebook, Meta ads, paid creators on Instagram	TikTok (organic, creators and ads), YouTube	"Sleeping enough but still waking tired?" "Been told you snore and want to hear it yourself?"
Bed partner (secondary, a way in)	Instagram, Facebook, a separate Meta ad test for partners	TikTok partner stories	"They say they don't snore. You have receipts."
Self-diagnosed	Google search ads, Apple Search Ads, clinics and events with QR cards, email to existing TAS customers	SEO, doctor and expert content	Direct: record a few nights, then talk to our care team.
Unaware	Reached mainly through their partners	Selected curiosity content	"You know how long you slept, but do you know what happened while you were asleep?"

The core audience is people aged 30 to 50. We avoid general sleep-wellness content at the top of the funnel, since it pulls in people who rarely take a sleep test. Instead we lead with symptoms people recognise: snoring, pauses in breathing, fatigue, waking at night, nodding off.

Getting beta testers. Onboarding moves to November so it follows the marketing messages; we will bring people in gradually.

- **Batch 1, mid-November:** about 50 staff, friends and family who are happy to try an early version and fill in a feedback form.
- **Batch 2, end November:** about 10 doctors and dentists through the sales team, and a small group of creators who also produce content.
- **Telegram volunteer channel:** the recruitment poster goes into the channel, timed with onboarding.
- **Waitlist landing page:** not essential, but a strong good-to-have. It gives testers a page to go to and explains what they are testing, with two doors: "I think I have a sleep problem" and "My partner has a problem". **Design: Kedar**

Staying compliant. No diagnostic claims, no superlatives, no fear, and a clear note that Airese is not a medical device. For example, we say "identify breaks in your sleep", not "detect when you stop breathing". MDA in Malaysia is stricter than HSA and is enforced. Zhi Yang checks HSA and Mahaa checks MDA before anything goes out.

What we measure. Downloads per channel, nights recorded per user, and clicks on the care team callback, which matters most. Installs alone are not the goal. "First recording" becomes a KPI once our tracking can connect the ad source to the install and the first night.

Coming up. A sleep event on 22 January 2027 in Bangsar South, Kuala Lumpur, with specialists attending, is a good place to demo Airese after the open launch.

Budget. Paid budgets are still to be set, pending the Google Partners review and past campaign data. I will bring the full plan with a proposed budget, and we can trim from there.

5. Tech development plan

The Airese build is on track for the November closed beta. The main things to watch are locking the feature list, the design handover and how the app behaves on different phones. The team puts its confidence in the mid-November date at about 90%, with at most a week of slip. Atenvia's plan follows two weeks of scoping and comes to you at end October.



Tech roadmap · October 2026 to February 2027

The January open launch goes ahead only if the closed beta meets agreed criteria, because bad App Store reviews are hard to undo. February is also the last month the IMDA grant covers salaries (28 February 2027).

Airese: where the build stands

- **Detection is good enough to launch.** Breathing-pause detection sits at about 7 out of 10, the bar we agreed for the first version. It favours precision: what it flags is reliable, even if it misses some events. For heavy snorers, the top 30 highlights matched sleep lab data.
- **Snore detection is sharper.** It now reads in 1-second slices instead of 5-second ones. The snore score uses count, duration, clusters and loudness, and Shane is finalising the formula.
- **Everything runs on the phone.** No full audio goes to the cloud; we keep only the highlight clips.

- **Screens are being built now.** Jonas and Shane are moving Fadhli's design system into the app. Results screens follow once the designs are confirmed. **Design: Kedar**
- **Beta distribution.** TestFlight for iPhone and Google Play testing for Android. Shane manages the tester list and a simple how-to guide so testers can install without help.
- **Tracking the whole journey.** Each ad link carries a tracking ID that stays with the device and passes to the Zoho callback form, so we can see which ads lead to recordings and callbacks. Inside the app, PostHog shows where people get stuck. PostHog is set up, and Jonas is checking whether the free tier is enough.
- **Phones.** We test and support the top 5 models in Singapore (iPhone 12 to 16, Samsung Galaxy A, adding Galaxy S). Other phones get a compatibility note. Known limits: loud fans or air purifiers can mask snoring, and some Android phones pause the analysis when the screen locks. The app will ask users to leave the phone charging with the app open.
- **AWS.** The access request is set up, and Shane is setting up the deployment pipeline.

Atenvia: where scoping stands

Atenvia matters beyond the IMDA programme. It builds Easmed's own compliance data, so we can show doctors how well our patients stay on therapy, and over time it becomes a data asset in its own right.

- **Where Atenvia starts.** Atenvia comes in from the home sleep test, so doctors adopt it during diagnosis and keep using it to track compliance .
- **What doctors told us.** We gathered this from Fadhli: In testing, most doctors asked for a hypnogram, a chart of sleep stages that helps tell apnea from insomnia. The respiratory specialist also asked for a breathing waveform view. Doctors do not handle scheduling or data entry themselves.
- **Proposed first version:** doctor login and a patient dashboard, with data download. Scheduling is also a requirement; we suggest it comes in phase 2, to be confirmed in the end-October plan.
- **Design.** Atenvia's design system is still basic and will need building out before launch.
- **Architecture.** AWS is approved, and Zoho is not used as the backend, as its data is hosted in the US and a login per doctor would be costly. Atenvia reads from its own database, and callback requests still flow into Zoho so the care team can act on them.

Getting patient data from each machine brand

Brand	Where it stands
Löwenstein	The API exists. Jonas found some API documentation in the handover files, and we are checking with Gary for the rest.
ResMed	Pending. We are looking into the access options.
Itamar (WatchPAT)	Pending. Data samples are with Jonas.
Somfit	Pending. Data samples are with Jonas.

Once the Löwenstein documentation is in hand, Shane can start on the first data connection.

6. Team, cadence and my October schedule

Shane and I are managing well, and the team would benefit from more than one check-in a week to keep up the pace. I will move my time around to make that happen, and still keep face-to-face time with Jonas.

Person	Role on Airese and Atenvia
Shane	PM for both products. Based in Vietnam and flies back every two weeks.
Jonas	Full-time engineer: algorithm and app build.
Kedar	UI/UX designer through AUD'NCO. Covers Airese, Atenvia, the TAS website and the SleepEdge microsite.
Fadhli	Designer, last day 6 October. Handing over to Kedar, with Mahaa sitting in, and handing the TAS website to Mahaa.
Zhi Yang, Mahaa	Marketing for Singapore and Malaysia.
Weijian	IT: AWS access and the Cyber Trust audit.
Shahira	Leads the care team that takes callback requests.
Joey	HR and the IMDA claim.

I am away from 10 to 20 October.

If there is anything you would like more face-to-face time on, just let me know and I will find the right slot around it. I want to fit around the team's schedule so the launch stays on track.

7. Decisions needed from Ervin and Gary

Thank you for confirming Kedar. The designer decision is now made, and the items below are what would help us most in October.

#	Decision	Why it matters	Who
1	Airese marketing plan and budget	The campaign-level plan with spend and targeting comes to you this week; the budget follows from it.	Gary
2	Löwenstein API documentation	Lets Shane start the first Atenvia data connection.	Gary

What Kedar will cover

These are the places marked **Design: Kedar** in this update.

Work	Why it matters	When
Handover from Fadhli: Airese, TAS website and SleepEdge microsite	Keeps the design files in hand while Fadhli can still walk through them.	By 6 October
Linking screens: what scores mean and what to do next	The step that turns a recording into an action. Top priority for launch.	October to November
Results screens	Jonas and Shane build them once the designs are confirmed.	October to November
Waitlist landing page	Gives beta testers a page to go to and explains what they are testing.	Before November onboarding
Screening questionnaire, if in the first version	Lets us spot red flags before night 3.	October to November
TAS website and SleepEdge microsite design	Design support for both sites after Fadhli leaves. Scope to confirm after the handover.	From October
Nudges between nights, morning messages and labels, tested with beta users	Refines the wording and layout based on how people actually respond.	November to December
User survey (at least 50) and about 10 in-person interviews	Tells us how to reach the unaware group.	October to December
App Store and Google Play listing assets	Ready for the January open launch.	December
SleepAge booth banner and QR code	Launch to doctors on 22 January.	December to January
Atenvia design system and screens	Needed before the Atenvia launch.	December to February