

Healthy Together



Healthy living can be an

Exciting

Adventure when you

Live it, love it and

Try it with others. Because

Healthy living is an experience
best shared together.

Our Vision

A nation of **healthy people**.

Our Mission

Empowering individuals to take **ownership of their health**.

Through:

- Being a centre of excellence for health promotion, disease prevention and patient education.
- Establishing, engaging and supporting local and international partnerships.
- Being a people-centred organisation that inspires and enables our employees to realise their full potential.

Our Values

- **Care and concern**
We show care and concern for the wellbeing of our staff and all Singapore residents.
- **Professionalism**
We do our work with expert knowledge and skills.
- **Integrity**
We maintain a high standard of ethics and manage resources responsibly.
- **Respect**
We treat everyone with respect.
- **Commitment**
We are committed to do our best.
- **Innovation**
We constantly seek new and better ways to promote health.

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Chairman's Message



The Health Promotion Board just celebrated its 10th anniversary this year!

Looking back, HPB has come a long way in promoting healthy living among Singapore residents. As the saying goes, prevention is better than cure. It is much better to keep healthy rather than seek treatment when conditions and diseases develop. Living a healthy lifestyle is often an individual choice but it will help if it is facilitated and supported by family, social and environmental influences.

HPB is committed to educating the public and equipping individuals and the community with the necessary information and skills for making healthy lifestyle choices. We work with many different partners to ensure that adequate support is available to facilitate and motivate the choice for healthy living.

A key strategy has been and will continue to be that of collaboration with the people, public and private sectors. This network of partners is realised at many different levels, and through many different organisations such as schools and institutions of learning; professional groups both within and out of the healthcare sector; community groups and organisations; workplaces; industry and trade associations; local and international academia and research organisations; and commercial corporations. It is a network and support system that has proven to be invaluable.

For the year in review, there were a host of programmes and initiatives that reached out to the youths and the younger generation in Singapore. The importance of hand hygiene was reinforced to primary school going children, while youth entrepreneur students from secondary schools focused their creativity and knowledge of basic business concepts and innovation and applied them to their healthier lifestyle themed projects during the YES (Youth Entrepreneur Students) Carnival.

At the annual Youth Health Symposium, we witnessed the formation of the Student Health Alliance, fostered between peer-led youth health advocacy group Youth Advolution for Health (YAH) and several student bodies. The Student Health Alliance signified a stronger commitment between YAH and the student bodies to collaborate and promote health issues such as mental wellness, physical activity, healthy eating, sexual health and staying tobacco-free among their respective student populations.

The CHERISH Awards, modelled after the Health Promoting School framework, were presented to 315 educational institutions from primary, secondary and junior colleges/centralised institutes. Additionally, 15 kindergartens/childcare centres were also awarded the very first CHERISH Junior Awards, which had been successfully piloted in 2009.

In mid 2010, HPB introduced Body Mass Index (BMI)-for-age charts to monitor the growth and development of children and youth aged between six and 18 years. Replacing the existing weight-for-height charts previously used by schools and healthcare professionals, BMI-for-age provides a practical and reasonably good estimate for the amount of body fat in children. BMI-for-age can be co-related with risk factors for cardiovascular diseases including high lipid levels, elevated insulin levels, abnormal glucose levels and high blood pressure. BMI is also a consistent measure that can be used to track an individual's weight status from childhood through to adulthood.

In continuing efforts to address the rise in obesity in Singapore, the structured and holistic 12-week weight management programme 'Lose to Win' was extended into a second season in 2010. It was scaled up on a bigger platform base, which saw participants from both the community as well as workplaces.

The Singapore Manufacturers' Federation, SMA, signed an agreement with HPB pledging to grow employer participation in workplace health promotion, particularly from small and medium enterprises. The collaboration is aligned with the vision of the National Tripartite Committee on Workplace Health: that of establishing a supportive workplace health eco-system for small and medium enterprises.

On the nutrition front, our Healthier Choice Symbol (HCS) programme was further expanded to include an enhanced HCS series with nutrient-specific information to better inform consumers on particular nutritional aspects of a food product.

Following consultation with HPB, another HCS endorsed product entered the retail marketplace in 2010. The first follow-on milk product range to be available in Singapore, the milk contains 25% less fat and 25% less added sugars than regular growing-up milk.

With the pervasive use and penetration of mobile devices into the lifestyle of Singaporeans, HPB developed a smartphone application for tracking calorie intake on-the-go. Since its launch at the National Healthy Lifestyle Campaign 2010 in November of that year, the Diet Tracker has garnered more than 80,000 downloads to-date.

The National Health Qigong Programme was launched in September 2010 to encourage the public to take up Health Qigong as a good form of physical activity. To date, there are more than 7,000 Health Qigong Club members in the community.

The Health Promoting Mall is a new initiative by HPB to leverage on the accessibility of shopping malls to provide health-promoting services, products and activities such as mall walks, quit smoking counselling at the pharmacies and lower-calorie meals in the food courts and restaurants.

Mental health education and initiatives for the year in review focussed on the message of being positive. The public campaign was conveyed through two very unique and creative art installations, displayed at areas with high volumes of human traffic. The campaign was supplemented with related on-ground community events. Separately, HPB announced the development of the Singapore mental well-being scale, the first of its kind developed in Asia. It is locally validated and reflective of our Asian values and multi-ethnic beliefs and philosophies.

Greater awareness about the need for women to undergo screening for breast cancer was promoted through the emotionally charged 'Love Cuts' movie. This local production was HPB's first foray of weaving health messages into a full-length feature film. More than 25,000 watched the film and were moved; and this could have contributed to the more than 30% increase in the number of mammograms done compared to the same period in 2009.

To address the health concerns of the older adults in the community, HPB and MOH introduced the Clinical Practice Guidelines (CPG) on 'Functional Screening for Older Adults in the Community'. This CPG, which covers the main functional domains of physical function, vision, hearing, oral health, continence, mood and cognitive ability, will guide community service providers when conducting functional screening for community-dwelling seniors.

More than 400 senior health ambassadors have been recruited under the Senior Health Ambassador Programme. It is a peer-mentoring programme that equips older persons with knowledge and skills to maintain and improve their own health while motivating their peers to do the same. The senior

health ambassadors engage their network of peers through community initiatives such as workshops, talks, exercise classes, sharing sessions, road shows and one-on-one health chat sessions to share health tips and refer health programmes and services.

HPB continues to strive for organisational excellence by adopting best practices in Organisational Development and Human Capital Management. I am happy to report that we were awarded the Leading HR Practices Award in Learning and Human Capital Development by SHRI for the third consecutive year. On top of this, HPB is also the proud recipient of the Leading HR Practices (Special Mention) Award in Talent Management, Retention & Succession Planning. These awards are further recognition that HPB is consistently enabling employees to learn, share and acquire knowledge that would empower them to realise their potential.

As a testimony of HPB as a Centre of Excellence, it is my pleasure to report that the World Health Organization has re-designated HPB as a WHO Collaborating Centre for Health Promotion and Education for another four years, 2011 to 2015.

All of HPB's programmes and achievements are in no small measure due to the good work and support by our staff and our numerous partners. On that note, the financial year under review saw a change in the leadership of the Health Promotion Board. Mr Ang Hak Seng succeeded Mr Lam Pin Woon as Chief Executive Officer on 1 January 2011. The Board thanks Pin Woon for his significant contributions during his tenure as HPB CEO and wishes him all the best in his endeavours.

As we look ahead, HPB's continual challenge is to encourage more Singapore residents to see the importance of changing their behaviour to live healthily. We realise that the level of health awareness is high among the people. However, this has not been translated equally into healthy lifestyles and behaviours. HPB has started actively partnering the people, public, and private sectors to form meaningful and impactful prototypes.

We must build on the momentum and leverage on our collective strengths and resources to take HPB's programmes to the next level of creating pervasive healthy lifestyle.

On this note, may I wish everyone 'live long and live well'!

Lucas Chow
Chairman
Health Promotion Board

CEO's Message



It is my honour and privilege to be part of the Health Promotion Board (HPB), an organisation filled with people who are passionate about helping all Singaporeans achieve good health. In this regard, I would especially like to thank my predecessor, Mr Lam Pin Woon for his visionary leadership of the organisation over the past five years.

As HPB celebrates our 10th Anniversary, it is timely for us to reflect on the journey so far. We have observed heightened awareness amongst our community of the importance of a healthy lifestyle: eating right, engaging in physical activity and mental activities, quit smoking, and ensuring regular screening for chronic conditions and cancers. However, not all Singaporeans have been converted, and we have observed worrying trends in obesity and smoking. Although the prevalence of such concerns is still low compared to many other OECD countries, we cannot afford to be complacent.

To combat this and to promote a healthy lifestyle, HPB has formulated three core principles of actions. Firstly, there is a need to be more *aggressive* with interventions and programmes. HPB will continue to push forward to develop high quality programmes catered to meet local community needs. However, to facilitate more rapid development of such programmes, we will concurrently introduce several innovative prototypes within the local community. These experimental programmes will be closely monitored to extract the best practices, and successful programmes will be quickly replicated to the rest of the nation. To drive this initiative, a new division has been set up to coordinate the many projects, and act as the focal point for the organisation's community engagement efforts.

The second principle is *sophistication* in customising solutions to meet local community needs. New tools and analytics capabilities are being developed that can be used by the local community to understand their own needs. These include a new mental wellbeing scale, the first of its kind in Asia, which can be applied to both residential and work communities.

The third principle is *sustainability* and this will require us to make healthy living a social movement. Ownership has to happen, not only by the individual, but also by the community. Anyone who has tried to change their behaviour, such as starting an exercise programme or quitting smoking, will know how important it is to have the support of people who care and share their beliefs.

With these three underpinning principles, we have already started the movement this year to partner the people and private sectors to co-create and implement innovative

programmes for the community. We have put in place health eco-systems and environments that make healthy lifestyle the default choice. There are easily accessible infrastructure and programmes at all touch-points to make healthy living the easiest choice – health promoting MRT stations, walking trails, healthier hawker centres, to name a few.

Our many partners in the public, private and people sectors share our passion of improving the health and wellbeing of Singaporeans. We are expanding our collaborations, and diversifying the options available for developing customised solutions. We have set up Centres of Excellence, within HPB, which will be focal points of collaboration, bringing together partners from various sectors to develop healthier solutions. For a start, our new Centre of Excellence of Nutrition has worked closely with a local SME to develop an innovative high-fibre noodle which is a key component of our healthier eating prototypes in the hawker centres and schools. The Physical Activity Centre of Excellence has developed a software tool to help GPs provide customised physical activity programmes for people suffering from chronic conditions.

With this supporting infrastructure in place, this social movement will be fuelled by HPB's network of health ambassadors in the community to empower their peers with health knowledge. HPB is working closely with the local community leaders for solutions and programmes that matter to their local community. Local role-models, our health ambassadors, are being trained and equipped so that they can, in turn, help their friends make the change to a healthy lifestyle. I am confident that together with our partners, this movement will continue to gather momentum and be truly created for, by and with the community.

We at HPB are committed to building a nation of healthy people and together with our partners and the community, will bring this vision to reality.

A handwritten signature in black ink, appearing to read 'Ang Hak Seng'.

Ang Hak Seng
Chief Executive Officer
Health Promotion Board

Board of Directors



1. **Mr Lucas Chow**
Chairman
Health Promotion Board
Executive Director
Far East Organization
Formerly, CEO,
MediaCorp Pte Ltd

4. **Mr Wen Khai Meng**
Chief Investment Officer
CapitaLand Limited
Chief Executive Officer
CapitaLand Financial Limited

2. **Dr Benjamin Seet**
Deputy Executive Director
Biomedical Research Council
Agency for Science,
Technology & Research
(With effect from 1 August 2011)
Formerly, Chief of Medical Corps
Singapore Armed Forces

5. **Mr Teo Eng Cheong**
Chief Executive Officer
International Enterprise Singapore

3. **Mdm Zuraidah Bte Abdullah**
Commander, Training Command /
Deputy Chief Executive (Admin)
Home Team Academy



6. **Dr Ho Han Kwee**
Director (Primary &
Community Care)
Ministry of Health

9. **Mr Seah Kian Peng**
Chief Executive Officer
(Singapore)
NTUC FairPrice
Co-operative Limited

7. **Mr Wong Siew Hoong**
Director of Schools
Ministry of Education

10. **Mr Harpreet Singh Nehal**
Senior Counsel

8. **Professor Lee Hin Peng**
Department of Epidemiology
and Public Health,
National University of Singapore

11. **Ms Saw Phaik Hwa**
President & CEO
SMRT Corporation Ltd

HPB

Leadership



Mr Ang Hak Seng
Chief Executive Officer
(with effect from 1 January 2011)



Dr Chew Ling
Director
Research and Strategic
Planning Division



Dr Annie Ling
Director
Adult Health Division



Dr K Vijaya
Director
Youth Health Division



Mr Vernon Vasu
Director
Corporate Marketing and
Communications Division



Dr Shyamala Thilagaratnam
Director
Healthy Ageing Division



Mrs Tan Seok Lee
Director
Corporate Services Division



Ms Low Sau Chan
Chief Information Officer

Our thanks to former Chief Executive Officer

Mr Lam Pin Woon (up till 31 December 2010)

Have

a nutritious picnic



Most habits are formed in our childhood and youth. Basic habits like hygiene and food preference take shape during those formative years. In HPB, we focus on involving the youth with fun and educational programmes so that they will have a health-centred mindset in the years to come.

Youth Health Division (YHD)

Many habits are acquired during childhood and adolescence. As such, good health practices need to be inculcated early. YHD is at the helm of encouraging and enabling the youth to make healthier choices and form healthy habits. This is done through programme development and management, outreach and preventive health service.

ADOLESCENT HEALTH STEERING COMMITTEE

YHD facilitated and provided oversight for the Ministry of Health (MOH) Adolescent Health Steering Committee (AHSC). The committee was convened to oversee the implementation of key recommendations in pertinent adolescent health areas including Medical Health, Mental Health, Gynaecological/Sexual Health and Health Promotion. A milestone initiative of the AHSC was the Student Health Advisor (SHA) Pilot Programme, jointly managed by HPB, KK Women's and Children's Hospital, National University Hospital and Ministry of Education (MOE). Under this pilot programme, eight qualified nurses were deployed and stationed in secondary schools to facilitate the timely detection, referral and management of health conditions as part of overall efforts to enhance the health and well-being of the youth. To date, the programme has received positive feedback and there are plans to scale up the SHA Programme.

YOUTH HEALTH PROGRAMMES

Nutrition

Healthy Eating in Schools Programme

The school canteen menus have evolved over the years and many now include a wide variety of food and beverages. In 2010, HPB reviewed the Model School Tuckshop Programme and revised some of the existing food service guidelines to ensure that the programme remained comprehensive and relevant in light of the new menus. The revised guidelines seek to reduce sugar, salt and fat intake while increasing fruit, vegetable and whole-grain consumption among students. The programme was also renamed the Healthy Eating in Schools Programme. To date, close to 90% of schools have achieved the Healthy Eating in Schools Award.

Fruittie Veggie Bites Programme

This programme raises primary school students' awareness about the importance of eating a variety of fruit and vegetables and encourages them to eat two servings of fruit and two servings of vegetables every day. It leverages on a rewards scheme and a host of classroom activities to promote fruit and vegetable consumption.

School canteen vendors issue token cards to students who purchase fruit and vegetables. The students collect these cards and the class with the most number of cards is presented with a token. Participating schools are also given a resource guide, in which fruit- and vegetable-related activities are offered to teachers to reinforce the key nutrition education messages among their students.

About half of the students who participated in this programme agreed that they were more motivated to buy fruit and vegetables during recess and the reward cards made it more fun for them to eat fruit and vegetables in school.



Fruittie Veggie Bites Programme Guide

Mental Wellness

HPB began developing school-based mental wellness programmes for children and youth in 2006. In 2007, MOH set up the National Mental Health Workgroup, which led to synergised efforts from various organisations to develop structures, frameworks and programmes to promote mental health among youth and adults.

In the promotion of youth mental wellness, HPB reaches out to important stakeholders such as parents, educators, counsellors and youth workers. Some of the key accomplishments include the establishment of Audible Hearts, an online peer support network for youth by youth; development of 'Managing Change and Transition' programmes for students at all levels of education; partnership with MOE for the annual Full-Time School Counsellors Awareness Briefings and development of the Mind Your Mind package for secondary schools; crafting of programmes and resources for Special Education schools; and, collaboration with tertiary institutions which saw a number of quality mental wellness promotion projects by students.



School-based 'Managing Change and Transition' programme for primary 6 students

Youth Mental Wellness Campaign 2010

Recognising that music is an integral part of youth's life, the 2010 Youth Mental Wellness Campaign utilised music as a key platform to reach out to them. An innovative campaign titled "What's your song?" was conceived to encourage youth to provide peer support to help enhance the mental well-being of their peers.

Emobot, a facebook application, was created to encourage youth to express their feelings and engage peer support through song. Emocube, an innovative repository of 200 popular songs, was also created as a physical extension of the Emobot. It roved to various youth-centric venues and five secondary schools. This first-of-its-kind interactive installation allows youth to seek the comfort of music simply by plugging into the Emocube.

Throughout the five-month campaign period, the Breathe facebook fan page received over 7,000 'likes' while Emobot was used to play songs about 67,000 times. The Emocube roving also received positive feedback from the teachers and students alike.



Emobot, a Facebook application to encourage youth to express their feelings and engage in peer support through song



Youth plugging into the Emocube, a physical repository of young people's emotions expressed through song

Audible Hearts Peer Support Symposium

Audible Hearts, an online peer support network managed by youth volunteers, has been providing accessible and non-intimidating support to youth aged 13–25 for the past four years. To date, a total of 70 youth volunteers have been trained as youth pals and about 1,400 queries have been attended to through the website.

In 2010, Audible Hearts organised the first Peer Support Symposium to raise awareness on positive mental well-being among youth and empower them to provide peer support. More than 100 youth attended the symposium to learn about youth issues such as internet and gaming addiction, depression and boy-girl relationships through interactive hands-on activities.



Need a listening ear? Visit audiblehearts.sg for anonymous online peer support

The symposium increased participants' knowledge on peer support and motivated them to provide support to their peers. After the event, 98% of participants indicated that they learnt more about peer support and 90% said that the symposium had increased their confidence in providing peer support.



Kudos to all youth volunteers who contributed to the success of the first ever Peer Support Symposium

Mental Wellness for Special Education (SPED) Schools

For the first time, a successful mainstream mental wellness programme was customised for SPED schools. The 'I am a Very Important Person' assembly programme reached out to upper primary and lower secondary school students with mild-moderate intellectual disability. This programme, a 30-min drama skit, followed by a 45-min interactive workshop, aims to equip students with knowledge and skills to build positive self-esteem, perseverance and friendship.

A pilot of the programme in April 2010 at Grace Orchard School received good feedback from teachers and students. They found the workshop enjoyable, relevant and easy to understand. Since then, 11 more sessions have been carried out in seven SPED schools, reaching out to a total of 1,350 students with mild-moderate intellectual disability.



A mental wellness assembly programme for SPED schools

Substance Abuse

National Smoking Control Campaign (NSCC) 2010

With the 18–29 age group having the highest smoking prevalence in 2007, NSCC 2010 continued the 2009 campaign's focus on youth and young working adults with the theme 'Live it up without lighting up'. The theme reinforced the four main benefits of staying tobacco-free – the positive effects to one's appearance, fitness, spending power and the environment.



NSCC 2010 – 'Live It Up Without Lighting Up' posters

A highlight of the NSCC 2010 line-up was the Great Audio Experience, a first-of-its-kind event in Singapore. The event encouraged youth to take a stand against tobacco by participating in a moving flash mob with a twist. Unlike most other flash mobs, the Great Audio Experience mobilised participants via the radio, allowing for similar activities to take place simultaneously at different locations. More than 240 participants took part in the event, which earned a place in the Singapore Book of Records, as Singapore's first radio-led mass walk.



The Great Audio Experience at NSCC 2010

An online survey was conducted to evaluate the effectiveness of the NSCC media campaign. Of the 300 surveyed participants aged 15–25, 50% of smokers indicated an intention to quit smoking as a result of the media campaign, while 81% of non-smokers said that the campaign made them feel proud that they lead a tobacco-free lifestyle. These figures were an increase compared to figures for the 2009 media campaign.

Amendments to Tobacco Control Legislation and Curbing Underage Smoking

In July 2010, HPB and MOH introduced the Amendment Bill on the Tobacco Act, otherwise known as the Control of Advertisements and Sale of Tobacco (CAST) Act, in Parliament. The CAST Act prohibits advertising and promotions relating to tobacco, controls the sale, packaging and trade descriptions of tobacco, and prohibits the use and possession of tobacco by persons below the age of 18 years.

The key amendments included empowering the Minister for Health to prohibit emerging forms of tobacco products, ban misleading terms on the labelling of tobacco products, remove exemptions which allowed acknowledgement of tobacco company sponsorship, lower maximum tar and nicotine limits in cigarettes, and impose a minimum pack size for cigarillos to reduce their affordability.

Measures and programmes were enhanced to curb the supply of tobacco to underage youth and help youth smokers kick the habit. HPB worked with the Health Sciences Authority (HSA) to increase tobacco retailer licence fees, from \$270 for new applications and \$240 for renewals, to \$360 and \$300 respectively.

To further deter youth from picking up smoking, the composition fine for underage youth smoking offenders was increased in December 2010, from \$30 to \$80, for first to fourth-time offenders. Along with this increase in composition fines, HPB has strengthened school-based smoking cessation programmes.

Engagement and Capacity Building of New Partners

Partnerships with both government and non-government agencies are important for successful implementation of Singapore's smoking control programmes. In 2010, YHD engaged the Football Association of Singapore (FAS) and the Singapore Police Force (SPF) to promote a tobacco-free lifestyle to the members of the youth national teams and new SPF recruits respectively. YHD provided consultation services to these partners to develop tailored tobacco control programmes, such as smoking awareness talks, cessation workshops and training of relevant personnel to provide ongoing cessation support.

To date, some 500 youth footballers and SPF recruits have benefited from these initiatives.



Smoking cessation workshop held for SPF recruits

STIs and HIV Education

Breaking Down Barriers (BDB) Programme

Ever since its inception in 2007, the uptake for the Breaking Down Barriers (BDB) Programme has always been greater than or equal to 95%. There is also a declining trend in the notifications for STI/HIV and teenage pregnancies since 2008.

BDB promotes abstinence from sex, increases students' awareness of the modes of STI/HIV transmission and empowers them with awareness on adopting protective behaviours against STIs/HIV.

Youth Exploring Sexuality (YES) Programme

The YES programme aims to increase the confidence of youths to say 'No' to sex and also to increase their awareness and knowledge on adopting protective behaviours.

Piloted at the Boys' and Girls' Homes, the post-programme evaluation revealed that 68.4% were more confident to say 'No' to sex as compared to pre-programme results of 54.5%. 50% of the participants were also more likely to use a condom when having sex after undergoing the programme, as compared to 24.3% before the programme. This programme is supported by the Ministry of Community Development, Youth and Sports (MCYS) and will continue to be implemented at the Homes.

Parent-Child Communication on Sexuality

Research has shown that parent-child communication on sexuality has a positive and mitigating effect on peer pressure to have pre-marital sex among youths. A one-day seminar for parents of teenaged children was held in 2010. The seminar comprised a lecture and workshops to increase the confidence and knowledge level of parents to talk about sexuality issues with their teenaged children. The number of participants for this seminar has steadily increased, from 50 parents for the pilot project in 2008, to 230 in 2010, and reached a record high of 296 in 2011. The increase in attendance reflects the demand for such programmes in the community, as well as the increasing awareness among parents of the need to start talking about sexuality issues with their children.

Health Awareness Campaigns

Eye Care Week

'Keep Myopia at Bay, Go Outside and Play' continued to be the tagline for HPB's Eye Care Week held every year at HealthZone. New and exciting programmes were designed for pre-schoolers and lower primary students to increase their awareness on practising good eye care habits.



Eye Care Week 2011 @ Healthzone

Hand, Foot and Mouth Disease (HFMD) Public Education Campaign

An integrated media campaign addressed the HFMD epidemic in 2010, bringing down the number of cases from 1,261 to 691. The campaign increased the awareness of the signs and symptoms of HFMD, and urged parents to maintain good personal hygiene and be socially responsible when their children are infected with HFMD.

At least 885,632 parents with children below the age of 14 saw HPB's messages once during the campaign period. The traffic to the Infectious Disease Home Page on HPB's website increased by 33%.

YOUTH HEALTH PROGRAMME OUTREACH

Educational Institution Outreach Department (EIOD)

In 2010, the three departments of Pre-schools & Primary Schools Outreach, Secondary Schools & Junior Colleges Outreach, and Tertiary Institutions Outreach were merged into one department and renamed as Educational Institution Outreach Department (EIOD).

Working closely with the four Youth Health Programme Development departments, EIOD plans and implements appropriate programmes and effective outreach strategies that cater to the needs of the different stakeholders to advance youth health promotion.

Second HPB-MOE Joint CHERISH Award Ceremony & Conference 2010

A total of 330 schools, including kindergartens and child care centres, received recognition for their school health promotion efforts at the award ceremony held on 30 June 2010, with Guest of Honour, Mr S Iswaran, then Senior Minister of State, Ministry of Trade and Industry, and MOE.



HPB-MOE joint CHERISH Award Ceremony 2010

Collaborations with Institutes of Higher Learning (IHLs)

EIOD collaborated with Ngee Ann Polytechnic and Institute of Technical Education (ITE) College East to reach out to approximately 6,500 students. The projects concentrated on various health topics like Smoking Control, STIs and AIDS Prevention, Mental Wellness, Cyber Wellness and Binge Drinking.

Primary Schools' Health Ambassador Programme

The pilot run of the Health Ambassador Programme started in 2010 at Pasir Ris Primary, Yew Tee Primary and Eunos Primary Schools. 120 students were trained in the programme where they are equipped with skills to be health advocates to their peers through fun and engaging activities.

Youth Community and Parents Outreach Department (YCOD)

YCOD has been working with partners such as the Ministry of Community Development, Youth and Sports (MCYS), National Council of Social Service (including family service centres and youth organisations), People's Association (PA) and other religious and self help groups to promote health through their services and youth community outreach arms. HPB has also leveraged on the influence of popular celebrities to spread health education messages through various mass media platforms.

For 2010, efforts were directed to support partners and to promote health through key national events.

Ramadan Youth Challenge

In partnership with Majlis Ugama Islam Singapore (MUIS), HPB continued working with mosques island wide to organise a month-long Ramadan Youth Challenge (RYC). The campaign enabled about 34,000 Muslim youths to learn more about health through various mediums such as daily SMSes, online platforms and interactive talks. A popular Malay local artiste, Didicazli, was also appointed as one of the RYC Ambassadors.

Youth Olympic Games (YOG)

Several initiatives were created to support the YOG: the Healthy Living Experience, which was part of the YOG's Cultural and Education Programme at Suntec International Convention Centre; and The Kids Sports Challenge — a family carnival promoting health activities held along Marina Promenade.

Youth Advolution for Health (YAH)

YAH, Singapore's first youth-led advocacy group, started off in 2005 with only six passionate youths, focusing only on promoting smoke-free living. Since then, YAH has expanded in size and scope with more than 70 youth members, also known as Advocates. Its areas of interest now include promoting mental wellness, healthier eating, regular physical activity, along with sexual health and alcohol education.

To empower other youth with the means to initiate projects, the YAH Grant scheme started in 2006 to provide up to \$1,000 funding for health projects initiated by youth, for the youth, has seen the implementation of 140 youth health projects. The projects have reached out to an estimated 150,000 youth.

Youth Speak: Step Up!

In response to YAH's call to action to 'Step Up!' in 2010, three student bodies sealed their commitment to collaborate and promote health issues among their respective populace at HPB's annual Youth Health Symposium on 19 March 2011. The three student bodies were ITE College East's Student Council, Republic Polytechnic's Chiron Club and National University of Singapore Students' Union.



'Youth Speak: Step Up' Youth Health Symposium 2010



NUS Students Union Health Alliance with YAH

Parent Outreach

HPB's parent outreach efforts have evolved over the past 10 years from the distribution of health education materials targeted at parents of school-going children to a dedicated Firm Foundations public forum in 2007 to educate parents to help their child adopt a healthy lifestyle. More recently, with the growing evidence which suggests that chronic conditions have their origins in the prenatal phases of life, HPB has moved its health promoting efforts upstream to target the pre-natal and early development years of an individual as part of its long term strategy to combat chronic diseases in the population.

A dedicated parent outreach team was formed in 2010 to leverage on strategic partnership and collaborations with key stakeholders to empower parents-to-be and parents of young children, up to the age of six, to give their children a healthy head start in life.

For 2010, HPB continued to seek various avenues to educate parents on various child health topics, for example NTUC's Women Development Unit (WDU) offered interactive workshops covering nutrition, physical activities and mental wellness to parents with pre-school children. The workshops were conducted at 27 companies as part of NTUC's WDU Programme, Little Ones @ Work, and reached out to about 700 parents. HPB also reached out to about 27,396 parents at other partners' events.

PREVENTIVE HEALTH SERVICES (PHS)

Review of PHS Audit Framework

PHS, YHD, together with the Standards and Quality Improvement Department (SQID) of MOH reviewed the audit programme for PHS in June 2010. Areas reviewed included nursing teams, doctors, dental therapists and service providers (e.g.: the National Myopia Prevention Programme (NMPP) vision screening team), warehousing and Refraction Clinic's services. The review was completed in September 2010 with new and amended audit tools commencing implementation in 2011.

Regular Visits of Health Teams to School

Clinical Standards & Quality (CSQ) Department made unannounced school visits starting April 2010 in order to observe practices and encourage compliance to clinical standards. Senior nurses from CSQ made 103 school visits to the primary and secondary school teams.

PHS Annual Audit

An audit on nursing teams, doctors and service providers comprising outsourced secondary teams, NMPP vision screeners and optometrists from refraction clinics was conducted from April to October 2010. They were assessed on practice standards and gaps were identified for improvement. All of them met the target scores.

Customer Satisfaction

Customer satisfaction rates on services delivered by the nursing teams, doctors, service providers and dental staff in schools, at Student Health Centre (SHC) and School Dental Centre (SDC) were monitored. All of them achieved a higher than 95% rate, well above the target of 85%.

H1N1 Vaccination Programme

HPB is one of the H1N1 vaccination sites for Essential Service Personnel (ESP). 452 ESPs from the home front Ministries and Statutory Boards were vaccinated either at SHC or on-site at the different Ministries over a three-month period from November 2009 to January 2010.

Continuing Education – Clinical Attachment at Healthcare Institutions

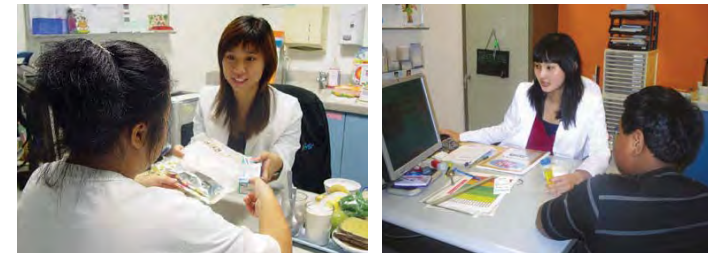
CSQ organised a two to five-day clinical attachment programme to SingHealth Polyclinics, Ren Ci Community Hospital, St Luke's Hospital and KK Women's and Children's Hospital (KKH) for YHD Nurses over a three-month period from October to December 2010. The objectives of the clinical attachment were to update the nurses' clinical skills and provide exposure to community nursing care. Feedback from the 51 Registered Nurses (RNs) and 57 Enrolled Nurses (ENs) were positive, with many looking forward to future attachments.

STUDENT HEALTH CENTRE (SHC) AND SCHOOL HEALTH SERVICE (SHS)

SHC serves as a referral centre for students who have been identified with possible growth and development, or other health problems during the annual health screening in schools. A total of 55,311 students attended SHC in 2010. Attendance at the various clinics is listed in Table 1.

Table 1: Attendance at SHC Clinics (2010)

| | |
|------------------------|--------|
| General Clinics | 31,544 |
| Immunisation Clinic | 10,597 |
| Refraction Clinic | 10,801 |
| Nutrition Clinic | 7,648 |
| Specialist Clinic | 1,254 |
| Audiometry Clinic | 648 |
| Psychological Services | 342 |



Learning to eat healthier at SHC's Nutrition Clinic

National Childhood Immunisation Programme (NCIP)

NCIP in Singapore recommends immunisation against tuberculosis, hepatitis B, diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, and the recently included pneumococcal disease.

Polyclinics and general practitioners provide immunisation for infants and preschool children. The immunisation coverage for two year-olds in the last few years is shown in Table 2.

Table 2: Immunisation coverage for two year-olds in Singapore

| | 2006 (%) | 2007 (%) | 2009 (%) | 2010 (%) Preliminary Data |
|---------------|----------|----------|----------|---------------------------|
| BCG | 98 | 99 | 99 | 99 |
| Diphtheria | 95 | 97 | 95 | 95 |
| Poliomyelitis | 95 | 97 | 95 | 95 |
| Hepatitis B | 95 | 96 | 95 | 95 |
| Measles | 95 | 95 | 95 | 93 |

SHS provides booster immunisations against diphtheria, tetanus, poliomyelitis, measles, mumps and rubella (MMR).

In 2010, preliminary data indicates that the immunisation coverage for both diphtheria and tetanus for Primary 5 was 96%, coverage for polio (sabin) was 96% for primary 1 and 98% for primary 5, coverage for MMR was 96% for primary 1 and 97% for primary 5.

Health Screening of Students

An annual health screening is carried out at all schools by health teams comprising doctors and nurses. In 2010, 39,381 or 99% of the primary 1 cohort and 45,213 or 99% of the primary 5 cohort were screened. In addition, 329,164 students of other levels (primary 2 to 4 and secondary 1 to 4) were seen for selective screening, such as vision and scoliosis screening.

SCHOOL DENTAL SERVICE (SDS)

School Oral Health Programme

In 2010, SDS screened 195,292 pupils in primary 1, 2, 4 and 6; and 92,160 pupils in secondary 1 and 3. Out of those screened, 181,348 primary and 88,518 secondary pupils were rendered dentally fit. Compared to 2009, the oral health status among the 12-year-olds has improved with a decayed, missing and filled teeth (DMFT) index of 0.60. The DMFT among the 15-year-olds was maintained at 1.1.

Positive feedback was received from principals of schools and from patients. SDS achieved a customer satisfaction score of 96%, well above the target of 85%.

Plaque Disclosing Programme

SDS collaborated with Oral Kare in the development of a plaque disclosing toothpaste. The toothpaste was introduced into the primary 3 oral health promotion programme to help children identify dental plaque and develop proper brushing habits to improve their oral hygiene. The project was awarded the MOH EXCEL Best Innovative Project and was nominated in the PS21 EXCEL Convention 2010.

A survey was conducted among the pupils who had participated in the plaque disclosing programme in 2009 to evaluate the impact of the programme. 30% of the pupils achieved improvement in their oral health status as compared to the previous year, and 53% attained an increased knowledge on the causes and effects of dental diseases. The results showed that hands-on teaching of plaque disclosing toothpaste has created awareness of good dental practices among the pupils.

Community Dental Programme

SDS supported the YOG by deploying a mobile dental clinic with two dental surgery assistants to the YOG Village (at Nanyang Technological University of Singapore) from 26 July to 30 August 2010. During that period a total of 61 athletes and officials were seen.

During the school holidays, SDS optimised its resources by deploying the mobile dental clinics and the oral health therapists (OHTs) in community projects. Since 2005, SDS has served the residents of the Peacehaven Home of the Salvation Army. SDS collaborated with the Community Development Councils (CDCs), the Singapore Dental Association, Singapore Dental Health Foundation and the National University Singapore, Faculty of Dentistry in rendering dental care to about 500 needy elderly.

Oral Hygiene and Therapy Training Programme

For the first time, arrangements were made for the pupils of the Delta Senior School and pre-schoolers from low income families to seek treatment at SDC by the Oral Health Therapy trainees. The visits were beneficial to the pupils and especially for the trainees who learnt the skills and gained the experience on managing very young children and children with special needs.

Secondary School Dental Programme

In 2000, MOH approved the extension of services to all secondary school students through a combination of mobile and static dental clinics. To date, SDS has 27 mobile dental clinics and 20 static clinics in secondary schools, reaching out to all secondary schools with 90% participation rate.



HPB's dental mobile bus



Enjoy

a brisk walk

Excessive work can tip the balance of healthy living. Prolonged hours of sitting in the office without exercise can affect vitality. This is why in HPB our array of programmes makes healthy activities enjoyable and easy to integrate in an adult's lifestyle.

Adult Health Division (AHD)

AHD is the main driver for adult health promotion in HPB. The division is at the forefront of developing and managing programmes that enable adults to take ownership of their physical, emotional and mental health.

COMMUNICABLE DISEASES EDUCATION

World AIDS Day 2010 Campaign

Two arts related events were organised to commemorate World AIDS Day 2010: the comedy show 'Crazy Christmas' and the art exhibition 'HIV: Show Me the Love'. The events deepened the awareness about HIV and its prevention. A total of 10,776 Singaporeans attended the 'Crazy Christmas' show. A unique production that blended education with entertainment, the show was able to increase the audience's understanding of a delicate topic often regarded as socially taboo. The production was done in partnership with Dream Academy. Artists who exhibited at the 'HIV: Show Me The Love' exhibition created thought-provoking artworks to encourage Singaporeans to reflect on their attitudes towards HIV/AIDS. Post-show survey results indicated that 63% of the respondents found the use of comedy in the 'Crazy Christmas' show appropriate. In addition, 80% of the respondents would use condoms in future.



Spreading HIV awareness through creative channels

Workplace Interactive Exhibit

In response to the needs of employees for holistic education on communicable diseases and to overcome message fatigue, AHD partnered with the AIDS Business Alliance and launched an innovative workplace-based exhibit on 31 March 2010. The exhibit utilised touch screen panels to increase knowledge on Flu, HIV and TB.

COMMUNITY OUTREACH

In 2010, AHD focused on strengthening community infrastructure and partnerships to raise awareness on obesity and empowering individuals with knowledge and skills to achieve a healthy weight.

Lose to Win Programme

In collaboration with the People's Association, the Lose to Win weight loss programme was extended to participants in the community. 865 overweight individuals from the community and workplaces participated in the second season of the Lose to Win Challenge in July 2010. Upon completion of a three-month structured programme, which comprised exercise sessions, nutrition courses and hands-on cooking lessons, 93% of the participants lost an average of four kg and 99% showed improvement in their fitness level.



Cooking it right at Lose to Win



Lose to Win's physical activity session

Health Promoting Mall (HPM)

HPM is a new initiative by HPB to leverage on the accessibility of shopping malls to provide health-promoting services, products and activities such as mall walks, quit smoking counselling at the pharmacies and lower-calorie meals in the food courts and restaurants. Mall owners representing 50 malls made a commitment towards making their malls a HPM during the launch of the National Healthy Lifestyle Campaign 2010.

National Healthy Lifestyle Campaign 2010

The National Healthy Lifestyle Campaign 2010 gathered the community, workplaces and partners from different sectors to embark on initiatives to curb the rising obesity prevalence in Singapore. Then Senior Minister Goh Chok Tong launched the campaign on 7 November 2010. More than 1,000 participants witnessed the commitment of shopping mall owners towards establishing a health promoting mall and the awarding of winners of the Lose to Win 2 Challenge.



National Healthy Lifestyle Campaign 2010



MENTAL HEALTH EDUCATION

'Ah Kong' – Dementia does not change who they are inside

HPB's public education campaign on dementia was launched with a short film directed by Royston Tan. Titled 'Ah Kong', the six-minute film portrayed the poignant story of a grandson seeking to understand and reach out to his grandfather who has dementia. The short film was lauded by then Minister for Health Khaw Boon Wan for telling the story of dementia in a moving but not depressing way.

'Ah Kong' also received positive reviews and achieved a viewership of more than 50,000 locally and internationally. The campaign also involved community engagement activities with an outreach of more than 8,000 members of the public to raise awareness of the key signs of dementia, encourage early detection and promote a healthy lifestyle to reduce risk.



Learning about dementia through 'Ah Kong'

'Mental Health Investment in Asia Pacific' – 1st Asia Pacific Mental Health Conference

HPB successfully organised the 1st Asia Pacific Mental Health Conference in partnership with Silver Ribbon (Singapore) and with the support of the World Federation for Mental Health and MOH, Singapore. The conference, attended by more than 200 local and overseas participants, was opened by Dr Lam Pin Min, Chairperson of the Government Parliamentary Committee for Health and then MP, Ang Mo Kio GRC. The two-day programme comprised discussions and sharings among regional experts and practitioners, and site visits to local institutions and agencies.

HPB's development of the Singapore Mental Well-being Scale was announced at the Conference. The scale, the first of its kind developed in Asia, is locally validated and reflective of our Asian values and multi-ethnic beliefs and philosophies.

'Be Positive' Public Education Campaign

HPB's 'Be Positive' mental well-being public education campaign kicked off in August 2010 with a call to action for Singaporeans to focus on positive thoughts and actions to enhance their mental well-being. The campaign's continued emphasis on the promotion of mental well-being is aligned with the National Mental Health Blueprint. Two original art installations, 'Smile' and 'Sunny', housed at Vivocity and The Cathay respectively, were used to convey positive mental health messages, and were complemented with on-ground community engagement events, creative collaterals and inspiring viral videos. The innovative installations were well received, achieving over 90% recall value of the campaign message and positive feedback on HPB's creative and novel use of the art form to convey mental well-being messages.



Maintaining positivity through HPB's creative art installations

A series of community engagement events at the heartlands culminated with the World Mental Health Day commemoration event at Marina Square on 10 October 2010. The event drew more than 15,000 members of the public. Thirteen community mental health partners joined HPB to bring 'Be Positive' messages through activities such as a Positive Art Maze where visitors walked through and learnt more about the Five Steps to Positivity while penning positive messages to their loved ones on the walls of the maze. Mr Hawazi Daipi, then Senior Parliamentary Secretary for MOH and the Ministry of Manpower (MOM), graced the event.

NUTRITION

Diet Tracker – Calorie Tracking On-the-Go

HPB embarked on developing an application for smartphones which tracks users' calorie intake. The Diet Tracker application was officially launched during the National Healthy Lifestyle Campaign in November 2010. Since its launch, Diet Tracker has been one of the most downloaded free applications under the Health and Fitness category in the Apple store, and has garnered more than 80,000 downloads to-date.



HPB's Diet Tracker application

Differentiated HCS Logos with Diet-Related Nutrient Claims

In view of the increasing volume and variety of Healthier Choice Symbol (HCS) products in the market – there are currently around 2,800 products, spanning across 80 food categories – an enhanced series of the HCS with nutrient-specific claims was introduced to better inform consumers on particular nutritional aspects of a food product. The new logos also benefit the food industry as they provide an avenue for product differentiation.

The First Healthier Choice Growing-Up Milk

An integral part of children's diet is the consumption of milk. However, nearly all growing-up milks in the market have been sweetened and are high in fat. HPB partnered with Abbott Nutrition to develop a new range of growing-up milk which contains 25% less fat and 25% less added sugars than regular growing-up milk. Launched in March 2011, these re-formulated milk powders are the first of its kind in Singapore to qualify for HPB's Healthier Choice Symbol.

PHYSICAL ACTIVITY

National Physical Activity Consensus Group

In the area of thought leadership, HPB established the National Physical Activity Consensus Group (NPACG) in 2010. The Consensus Group comprises experts in physical activity and exercise, representing key organisations and institutions in Singapore and throughout the world.

The 2010 objectives of the HPB-NPACG were to develop physical activity guidelines for Singapore's general population and develop physical activity guidelines for preventing weight gain and obesity.

The HPB-NPACG delivered the completed National Physical Activity Guidelines, due for release in 2011. These guidelines will be disseminated through multiple channels to promote a more active lifestyle among the people in Singapore.

Community Aerobics in Schools

In 2010, HPB expanded its Community Aerobics programmes from the malls to schools. Ten schools within the North West district were identified to offer the Community Aerobics programme, to encourage regular physical activity amongst residents living in the mall vicinity. The weekly hour-long aerobic workout sessions held in the various schools attracted more than 250 participants per week.



Community Aerobics session

National Health Qigong Programme

The National Health Qigong Programme was launched in September 2010 to encourage more Singaporeans to take up Health Qigong as a good form of physical activity. The launch event saw 1,700 people participating in a mass Health Qigong display led by then Minister Lim Boon Heng and then Minister of State, Heng Chee How (both from the Prime Minister's Office), together with the five Mayors of the various districts.

A study trip was made to Beijing in April 2010 and evidence-based reviews for the health benefits of health Qigong were completed by HPB. Based on these studies, training guidance and resource materials were developed and produced by HPB for instructors and students of the National Health Qigong Programme.



National Health Qigong Programme launch

By March 2011, the Programme saw a total of 89 Health Qigong Clubs formed and 150 instructors equipped with appropriate knowledge and skills to lead and teach Health Qigong sessions at the community level. To date, there are more than 7,000 Health Qigong Club members in the community.

SUBSTANCE ABUSE

Amendments to Tobacco CAST Act

Parliament passed HPB's and MOH's proposed amendments to the Tobacco Act in July 2010. This enabled more stringent measures on product control, packaging and labelling, and tobacco sponsorship to pre-empt emerging trends and address the smoking prevalence of Singaporeans.

Framework Convention on Tobacco Control

In November 2010, HPB represented Singapore at the Fourth Conference of Parties to the World Health Organization's Framework Convention on Tobacco Control. The Conference was attended by all Parties to the treaty, comprising 172 member countries. Successes of the biennial Conference included signing a declaration to protect public health policies against tobacco industry influence, regulating flavouring ingredients that increase attractiveness of tobacco products, and integrating smoking cessation services into national health systems.



Fourth Conference of Parties, WHO Framework Convention on Tobacco Control, Uruguay 2010

Cabaran Segar 2010

HPB increased the intensity of the previous four-week smoking cessation Muharram Challenge with a new evidence-based stay-in component. The well-received two-day, one-night Cabaran Segar Challenge (Fresh Challenge) empowered the participants and their families to concentrate on quitting smoking while also equipping them with life skills to maintain their smoke-free lifestyle. About 20% of the 220 smokers who participated have successfully remained smoke-free for five weeks.



Stubbing it out through Cabaran Segar 2010

WORKPLACE OUTREACH

SMa-HPB Pledging Ceremony

The Singapore Manufacturers' Federation (SMa) is the first trade association to partner with HPB to encourage health promotion at workplaces. On 14 January 2011, then Minister for Health, Mr Khaw Boon Wan, witnessed 100 CEOs pledge to start a sustainable workplace health promotion programme which would benefit some 11,500 employees. The pledging ceremony marked a significant step in the targeted outreach to Small and Medium Enterprises (SMEs).



SMa-HPB Pledging Ceremony for health promotion at the workplace



Singapore Health Award – 10th Anniversary

In November 2010, the Singapore Health Award celebrated its 10th anniversary. A total of 389 organisations were recognised for their efforts in promoting health at the workplace. 40% of award recipients obtained Gold and Platinum awards, demonstrating that they have put in place Workplace Health Promotion (WHP) programmes that are comprehensive, holistic and sustainable.



Singapore Health Award Ceremony 2010

National Tripartite Committee on Workplace Health

As part of the Singapore Health Award ceremony, the second National Tripartite Committee (TriCom) on Workplace Health released its recommendations after reviewing current WHP efforts in Singapore and challenges within the corporate landscape. The 12 recommendations are structured along three key themes: Enhancing National Ecosystem for Workplace Health, Engendering Mindset Shift among Employers, and Engaging Employees in Health Management. These will set the directions for the next phase of workplace health in Singapore.



National Tripartite Committee's Workplace Health report

Appreciate the outdoors

Our later years become golden if we keep the lustre and vibrancy of health alive. With optimum health, we can have more adventures with family and loved ones. In HPB, our programmes invigorate the elderly to keep both their minds and bodies in top shape.



Healthy Ageing Division (HAD)

HAD is HPB's arm for engaging Singapore's senior citizens to live a healthy lifestyle. This involves galvanising partnerships, organising events and developing programmes and services that engage the elderly to maintain a sound mind and fit body.

HOLISTIC HEALTHY AGEING PROGRAMME (HHAP)

HPB launched the Senior Health Ambassador Programme (SHAP) on 20 March 2011 and has since recruited 400 Senior Health Ambassadors (SHAs). SHAP is a peer-mentoring programme that equips older persons with knowledge and skills to maintain and improve their own health while motivating their peers to do the same. SHAs will be trained in communication, mentoring and other topics related to healthy ageing. They engage their network of peers through community initiatives such as workshops, talks, exercise classes, sharing sessions, road shows and one-on-one health chat sessions to share health tips and refer health programmes and services.

SHAP is a key initiative under HHAP, a new programme that aims to empower a community of older persons to age healthily by attaining optimum health. HHAP adopts a holistic and person-centric approach to promote healthy ageing by integrating various aspects of healthy lifestyle and preventive health. Other initiatives under HHAP include the Health for M.E. (Mature Employees), Falls Prevention and Osteoporosis programme.



Launch of Senior Health Ambassador Programme, March 2011

SCREENING

To promote early detection of disease and proper follow-up, HPB manages a number of national screening programmes like the Integrated Screening Programme, BreastScreen Singapore and CervicalScreen Singapore.

Integrated Screening

In 2010, a total of 7,044 participated in the Integrated Screening Programme (ISP). Of those screened, 6,455 (91%) were found to have at least one or more abnormal screening results that required medical follow-up. One in three persons screened benefited from the subsidy offered through the programme.



Bringing screening services closer to the homes of Singaporeans through Wellness Programme

Screening was also made more affordable and closer to the community through the Wellness Programme. The programme subsidised the screening of residents in the lower income group and made the services accessible by engaging health screening service providers to screen at the Wellness Centres. An additional 30 new Wellness Centres were introduced, reaching 42 sites as at 31 March 2011. A total of 3,124 participants were screened for obesity, diabetes, high blood pressure and lipid disorders.

Adopting a person-centric approach, the importance of screening for chronic disease and selected cancers (i.e. breast and cervical) were promoted using an integrated communications campaign in August 2010. To increase awareness on best practices for screening, recommendations from the Screening Test Review Committee were released in March 2011 informing the public on the recommended screening tests to be done, based on a person's gender, age and health risk profile.

Women's Cancer Screening

In 2010, a total of 67,476 women benefited from the two subsidised screening programmes: BreastScreen Singapore and CervicalScreen Singapore.

There has been an 18% increase of women screened for breast cancer compared to 2009, with about 47,759 women screened in 2010. Of those screened, 68 (0.14%) were found to have pre-invasive breast cancers and 128 (0.26%) were detected with invasive breast cancers.

About 19,717 women were screened for cervical cancer. Of those screened, 28 (0.14%) were found with pre-invasive cervical cancers and 8 (0.04%) were detected with invasive cervical cancers.

In ensuring continuous medical education for the healthcare professionals involved in the screening programmes, BreastScreen Singapore organised a Multidisciplinary Seminar between 9–11 April 2010. The key focus of the seminar was to learn new developments in screening, diagnosis and treatment of breast cancer. A total of 163 doctors, nurses and allied health members from both the public and private hospitals participated in the seminar.



Speakers and partners of BreastScreen Singapore 5th Multidisciplinary Seminar 2010

Innovative approaches were taken to further promote the importance of cancer screening for women in 2010. In collaboration with Clover Films, the film 'Love Cuts', which starred Singaporean lead actress Zoe Tay and Hong Kong veteran actor Kenny Ho, was produced. The film narrates the story of how a 40-year-old mother of two battled terminal breast cancer with dignity and courage. This local production was HPB's first foray of weaving health messages into a full-length feature film. More than 25,000 watched the film and were moved; resulting in more than 30% increase in the number of mammograms done compared to the same period in 2009. To complement the screening, road shows such as getais were used to further increase awareness on the importance of breast cancer screening to the community. An educational campaign on Human Papillomavirus (HPV) and its link to cervical cancer was introduced in December 2010 to educate young girls between the ages of 9–26 and their mothers on cervical cancer and its prevention through vaccination and regular screening. Various touch-points such as online media, parents' magazines and radio were used to reach out to the public.



'Love Cuts' – a movie to raise awareness on the importance of breast cancer screening

Functional Screening

Clinical Practice Guidelines – A Guide for Community Providers

To address the health concerns of the older adults in the community, HPB and MOH introduced the Clinical Practice Guidelines (CPG) on 'Functional Screening for Older Adults in the Community'. This CPG, which covers the functional domains of physical function, vision, hearing, oral health, continence, mood and cognitive ability, will guide community service providers in conducting functional screening for community-dwelling seniors, using evidence-based tools.



Participant undergoing functional screening assessment

Community Functional Screening Programme – A Pilot Study

Early detection of functional decline through screening coupled with appropriate intervention and a healthy lifestyle can facilitate an older person's ability to maintain functional independence. This will help them remain active, participate in the community (ageing-in-place), and improve the quality of their life in the long run. The one-year pilot study in collaboration with the Wellness Programme, aims to test the retention of the recommended actions at screening, the change in quality of life and falls efficacy of participants. Feedback on the processes is also obtained to guide the process of rolling out the programme on a national scale in 2012. Since the launch of the pilot in September 2010, 177 older adults have benefited from screening

CHRONIC DISEASE MANAGEMENT

Chronic Disease Management focuses on targeted education and empowerment of individuals to better manage their chronic conditions. Nurse Educators are the key facilitators and promoters of healthy lifestyle practices in the patient education initiatives.

Nurse Educator Programme and Public Education

Nurse Educators conducted 44 interactive sessions, 53 health talks and 37 chronic disease workshops. These were held at 42 Wellness Programme sites and South-West mosque clusters (SIHAT 360 programme) with a total of 5,016 participants. During the chronic disease talks and workshops, participants were taught how to set achievable goals and action plans to make lifestyle changes such as healthy eating, physical activity, stress management, compliance with prescribed medication and regular follow-ups with the same General Practitioner.



A collage of posters featuring testimonials of motivated individuals with good chronic disease management



Nurse Educator providing health advice

Public education efforts on chronic disease management were held at the 'Health & You' event and the Kidney Dialysis Foundation's Public Forum. These events adopted an interactive on-site patient education approach where participants could ask health-related questions after taking their BMI and blood pressure readings at the Nurse Educator counter. Short talks were also held and a collage of chronic disease patient testimonial posters were produced.

World Diabetes Day

HPB supported the Diabetic Society of Singapore (DSS) for World Diabetes Day 2010 held on Sunday, 14 November. The theme was 'Let's take control of diabetes. Now.'

The Singapore Flyer was also the first landmark in Singapore to display a blue circle in celebration of World Diabetes Day. The blue circle is the international symbol of World Diabetes Day and signifies the unity of the global community in the fight against diabetes. The Singapore Flyer is but one of the more than 1,100 international landmarks and buildings that are featured in the World Diabetes Day Monument Challenge every year.

HEALTHCARE PARTNERSHIP

Health Promoting Health Services Coalition

To better integrate and align national preventive health efforts, HPB established the Singapore Health Promoting Health Services (HPHS) Network, a coalition of health services sharing the vision of better health for all through primary prevention. The Network was formed in February 2011 with 10 members from the public sector (National University Health System, Singapore General Hospital, Khoo Teck Puat Hospital, Jurong General Hospital, Tan Tock Seng Hospital, Changi General Hospital, National Healthcare Group, SingHealth Polyclinics, KK Women's and Children's Hospital and Institute of Mental Health).

HPB supports the HPHS coalition in four ways through: leadership and funding to achieve alignment for national preventive health priority areas, capacity building to develop and implement effective preventive health initiatives, structured tools to track and evaluate progress, and networking opportunities both locally and internationally.

Healthcare Professionals

The Pharmacist Health Ambassador Programme was launched in October 2010 by HPB and the Pharmaceutical Society of Singapore. A total of 150 community pharmacists were trained in seven priority areas such as nutrition, physical activity, weight management, smoking cessation, health screening, chronic disease management and stress management. By the end of the training, the community pharmacists were equipped with the knowledge to give sound health advice to Singaporeans, encouraging them to adopt a healthy lifestyle.



Pharmacist Health Ambassador Award 2010 ceremony



Community pharmacists have gone beyond the traditional role of dispensing medication, to educating and assisting Singapore residents to make lifestyle and behavioural changes

Eighteen primary care physicians from both the private and public sectors have demonstrated their commitment to the newly established Primary Care Physician Network (PCPN). This advisory group will identify strategic and operational disease management and prevention priorities to guide programme development.

HEALTH LITERACY

HPB consulted with Dr Wayne Mitic, a health literacy expert from British Columbia, to develop an Action Plan to improve health literacy in Singapore. The Action Plan defines health literacy as 'the degree to which people have the ability to obtain, understand, assess and communicate health information and services needed to guide healthier decisions. These decisions occur at home, at work, in school, in the healthcare system and in society as a whole.'



Developing the National Action Plan to improve health literacy in Singapore

The priority areas identified in the Action Plan include supporting health literacy research, evaluation, training and practice, and enhancing the dissemination of timely, accurate and appropriate health information to health professionals and the public.

To improve health literacy in Singapore 'where people can access and use health-related information and services that will guide them in making informed decisions to enhance their quality of life', HPB is in the process of developing simple guidelines to ensure that all health education materials produced are easily understood and available to the general population.

Laugh More

Share some hilarity



Making healthy living fun and achievable is paramount. HPB does extensive research and planning to keep up with the latest health knowledge and trends. We share and apply this knowledge and come up with better programmes for the future.

Research and Strategic Planning Division (R&SP)

The R&SP Division builds a healthier Singapore by driving HPB's strategic directions towards enhancing health promotion initiatives and public health policies. R&SP works in partnership with all divisions to position HPB and Singapore as thought leaders in health promotion. This is achieved through collaborations with local and international experts, sharing best practices in health promotion through applied research and continuous monitoring of Singaporean health behaviours.

RESEARCH AND EVALUATION DEPARTMENT (R&E)

R&E Department conducts applied research on youths, adults and seniors to determine the factors influencing health behaviours that have an impact on chronic diseases (e.g. heart disease, cancer). Through research, R&E provides the evidence to support the improvement of health promotion programmes and policies. 2010 was an especially significant year for R&E Department. Several key studies were carried out to gain further insights into the diverse aspects of the population's health behaviours.

The National Nutrition Survey (NNS) was conducted jointly with MOH's National Health Survey (NHS) to monitor eating habits and nutrition intake among Singaporean adults. The salt consumption pattern was also measured for the first time using a rigorous method of 24-hour urine collection.



Interviewing participants for National Nutrition Survey 2010

Positive psychological health (e.g. resilience, social support), also known as mental well-being, enables people to live and work effectively in their daily lives. HPB recently developed the first scale to measure the mental well-being of Asians. This scale will be useful for appraising mental well-being programmes in the community and workplaces.

An Elderly Study was conducted among adults aged 50–74 to better understand the health beliefs, practices and health needs of older adults. This will assist HPB in planning appropriate programmes for seniors and improve policies for healthy ageing.

The Students Health Survey assessed adolescents' health practices among mainstream students. In 2010, the second Student Health Survey was extended to include students in madrasahs and polytechnics to further understand the youths' motivations for adopting healthy behaviour.



Dr Chan Mei Fen, Deputy Director, Research and Evaluation, HPB, at the 1st Asia Pacific Conference & Meeting on Mental Health

STRATEGIC PLANNING AND COLLABORATIONS DEPARTMENT (SPC)

SPC Department, in collaboration with the senior management, sets the strategic direction, goals and priorities of HPB. SPC also fosters closer working relationships with international institutions and health agencies. A management retreat with the Board of Directors was convened in FY2010 to set the strategic goals for the year.



Management representatives at a group discussion during HPB's Management Retreat 2010

During FY2010, SPC represented Singapore's health promotion interests at the 61st World Health Organization (WHO) Regional Committee Meeting in Putrajaya, Malaysia as part of a delegation led by then Health Minister Khaw Boon Wan in October 2010. At this meeting, Singapore committed to build the health promotion capacities of other member states, starting with a training programme for the Pacific Islands in 2011.

A Health Promotion Competency Framework was developed with the Human Resources Department to guide the development of health promotion capacity building modules for HPB staff. The framework will also help define the criteria for employee recruitment and strengthen HPB's overall capability in the long-term.

SPC drove the successful designation of HPB as a WHO Collaborating Centre for another four years (2011–2015). HPB also coordinated the Regional Consultation on Strategies to Reduce Salt Intake from 2–3 June 2010, with the result of a plan for a regional network for salt reduction.



Participants of the Regional Consultation on Strategies to Reduce Salt Intake

Preparations are underway for the hosting of the 15th World Conference on Tobacco or Health. The conference, which will be held from 20–24 March 2012, will be an opportune platform for Singapore to network and collaborate with like-minded tobacco control advocates.

HEALTH SURVEILLANCE AND INFORMATICS DEPARTMENT (HSI)

HSI Department was formed in March 2010 with the merger of the Monitoring & Surveillance Department and Integrated Information Management Department. Through the monitoring and surveillance of health behaviours in Singapore, HSI facilitates the strategic use of data for health promotion, policy formulation and operations.

Surveillance systems at HSI include the Health Behaviour Surveillance of Singapore (HBSS) and the National Immunisation Registry (NIR).

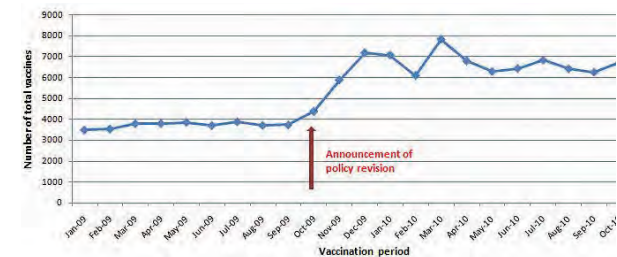
The nation-wide HBSS started in April 2010 to aid HPB in monitoring key indicators and identifying changes in the population's health behaviour. This serves as a reference to guide policy formulation and programme planning. Furthermore, the ongoing monitoring of childhood immunisations using the NIR facilitates the planning of relevant policies for children (see Table 1). For example, the revision in policy to include the Pneumococcal vaccine into the National Childhood Immunisation Schedule and the approval of its payment using Medisave, influenced the uptake of immunisations (see Figure 1).

Table 1: Immunisation coverage for Singapore Residents at two years of age

| | 2008 | 2009 | 2010* (preliminary) |
|-------------|------|------|---------------------|
| BCG | 99% | 99% | 99% |
| Diphtheria | 97% | 97% | 95% |
| Polio | 97% | 97% | 95% |
| Hepatitis B | 97% | 96% | 95% |
| Measles | 95% | 95% | 93% |

Source: National Immunisation Registry, Health Promotion Board

Figure 1: Number of Pneumococcal vaccination (primary dose) given, 2009–2010



Source: National Immunisation Registry, Health Promotion Board

To manage the information collected, the Health InfoHub was developed as a business intelligence-cum-data warehouse system. This system analyses data to provide insights into key processes, outcomes and trends of HPB strategies to build capacity and facilitate optimal decision-making. Five in-house trainings were conducted and the team worked closely with many departments to generate more than 100 data reports to facilitate monitoring of work processes and indicators.

NATIONAL REGISTRY OF DISEASES OFFICE (NRDO)

NRDO is another arm for disease surveillance which collects and maintains information on diseases that are important to public health. As this information is necessary to guide the planning of national healthcare policies, NRDO ensures that all information is secured and key business functions continue under all circumstances.

NRDO strives to meet international standards to maintain data integrity and confidentiality. In line with this, NRDO has successfully achieved the ISO 27001 and SS540/BS25999 certificates. This signified that NRDO's data management and procedures have been thoroughly scrutinised against international standards and have passed all its criteria. NRDO staff better understood the risks to information security and procedures to ensure that critical business operations continue under adverse circumstances. Greater inter- and intra-department teamwork was fostered to ensure that contingency plans run effectively without compromising data security.

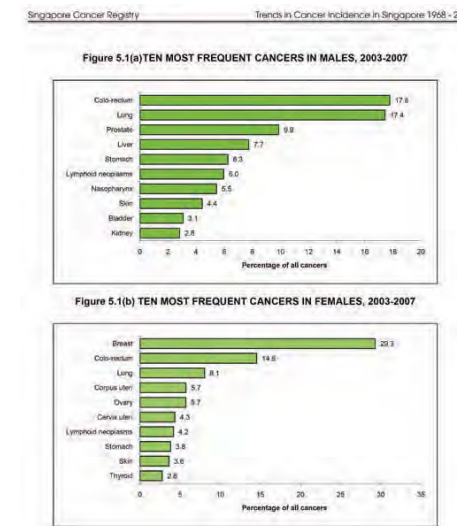


Achievement of ISO 27001 and SS540/BS25999 certificates by National Registry of Diseases Office

Development of the National Trauma Registry (NTR) started in November 2010 to collect data on cases of physical injury that were caused accidentally or otherwise. When the system is fully established, it will provide information to improve processes to prevent trauma and enhance the management of trauma at local hospitals.

Information collected at NRDO is also shared in various platforms. In 2010, the Cancer monograph from the Singapore Cancer Registry was published to update and document the trends in cancer occurrence between 1968 and 2007 (Figure 2).

Figure 2. Top 10 most common cancers in males and females, 2003–2007



Source: Trends in Cancer Incidence in Singapore 1968–2007 monograph, Health Promotion Board

Presentations on the trends of home deaths caused by cancer and heart attacks were made at the SingHealth Duke-NUS Scientific Congress 2010 and the 5th Singapore Public Health & Occupational Medicine Conference respectively. NRDO Deputy Director, Dr Chow Khuan Yew, also shared his department's journey towards ISO 27001 certification at the Information Security Management System seminar, jointly organised by the Association of Information Security Professionals and Information Technology Standards Committee (AISP-ITSC).

Chief Information Officer's Office (CIOO)

CIOO pursues organisational excellence and the achievement of HPB's vision through optimal management of information and efficient use of information technology (IT) applications. This includes key functions in IT planning, knowledge management and other technical services.

UNDERSTANDING CITIZEN ENGAGEMENT

CIOO spearheaded the feasibility study for Citizens & Partners Relationship Management System (CPRMS), gathering insights on the broad challenges in citizen/partner engagement and relationship management. The study also established a common understanding of Citizen Relationship Management (CRM) within HPB and was instrumental in illuminating areas of opportunities for implementation.

STREAMLINING PROCESSES

The Division proactively devised new ways to streamline processes by revamping the suggestion system Ideas@work. The enhanced system enables users to easily submit their suggestions. Reporting was also improved by refreshing the base technology, which is not vendor specific. This enhances not just the users' experience but also improves the reviewing process and tracking implementation stages effectively and efficiently.

On the national level, CIOO orchestrated the implementation of the Donor Care Registry (DCR) to track long-term clinical outcomes of donors after surgery and monitor the long-term health impact of living organ donation. In a separate bid to support the Functional Screening Programme, an initiative that encourages Singaporeans and permanent residents aged 40 and above to participate in functional screenings, CIOO implemented the Functional Screening System (FSS). This system streamlines and automates processes to enhance the screening process.

In the interest of engaging the public on the awareness of food intake, the Food Composition System Singapore (FOCOS) was implemented. This system provides a central repository for information on food, supplements and recipes, and provides public users with an intuitive visual guide to estimate the appropriate portion of food intake within a day. To further elevate user experiences, the system was integrated with the e-services on HPB's website and allows for online submission of Healthier Choice Symbol (HCS) application. This reduces the time and hassle required for users to navigate different websites for services and improves the service standard HPB provides to the public.

ACCOLADES

HPB Online, www.hpb.gov.sg, won a merit prize in the Web Excellence Awards. The award accords recognition to government agencies that have achieved high standards for their websites in terms of user-friendliness, content presentation, overall website management and the effective delivery of electronic services.

Of the 10 award winners, HPB Online was one of two prize-winning websites that is non-transactional in nature.



Try

a new hobby

Advocating a healthy lifestyle can sound old and repetitive. In HPB, we pour all of our creative energy in making our advocacy fresh and always engaging Singaporeans to take ownership of a healthier lifestyle.

Corporate Marketing and Communications Division (CMC)

The CMC Division manages the full spectrum of HPB's communications to promote health excellence and to empower individuals to take ownership of their health. With the advancement of IT, CMC is able to respond aptly to the challenges of communicating to the different behavioural needs of Singapore residents of all ages. Its five departments adopt multiple facets of integrated marketing communications efforts and optimise the use of media channels to convey HPB's health information and messages towards building a nation of healthy and happy people.

CORPORATE COMMUNICATIONS

Corporate Communications primarily focuses on creating awareness of HPB as a centre of excellence for health promotion, disease prevention and patient education. Another key focus, the strengthening of the HPB brand, is achieved through active engagement with the media, private and public sector organisations and corporations, educational institutions, and the public at large.

In 2010, HPB effectively reached the public through 1,516 media stories in all the main media and publications, covering campaigns, initiatives, activities and health messages. A total of 19 visits by representatives from diverse organisations were hosted, underscoring HPB's mission to be a centre of excellence for health promotion and education. These included visits by officials from government and private sector organisations from the Baltic countries, United Arab Emirates, South Africa, China, Korea, Taiwan, Japan and Thailand. Students and faculty from local and international educational institutions also visited HPB for sharing sessions.

A branding exercise for HPB was initiated in 2010. This entailed a thorough evaluation of the various brand touch point areas in the organisation. This includes firming the organisation's identity, consolidating communications and platforms, building an effective message platform to emphasise holistic health for all life stages, and syndicating the organisation's messages. Adoption and implementation of changes are being carried out in phases.

CORPORATE MARKETING

Corporate Marketing works closely with the various programme departments to build inroads into the various segments of the population through innovative campaigns, using creative and relevant media channels to tackle health issues and engage the public. In 2010, the department rolled out more than 20 marketing campaigns to educate, inspire and empower Singapore residents on a diverse range of crucial health topics.

HPB was named Advertiser of the Year at the Singapore Advertising Hall of Fame Awards 2010. The award recognises HPB for its approach towards excellence, outstanding achievements and breakthrough ideas in creative communications. Notable campaigns that received industry recognition included:

'Fables are more Effective than Facts' (AIDS Blue Collar)
- Gold Winner, APPIES 2010
- Bronze Winner, Effie Awards 2010
- Gold Winner, SPH INK Awards 2010

'Not So Secret Lives' Season 1 (Youth AIDS)
- Bronze Winner, Effie Awards 2010

'Ah Kong' (Dementia)
- Finalist, MediaCorp's Viewers' Choice 2010

'Live it Up without Lighting Up' (Smoking)
- Finalist, Effie Awards 2010

'Fight the Flab' (Obesity)
- Finalist, Effie Awards 2010

'Monster Hand' (H1N1)
- Finalist, Effie Awards 2010

Corporate Marketing rolled out the following campaigns in 2010:

'Love Cuts'

'Be Positive'

'Ah Kong' Short Film

CORPORATE PARTNERSHIP MANAGEMENT

Corporate Partnership Management works closely with corporate partners across various industries to extend HPB's health promotion efforts. In 2010, the department collaborated with more than 25 corporate partners including Nestlé, F&N, Subway, NTUC Income, NTUC FairPrice, Guardian Pharmacy, Johnson and Johnson, Fonterra Brands, Malaysian Dairy Industries and Lam Soon.

The following campaigns were rolled out by the department:

Nestlé and F&N Interactive Exhibits at HealthZone

The Nestlé-sponsored Milo interactives featured a swimming medley and a hurdles challenge. It allowed one to compete with another without the use of any sports gear. Its interesting concept made the interactive a popular choice among student visitors.



Nestlé's 'Milo Play More Learn More' interactive

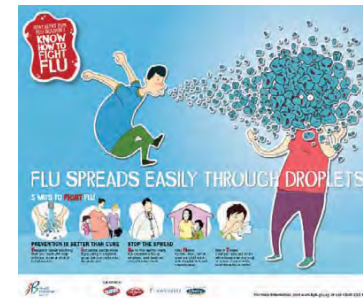
The F&N-sponsored 'Smart Shopping' interactive took one through an interesting experiential learning journey on how to shop for healthier beverages. This experience helped adult visitors make discerning healthier choices in their grocery shopping trips.



F&N's 'Smart Shopping' interactive

Flu Campaign

Industry players such as Chlorox, LifeBuoy, Novartis and Unity Healthcare joined HPB's efforts to educate the public on the five ways to stop the spread of flu.



A public education campaign on how to fight flu

HEALTH INFORMATION DEPARTMENT

Health Information Department comprises a specialised library called the Health Information Centre (HIC), the only local healthy lifestyle exhibition centre called the HealthZone (HZ), and HPB's contact centre the HealthLine (HL). HIC provides health information and skills through interactive exhibits, resources, programmes and professional telephone health counselling. In 2010, the department welcomed more than 111,000 visitors and received more than 89,000 calls via HL.

Library Association of Singapore Open House

HIC played host to 48 Library Association of Singapore (LAS) members from the National University of Singapore, Temasek Polytechnic and National Library Board. Activities organised included Laughing Yoga, a stress management workshop. The open house increased the participants' awareness of HIC's services.



Library Association Singapore members at HIC

Project Health Genius

A total of 2,000 primary school students submitted 243 creative projects using digital media such as videos, slides shows and health food blogs for HZ's annual Project Health Genius programme. Twenty winning entries were showcased at a fiesta where 1,000 visitors from 18 schools attended.



HealthZone's Project Health Genius

'Power Up for 60 Minutes'

HZ also launched a new exercise workshop 'Power Up for 60 Minutes' for primary and secondary school students to instill the importance of exercise through fun activities. A total of 2,372 students benefited from the workshop.



Students engaging in 'Power Up for 60 Minutes'

Enhancing HealthLine

HL was expanded in July 2010 to enable the public to make appointments with the School Health Centre and the School Dental Centre. It functions in two tiers – non-nursing staff helping callers with their appointments and general health information and nurse advisors providing callers with in-depth counselling.

RESOURCE DEVELOPMENT SERVICES

Resource Development Services Department comprises the New Media Unit, Resource Development Unit and Support Services Unit. The department produces resources for the increasingly popular online media platforms and below-the-line (BTL) collaterals to communicate HPB's messages to the young, the not-so-young and the young-at-heart.

New Media Unit engages with the online community through social media channels such as blogs, Facebook, Twitter, forums and online publications. It enables constant monitoring and feedback via online analytics and measurements, which amplify and increase the longevity of HPB's campaigns. In 2010, HPB achieved over 14 million page views at its website and over 28,000 fans in its Facebook and Breathe Facebook (for youth) pages.

Resource Development Unit and Support Services Unit oversee the BTL communications strategies and implementations. These include booklets, posters, pamphlets, brochures, decals, tent-cards, hanging mobiles, table stickers, T-shirts, banners, pillar wraps, exhibition panels, light-boxes, videos, etc. In 2010, both units produced more than 600 types of materials.

In 2010, the following campaigns were rolled out by Resource Development Services:

Diet Tracker

The Diet Tracker, with over 80,000 downloads, is the first mobile application developed by HPB. It calculates the calorie and fat intake based on the user's inputs. The application is available on iPhone, Android, Blackberry and Java. It was listed in the top 50 mobile applications by Digital Life, a Straits Times supplement in January 2011, just two months after its launch.

National Smoking Control Campaign (NSCC) 2010

In support of the campaign theme 'Live It Up Without Lighting Up', four Digital Ambassadors were appointed to champion the key messages, Better Looks, Better Fitness, Better Spending Power and Better Environment. The ambassadors also shared their smoke-free lifestyle online. The post-campaign survey revealed that 33% of respondents learnt about NSCC-related communications materials through blog entries and postings in Facebook and Twitter.



Our Digital Ambassadors – (From left) Fay Hokulani, TypicalBen, Shawn and Dweam

10th ASEAN Health Ministers' Meeting Exhibition

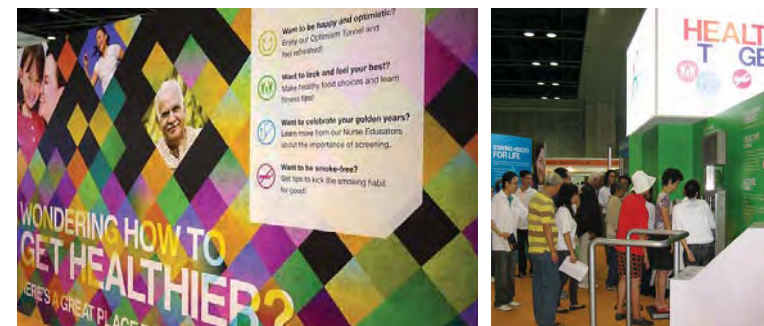
In July 2010, the Health Ministers from the ASEAN economies, China, Japan and Korea gathered in Singapore for the 10th ASEAN Health Ministers' Meeting. HPB took the opportunity to showcase Singapore's approach and knowledge in health promotion through an exhibition featuring successful physical activity and nutrition projects. The ministers and their officials provided positive feedback and compliments on the exhibits.



Exhibit at ASEAN Health Ministers Meeting, July 2010

'Health & You' Exhibition

HPB staged its very first integrated exhibition under the theme 'Healthy Together'. The interactive exhibition addressed chronic disease prevention and management, physical activity and nutrition (total weight management), positive mental health and anti-smoking. Healthy-cooking and exercise demonstrations, counselling and talks by nurse educators, and the Lose to Win 2 Challenge recruitment drive were well attended by more than 4,000 visitors.



'Health & You' Exhibition 2010

Influenza, Tuberculosis and HIV/AIDS Permanent Exhibition

The exhibition at the Health, Safety and Environment Centre (HSE) of Keppel Shipyard, Tuas, showcased 16 road signs that convey the key messages in promoting prevention and early detection of HIV/AIDS. It aims to empower workers to take protective action against communicable diseases and to adopt a positive attitude towards infected co-workers. An average of 120 workers visit the exhibition monthly.



Health promotion exhibits at the Health, Safety and Environment Centre, Keppel Shipyard

INTEGRATED MARKETING COMMUNICATIONS

To streamline the diverse marketing and communication efforts, an integrated approach was adopted. This enabled greater synergy and collaboration across the five departments within the CMC division. The following are the highlights of key campaigns and projects of Integrated Marketing Communications:

Lose to Win (LTW) 2 Challenge

An LTW Facebook page, www.facebook.com/losetowin, was set up for participants to share and encourage one another online. Many have shared their experiences and formed exercise groups beyond the duration of the Lose to Win Challenge to keep fit and healthy.



Publicising Lose to Win through various media platforms

Messages went out in the form of posters, flyers, banners, pull-up systems, a table sticker, a T-shirt and two exercise DVDs. The LTW 2 participants also found the sports bag and sports towel handy for their structured, weekly exercise sessions. Registration and information booklets, induction notes, pre- and post-evaluation forms were also produced for the recruitment drive and for administrative needs.

National Healthy Lifestyle Campaign (NHLC) 2010: 'Healthy Together'

The campaign was woven around the theme 'Healthy Together'. It aimed to inspire all Singapore residents to share the joys that a healthy lifestyle can bring, especially when they do it together, across their social networks.



Healthy lifestyle messages on NHLC 2010 T-shirts

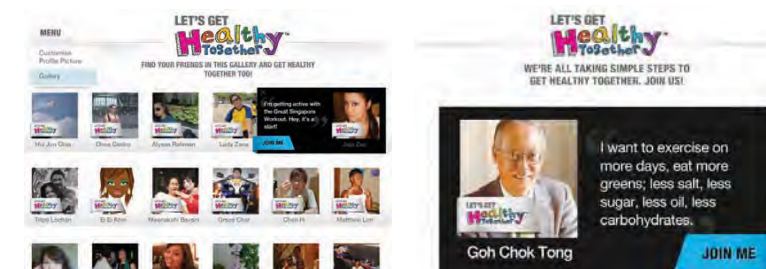
HPB produced a strong yet unique healthy lifestyle television commercial that featured a massive cast of 500 Singaporeans from all walks of life. An NHLC newspaper supplement on event day and outdoor touch-points such as bus stops, food courts and restaurants were creatively used to encourage people to get active and eat healthily.

HPB's partners came together with their staff, families and friends to support initiatives such as the television commercial production and corporate Healthy Together activities. Corporate platinum sponsors included F&N, Nestlé and Subway. Gold sponsors were NTUC FairPrice and NTUC Income. Silver sponsors were Dynaforce and Lam Soon.



Visitors at the National Healthy Lifestyle Campaign 2010 event

The message 'Let's Get Healthy Together' was propagated via Facebook, with the first pledges committed by then Senior Minister Goh Chok Tong, then Health Minister Khaw Boon Wan and other VIPs. More than 2,000 people followed, pledging to live healthily via an online pledging application. Within a fortnight, more than 16,000 fans joined in. User commitments were seen on their news feed where the NHLC 2010 messages became viral among the users' friends and networks.



'Healthy Together' pledges on HPB's Facebook page

VIPs, guests, staff and LTW 2 contestants participated in the event sporting T-shirts which carried five different messages. Besides physical activity and nutrition information, discount coupons from participating VivoCity sports retailers, restaurants and food courts were included in a booklet to encourage the public to get healthy together.



Healthy

living is an adventure best enjoyed

Together

For HPB, healthy living is an adventure to be shared. All of our employees live by this belief by walking the talk, in everything that we do. By keeping the organisation healthy inside and out, we continue being Singapore's champion for healthy living.

Corporate Services Division (CS)

The CS Division constantly enhances HPB's organisational culture, structure, systems and processes to maintain HPB's standards of excellence. This entails providing crucial operational support through human resource management, finance management, organisational development and administration.

ORGANISATIONAL EXCELLENCE

Over the past 10 years, CS has supported HPB's endeavours in organisational excellence. These efforts resulted in HPB garnering a number of accolades and milestones. The following are the Division's significant achievements in FY2010:

Business and People Excellence

HPB received the Public Service Milestone Award for achieving SQC, People Developer and ISO standards. This award recognises public agencies' achievement of business excellence standards.

HPB was awarded the Leading HR Practices Award in Learning and Human Capital Development by SHRI for the third consecutive year. On top of this, HPB is also the proud recipient of the Leading HR Practices (Special Mention) Award in Talent Management, Retention & Succession Planning and the Leading CEO Award. These awards are yet another recognition that affirms HPB is consistently on the right track in HR strategies, enabling employees to learn, share and acquire knowledge that would empower them to realise their potential.

HPB recognises and rewards employees who consistently demonstrate high standards of service excellence in their work. At the national level, 45 employees received the Excellent Service Award (EXSA). A new commendation award was also introduced for HPB Service Quality Award at the board level. A total of 57 employees received the HPB Service Quality Award.

Salary Review Scheme

HPB implemented the revised compensation structure for the various staff groups in 2010. This allowed HPB to be more responsive to market conditions and to retain competitiveness in staff's total compensation structure, which is a critical component of HPB's attraction and retention strategies.

Collective Agreement 2011

HPB signed its 3rd Collective Agreement with the Amalgamated Union of Statutory Board Employees (AUSBE) on 25 March 2011. This marked yet another milestone in building a cordial and collaborative relationship between HPB management and the Union towards the development and welfare of staff. Enhancements made to the latest Collective Agreement include an increase in the Flexible Benefits quantum and the introduction of an Education (Self-Improvement) Allowance for certain schemes of staff. Together with the Union, HPB successfully implemented the Re-employment Framework in support of the national policy to encourage staff to work beyond age 62.



Signing Ceremony of the 3rd Collective Agreement between AUSBE and HPB

Talent Management

As part of HPB's overall talent management initiatives, CS continued to invest in human capital development and sought talent to join HPB's journey towards being a thought leader in health promotion. In FY2010, a total of 10 sponsorships were awarded to HPB staff in the fields of study that match the desired competencies required by HPB. Scholarships were also conferred to two undergraduates and two postgraduates. To hone the leadership skills of employees, CS initiated leadership programmes for managers, deputy directors and directors.

Promoting a Culture of Innovation, Learning and Knowledge Sharing

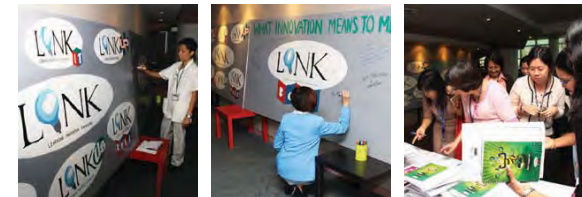
As part of HPB's continuous efforts to encourage innovation, two new awards were introduced. HPB Project Innovation Award recognises outstanding innovations from project teams who have demonstrated exemplary teamwork. The Staff Ideation Award recognises an individual employee who has substantially contributed excellent suggestions.



Winners of the Project Innovation Award

LINK

An integrated learning and sharing platform, LINK (Learning, Innovation and Knowledge) was introduced in 2010. It allows staff to be aware of all learning and sharing platforms in HPB, and provides an all-encompassing view of the various learning and sharing events in HPB.



The launch of LINK in 2010

In collaboration with the Innovation Activist Group, the Organisational Learning & Excellence Department organised a month-long LINK Fest to promote innovation and knowledge sharing. Activities organised included Learning Journeys and talks by guest speakers.



LINK Fest Learning Journeys to various corporations

C.L.I.C.K. Portal

An online knowledge portal, C.L.I.C.K. (Collaborative Learning Involving Communication of Knowledge), was conceptualised and developed to enhance knowledge sharing and collaboration. A metadata and taxonomy study was undertaken to create common terminologies, easing the process of searching for information in the C.L.I.C.K. portal. The portal has since been implemented.

New Budgeting Framework

HPB reviewed and implemented a new budgeting framework to achieve budget efficiency whereby funds can be allocated to priority areas. Budget marksmanship was also done to optimise the utilisation of funds by budgeting accurately, exercising fiscal prudence and continuously reviewing how programmes are delivered.

HPB's Investment Framework

Since 2009, HPB has participated in the Centralised Liquidity Management (CLM) for Statutory Boards and Ministries, co-ordinated by the Accountant-General's Department (AGD). Under CLM, AGD centrally manages the cash of HPB together with other Statutory Boards and Ministries, to reap economies of scale and manage credit risk at the overall government level.

HPB has also reviewed CS Division's policy on the ring-fenced use of HPB's accumulated surplus and drawn up the long-term investment guidelines which have been approved by the Board of Directors and pending MOH approval.

Review of Procurement Process

HPB has undertaken a holistic review of the entire chain of procurement activities to further strengthen and align them with the revisions in the Instruction Manual (IM) on Procurement.

Ideas@Work

The iStar Staff Suggestion System was replaced by Ideas@Work, with new and enhanced features. The new features include improved user-friendliness, integration with MS Outlook, and even an option to donate monetary tokens received when participating in HPB endorsed charities.

Estate & Facilities

HPB completed a major renovation to accommodate the increase in the number of employees. The renovation was creatively executed to maximise the existing office space.

The Estate Department had also initiated the first phase of the enhancement of the HPB building by improving the general environment to be conducive for staff wellness. Enhancements include a cafeteria that serves healthier choices of food, an improved garden terrace and lounges for staff to relax, as well as health installations and messages to encourage staff and public to adopt a healthy lifestyle.



Physical enhancements to HPB's building and environment

Healthy Workforce Committee (HWC)

As champions of health promotion, HPB ensures its employees are at the forefront of living a healthy lifestyle. A peer-led Healthy Workforce Committee identifies, develops and implements health-related activities through its five sub-committees – Corporate Community Involvement Programme, Nutrition, Recreation, Sports and Games, and Work-Life Balance.

A full spectrum of activities such as bolly aerobics, walking, cardiomix, bowling, line dancing, guitar playing, talks on mental wellness, and healthy cooking were offered to engage HPB employees to lead a healthier lifestyle in a fun manner. An outdoor fitness assessment was also conducted to encourage greater staff participation in physical activity. Held at East Coast Park in 2010, the annual event was supported by more than 200 staff.

As part of our efforts in community involvement, fund-raising events were also held to encourage donations to HPB's adopted charity, the Singapore Cancer Society. These donations were used to help the needy families of cancer patients. During the year, HWC raised a total of about \$8,000.

On 26 March 2011, HPB employees celebrated HPB Day, a key event organised every two years to foster camaraderie within the organisation. More than 700 participants rallied together as one family. Staff and management alike came together and participated in the day's activities filled with fun and games.

QUOTES FROM THE STAFF

"There is a huge variety of HWC activities that we can choose from and that encourages us to work hard, play hard and stay healthy!" – Yap Hui Ting, Youth Health Division

"HWC activities are fun and engaging, and contribute towards a healthy workforce and work-life balance at HPB!" – Loh Hui Shan, Healthy Ageing Division



A collage of activities organised by the Healthy Workforce Committee

Financial Statements

Year ended 31 March 2011

Financial Statements

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Statement by Health Promotion Board

In our opinion,

- (a) the financial statements of the Health Promotion Board (the "Board") set out on pages 85 to 92 are properly drawn up so as to give a true and fair view of the state of affairs of the Board as at 31 March 2011 and the results, changes in equity and cash flows of the Board for the year ended on that date in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) and Statutory Board Financial Reporting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Board will be able to pay its debts as and when they fall due.

The Board has, on the date of this statement, authorised these financial statements for issue.

On behalf of the Board



Lucas Chow
Chairman



Ang Hak Seng
Chief Executive Officer

30 June 2011

Independent auditors' report

Member of the Board
Health Promotion Board

Report on the financial statements

We have audited the accompanying financial statements of Health Promotion Board (the "Board"), which comprise the statement of financial position as at 31 March 2011, income and expenditure statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 85 to 92.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) (the "Act") and Statutory Board Financial Reporting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements are properly drawn up in accordance with the provisions of the Act and Statutory Board Singapore Financial Reporting Standards to present fairly, in all material respects, the state of affairs of the Board as at 31 March 2011 and the results, changes in equity and cash flows of the Board for the year ended on that date.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Act to be kept by the Board, including records of all assets of the Board whether purchased, donated or otherwise, have been properly kept in accordance with the provisions of the Act.

During the course of our audit, nothing came to our notice that caused us to believe that the receipt, expenditure and investment of monies and the acquisition and disposal of assets by the Board during the financial year have not been in accordance with the provisions of the Act.



KPMG LLP
*Public Accountants and
Certified Public Accountants*

Singapore
30 June 2011

Statement of financial position

As at 31 March 2011

| | Note | 2010/2011 \$ | 2009/2010 \$ |
|--|------|---------------------|---------------------|
| Share capital | 4 | 15,185,397 | 10,124,903 |
| Accumulated surplus | 5 | 34,268,455 | 35,704,879 |
| | | <u>49,453,852</u> | <u>45,829,782</u> |
| Represented by: | | | |
| Non-current assets | | | |
| Property, plant and equipment | 6 | 7,941,889 | 8,228,357 |
| Intangible assets | 7 | 14,713,509 | 13,828,497 |
| | | <u>22,655,398</u> | <u>22,056,854</u> |
| Current assets | | | |
| Receivables | 8 | 1,798,965 | 1,024,195 |
| Prepayments | | 300,157 | 333,945 |
| Grant receivables | 9 | 6,358,493 | 8,234,953 |
| Cash and cash equivalents | 10 | 64,304,789 | 68,834,115 |
| | | <u>72,762,404</u> | <u>78,427,208</u> |
| Current liabilities | | | |
| Payables and accruals | 11 | (27,516,605) | (29,821,964) |
| Grants received in advance | 9 | (2,038,904) | (3,617,619) |
| | | <u>(29,555,509)</u> | <u>(33,439,583)</u> |
| Non-current liabilities | | | |
| Deferred capital grants | 12 | (8,028,612) | (12,367,546) |
| Obligations in respect of pension scheme | 13 | (8,379,829) | (8,847,151) |
| | | <u>(16,408,441)</u> | <u>(21,214,697)</u> |
| | | <u>49,453,852</u> | <u>45,829,782</u> |

The accompanying notes form an integral part of these financial statements.

Income and expenditure statement

Year ended 31 March 2011

| | Note | 2010/2011 \$ | 2009/2010 \$ |
|---|------|----------------------|----------------------|
| Income | | | |
| Service maintenance income | | 1,402,585 | 1,384,773 |
| Interest income | | 355,302 | 100,210 |
| Other income | | 1,068,487 | 1,038,634 |
| | | <u>2,826,374</u> | <u>2,523,617</u> |
| Expenditure | | | |
| Staff costs | | (60,447,653) | (49,800,106) |
| Operating supplies and services | | (28,291,382) | (25,380,167) |
| Publicity and public relations | | (12,915,762) | (15,690,908) |
| Information technology services | | (9,874,162) | (7,450,885) |
| Amortisation of intangible assets | | (6,419,252) | (3,767,541) |
| Input goods and services tax | | (4,285,851) | (3,644,470) |
| Depreciation of property, plant and equipment | | (3,316,761) | (3,013,303) |
| Rental of premises | | (3,001,119) | (2,944,981) |
| Repairs and maintenance | | (2,813,726) | (2,691,743) |
| Staff welfare and development | | (2,397,148) | (2,185,887) |
| Research and reviews | | (2,323,646) | (1,610,781) |
| Subventions to polyclinics | | (2,225,349) | (2,186,837) |
| Other services and fees | | (2,046,315) | (1,928,548) |
| Communications | | (1,443,282) | (1,615,877) |
| Loss on disposal of property, plant and equipment | | (155,512) | (6,953) |
| Board members' allowance | | (71,250) | (71,109) |
| Audit fee | | (38,000) | (42,000) |
| Bad debts written off | | (3,204) | - |
| | | <u>(142,069,374)</u> | <u>(124,032,096)</u> |
| Deficit before grants | | (139,243,000) | (121,508,479) |
| Grants | | | |
| Government operating grants | 9 | 129,813,781 | 124,033,359 |
| Non-government operating grants | 9 | 2,157,576 | 117,862 |
| Deferred government capital grants amortised | 12 | 5,835,219 | 5,481,266 |
| | | <u>137,806,576</u> | <u>129,632,487</u> |
| (Deficit)/Surplus for the year | | (1,436,424) | 8,124,008 |

The accompanying notes form an integral part of these financial statements.

Statement of comprehensive income

Year ended 31 March 2011

| | 2010/2011 | 2009/2010 |
|--|--------------------|------------------|
| | \$ | \$ |
| (Deficit)/Surplus for the year | (1,436,424) | 8,124,008 |
| Other comprehensive income | - | - |
| Total comprehensive income for the year | (1,436,424) | 8,124,008 |

The accompanying notes form an integral part of these financial statements.

Statement of changes in equity

Year ended 31 March 2011

| | Share capital | Accumulated surplus | Total |
|--|-------------------|---------------------|-------------------|
| | \$ | \$ | \$ |
| At 1 April 2009 | 8,354,132 | 27,580,871 | 35,935,003 |
| Total comprehensive income for the year | - | 8,124,008 | 8,124,008 |
| Surplus for the year | - | 8,124,008 | 8,124,008 |
| Other comprehensive income | - | - | - |
| Total comprehensive income for the year | - | 8,124,008 | 8,124,008 |
| Transactions with owners, recorded directly in equity | | | |
| <i>Contributions by owners</i> | | | |
| Issue of ordinary shares | 1,770,771 | - | 1,770,771 |
| At 31 March 2010 | 10,124,903 | 35,704,879 | 45,829,782 |
| At 1 April 2010 | 10,124,903 | 35,704,879 | 45,829,782 |
| Total comprehensive income for the year | - | (1,436,424) | (1,436,424) |
| Deficit for the year | - | (1,436,424) | (1,436,424) |
| Other comprehensive income | - | - | - |
| Total comprehensive income for the year | - | (1,436,424) | (1,436,424) |
| Transactions with owners, recorded directly in equity | | | |
| <i>Contributions by owners</i> | | | |
| Issue of ordinary shares | 5,060,494 | - | 5,060,494 |
| At 31 March 2011 | 15,185,397 | 34,268,455 | 49,453,852 |

The accompanying notes form an integral part of these financial statements.

Statement of cash flows

Year ended 31 March 2011

| | Note | 2010/2011 \$ | 2009/2010 \$ |
|---|------|---------------------|-------------------|
| Cash flows from operating activities | | | |
| Deficit before grants | | (139,243,000) | (121,508,479) |
| Adjustments for: | | | |
| Depreciation of property, plant and equipment | 6 | 3,316,761 | 3,013,303 |
| Amortisation of intangible assets | 7 | 6,419,252 | 3,767,541 |
| Loss on disposal of property, plant and equipment | | 155,513 | 6,953 |
| Government grants received | | 132,744,596 | 124,603,474 |
| Other grants received | | 1,020,791 | 775,034 |
| Interest income | | (355,302) | (100,210) |
| | | <u>4,058,611</u> | <u>10,557,616</u> |
| Change in working capital: | | | |
| Receivables and prepayment | | (740,982) | (685,006) |
| Payables and accruals | | (2,305,359) | 6,880,728 |
| Obligations in respect of pension scheme | | (467,322) | (216,109) |
| Net cash used in operating activities | | <u>544,948</u> | <u>16,537,229</u> |
| Cash flows from investing activities | | | |
| Interest received | | 355,302 | 100,210 |
| Purchase of property, plant and equipment | | (3,185,806) | (797,166) |
| Proceeds from disposal of property, plant and equipment | | - | 187 |
| Decrease in short-term fixed deposit with maturity exceeding 3 months | | - | 22,498,538 |
| Purchase of intangible assets | | (7,304,264) | (3,573,590) |
| Net cash flows (used in)/from investing activities | | <u>(10,134,768)</u> | <u>18,228,179</u> |
| Cash flows from financing activities | | | |
| Proceeds from issue of shares | | 5,060,494 | 1,770,771 |
| Net cash flows from financing activities | | <u>5,060,494</u> | <u>1,770,771</u> |
| Net (decrease)/increase in cash and cash equivalents | | <u>(4,529,326)</u> | <u>36,536,179</u> |
| Cash and cash equivalents at beginning of year | | 68,834,115 | 32,297,936 |
| Cash and cash equivalents at end of year | 10 | <u>64,304,789</u> | <u>68,834,115</u> |

The accompanying notes form an integral part of these financial statements.

Notes to the financial statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board Members on 30 June 2011.

1 Domicile and activities

Health Promotion Board (the "Board") was established on 1 April 2001 under the provisions of the Health Promotion Board Act (Chapter 122B) (the "Act") and is under the purview of the Ministry of Health. As a statutory board, the Board is subject to the directions of the Ministry of Health, and is required to implement policies and policy changes as determined by its supervisory ministry. The Board's registered office is located at 3 Second Hospital Avenue, Singapore 168937.

The Board is also registered as a charity (Registration No: 01810) under the Charities Act (Chapter 37) since 17 September 2004.

The principal activities of the Board are to:

- advise the Government, either of its own motion or upon request made to it by the Minister, on all matters connected with the promotion of good health and healthy lifestyles amongst the people of Singapore, including the formulation of policies, the creation of conditions and the provision of public facilities that are conducive to the promotion of good health and healthy lifestyle amongst the people of Singapore;
- devise, organise and implement programmes and other activities for or related to the promotion of good health and healthy lifestyle amongst the people of Singapore, health education programmes and programmes and other activities for or related to the prevention or detection of diseases;
- collaborate with any organisation to devise, organise and implement, or to provide support or assistance to any organisation in devising and implementing any of the programmes or activities referred to in paragraph 1(b);
- monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
- promote a healthy food supply in Singapore;
- determine, establish and recommend nutritional standards and dietary guidelines, and guidelines for the provision of nutritional information;

- (g) provide healthcare services (including medical, dental, health-screening and immunisation services) to school children and such other persons or class of persons as the Board thinks fit;
- (h) provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases; and
- (i) represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases.

There have been no significant changes in the nature of these activities during the financial year.

2 Basis of preparation

2.1 Statement of compliance

The financial statements have been prepared in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards ("SB-FRS"). SB-FRS include Statutory Board Financial Reporting Standards, Interpretations of SB-FRS and SB-FRS Guidance Notes as promulgated by the Accountant-General.

2.2 Basis of measurement

The financial statements have been prepared under the historical cost basis except as otherwise described below.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars, which is the Board's functional currency.

2.4 Use of estimates and judgements

The preparation of financial statements in conformity with SB-FRSs requires management to make judgements, estimates and assumptions that affect the application of accounting policies and reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

In particular, information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amount recognised in the financial statements are described in note 13 – Obligations in respect of pension scheme.

3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements, and have been applied consistently by the Board.

3.1 Property, plant and equipment

Recognition and measurement

Property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the cost of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net within other income in the income and expenditure statement.

Subsequent costs

The cost of replacing a component of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Board and its cost can be measured reliably. The costs of the day-to-day servicing of property, plant and equipment are recognised in the income and expenditure statement as incurred.

Depreciation on property, plant and equipment is recognised in the income and expenditure statement on a straight-line basis over the estimated useful lives of each component of an item of property, plant and equipment.

The estimated useful lives for the current and comparative periods are as follows:

| | |
|------------------------|---------------|
| Computers | 3 to 5 years |
| Leasehold improvement | 8 years |
| Furniture and fittings | 8 years |
| Other equipment | 3 to 10 years |
| Medical equipment | 8 years |
| Motor vehicles | 10 years |

Depreciation methods, useful lives and residual values are reviewed at the end of each reporting period and adjusted as appropriate.

3.2 Financial instruments

Non-derivative financial assets

The Board initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially on the trade date, which is the date that the Board becomes a party to the contractual provisions of the instrument.

The Board derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Board is recognised as a separate asset or liability.

The Board classifies non-derivative financial assets into the following category: loans and receivables.

Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise cash and cash equivalent, and trade and other receivables.

Cash and cash equivalents comprise cash at bank, with Accountant General's Department and on hand.

Non-derivative financial liabilities

All financial liabilities are recognised initially on the trade date, which is the date that the Board becomes a party to the contractual provisions of the instrument.

The Board derecognises a financial liability when its contractual obligations are discharged, cancelled or expire.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Board has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Board classifies non-derivative financial assets into the following category: other financial liabilities.

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

Other financial liabilities comprise trade and other payable.

Share capital

Proceeds from issuance of shares are classified as equity.

3.3 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through profit or loss is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Board on terms that the Board would not consider otherwise, or indications that a debtor or issuer will enter bankruptcy.

The Board considers evidence of impairment for loans and receivables at both a specific asset and collective level. All individually significant loans and receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Loans and receivables that are not individually significant are collectively assessed for impairment by grouping together loans and receivables with similar risk characteristics.

In assessing collective impairment, the Board uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

3.3 Impairment (cont')

Non-financial assets

The carrying amounts of the Board's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated.

The recoverable amount of an asset or cash-generating unit ("CGU") is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the assets or CGU. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of CGU.

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in the income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

3.4 Intangible assets

Intangible assets that are acquired by the Board, which have finite useful lives, are measured at cost less accumulated amortisation and accumulated impairment losses. Intangible assets are amortised in the income and expenditure statement on a straight-line basis over their estimated useful lives of 3 to 5 years, from the date on which they are available for use.

3.5 Capital work-in-progress and computer software under development

Capital work-in-progress and computer software under development are stated at cost. Expenditure relating to the capital work-in-progress are capitalised when incurred. No depreciation is provided until the capital work-in-progress is completed and the related property, plant and equipment and intangible assets are ready for use.

3.6 Grants

Government grants and contributions received by the Board from other organisations for the purchase of depreciable assets are taken to grants received in advance account in the first instance. They are taken to the deferred capital grants account upon the utilisation of the grants for the purchase of assets which are capitalised.

Deferred capital grants are recognised in the income and expenditure statement over the periods necessary to match the depreciation and write off of the assets purchased or donated, with the related grants. Upon the disposal of property, plant and equipment, the balance of the related deferred capital grants is recognised in the income and expenditure statement to match the net book value of the property, plant and equipment disposed.

Government and other grants received by the Board to meet operating expenses are recognised as income in the year these operating expenses were incurred and there is reasonable assurance that the Board will comply with the conditions attached to it. Government grants are accounted for on the accrual basis.

Government grants are grants received from government bodies, including statutory boards. Funds received from all other organisations are classified as non-government grants.

3.7 Leases

Where the Board has the use of assets under operating leases, payments made under the leases are recognised in the income and expenditure statement on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease payment made. Contingent rentals are charged to the income and expenditure statement in the accounting period in which they are incurred.

3.8 Employee benefits

Defined contribution plan

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as staff costs in the income and expenditure statement in the periods during which services are rendered by employees.

Employee leave entitlement

Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the reporting date.

Short-term employee benefits

Short-term benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A liability is recognised for the amount expected to be paid under short-term cash bonus if the Board has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.8 Employee benefits (cont')

Post employment benefits

Cost of providing defined benefit retirement benefit scheme (the "HPB Pension Scheme") is determined using the projected unit credit method, with actuarial valuations being carried out at least once in three years. The present value of obligation for all pensionable employees is determined by projecting each active employee's benefits accrued from the starting date of their service with the Board (i.e., 1 April 2001) up to the valuation date, allowing for salary increases and the probability of earlier exits, and discounted using a long-term discount rate. The obligations to existing pensioners under the HPB Pension Scheme are calculated as the present value of pensions payable to the pensioners for their remaining lifetime.

At each valuation date, the total present value of obligation is compared to the book amount to determine the actuarial gain or loss. Any actuarial gain or loss which exceeds 10% of the present value of the plan obligations will then be amortised to the income and expenditure statement over the average expected remaining working lives of the pensionable employees.

Past service cost is recognised immediately to the extent that the benefits are already vested since the starting date of the pensionable employees' service with the Board.

3.9 Revenue recognition

Interest income

Interest income is recognised on a time-proportion basis using the effective interest method.

Service maintenance income

Service maintenance income is recognised when the service is rendered.

3.10 New accounting standards and interpretations not yet adopted

New standards, amendments and interpretations that are not yet effective for the year ended 31 March 2011 have not been applied in preparing these financial statements. None of these are expected to have a significant impact on the financial statements of the Board.

4 Share capital

| | No. of shares | |
|------------------------|---------------|------------|
| | 2010/2011 | 2009/2010 |
| Issued and fully paid: | | |
| At beginning of year | 10,124,903 | 8,354,132 |
| Issue of share capital | 5,060,494 | 1,770,771 |
| At end of year | 15,185,397 | 10,124,903 |

During the year, the Board issued 5,060,494 shares to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total consideration of \$5,060,494 to provide funds for the acquisition of property, plant and equipment and intangible assets.

The shareholder is entitled to receive dividends as declared from time to time.

Capital management

The Board defines "capital" as share capital and accumulated surplus. The Board's policy is to maintain a strong capital base to safeguard the ability to meet its long-term needs and to maintain creditor and market confidence.

There were no changes in the Board's capital management approach during the year. The Board is not subject to externally imposed capital requirements.

5 Accumulated surplus

The accumulated surplus would be used to fund scholarship and sponsorships for under-graduate and post-graduate studies to build capacity and to fund operational deficits when they arise.

6 Property, plant and equipment

| | Computers \$ | Leasehold improvement \$ | Furniture and fittings \$ | Other equipment \$ | Medical equipment \$ | Motor vehicles \$ | Capital work-in-progress \$ | Total \$ |
|---------------------------------|-----------------|--------------------------------|---------------------------------|-----------------------|-------------------------|----------------------|-----------------------------------|-------------|
| Cost | | | | | | | | |
| At 1 April 2009 | 9,172,085 | 9,699,654 | 493,049 | 3,210,810 | 10,801,168 | 433,491 | 1,518,481 | 35,328,738 |
| Additions | 104,637 | - | 37,169 | 91,116 | 334,793 | - | 229,451 | 797,166 |
| Disposals | (316,223) | - | - | (99,405) | - | (49,979) | - | (465,607) |
| At 31 March 2010 | 8,960,499 | 9,699,654 | 530,218 | 3,202,521 | 11,135,961 | 383,512 | 1,747,932 | 35,660,297 |
| Additions | 23,800 | 2,206,208 | 5,775 | 103,885 | 252,731 | - | 593,407 | 3,185,806 |
| Transfers | 1,694,382 | 53,550 | - | - | - | - | (1,747,932) | - |
| Disposals | (946,841) | - | - | (41,410) | (151,980) | - | - | (1,140,231) |
| At 31 March 2011 | 9,731,840 | 11,959,412 | 535,993 | 3,264,996 | 11,236,712 | 383,512 | 593,407 | 37,705,872 |
| Accumulated depreciation | | | | | | | | |
| At 1 April 2009 | 7,628,623 | 5,803,266 | 465,723 | 1,705,582 | 8,903,093 | 370,817 | - | 24,877,104 |
| Depreciation for the year | 706,735 | 1,204,211 | 13,352 | 252,646 | 830,758 | 5,601 | - | 3,013,303 |
| Disposals | (316,223) | - | - | (99,405) | - | (42,839) | - | (458,467) |
| At 31 March 2010 | 8,019,135 | 7,007,477 | 479,075 | 1,858,823 | 9,733,851 | 333,579 | - | 27,431,940 |
| Depreciation for the year | 1,566,455 | 911,601 | 14,724 | 288,733 | 529,649 | 5,599 | - | 3,316,761 |
| Disposals | (793,010) | - | - | (41,410) | (150,298) | - | - | (984,718) |
| At 31 March 2011 | 8,792,580 | 7,919,078 | 493,799 | 2,106,146 | 10,113,202 | 339,178 | - | 29,763,983 |
| Carrying amount | | | | | | | | |
| At 1 April 2009 | 1,543,462 | 3,896,388 | 27,326 | 1,505,228 | 1,898,075 | 62,674 | 1,518,481 | 10,451,634 |
| At 31 March 2010 | 941,364 | 2,692,177 | 51,143 | 1,343,698 | 1,402,110 | 49,933 | 1,747,932 | 8,228,357 |
| At 31 March 2011 | 939,260 | 4,040,334 | 42,194 | 1,158,850 | 1,123,510 | 44,334 | 593,407 | 7,941,889 |

7 Intangible assets

| | Computer software \$ | Computer software under development \$ | Total \$ |
|----------------------------------|-------------------------|---|-------------|
| Cost | | | |
| At 1 April 2009 | 24,447,461 | 4,529,061 | 28,976,522 |
| Additions | 3,252,469 | 321,121 | 3,573,590 |
| Disposals | (19,156) | - | (19,156) |
| At 31 March 2010 | 27,680,774 | 4,850,182 | 32,530,956 |
| Additions | 4,740,449 | 2,563,815 | 7,304,264 |
| Transfers | 4,263,762 | (4,263,762) | - |
| Disposals | (4,747,611) | - | (4,747,611) |
| At 31 March 2011 | 31,937,374 | 3,150,235 | 35,087,609 |
| Accumulated amortisation | | | |
| At 1 April 2009 | 14,954,074 | - | 14,954,074 |
| Amortisation charge for the year | 3,767,541 | - | 3,767,541 |
| Disposals | (19,156) | - | (19,156) |
| At 31 March 2010 | 18,702,459 | - | 18,702,459 |
| Amortisation charge for the year | 6,419,252 | - | 6,419,252 |
| Disposals | (4,747,611) | - | (4,747,611) |
| At 31 March 2011 | 20,374,100 | - | 20,374,100 |
| Carrying amount | | | |
| At 1 April 2009 | 9,493,387 | 4,529,061 | 14,022,448 |
| At 31 March 2010 | 8,978,315 | 4,850,182 | 13,828,497 |
| At 31 March 2011 | 11,563,274 | 3,150,235 | 14,713,509 |

8 Receivables

| | 2010/2011 \$ | 2009/2010 \$ |
|-------------------|------------------|------------------|
| Trade receivables | 752,953 | 461,465 |
| Other receivables | 802,293 | 317,011 |
| Security deposits | 243,719 | 245,719 |
| | <u>1,798,965</u> | <u>1,024,195</u> |

The ageing of receivables at the reporting date is:

| | 2010/2011 \$ | 2009/2010 \$ |
|------------------------|------------------|------------------|
| Not past due | 1,399,648 | 995,933 |
| Past due 0 – 30 days | 349,134 | 11,518 |
| Past due 31 – 60 days | 46,699 | 817 |
| Past due 61 – 90 days | 3,202 | 2,360 |
| Past due 91 – 120 days | - | 116 |
| More than 120 days | 282 | 13,451 |
| | <u>1,798,965</u> | <u>1,024,195</u> |

Based on historical default rates, the Board believes that no impairment allowance is necessary. These receivables mainly arise from customers that have a good payment record with the Board.

9 Grant receivables / (grants received in advance)

Grant receivables

The movement of grant receivables at the reporting date is as follows:

| | 2010/2011 \$ | 2009/2010 \$ |
|---|------------------|------------------|
| (a) Government | | |
| At beginning of year | 8,113,414 | 7,102,282 |
| Receipts | (14,086,454) | (9,940,778) |
| Transfers to deferred capital grants | 739,851 | 740,021 |
| Transfers to income and expenditure statement | 11,591,682 | 10,211,889 |
| At end of year | <u>6,358,493</u> | <u>8,113,414</u> |

| | 2010/2011 | 2009/2010 |
|---|------------------|------------------|
| | \$ | \$ |
| (b) Non-government | | |
| At beginning of year | 121,539 | 96,399 |
| Receipts | (50,000) | (90,000) |
| Transfers to income and expenditure statement | (71,539) | 115,140 |
| At end of year | - | 121,539 |
| Total grant receivable at end of the year | <u>6,358,493</u> | <u>8,234,953</u> |

The Board's primary exposure to credit risk arises through its grant receivables. Concentration of credit risk relating to grant receivables is limited since they are recoverable from Ministries and Government Agencies.

Grants received in advance

The movement in grants received in advance during the year is as follows:

| | 2010/2011 | 2009/2010 |
|---|------------------|------------------|
| | \$ | \$ |
| (c) Government | | |
| At beginning of year | 2,251,009 | 2,477,604 |
| Grants received | 118,658,142 | 114,662,696 |
| Transfers to deferred capital grants | (756,434) | (1,067,821) |
| Transfers to income and expenditure statement | (118,222,099) | (113,821,470) |
| At end of year | <u>1,930,618</u> | <u>2,251,009</u> |
| (d) Non-government | | |
| At beginning of year | 1,366,610 | 684,298 |
| Grants received | 970,791 | 685,034 |
| Transfers to income and expenditure statement | (2,229,115) | (2,722) |
| At end of year | <u>108,286</u> | <u>1,366,610</u> |
| Total grants received in advance at end of the year | <u>2,038,904</u> | <u>3,617,619</u> |

Government operating grants

| | 2010/2011 | 2009/2010 |
|---|--------------------|--------------------|
| | \$ | \$ |
| Transferred from grants receivables | 11,591,682 | 10,211,889 |
| Transferred from grants received in advance | 118,222,099 | 113,821,470 |
| | <u>129,813,781</u> | <u>124,033,359</u> |

Non-government operating grants

| | 2010/2011 | 2009/2010 |
|---|------------------|----------------|
| | \$ | \$ |
| Transferred from grants receivables | (71,539) | 115,140 |
| Transferred from grants received in advance | 2,229,115 | 2,722 |
| | <u>2,157,576</u> | <u>117,862</u> |

10 Cash and cash equivalents

Cash and cash equivalents in the statement of cash flows consist of the following:

| | 2010/2011 | 2009/2010 |
|--|-------------------|-------------------|
| | \$ | \$ |
| Cash at bank and on hand | 10,665 | 7,504 |
| Cash with Accountant General's Department | 64,294,124 | 68,826,611 |
| Cash and cash equivalents in the cash flow statement | <u>64,304,789</u> | <u>68,834,115</u> |

11 Payables and accruals

| | 2010/2011 | 2009/2010 |
|--------------------------------------|-------------------|-------------------|
| | \$ | \$ |
| Trade payables and accruals | 26,960,436 | 29,215,453 |
| Amount due to the Ministry of Health | 158,999 | 196,859 |
| Security deposits | 397,170 | 409,652 |
| | <u>27,516,605</u> | <u>29,821,964</u> |

The contracted undiscounted cash outflows on trade payables and accruals are expected to approximate their carrying amounts and to be settled within one year.

12 Deferred capital grants

| | 2010/2011 | 2009/2010 |
|--|--------------------|--------------------|
| | \$ | \$ |
| At beginning of year | 12,367,546 | 16,040,970 |
| Amount transferred from government grants | 1,496,285 | 1,807,842 |
| | <u>13,863,831</u> | <u>17,848,812</u> |
| Amount transferred to income and expenditure statement | | |
| - to match depreciation funded by the government | (2,046,107) | (2,550,799) |
| - to match amortisation funded by the government | (3,720,599) | (2,923,328) |
| - to match net book value of assets disposed | (68,513) | (7,139) |
| | <u>(5,835,219)</u> | <u>(5,481,266)</u> |
| At end of year | <u>8,028,612</u> | <u>12,367,546</u> |

13 Obligations in respect of pension scheme

The Board operates an unfunded defined retirement benefit plan for certain employees under the provisions of the Pension Act (Chapter 225, 2004 Revised Edition). The pension fund was set up by the Board on 1 April 2001.

The Board performed an actuarial valuation to determine the liability of the Board in respect of its defined retirement benefit plans. The amount of contribution is based on the actuarial valuation performed by Watson Wyatt Singapore Pte Ltd.

| | 2010/2011 | 2009/2010 |
|---------------------------------------|------------------|------------------|
| | \$ | \$ |
| Present value of unfunded obligations | 8,322,000 | 9,562,000 |
| Unrecognised actuarial gain/(loss) | 57,829 | (714,849) |
| | <u>8,379,829</u> | <u>8,847,151</u> |

Movements in the net liability recognised in the statement of financial position are as follows:

| | 2010/2011 | 2009/2010 |
|--|------------------|------------------|
| | \$ | \$ |
| At beginning of year | 8,847,151 | 9,063,260 |
| Amounts recognised in the income and expenditure statement | 848,000 | 1,054,000 |
| Benefits paid | (1,315,322) | (1,270,109) |
| At end of year | <u>8,379,829</u> | <u>8,847,151</u> |

The amounts recognised in the income and expenditure statement are as follows:

| | 2010/2011 | 2009/2010 |
|-------------------------------|----------------|------------------|
| | \$ | \$ |
| Current service costs | 554,000 | 738,000 |
| Interest on obligation | 152,000 | 173,000 |
| Actuarial loss recognised | 142,000 | 143,000 |
| Total included in staff costs | <u>848,000</u> | <u>1,054,000</u> |

Principal actuarial assumptions

Principal actuarial assumptions at the reporting date:

| | 2010/2011 | 2009/2010 |
|-------------------------|-------------|-------------|
| | % | % |
| Discount rate | 2.00 | 2.00 |
| Future salary increases | <u>1.00</u> | <u>1.00</u> |

Assumptions regarding future mortality are based on published mortality tables. The expected retirement age is at 60 years old (2009/2010: 60 years old).

Source of estimation uncertainty

Pension expense is determined using certain actuarial estimates and assumptions relating to the discount rate used in valuing the defined benefit obligation and future expectations such as future salary increases, retirement age, and mortality rate of covered employees. These estimates and assumptions directly influence the amount recognised in the income and expenditure statements.

14 Key management personnel compensation

Key management personnel of the Board are those persons having the authority and responsibility for planning, directing and controlling the activities of the Board.

Key management personnel compensation is as follows:

| | 2010/2011 | 2009/2010 |
|---|------------------|------------------|
| | \$ | \$ |
| Salaries and other short-term employee benefits | 2,280,657 | 1,843,608 |
| Post employment benefits | 96,737 | 132,826 |
| | <u>2,377,394</u> | <u>1,976,434</u> |

The remuneration of the top three key executives of the Board are disclosed in bands as follow:

| | 2010/2011 | 2009/2010 |
|------------------------|-----------|-----------|
| \$450,000 to \$500,000 | 1 | - |
| \$400,000 to \$450,000 | - | - |
| \$350,000 to \$400,000 | - | 1 |
| \$300,000 to \$350,000 | 2 | 1 |
| \$250,000 to \$300,000 | - | 1 |
| | <u>3</u> | <u>3</u> |

15 Commitments

Capital commitments

Capital commitments approved but not provided for in the financial statements are as follows:

| | 2010/2011 | 2009/2010 |
|---|------------------|------------------|
| | \$ | \$ |
| Commitments in respect of contracts placed as at reporting date | <u>2,842,000</u> | <u>3,878,000</u> |

Lease commitments

Commitments in relation to non-cancellable operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:

| | 2010/2011 | 2009/2010 |
|---------------------------------|------------------|------------------|
| | \$ | \$ |
| Payable: | | |
| Within 1 year | 3,017,000 | 2,900,000 |
| After 1 year but within 5 years | <u>17,000</u> | <u>2,898,000</u> |
| | <u>3,034,000</u> | <u>5,798,000</u> |

16 Related parties

Based on SB-FRS 24 paragraph 3A, the Board need not comply with the requirements of paragraphs 17 to 22 of SB-FRS 24 – “Related Party Disclosures” with respect to the disclosures of transactions and balances with parent Ministry and other state-controlled entities.

17 Financial risk management

Overview

Risk management is integral to the whole business of the Board. The Board has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The management monitors the Board’s risk management process to ensure that an appropriate balance between risk and control is achieved.

The Board has exposure to the following risks from its use of financial instruments:

- Liquidity risk
- Credit risk
- Market risk

This note presents information about the Board’s exposure to each of the above risks, the Board’s objective, policies and processes for measuring and managing risk, and the Board’s management of capital. Further quantitative disclosures are included throughout these financial statements.

Liquidity risk

The Board has minimal exposure to liquidity risk as its operations are funded by government grants. The Board has ensured sufficient liquidity through the holding of highly liquid assets in the form of cash and cash equivalents at all times to meet its financial obligations.

Credit risk

The Board’s exposure to credit risk is minimal as its surplus cash is placed with financial institutions with good credit ratings.

The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

Market risk

Market risk is the risk that changes in market prices, such as interest rates and foreign exchange rates will affect the Board’s income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return on risk.

Interest rate risk

The Board is exposed to fair value interest rate risks mainly from investments in fixed deposits. The Board is not exposed to significant interest rate risk.

Foreign currency risk

The Board’s exposure to foreign currency risk is minimal as it transacts mainly in Singapore dollars.

Fair values

The notional amounts of financial assets and liabilities with a maturity of less than one year (including cash and cash equivalents, grants and other receivables, and other payables and accruals) are assumed to approximate their fair values because of the short period to maturity. All other financial assets and liabilities are discounted to determine their fair values.

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Tel.: 1800 438 2000

HEALTH INFORMATION CENTRE

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Saturday: 8.30am–1.00pm
Closed on Sundays and Public Holidays
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