Respira Health - Scoping visit write up

Overview

From July - September 2025, we completed a three-month scoping visit to India. We spent time working in Mumbai and Delhi, where we conducted essential preparatory activities for our WhatsApp-based pulmonary rehabilitation program. This scoping visit was designed with three key aims: 1. to understand the local healthcare context and the needs of our stakeholders, 2. to build relationships with potential future collaborators, and 3. to test key assumptions about our intervention ahead of designing our pilot program.

Scoping Visit Activities

Phase 1: Initial Assessment

We visited 12 hospitals and clinics in Mumbai and Delhi wherein we conducted over 40 in-depth interviews with relevant healthcare workers and patients. Our interviews were aimed at understanding the needs of patients and staff, and focused on identifying the existing treatment options, the barriers to more effective care being provided, and the suitability of more digital support. We also shared our proposed intervention with key stakeholders in these hospitals and gauged their interest in collaboration.

Phase 2: Review & Preparation

Building on the insights from our needs assessments in Phase 1, we identified our key uncertainties and developed a series of short tests for them. We identified uncertainties with how we would develop our program on WhatsApp, how we would recruit participants who would benefit from our support, and whether these participants would be able to use our program. We planned tests to target these uncertainties: develop a short educational program on WhatsApp with the support of local physiotherapists, recruit participants for the program through our existing hospital connections and online advertising, and track their progress and feedback on the program.

Phase 3: Testing & Validation

We developed an educational program on the topic of ‘breathlessness’ with the support of several local physiotherapists. We returned to Mumbai and Delhi to recruit patients for the program and ran adverts on Facebook to reach people who were not necessarily diagnosed with a chronic respiratory disease. We ran the program for a month, iterating our content and user interface based on feedback from patients and healthcare workers.

Key Achievements

- Conducted 40+ in-depth interviews with healthcare workers and patients across twelve hospitals and clinics
- Secured interest in collaboration from nine hospitals and clinics for future pilot activities
- Successfully developed a short educational program which was approved for dissemination to patients by five hospitals and clinics.
    - 320 individuals opted into this program with 140 reporting current symptoms of breathlessness

Critical Learnings

WhatsApp emerged as significantly more accessible than downloadable apps or web-based alternatives for our target population. Familiarity with WhatsApp and lower digital literacy barriers were the key drivers here.

Our intervention will likely be beneficial to a wider set of people than originally anticipated; COPD is not the only chronic respiratory disease which benefits from pulmonary rehabilitation, and it is often safe to engage in a pulmonary rehabilitation program even for people who have not been diagnosed but are experiencing symptoms of breathlessness.

Our intervention may not be safe for those suffering from severe CRDs due to the risk that exercise sessions may exacerbate rather than alleviate symptoms as well as the fact that those with severe symptoms are often at higher risk of falling or injuring themselves during exercise.

Patient awareness and healthcare worker capacity are key limiting factors for the effective management of chronic respiratory diseases. Many people suffering from breathlessness do not seek medical attention, often associating their symptoms with ‘natural aging’ rather than something which could be treated. Similarly, the proportion of doctors who recommend pulmonary rehabilitation and follow up to ensure compliance is extremely low, often not because they lack knowledge but because they lack capacity.

Online advertising is a viable method of reaching people suffering from breathlessness who have not actively sought medical attention. Low costs of advertising make this approach feasible at scale and we can connect with people earlier, before their condition worsens and rehabilitation becomes too difficult.

Impact on Pilot Design

Based on the findings around WhatsApp, we're proceeding with WhatsApp as our primary platform, with Turn.io as the technical provider for our chatbot development.

After testing these methods during our scoping visit, our pilot will utilise both hospital referrals (tracking health outcomes and qualitative feedback for diagnosed patients in-person) and online recruitment (for testing self-referral models and broader reach), allowing us to compare these different approaches to participant acquisition.

Our key aim is improving the health-related quality of life of our program participants and we will focus the design of our pilot on the components which are the strongest predictors of health outcomes. This means focusing on guided exercises and breathing sessions to improve physical health, supervision from physiotherapists to encourage adherence to the program, and rigorous initial screening to ensure the program is safe for all participants.