



CULTIVATING A *Healthier* FUTURE



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Our Vision

A nation of healthy and fit Singaporeans.

Our Mission

- To empower Singaporeans to achieve optimal health throughout life.
- To ensure accessibility to health information and preventive health services.
- To collaborate with public, private and community organisations in health promotion.
- To create a conducive environment for leading a healthy lifestyle.
- To be a centre of excellence for health promotion.

Our Values

Care and concern

Our primary concern is the well being of Singaporeans.
We will do our best to help them improve their health.

Professionalism

We will do our work with the appropriate knowledge, skills and training.

Integrity

We will maintain high standards of ethical conduct.

Respect

We treat everyone with respect.

Commitment

We are committed to our work and to doing our best for Singaporeans.

Innovation

We constantly look for new ideas, approaches and methods to promote health.



The National Health Survey (NHS) 2004 was released in April 2005. There was an improvement in the proportion of Singaporeans who had diabetes, high blood pressure and high cholesterol levels, which are the major health concerns in Singapore and the risk factors for diseases such as stroke and heart disease.

In 2004, 8.2% of Singaporeans had diabetes compared to 9% in 1998. The prevalence of adult Singaporeans with high blood pressure in 2004 was 24.9%, compared to 27.3% of adult Singaporeans in 1998. There was also a decline in the prevalence of adults with high blood cholesterol, with 18.7% of adult Singaporeans suffering from high blood cholesterol in 2004, compared to 25.4% in 1998. These results are encouraging and generally show that we are moving in the right direction. There are also emerging challenges such as a global trend in a rising prevalence of obesity. HPB knows that it must help Singaporeans more to attain better health.

CHAIRMAN'S MESSAGE

In the year under review, HPB's key strategic direction was towards initiating more creative and innovative programmes in a more targetted manner and establishing strategic partnerships to extend the reach of the Board's health promotion messages.

To reach out to the busy and sedentary working population, we decided that we needed to emphasise the importance of regular exercise as well as provide them with an attractive, easily accessible and sustainable exercise programme. Hence, we brought weekly evening Fitness@Work exercise sessions to venues right at the heart of busy business districts for their convenience. These sessions have been extremely popular and were subsequently extended to two locations.

HPB also adopted a new approach towards smoking control. Instead of the traditional message about the ills of smoking, we offered positive reasons for not smoking, to encourage smokers to quit and stay smoke free. The "iwanttoquitsmoking" campaign emphasised the benefits of quitting - "more energy", "more money" and "better sex".

Recognising that youths understand youths better than adults, HPB adopted a different approach this year in its outreach to the youths. We initiated more peer-led programmes to communicate the messages of STIs/HIV/AIDs and not smoking. Among tertiary students, a new peer-led programme, STOMPAIDS was launched to encourage students to take the lead in planning and implementing HIV/AIDS education activities on-campus to reach out to their peers. Another programme, Youth Advolution for Health (YAH) Programme was introduced to engage youths to think of revolutionary ways of advocating health among their peers. The response to both programmes has been very encouraging.

We also worked in the background with the food industry to reformulate their food products. One of the key milestones in the past year has been the development of several new categories of healthier choice food products, such as the healthier blend of cooking oil with less saturated fat, for use particularly by hawkers, lower salt soya sauce and instant noodles and less sweetened drinks.

This past year, we also sought to engage strategic partners more actively. We actively engaged like-minded individuals as our ambassadors to champion our smoke-free message among young women and the youths.

This has been well-received as ambassadors such as Dr Lily Neo, Ms Claire Chiang, Ms Eunice Olsen, Ms Jamie Yeo, Ms Wendy Cheng, Mr Howard Lo and Taufik Batisah were publicly recognised individuals who were able to reach out to our target audiences.

We also gathered the support of one hundred and two CEOs who pledged their personal commitment to lead a healthy lifestyle and to promote health at their workplaces. This pledge was made at HPB's inaugural Fit to Lead CEO Pledging Ceremony led by Health Minister Mr Khaw Boon Wan. This support is vital as studies have indicated that strong management leadership and support is crucial for successful and sustained workplace health promotion programmes.

To help HPB reach out to workplaces with the HIV/AIDs message, we partnered with leaders of multinational corporations, large local companies, the National Trade Union Congress, Singapore National Employers Federation to form the AIDS Business Alliance. We hope, with the support of the Alliance, to encourage companies to implement HIV/AIDS education programmes and non-discriminatory policies for people living with HIV/AIDs.

As we look ahead, HPB's continual challenge is to encourage Singaporeans to see the importance of changing their behaviour to live healthily. We will continue to explore new and innovative programmes to help Singaporeans see that healthy living reaps both personal benefits as well as benefits for Singapore as it increases productivity and reduces medical costs. We are confident that as we continue to engage Singaporeans to see the benefits of healthy living, we will move ultimately closer towards our objective of building a nation of healthy Singaporeans.

Towards a better tomorrow in health!



Wong Yew Meng

Chairman
Health Promotion Board

BOARD OF
DIRECTORS





Chairman, HPB

1. **Mr Wong Yew Meng**
Partner
PriceWaterhouse Coopers

Board Members

2. **Mr Lim Soon Hock**
Managing Director
PLAN-B ICAG Pte Ltd
3. **Dr Chen Ai Ju**
Former Director of Medical Services
Ministry of Health
4. **Dr N Varaprasad**
Chief Executive
National Library Board
5. **BG(Dr) Wong Yue Sie**
Chief of Medical Corps
Singapore Armed Forces/MINDEF
6. **Mrs Susan Chan Yoke Kate**
Deputy Director/Schools West
Schools Division
Ministry of Education
7. **Mr Tan Boon Huat**
Chief Executive Director
People's Association
8. **Mr Razak Bin Mohamed Lazim**
Director, Mosque & Community Affairs
Majlis Ugama Islam Singapura (MUIS)
9. **Mr Oon Jin Teik**
Chief Executive Officer
Singapore Sports Council

10. **Mr Loh Khum Yean** (up to 31 May 2006)
Chief Executive
SPRING Singapore

11. **A/Prof Chew Suok Kai**
Deputy Director of Medical Services
Epidemiology & Disease Control Division
Ministry of Health

Board Committees

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Mr Tan Boon Huat
Mr Loh Khum Yean

Personnel Board

Mr Wong Yew Meng (Chairman)
Dr Chen Ai Ju
Mr Oon Jin Teik

Medical and Dental Board

A/Prof Chew Suok Kai (Chairman)
BG (Dr) Wong Yue Sie
Mrs Susan Chan Yoke Kate

Mass Media Campaign Committee

Mr Wong Yew Meng (Chairman)
Mr Lim Soon Hock
Dr Chen Ai Ju
Mrs Susan Chan Yoke Kate
Mr Razak Bin Mohammed Lazim

Investment Committee

Mr Lim Soon Hock (Chairman)
Mr Oon Jin Teik
Mr Loh Khum Yean

HPB LEADERSHIP



Chief Executive Officer

1. Mr Lam Pin Woon

Divisional Directors

2. Dr Theresa Yoong
Director, Adult Health Promotion Division

3. Dr K Vijaya
Director, Marketing & Communications
Division

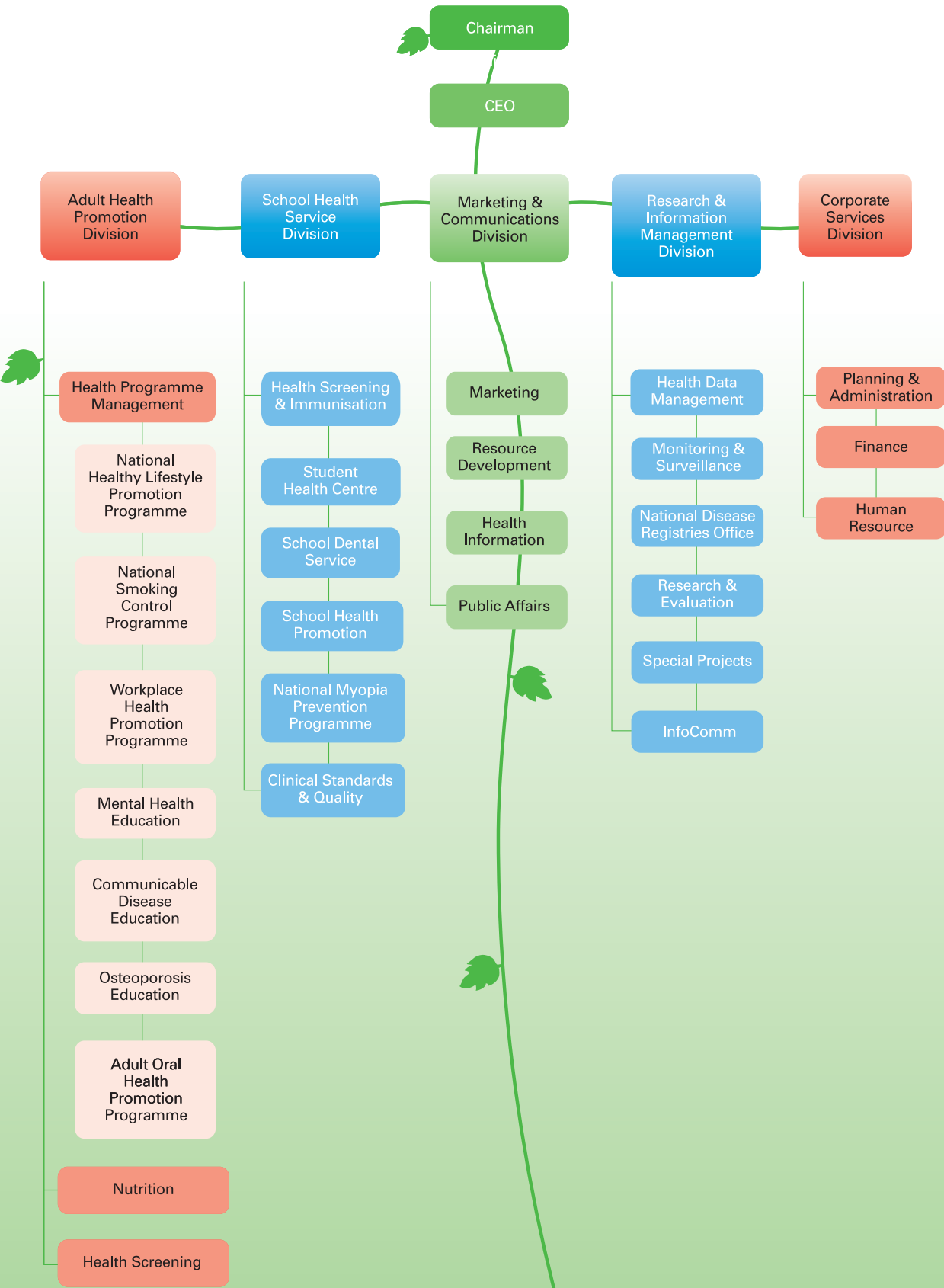
4. Dr Mabel Yap
Director, Research & Information
Management

5. Dr Rose Vaithinathan
Director, School Health Service Division

6. Ms Tan Seok Lee
Director, Corporate Services Division

Organisation STRUCTURE

(up to 30 April 2006)





LIVING HEALTHILY

Nutrition, good health habits and physical activity are ingredients for a healthy life

Cultivating healthy living through strategic initiatives, targeted programmes, and innovative educational outreach to encourage and support healthy habits throughout life.

PROMOTING HEALTHY LIFESTYLE IN SCHOOLS AND IN THE YOUTH COMMUNITY

Healthy lifestyle habits are inculcated from young and HPB continued to work in close collaboration with the Ministry of Education (MOE), other educational institutions and community organisations. HPB's student health education programmes and initiatives impacted half a million students in kindergartens, primary and secondary schools, Institutes of Technical Education (ITEs), Centralised Institutes (CIs), Junior Colleges (JCs) and tertiary institutions, as well as youths aged 10 to 18 in community settings.

Holistic Health Promotion

Students are encouraged to stay physically active and some creative efforts to encourage physical activity included a youth workout competition for students from primary and secondary schools, JCs and CIs. Students choreographed their own unique exercise routines as their **ACES (All Children Exercise Simultaneously)** Day workouts. This competition attracted participation from 39 schools.

The School Health Service (SHS) continues to render professional support for the MOE's Trim and Fit (TAF) Programme. Under this programme, SHS provided medical examinations for 5,559 overweight and underweight students. 8,919 attendances were recorded for nutrition counselling for overweight students. Through the TAF Programme, between 1992 and 2005, the proportion of students who passed the physical fitness test improved from 58% to 81%, while the overweight percentage declined from 14.0% to 9.3%.

Meetings with TAF Coordinators, Home Economics Coordinators and Health Educator Coordinators were jointly organised with MOE for 924 teachers from primary and secondary schools, JCs and CIs.

Working with MOE's Physical Education Unit, two school-based healthy lifestyle programmes were developed to equip moderately overweight students with knowledge, skills and strategies to adopt healthy lifestyles and manage their weight. In 2005, training sessions were conducted for 20 teachers from 14 primary schools for the **ACTIVE KIDz** programme. First launched in 2004, a total of 129 schools have since been trained to implement this programme.

In June 2005, **STARTeens** was developed to facilitate teachers to impart healthy lifestyle knowledge, skills and strategies to overweight students in secondary schools. STARTeens was piloted in five secondary schools between July and September 2005.

The **Championing Efforts Resulting in Improved School Health Award** or **CHERISH Award** was launched in 2000 to encourage and recognise the efforts made by schools to promote health among their students and staff. 145 primary schools, 125 secondary schools and six Junior Colleges participated in the CHERISH Award 2005.

A new initiative, the **Youth Advolution for Health (YAH)** programme was introduced in September 2005 and launched by then Parliamentary Secretary, Ministry of Community Development, Youth and Sports, and Ministry of Health, Dr Mohamad Maliki Bin Osman. Coined from the words 'Advocate' and 'Revolution', the word 'Advolution' aptly describes the spirit of this programme which seeks to engage the youths to think of revolutionary ways of advocating health among their peers.



The YAH Executive Committee comprising students from various JCs, Ngee Ann Polytechnic and Singapore Management University launched their first programme with a youth seminar which advocated a smoke-free

lifestyle, as well as the finals of the tertiary anti-smoking Marketing Strategy Challenge. Singapore Idol, Taufik Batisah, HPB's smoke-free ambassador was also present to share his quit story with the audience.

Other smoking control activities for students included a poem writing competition with the theme, "Be My Friend, Stay Smoke-free" for primary schools; the "Too Tuff To Puff" street soccer programme where some 23,835 students from 81 schools participated; and two skits, "Puff Puff Poof" and "Smoke's No Joke" were staged for primary and secondary schools respectively. A total of 95 skits were performed in schools reaching 88,012 primary and secondary students.

The **Peer Assisted Learning Smoking Prevention Programme** continued to encourage secondary schools students to stay smoke free with peer leaders' support. Another programme, "Break-Free" which focused on smoking cessation was also carried out.

Eight health fairs were brought to four primary and secondary schools each where approximately 15,000 students were updated on nutrition, exercise, myopia, mental health and staying smoke-free. Students also took part in competitions such as the healthy sandwich making competition, eye-care poster competition and “Water for a Healthy Life” rap competition. A skit, “Aladdin and the Magical Maxx”, which demonstrated the effects of osteoporosis and the importance of calcium intake was performed in the primary schools.

Two skits which had been developed to promote healthy eating and exercise among students continued their rounds in schools in 2005. The skit, “Jack and the Juggling Giant” was shown at 70 primary schools and reached 60,439 students. The secondary school skit, “What a Diner Saw”, was watched by 59,493 students in 52 secondary schools.

In addition to the various programmes organised for the student population, HPB also organised health promotion programmes for principals, teachers, instructors and professional staff members of MOE, ITEs and tertiary institutions.

In 2005, a series of five wellness programmes for teachers was jointly organised with Teachers’ Network of MOE to promote healthy lifestyle among teachers and improve their well-being. Cholesterol management, women’s health, osteoporosis, diabetes and mental wellness programmes were attended by more than 500 teachers from primary, secondary schools and JCs. HPB also collaborated with various community organisations to organise smoking control activities targeting at-risk, juvenile, and out-of-school youths.



ACES Day @ North Vista Secondary School



A segment of the NHLC 2005 participants

The activities ranged from anti-smoking talks, drama and multi-media workshops, youth carnivals, soccer clinics and peer-led activities such as the “Dakwakpreneur - Youth Leadership Seminar”. This programme for Malay/Muslim youth leaders and youth activists from tertiary institutions and the youth wings of mosques encouraged the youth to champion a smoke-free environment for their community.

Strong support for health promotion activities has frequently been rendered by collaborating organisations such as Singapore Police Force, Central Narcotics Bureau, YMCA, Toa Payoh Girls Home, Mendaki, the youth wings of mosques, National Library Board and Ministry of Community Development, Youth and Sports, to name a few.

PROMOTING HEALTHY LIFESTYLE AMONG THE ADULTS

The various programmes and initiatives of HPB’s health promoting efforts aim to empower Singaporeans to achieve optimal health.

National Healthy Lifestyle Programme

Prime Minister Mr Lee Hsien Loong launched the annual **National Healthy Lifestyle Campaign (NHLC)** with a mass workout and walk-a-jog for 20,000 participants on 9 September 2005 at the Padang. The campaign, with its theme of “Healthy Worklife, Healthy Living”, targeted the working population. Following the launch, a three-day “Health and Fitness Expo” was held from 9-11 September at Suntec City Mall. Organised jointly with various partners and sponsors, the NHLC Health and Fitness Expo featured informative as well as educational exhibits, talks and presentations on various aspects of health, as well as a showcase of fitness related products and services.

In line with workplace-focused fitness, HPB and California Fitness launched **Fitness@Work (F@W)** to bring workout sessions to busy working adults. Comprising hour-long exercise workouts specially choreographed for all levels of fitness, Fitness@Work was first introduced at Orchard Green from May to August 2005, and launched by Ms Indranee Rajah, MP for Tanjong Pagar GRC. Boosted by good feedback from the working population, F@W was then launched in the central business district in Raffles Place in October 2005 by Minister for Health, Mr Khaw Boon Wan. The convenient location of the Singapore River Promenade (beside UOB Plaza) in Raffles Place has proven to be extremely popular with the hundreds of office workers working in the vicinity and the sessions conducted on Wednesday evenings continue to attract about 300 working adults every week till this day.



Fitness@Work attracts a weekly crowd of more than 300 enthusiasts

Existing partnerships with grassroots organisations and community groups were further strengthened to advocate a healthy lifestyle for all in the community. The first anniversary of **Central Singapore on the Move** was commemorated in June 2005 with a mass exercise event. More than 1,500 healthy lifestyle club members engaged in the mass workout, walk-a-jog and various sporting activities.

In close partnership with Central Singapore CDC, monthly activities were held to improve the health knowledge and skills of its residents, and especially the members of its healthy lifestyle clubs. Collaborations with North West CDC were also further strengthened with the new establishment of cycling clubs, in addition to new brisk walking clubs.

HPB developed and launched **Aarokkia Aattam** in 2005, a new and interesting workout routine to encourage sedentary Indian females to engage in regular physical activity. Incorporating Indian music and dance moves, it was launched in November 2005 by Dr Balaji Sadasivan, then Senior Minister of State for Communications, Information and the Arts, and Health. Aarokkia Aattam has been showcased at various community-based events and also used as a warm-up routine prior to various brisk walking events. The Aarokkia Aattam VCD has sold more than 3,350 copies to date.

The **Kebayarobics** VCD is similarly available for sale. This popular workout routine is well received by the public and Kebayarobics workout classes continue to be offered at many community centres and mosques throughout Singapore. Healthy eating and weight management workshops to promote healthy cooking, healthy diet and healthy weight are also being held regularly in more than 20 community clubs all over the island under People's Association's "Citarasa Kini" programme. Other large scale events held in 2005 to encourage the Malay community to adopt healthy lifestyle practices included the annual **Exercise at the Park** at East Coast Park and HPB's participation in the International Halal Food Expo 2005.



The annual Exercise at the Park is a favourite family-oriented activity



Raring to go at Fitness@Work

The **Healthy Lifestyle Ambassador Award (HLAA)** was presented to 65 individuals in 2005, while another five persons received the Most Outstanding Healthy Lifestyle Ambassador Award. The latter is a new category of HLAA, introduced to give special recognition to the Ambassadors who make sustainable and outstanding contributions in health promotion.

Workplace Health Promotion Programme

The Workplace Health Promotion (WHP) Programme focused its efforts on increasing the uptake of health promotion programmes by workplaces or companies. Recognising that strong management support is imperative for successful and effective workplace health promotion, a CEO Pledging Ceremony, **Fit to Lead**, was held on 8 July 2005. The event highlighted the importance of adopting a healthy lifestyle among business leaders and being good role models for their employees. 102 CEOs pledged their personal commitment to lead a healthy lifestyle and to promote health at their workplaces. A follow-up briefing was also held to assist companies without workplace health programmes to start one.

A total of 181 WHP Grants were awarded in FY2005. Grant workshops were conducted to assist companies and new funding guidelines were initiated to facilitate applications.



We pledge to be Fit to Lead



Singapore HEALTH Award accolade for a deserving health-promoting company

319 companies were commended for the **Singapore HEALTH Award 2005** for their health promoting efforts. This represented a more than 10% increase from the 280 winners in year 2004. Of the 319 awards, 115 companies were awarded Gold and Platinum Awards (21 Platinum and 94 Gold). This was an 89% increase compared to 61 companies in 2004 (10 Platinum and 51 Gold). Three new sub-category awards (Fitness Award, Nutrition Award and Smoke-Free Award) for organisations were introduced for the first time to emphasise the importance of these major health risk factors with a total of seven award recipients. Additionally, 13 awards were presented to individuals who had made significant contributions to health promotion at their workplaces.

Totally, 2,078 facilitators were trained in FY 2005. This is inclusive of the 306 people who attended the training specially tailored for managers and activists, a 64% increase from the 187 facilitators trained in 2004. The WHP training programmes equipped them with the knowledge to sustain and improve the quality of WHP programmes.

Nutrition Programme

HPB's nutrition programmes promote and encourage healthy eating. 90 restaurants and 25 caterers which serve a variety of cuisines, now offer healthier dishes on their menus since coming on board HPB's **Healthy Restaurants** and **Healthy Caterers** programmes.

The number of packaged food products carrying the **Healthier Choice Symbol (HCS)** has increased by 35% to 900 in 2005, with the variety of HCS products increasing from 58 to 70.



The various nutrition programmes have yielded encouraging results. Restaurants report that an average of four in 10 table orders include at least one healthier choice dish; a 2005 survey found that nine in 10 supermarket shoppers were aware of HCS with more than half using the symbol as a guide to their food choices. 71% (up from 65% in 2002) were aware of the recommended amount of fruit and vegetables needed to maintain health and reduce the risk of chronic diseases. More than double the number of people are now able to correctly identify a serving of fruit and a serving of vegetables.



Have you had your 2+2 (servings of fruit and vegetables) today?

National Smoking Control Programme

The National Smoking Control Programme (NSCP) adopted a new approach in 2005. Through the **iwanttoquitsmoking** campaign launched in June, it moved away from focusing on the harmful effects of smoking and instead offered positive reinforcement to help smokers quit.

Through a progressive and provocative strategy, this campaign motivated young adult smokers to quit by emphasising the benefits to be gained which are relevant to their lifestyles - “more energy”, “more money” and “better sex”. An interactive website, with an easy to remember URL, iwanttoquitsmoking.com.sg, was developed and publicised. The campaign culminated in the **iwanttohike2005** three-day charity hike in Hong Kong which attracted supporters of a smoke-free lifestyle, former smokers and those in the process of giving up. Monies raised were donated to the Singapore Cancer Society.

A Windmill Parade was held on 31 July 2005 to introduce the **Fresh Air for Women (FAFW)** programme. First launched in 2004 to curb the increasing smoking prevalence among young females, FAFW 2005 included a network of support services and ambassadors. The support services were integrated into the lifestyles of young women through the “Shop and Step In” programme, the “Girlfriend Shareline” programme and the “GirlTalk Chat” session. FAFW reached out to its target audience through its six ambassadors, namely Dr Lily Neo, Ms Claire Chiang, Ms Jamie Yeo, Ms Eunice Olsen, Ms Wendy Cheng and Mr Howard Lo. The key messages continued to focus on the damaging effects of smoking on beauty, reproductive health and fertility via a multi-media and multi-pronged approach.



Fresh Air for Women, fresh air for all

Taufik Batisah, the first Singapore Idol, was introduced as HPB's Smoke-Free Ambassador on 17 August 2005 to persuade more young Malay females to quit smoking. Taufik shared his personal experiences in quitting smoking through the **Taufik Smoke-Free Journey** Campaign. Young adults, especially Malay females, were encouraged to sign a personal pledge to give up smoking and visit Guardian Quit Centres for quit smoking support. The campaign's communication channels included print media, SMS and an interactive website, www.taufiksmokefree.com.

In conjunction with Awal Muharam, the Muslim New Year, **Muharam Challenge** was launched on 12 February 2005 at a mosque to promote smoking cessation among the Malay community. A total of 261 participants signed up to abstain from smoking for a month. For the duration of the challenge, they underwent support workshops, games and bio-chemical checks to verify their smoke-free status. 31 participants stayed smoke free till the culmination of the challenge on 13 March, and were rewarded prizes in recognition of their efforts.

You Can Quit Smoking, a brief intervention programme by GPs, was launched on 28 May 2005 by HPB and the Singapore General Hospital. This programme integrates brief quit smoking advice into the routine consultation between family physicians and their smoker patients.



Stay smoke-free with Taufik Batisah, Singapore's very first Idol

The **Certification for Quit Smoking Consultants** was launched in February 2005 to set a benchmark in clinical practice standards for quit smoking service providers, and to increase the quality and efficacy of quit smoking services in Singapore. Quit Smoking Consultants who fulfilled prescribed criteria underwent training, practical examinations and case presentations to receive HPB's endorsement of their quality standards.

In 2005, activities for both private and public workplaces as well as key uniformed groups were accelerated. The workplace seminars - aimed at tobacco control - highlighted two key areas: raising awareness of the importance of tobacco control at workplaces and the imparting of skills training for relevant workplace personnel. The latter aimed at increasing the promotion and accessibility of quit smoking services for smoking employees.

In collaboration with the Ministry of Environment and Water Resources and the National Environment Agency, the prohibition on smoking was extended to all bus stops, bus terminals, public toilets, public pools and sports stadiums on 1 October 2005.



Taufik's smoke-free journey with the youth of Singapore



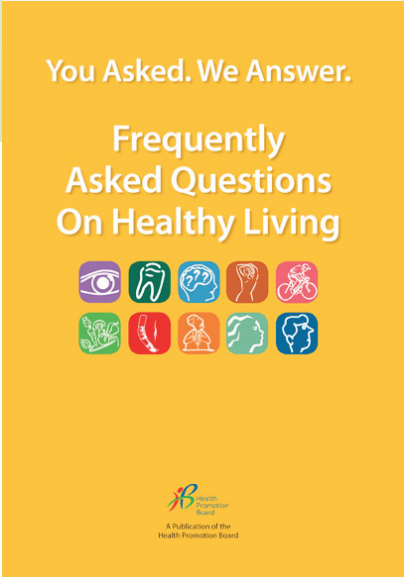
In 2005, this toll-free telephone information service for health matters, manned by nursing personnel, received 68,010 calls. Additionally, a total of 150,623 calls were received for the pre-recorded 24-hour health information telephone service. A Customer Satisfaction Survey conducted from 10 June - 15 July 2005 showed that 97.6% of the callers were satisfied with this service.

The HealthLine call centre also organised four Doctor-on-Call sessions, where a specialist was invited to be stationed on-site at the call centre to answer calls from the public. In 2005, topics such as colorectal cancer, mental health and AIDS were covered during the Doctor-on-Call sessions and these received a total of 90 calls.

In 2005, HealthLine produced and published its first book “You Asked. We Answer. Frequently Asked Questions on Healthy Living”. The book contains questions and answers frequently asked at HealthLine on topics like eye care, dental care, skin care, lifestyle diseases, mental care, women’s issues, men’s issues and more. A total of 5,500 books were printed and distributed for sale through bookstores such as MPH, Times, Borders, Shell petrol kiosks and selected news-stands as well as at HPB’s Health Information Centre (HIC).



The HealthLine call centre also functions as QuitLine for the National Smoking Control Programme. As part of QuitLine’s continued support to help smokers quit smoking, the Quit Buddy programme was introduced, whereby ex-smokers are invited to be stationed at QuitLine to motivate smoker-callers to quit smoking. The service also supported community outreach programmes and quit programmes for students. Smoking cessation techniques plus tips on how to remain smoke-free were shared with callers. As a follow-up, QuitLine also sent callers SMS messages with motivational tips. QuitLine received 2,785 calls and sent out 135 SMS messages in 2005.



The “You Asked. We Answer” book on healthy living is available for sale at HPB’s Health Information Centre



STEERING THE COURSE OF WELLNESS

Immunisation, health screenings and
sound health knowledge help prevent illnesses

STEERING THE COURSE OF WELLNESS

Preventing illness, premature death and other debilitating conditions through immunisation programmes, medical screenings and extensive health education, driven by the highest operational standards and quality control.

NATIONAL CHILDHOOD IMMUNISATION PROGRAMME

The National Childhood Immunisation Programme (Table 1) offers vaccinations against several infectious diseases.

Table 1: National Childhood Immunisation Schedule

Disease	Type Of Vaccine	Primary Course	Booster
Tuberculosis	BCG	At birth	1 year
Hepatitis B	Hepatitis B	At birth, 1st dose 1 month, 2nd dose 6 months, 3rd dose	For children born to Hepatitis B carrier mothers
Diphtheria, Pertusis & Tetanus	DPT/DT	3 months, 1st dose 4 months, 2nd dose 5 months, 3rd dose	18 months, 1st booster 7 years, 2nd booster (DT) 12 years, 3rd booster (DT)
Poliomyelitis	Oral Sabin	3 months, 1st dose 4 months, 2nd dose 5 months, 3rd dose	18 months, 1st booster 7 years, 2nd booster 12 years, 3rd booster
Measles, Mumps & Rubella	MMR	1 year	12 years

Polyclinics and general practitioners provide immunisation for infants and preschool children and immunisation coverage has remained high over the past few years (Table 2). The notification of immunisation to the National Immunisation Registry (NIR) is required by law and reminder letters are sent to parents when their children miss any of the childhood immunisations.

Table 2: Immunisation¹ Coverage for Children at 2 Years of Age

Immunisation type	2003(%)	2004(%)	2005(%)
BCG	99	99	97
Diphtheria	96	95	95
Poliomyelitis	96	94	95
Hepatitis B	95	93	94
Measles	93	95	93

Source : Health Promotion Board, Report Date : 20/12/2005
¹ Data refers to immunisation given to all Singaporean and Singapore-PR children.

HPB's School Health Service (SHS) administers booster immunisations against several infectious diseases. The second and third booster doses for diphtheria, tetanus and poliomyelitis are administered to Primary 1 and 6 students respectively. Primary 6 students also receive a booster for measles, mumps and rubella (MMR). In 2005, the immunisation coverage for both diphtheria & tetanus (DT) and polio (sabin) was 94% for Primary 1 pupils and 96% for Primary 6. Coverage for MMR was 95%.

Effective February 2005, SHS commenced administering adult diphtheria tetanus vaccine (Td) to Primary 6 children, followed by Primary 1 children in June 2005. The vaccine change was recommended by the Expert Committee on Immunisation (ECI) in view of the difficulty in sourcing the paediatric diphtheria tetanus vaccine (DT).

HEALTH SCREENING

Health screening plays an important role in detecting medical conditions and traces of disease in its early stages, increasing chances of successful treatment.

Health Screening of Students

SHS carries out annual health screening at all schools. In 2005, 649,716 specific health screening procedures were carried out including vision, audiometry, scoliosis and blood pressure screening. 43,782 or 99% of the Primary 1 cohort and 51,860 or 99% of the Primary 6 cohort were screened.

Student Health Centre

The Student Health Centre (SHC) is 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 60,907 students attended the SHC in 2005.

Table 3: Attendance at SHC Clinics (2005)

General Clinics	38,425
Immunisation Clinic	25,176
Refraction Clinic	21,650
Nutrition Clinic	8,919
Specialist Clinic	6,473
Audiometry Clinic	4,070
Psychological Services	323

Health Screening of Adults

HPB continued with its health screening programmes for targeted segments of the population in 2005. Media publicity, ongoing personal mailers to women, recruitment and educational activities at various community events and health fairs helped heighten the importance of regular screening and to drive attendance.



Check Your Health

Since its launch in 2000, the subsidised Check Your Health (CYH) screening programme for the community has screened 140,000 Singaporeans aged 50 years and above for hypertension, diabetes and high blood cholesterol.

Partnering voluntary welfare and grassroots organisations, CYH's third cycle of screening in 2005 benefited 14,000 residents from 32 electoral divisions. One in four participants, who had no history of hypertension, was found to have high blood pressure. 18% were detected with high blood glucose levels and 41% had high levels of blood cholesterol among those with no histories of diabetes or high blood cholesterol. 73% of participants who were advised to see a doctor, did so within three months of the screening.

There were continuous efforts to educate the public and to raise the awareness of the importance of regular screening together with information on the appropriate screening age and frequency for hypertension, diabetes and high blood cholesterol at various community events.

BreastScreen Singapore



Implemented in 2002, BreastScreen Singapore (BSS) encourages women 50-69 years of age to have a screening mammogram once every two years for early detection of breast cancer. A total of 175,000 screens were carried out under the subsidised programme at the polyclinics from 2002 - 2005. In 2005, of the 55,961 screened, a total of 260 cancer cases were detected. 37% of the cancers detected were ductal carcinomas-in-situ (DCIS).

In 2005, five screening centres (out of 14) and five reading and assessment centres were audited as part of the biennial audit. All met the quality standards set by the BSS Programme.

HPB's toll-free telephone information service, HealthLine, is also the Call Centre for BreastScreen Singapore. It received 42,207 BSS-related calls and made 24,838 mammography appointments in 2005.

As part of continuing education, the first structured mammography course for radiographers was held in March 2005. The Third BSS Multidisciplinary Seminar, held in November 2005 was attended by more than 200 clinical professionals.

STEERING THE COURSE OF WELLNESS

CervicalScreen Singapore



The national cervical cancer screening programme, CervicalScreen Singapore (CSS) encourages women aged 25 to 69 years to go for regular Pap Smear screening once every three years for the early detection of cervical cancer. Since its implementation in August 2004, about 33,400 women have been screened and 435 women referred for further assessment. In 2005, CSS reached 24,100 women. Of these, 330 were referred for further assessment.

Eight of the 12 laboratories that offer cervical cytology services were audited by the CSS Programme and have met the minimum standards set. With the help of various professional groups such as the Society for Colposcopy and Cervical Pathology of Singapore (SCCPS), the Obstetrical and Gynaecological Society of Singapore (OGSS), and the Singapore Association for Medical Laboratory Sciences, HPB has continued to oversee the Programme's quality assurance processes.

By November 2005, two new courses - the Specialist Diploma in Cytology and the Family Skills Training Course in Women's Health - were introduced to further develop professional expertise. The Comprehensive Cytotechnology Examination, CT(IAC) for cytotechnicians, will be hosted in Singapore in 2006.

Media publicity, personal mailers to women, and recruitment and educational activities at various community events and health fairs reached out to women to raise their awareness on the importance of Pap Smear screening once every three years.

HEALTHZONE



HealthZone, the fun and interactive healthy lifestyle exhibition centre located at HPB adopted a new logo in April 2005. A lively and modern design portraying two figures as a family unit embracing a healthy lifestyle, its stylised look reflects an air of vibrancy. HealthZone received 64,951 visitors and conducted 1,197 health education sessions in 2005. The new HealthZone Membership Scheme initiated for primary, secondary and private schools saw sign-ups from eight schools.

A three-month Heart Health exhibition "Your Heart Your Life" was held from April - July 2005 in collaboration with the National Heart Centre. It focused on innovative interactive exhibits to emphasise the importance of having a healthy heart. A total of 35,000 visitors viewed the exhibition and 65 Heart Health workshops were conducted for both students and adults. As an extension of the exhibition, a public forum in English and Mandarin entitled "The Heart Truth for Women" was attended by 190 participants (English forum) and 157 participants (Mandarin forum).

Health Camps, one of the regular programmes offered by HealthZone, continued to be very popular among primary schools and student care centres. A total of 100 camps were organised for 5,332 children. Six Family Day events were held for organisations for 485 employees, and 11 birthday parties were conducted for young children.

HealthZone also conducted seven workshops for 900 scouts for the Healthy Lifestyle Proficiency Badge Programme for Scouts. The programme was extended to Girl Guides and Brownies in May 2005 with a total of seven workshops conducted for 454 Brownies and Girl Guides.

ORAL HEALTHCARE

HPB's comprehensive oral healthcare services and programmes seek to prevent the onset and progression of oral diseases, promote oral health and manage oral conditions.

Oral Healthcare for Students through the School Dental Service

Both preventive and curative oral healthcare services are rendered for the school-going population. The School Dental Service (SDS) comprises an extensive network of 197 static Field Dental Clinics (FDCs) in primary and secondary schools, a School Dental Centre (SDC) at HPB, and 30 Mobile Dental Clinics (MDCs). They collectively provided oral healthcare to 283,433 (98%) primary and 188,539 (90%) secondary school students in 2005. Of these participants, 97% of the primary school students and 90% of the secondary school students were rendered free from tooth decay and gum disease.

In addition, 8,164 preschoolers, 1,204 pupils from Madrasahs and 1,729 students from 15 Special Schools also received dental treatment from SDS. A Decayed, Missing and Filled Teeth (DMFT) index of 0.77 and 1.19 was achieved among the 12-year-olds and 15-year-olds respectively in 2005.

SDC is primarily a referral centre for more complex clinical cases which cannot be managed in the FDCs and MDCs. It also serves as a treatment centre for preschoolers and students from the ITEs, JCs and polytechnics.

A computerised patient management system, IDEAS (Integrated Dental Electronic Assessment for Students), was implemented in SDC on 20 March 2006. It improves the documentation of dental care to school students, streamlines the operations in the SDS and provides statistical reports for monitoring and tracking of performances and outcomes. The IDEAS system will also be rolled out to all FDCs.

SDS was also involved in other activities such as the Open Minds Programme for the Canadian School (co-organised with HealthZone, where dental health education was taken out of the classroom), the hosting of two Dental Therapists from Hong Kong on an attachment programme, and the provision of clinical practice training for a total of 52 dental therapy students from Nanyang Polytechnic.

Oral Health Promotion for the Young

HPB rolled out several initiatives to reinforce the oral healthcare message and to inculcate good oral healthcare habits in the young. The Kindergarten Programme, reached 86.35% K1 preschoolers in 462 kindergartens, and the parents of these young children were also given complementary dental health education resource materials.

The mass tooth brushing drill for Primary 1 and 2 students was organised in 96% of primary schools and served to instil correct tooth brushing techniques among the young. Dental health exhibitions were organised in 54 primary schools for 84,456 students to raise their awareness of common dental conditions and their prevention. To educate on periodontal (gum) disease, a talk reached out to 49,271 Primary 5 students.

22,290 secondary students in 40 schools watched a skit on periodontal disease. Additionally, a dental health exhibition was also organised in these schools.

Seven talks on the importance of oral health and the ways to achieve healthy teeth and gums were held to educate parents, teachers and students of Special Education (SPED) Schools.

In addition to school-based programmes, several community events were held to raise parental and public awareness of the importance of oral health in the young, for example, talks for parents at the Inter-Generational Bonding Festival, interactive games with oral healthcare themes, and visits to a Mobile Dental Clinic at the International Halal Food Expo 2005.



Oral healthcare promotion sharing session

STEERING THE COURSE OF WELLNESS

Adult Oral Health Promotion

The Oral Health Campaign 2005 was launched on 7 May at Ngee Ann City Civic Plaza by Dr Balaji Sadasivan, then Senior Minister of State for Information, Communications and the Arts, and Health. Themed "Healthy Gums, Healthy Teeth", it aimed to raise public awareness about periodontal disease and its prevention. In conjunction with the launch, a two-day public education roadshow was organised with interactive activities such as skits, games, quizzes and live radio interviews. A three-week long TV and print media campaign also communicated the prevention and consequences of periodontal disease.

Oral health promotion collaborations with various organisations in 2005 resulted in HPB either participating in, or organising events and activities like the "Winning Smiles Contest" with Today newspaper; the EzyHealth Health and Beauty Expo; the National Healthy Lifestyle Campaign 2005 Health and Fitness Expo; Singapore Dental Association-Colgate's community oral health screening project and MediaCorp Publishing's Health and Wellness Exhibition. HPB also worked with oral healthcare product companies to weave key campaign messages into their press advertisements and other collaterals.

COMMUNICABLE DISEASES EDUCATION

Public education of this Programme seeks to raise awareness and knowledge of Sexually Transmitted Infections (STIs) and AIDS/HIV and the methods to prevent contracting the dreaded disease.

Targeting Youth

In 2005, 168 talks on STIs and AIDS were conducted at 134 secondary schools and post-secondary institutions, reaching 68,094 students. A new health education video for university students was developed and screened at the University Health Service Clinic, National University of Singapore.

STOMPAIDS, a new peer-led initiative was started by HPB in 2005 for tertiary students. The initiative encourages students to plan and implement HIV/AIDS education activities on-campus to reach out to their peers, and an initial 15 volunteers from three universities signed up for the programme.

Cool Dedications, a song-dedication event held at three different university campuses, also incorporated HIV/AIDS prevention messages. Popular MTV Video Jockey, Denise Keller, made a special appearance at the Cool Dedications event at NUS and helped forward the cause of HIV/AIDS prevention. Cool Dedications reached out to a total of 2,150 students from National University of Singapore (NUS), Nanyang Technological University (NTU) and Singapore Management University (SMU).

HIV/AIDS prevention messages were also woven into the celebratory activities of the NUS Centennial Jam N Hop (12 August 2005) and the NTU Union Day (19 August 2005) where the messages were beamed to 2,000 students through laser light displays and magic shows. An innovative maze-walkthrough exhibition also reached out to 1,200 students at NTU (26-30 September 2005).



STOMPAIDS outreach at NTU

In August 2005, HPB supported the **HIV/AIDS Youth Convention** co-organised by Ngee Ann Polytechnic and World Vision Singapore. Through talks by dynamic speakers, interactive demonstrations and games, workshops and a skit competition, 250 participants from various other polytechnics learnt more about HIV/AIDS and its debilitating effects.

The 30-hour **Famine Camp** in June 2006 organised by World Vision Singapore and participated by more than 750 students from secondary schools and junior colleges was another vehicle which HPB supported in its HIV/AIDS community education outreach efforts. Through talks, games and workshops, students learnt about HIV/AIDS, its relation to poverty and HIV/AIDS prevention methods.

Targeting Adults

In 2005, HPB subsidised talks on HIV/AIDS to companies and workplaces. The talks were marketed to companies through online publicity, emails sent to Singapore HEALTH Award companies and at business events. Altogether 153 talks were delivered to 7,672 working people in 80 companies in Singapore.



The HIV/AIDS mobile showbus



HIV/AIDS showtime

Then Senior Minister of State for Communications, Information and the Arts, and Health, Dr Balaji Sadasivan, launched the **AIDS Business Alliance (ABA)** on 7 November 2005. ABA's objective is to encourage companies to implement HIV/AIDS education programmes and non-discriminatory policies for people living with HIV/AIDS. ABA members include multinational corporations, large local companies, the National Trade Union Congress, Singapore National Employers Federation and HPB. The Alliance hopes to address HIV/AIDS prevention through education; build skilled resource capacity; and propose a set of HIV/AIDS management guidelines for workplaces.

HPB supported UNIFEM (United Nations Development Fund for Women) in a fundraising effort to increase AIDS awareness among women. A film titled "AIDS: The Woman's Story" was screened at the Substation on 25 November 2005, attended by 80 people.

On 26 November a community outreach event was held for women. HPB and UNIFEM, together with Singapore Council of Woman Organisations, Singapore Nurses Association, KK Women and Children's Hospital, Action for AIDS and People's Association, jointly organised "Project Protect", a one-day woman's health screening and information clinic held at KK Women's and Children's Hospital. 100 housewives went through the holistic health clinic, where information on nutrition, osteoporosis, diabetes, breast and cervical cancer and HIV/AIDS were provided. Each of the women was offered a diabetes test and the anonymous HIV antibody test. The event was publicised through live reads over the Gold 90.5 and FM 97.2 radio stations.



Bringing HIV/AIDS awareness to workplaces

STEERING THE COURSE OF WELLNESS

HPB participated in the first ever sexual health exhibition in Southeast Asia - **SEXPO™** from 18-20 November 2005. An estimated 3,000 people visited the HPB booth and attended a series of talks on HIV and STIs (sexually transmitted infections) throughout the three-day event. Quizzes on HIV and STIs, with instant draws as incentives, were conducted. Creative resource materials were produced to allow self-assessment of risky sexual behaviours and to promote abstinence and mutual monogamous relationships. **SEXPO™** was widely covered and publicised in local and overseas print and TV media.

Under the Memorandum of Understanding with AfA and DSC Clinic (Action for AIDS and Department of Sexually Transmitted Infections Control Clinic respectively), targeted intervention programmes were implemented for high-risk heterosexual men, youths and freelance sex workers, or streetwalkers.

The distribution of information materials at the local ferry terminals resulted in an uptake rate of nine in 10, among men travelling overseas for sexual services. The project also included intervention at KTV lounges and pubs in red-light districts. Another channel for intervention was the internet, where online counselling, articles on HIV/AIDS, and banners on safe sex and HIV/AIDS served as a reminder to men visiting these sex portals.

AfA also completed a survey on the demographics and safe sex practices of Singapore men who travel to the Riau islands.

MENTAL HEALTH PROGRAMME

Mental Health Education for Youth

Mental health education outreach to students saw the roll-out of the stress management assembly programmes to more than 7,000 JC and CI students in eight schools and institutions. The students learnt more about themselves and how to better cope with stress in daily life. Fun elements of role play, a mass personality test, motivation, preferred stress management styles, and differing reactions from others were the main topics covered in these assembly programmes.



World Mental Health Day 2005 commemorative performance

Mind Your Mind Programme

The Mind Your Mind (MYM) Programme was introduced in 2001 to impart stress management techniques and coping skills, to educate on the signs and symptoms of depression and to promote efforts to reduce the stigma associated with the condition.

In 2005, a Workgroup undertook the formulation and endorsement of the MYM Blueprint (2006-2010). Membership of the Workgroup comprised representatives from relevant departments across the divisions in HPB, and collaborative partner agencies. The Blueprint was initiated to enhance the existing MYM Programme in accordance with the World Health Organisation's positive definition of mental health. The Blueprint emphasises the positive aspects of mental health with the objective of promoting and maintaining good mental health status among the general population.

A year-long media education programme was carried out to educate the public to recognise the signs and symptoms for early detection and treatment of depression.

NATIONAL MYOPIA PREVENTION PROGRAMME

Public education of the National Myopia Prevention Programme (NMPP) seeks to raise awareness of myopia and inculcate good eye care habits.

Myopia Education Programme for Preschoolers

Educational sessions for preschoolers were carried out by the field teams of Ophthalmic Assistants (OAs). Flashcards imparting good eye care messages were used and stickers given to students to remind them to take vision breaks after prolonged periods of near work. From 17 October to 30 November 2005, OA field teams re-visited 426 childcare centres to conduct myopia education for about 13,588 preschoolers using story-telling resource materials with hand puppets.

Myopia Education Programme for Students

Eye Care Week (25-29 July 2005) was launched by Dr Mohamad Maliki Bin Osman, then Parliamentary Secretary, Ministry of Community Development, Youth and Sports, and Ministry of Health at Evergreen Primary School on 25 July 2005. During Eye Care Week, creative educational materials such as myopia game ideas, booklets, bookmark cum rulers and vision break activity wheels were distributed to all primary schools. Several activities were promoted during Eye Care Week, for e.g. the Eye Care Week Award where schools were commended for their innovative and interesting efforts in promoting good eye care habits such as the setting up of myopia challenge stations to engage students in fun and interactive games with underlying messages of good eye care habits. Another interesting activity was the classroom decoration competition for both lower and upper primary students themed on good eye care.



About 108 schools continued with the Eye Venturer Activity Card, where participating students completed tasks to accumulate 15 credits in exchange for the "Eye Venturer" badge. 4,124 Eye Care Monitors from 114 schools were also appointed under the Eye Care Monitor Scheme. Eye Care Monitors encourage their schoolmates to observe good eye care habits.

The assembly pantomime skit, "Goldilocks and the Three Little Mice" was developed to educate lower primary students on myopia in an entertaining manner. It was conducted in 58 schools with a viewership by 57,445 primary school students.

In total, 142 primary schools enthusiastically supported Eye Care Week 2005 by their participation.



Vision screening for the young

STEERING THE COURSE OF WELLNESS

Myopia Education Programme for Parents

Two seminars were organised for parents at workplaces (namely, Temasek Polytechnic and Marsiling Secondary School) with an attendance of about 250. Additionally, 21,000 parents were reached in 2005, through seven roadshows such as Family Festival (organised by MCYS), Health & You Exhibition and Children's Day Festival (organised by SPH), National Library Board's Asian Children's Festival and Chinese Development Assistance Council's (CDAC) Back to School Roadshow.



At the Student Health Centre

Childhood Myopia and Childhood Injury Prevention Training Programme for Primary and Preschool Teachers

In 2005, five training sessions on childhood myopia and childhood injury prevention for preschool teachers and two sessions for primary school teachers were organised, reaching 474 teachers altogether. These sessions updated teachers on the latest developments in myopia education and the importance of child safety in their environment. New resources from HPB were made available to them.

Vision Screening and Follow-Up for Preschoolers

In 2005, field teams of Ophthalmic Assistants (OAs) provided vision screening for 42,077 K1 and 41,318 K2 students. This represents coverage of 93.7% of the K1 and 98.7% of the K2 student population in Singapore. A total of 7,209 K1 students and 4,976 K2 students were referred to three polyclinic Refraction Clinics (RCs). The overall attendance rate at these three polyclinic RCs was 65.2%. To improve accessibility, Primary 1 students who needed further assessment after vision screening in school were referred to the polyclinic RCs as well as the RC at SHC. About 8,827 students and their parents received myopia education and counselling at the RCs.

External Collaborations

The **Spectacles Fund** initiated in September 2002 continued to provide financial assistance to needy students to purchase spectacles. In 2005, about 368 optical outlets participated in the Spectacles Fund. 2,750 vouchers were issued to needy students with about 1,700 students benefiting from the initiative.

NMPP negotiated a two-year sponsorship collaboration with **Essilor Singapore**, a leading dealer in mid-high end ophthalmic lenses. The collaboration commenced in mid 2006 and enables eligible needy students under the Spectacles Fund to receive a S\$ 30 voucher from HPB to buy spectacle frames, with Essilor Singapore sponsoring the lenses. It is estimated that 2,000 needy students will benefit from this collaboration.

NMPP also collaborated with the **Singapore Eye Research Institute** on the **NeuroVision study** to evaluate the efficacy of NeuroVision treatment in retarding myopia progression in school children. Evergreen Primary School was selected for the pilot study and implementation was effected in mid 2006.

NMPP participated in the First Singapore Optometric Association Continuing Education programme held on 31 March 2005. HPB presented the paper on "National Myopia Prevention Programme and the Role of the Optometrist" at the seminar.

The following papers were also presented: "Is Your Child Myopic?" at the Asia Seminar on 2 April 2005 and "Childhood Myopia" at the Preschool Seminar in September 2005.

800 teaching staff were updated about childhood myopia during a talk co-organised by **Tan Tock Seng Hospital** and HPB in September 2005. Special packages were offered to participants who underwent vision screening. A further collaboration with the hospital following the launch of its Paediatric Vision Services resulted in a Myopia Public Forum in February 2006 which covered topics like myopia, amblyopia and good eyecare habits.

HPB collaborated with the **Ang Mo Kio Regional Library** to pilot a Vision Care Campaign to encourage readers in the library to take regular vision breaks when reading and to adopt positive eye care habits.

CHILDHOOD INJURY PREVENTION PROGRAMME

The 2005 campaign focused on "Safety at Play" and aimed to provide parents and caregivers with safety tips that would enable them to look out for the safety of their children when playing outside the home.



A CHIPP-y good time

The campaign was launched by then Senior Minister of State for Communications, Information and the Arts, and Health, Dr Balaji Sadasivan on 18 June 2005 at Pasir Ris Park. The roadshow that followed was attended by about 3,500 people. Interactive game booths, stage performances and exhibitions disseminated the safety messages to both parents and children.



Fun on stage at the CHIPP Campaign 2005 "Safety at Play" launch

As part of the programme's strategies to reach out to young children, activity booklets for preschool children and lower primary school students and Teacher Guides were produced, along with a new song entitled "Be Safe, Have Fun".

361,705 of the newly developed materials and the video and audio CDs of the song were distributed to preschools and primary schools. Teachers were encouraged to teach the songs and the hand actions to their students so that the children could pick up some simple safety tips while enjoying the song at the same time.

More than 2,000 preschool students participated in a "Safety@Play" Connect and Colour contest which ended on 25 August 2005. About 200 primary school students participated in the "Capture and Caption" competition.



STEERING THE COURSE OF WELLNESS

Roadshows and Seminars for Parents

10 roadshows reaching out to an estimated 31,600 were organised between March and December 2005 to educate the public on child safety through exhibits, skits and quizzes.

HPB, in collaboration with MCYS, MOE and DSTA (Defence Science and Technology Agency), conducted parent seminars on child safety at home and at play. The importance of child safety reached another 680 through the talks and seminars.

Home Visits to Promote Home Safety

The collaboration with Beyond Social Services was continued for another year to reach out to lower income families. 12 nurses visited 17 families in the Bukit Merah and Henderson vicinities to advise caregivers on home safety for children.



Encouraging the young to play safe

QUALITY IMPROVEMENT

HPB is committed to continuous quality improvement and the adherence to the highest standards of operations. Toward these ends, it develops Standard Operating Procedures (SOPs), trains staff, conducts audits, monitors service delivery standards and works with partner organisations for delivery of services.

Standard Operating Procedures

In 2005, 15 SOPs and guidelines were reviewed with two new SOPs, "Assistance for Students who Smoke" and "Replication/Downloading/Printing of Referrals on Saturdays" were developed.



Otoscope training



Upgrading through frequent training

Audit Activities and Service Delivery Feedback

Audit activities (covering practice standards, compliance with standard precautions and identification of areas for improvement) were carried out between April and October 2005:

- * Medical, nursing and clerical audit (annual) of 10 primary school and 12 secondary school health teams from Health Screening and Immunisation Department (HSI), Student Health Centre (SHC) and Immunisation Supply Unit (ISU).
- * Immunisation documentation audit of 40 staff nurses in primary school health teams.
- * Audit of 16 Medical Officers and seven Locums.
- * Clerical performance audit of eight Health Promotion Assistants (HPAs) in HSI and five HPAs in SHC.
- * Infection control audit in SHC and in SDS.
- * Clinical audit of 205 SDS clinical staff (a mean score of 81% was achieved, above the target score of 75%).
- * Internal mystery customer audit (quarterly) of SHC and SDC appointment lines (a mean score of 88% and 90% was achieved respectively, above the target score of 85%).
- * External mystery customer audit (quarterly) of SHC and SDC (a mean score of 90% and 97% was achieved respectively).
- * Audit of Ophthalmic Assistants (OAs) in the 14 NMPP teams (a mean score of 99% was achieved, an improvement over 94% in 2004).
- * First audit of optometrists at the outsourced Refraction Clinics and laboratory officers at SHC Refraction Clinic.



Audits in progress: Immunisation (left) and Height Measurement (right)



Mask fit test

To boost audit capabilities, 19 Senior Dental Therapists (SDTs) from the SDS were inducted as auditors.

SHC and SDC also received satisfaction scores of 88% and 89% respectively from parents and school principals from feedback on service delivery, while field staff from HSI and NMPP received a resounding 91%.

On 1 June 2005, NMPP implemented a monthly Service Feedback Programme at the three polyclinic RCs at Choa Chu Kang Polyclinic, Woodlands Polyclinic and Geylang Polyclinic. On every 1st and 15th day of each month, the RC staff will distribute feedback forms to the parents and data will be collated by SHS, Clinical Standards & Quality Department.



STEERING THE COURSE OF WELLNESS

School Briefings

SHS introduced briefings to schools in July 2005. The briefing informed school personnel of services provided by SHS, such as health screening, immunisation, oral health and health promotion activities and services. The briefings also helped explain the need for clean and suitable rooms for medical examination and immunisation, the need to release the students for health screening promptly and reminders to students to bring their health booklets and previous health records during the health team’s school visit. Six primary and two secondary schools were briefed during the teachers contact time in schools, reaching out to 489 and 120 school staff respectively.

SHS also briefed parents of Primary 1 students during the schools orientation programmes regarding health screening, immunisation, oral health and health promotion activities and services. Such talks were held in 174 (98%) primary schools in Singapore. A small number of schools withheld their orientation programme as they were undergoing renovations.

TRAINING AND DEVELOPMENT

Two Enrolled Nurses were converted to the Nursing Service Officer (NSO) scheme in May 2005 after completing the three-year Diploma in Nursing at Nanyang Polytechnic. 1,730 first and second year nursing students from Nanyang Polytechnic, Ngee Ann Polytechnic, ITE College East, HMI Institute of Health Sciences and AIT Academy were posted to SHS for their clinical attachment.

Under the MOH’s Health Sciences Outreach Programme, five secondary three students from Crescent Girls’ School underwent a two-day attachment at SHS in November 2005.

DIABETES EDUCATION PROGRAMME

To promote diabetes awareness and commemorate World Diabetes Day 2005, HPB supported an event organised by the Diabetic Society of Singapore (DSS) entitled “Put Feet First, Prevent Amputations”. The event was graced by President S R Nathan on 13 November at the Suntec Singapore International Convention and Exhibition Centre. More than 3,000 participants attended the “Guard against Diabetes” exhibition with its talks, health screenings, diabetic eye and foot screening, dental screening and brief counselling, and skits on diabetes and insulin. A week-long radio programme on the importance of eating healthily and participating in regular physical activity to reduce the risk of diabetes complemented the event.

OSTEOPOROSIS EDUCATION PROGRAMME

The Osteoporosis Education Programme continued to educate Singaporeans on osteoporosis and its prevention through a healthy diet with adequate calcium intake and regular weight-bearing activities. Education activities and projects for school children, the general work population, as well as high-risk groups such as older adults, were conducted all year round.

The elderly were invited to a series of educational talks on falls prevention, conducted in various local dialect languages. A print media campaign “Dreams Come True”, which emphasised the importance of building strong bones early in life, supplemented the many osteoporosis education programmes conducted in 2005.



An osteoporosis skit toured the schools



NOURISHING THE SEEDS OF HEALTH

Strong support for the health
initiatives help them flourish

Research, information management, marketing and communications, and corporate services are indispensable to providing support and reinforcement for various programmes and ensuring a vibrant corporate environment dedicated to the mission of nurturing a healthy nation.

RESEARCH AND INFORMATION MANAGEMENT AS THE FOUNDATION FOR HEALTH EDUCATION AND PROGRAMMES

Effective health promotion requires an understanding of the health status of the population and the factors that influence it. Research undertaken by HPB ensures that its programmes are supported by sound theory and evidence, and are evaluated appropriately. The research provides timely, accurate and relevant information for policy formulation and programme planning.

Driving Evidence-Based Health Promotion

Several research projects were undertaken by the Research and Information Division in 2005.

- * **Malay Community Study** - In consultation with Malay leaders and organisations, the Board conducted the Malay Community Study to seek a better understanding of the health needs of the Malay community. The research findings from the Malay Community Study would be used to design customised health promotion and preventive health programmes with and for the Malay community.
- * **Strategic Blueprints and Reviews** - Two Blueprints for Obesity Prevention and Control, and for Smoking Control, were completed in 2005. Based on scientific evidence, the Blueprints considered social, political and economic concerns by engaging partners from various sectors. The Blueprints will help chart the strategic directions for the Board's Obesity and Smoking Control efforts for the next five years. Two evidence-based Reviews of the School Dental Service and the National Myopia Prevention Programme were also completed in 2005.
- * **HPB Programme Evaluations** - The HIV/AIDS Education, BreastScreen Singapore, Childhood Injury Prevention, National Myopia Prevention, and National Smoking Control Programmes were also evaluated.

- * **Disease Registry Reports** - The 6th Singapore Cancer Registry Report and the 2nd Report for the Singapore Renal Registry were published in 2005, in addition to annual updates from the cancer, renal and stroke registries. These reports provide the Ministry of Health (MOH) and HPB with trend data on the three major causes of mortality and morbidity in the Singapore population, supporting policy formulation and programme planning.

Releasing Research Results - Healthier Singaporeans

The results of the National Health Survey conducted in 2004 were released in 2005, while that of the National Nutrition Survey 2004 were analysed. Key findings from the two surveys revealed improvements to the health status of Singaporeans.

- * More are physically active, exercising three or more times a week for at least 20 minutes per session in 2004 compared to 1998 (25% vs. 17%).
- * More met the guidelines for the intake of fruit (28% vs. 20%) and vegetables (43% vs. 15%) in 2004 compared to 1998.

However, there are areas of concern.

- * Mirroring global trends, obesity rates in the population continued to increase (from 5% in 1992, 6% in 1998, to 7% in 2004).
- * While the national trend showed a decrease in smoking rates, the emergence of young women smokers is a cause for concern. In 2004, 7% of women aged 18-29 years smoked regularly, compared to 5% in 1998.
- * While the diet of most adult Singaporeans was generally adequate for protein, carbohydrate, vitamins and minerals, more were eating too much fat. There has been an increase, from 1998 to 2004, in the proportion of Singaporeans with excessive intake of total fat (25% vs. 43%) and cholesterol (49% vs. 59%).

New Thrusts in Research

The new Monitoring and Surveillance Department was established in September 2005 to provide timely and relevant information about the health behaviours of Singaporeans. Its development of a surveillance system that provides continuous information about the health of Singaporeans enables HPB to be more agile in planning, developing and evaluating programmes for improving the health of the population.

Positioning HPB as a Centre of Excellence

HPB desires to position itself as a centre of excellence in health information and health promotion both locally and internationally.

The Board is active in the scientific and professional community. In 2005, HPB had seven peer reviewed articles published, with another four articles in press. Staff also presented at many international events in countries such as Malaysia, Philippines, Vietnam, Taiwan, China, Japan, Australia, Canada, Netherlands, Scotland and the United Kingdom.



Research, evidence and collaboration are key to HPB's health promoting mission

Several platforms for the exchange of scientific information were organised, namely:

- * Seminar on Health Surveillance, 19 February 2005
- * Workshop on "Promoting Health: A Determinants Approach", 20-21 April 2005
- * First Singapore Public Health and Occupational Medicine Conference: New Frontiers in Public Health and Occupational Medicine, 22-23 April 2005 (co-organisers)

HPB regularly receives requests for information that will help ensure that policies and decisions are grounded in sound evidence. Besides attending to the needs within HPB, the Board also answers data requests from various ministries, healthcare clusters, and other organisations. Examples of these include an Evaluation of Cancer Risk among Workers Exposed to Carcinogens in Singapore (for the Ministry of Manpower), and the Environmental Scan of the Health Needs of Singaporeans for the Board's Annual Strategic Planning Exercise.

Leveraging on IT

HPB employs some of the best and cutting edge information technology in furtherance of its programmes and support of its functions. At the same time, as a public institution, infocomm-technology (ICT) governance is an integral part of its IT development, ensuring that the Board's ICT policies, standards, systems and infrastructure are aligned to government standards.

The IT Master Plan (ITMP) for FY 2005-2008 was formulated and approved in 2005. It aims to integrate information collected by current and new systems within HPB, in order that timely, relevant and accurate data can be accessed to facilitate policy formulation and programme planning. The ITMP is also aligned to MOH's direction to make data available appropriately through various MOH systems, e.g. EMRX (Electronic Medical Record Exchange).

NOURISHING THE SEEDS OF HEALTH

My Health Journal, an eTown initiative launched in 2005, is the first of several project phases that will provide Singaporeans with an interactive tool to help assess their risk for certain diseases.

Also in 2005, the National Disease Registries System (NDRS) - which contains the core functions for the cancer registry - was rolled out. It is an integrated and comprehensive IT system for capturing and managing data from the varied sources.

All manner of sensitive and private information collected is safeguarded with a Data Protection Policy (DPP). Regular audits are conducted to ensure that policies, standards, systems and infrastructure are aligned to government standards for implementing IT. The Cancer Registry and National Immunisation Registry were appraised in 2005.

Close links have been established with Infocomm Development Authority (IDA) and Ministry of Finance (MOF) to execute IT initiatives including the update of IT equipment, and implementation of IT governance policies. The Lotus Notes Client and mail template for all HPB staff were upgraded, while HPB also formulated the implementation and communication plan for ICT Project Risk Management Methodology, and instituted the Software Asset Management policy.

COMMUNICATING HEALTHY LIFESTYLE EFFECTIVELY

A Wealth of Information

Resource materials such as creative pamphlets, booklets, posters, CDs, exhibition panels and interactive exhibits communicate the health promotion messages and complement HPB's various programmes and events to its various publics. Such resource materials raise public awareness and provide practical information on how to lead a healthy lifestyle and take preventive actions to avoid diseases.

In 2005, more than 850 types of materials were developed for major programmes such as National Smoking Control, National Healthy Lifestyle, AIDS Education, Communicable Disease Education, Workplace Health Promotion, Oral Health, School Health, and Nutrition.

A total of 50,000 educational materials on Hand, Foot and Mouth Disease were distributed to parents, child care centres and preschools. Likewise, a series of patient education booklets containing information about the clinical practice guidelines on Hormone Replacement Therapy, Helicobacter Pylori, Breast Cancer and Obesity were also produced.

Two unique exercise videos, Kebayarobics and Aarokkia Aattam, produced for the Malay and Indian communities respectively, were well-received.



A myriad of resource materials

HPB Online

HPB's website registered a record number of 11 million pageviews, 41.5% more than the previous year. New content webpages, new microsites, innovative emailers and interactive services such as BMI calculators, health journals (health risk assessment) and health podcasting, drove the increase in visitors. The interactive "Food Info Search" microsite remains the most popular site with hundreds of new photos of popular food items being regularly added to augment the microsite's user friendliness.

Health Information Centre

In 2005, the Health Information Centre (HIC) received 8,389 visitors and distributed 547,156 health education materials. It also introduced a new initiative, the Roving Exhibition to raise awareness about health issues and to encourage the practice of healthy lifestyle by bringing health exhibits closer to the community. The Roving Exhibition was displayed at five community libraries: Pasir Ris, Bedok, Geylang East, Marine Parade and Sengkang. Feedback was very encouraging, which prompted HIC's organisation of a subsequent series of exhibitions to workplaces: NCS Pte Ltd, Eastman Chemical (S) Pte Ltd, Natsteel Ltd and Boncafe International. An estimated 14,000 people viewed these exhibitions and more than 33,000 health education materials were distributed.

About 1,210 participants attended the bi-monthly Health Encounter update sessions, monthly video shows as well as the book review sessions organised in 2005.



All manner and form of health education materials are available at HPB's Health Information Centre

Marketing and Promoting Health

HPB engages key media partners to help communicate its health promotion messages. Collaborations included MediaCorp Press' Health Today weekly section - which commenced in March 2005 - featuring extensive health information and issues, as well as health technology.



"Be Flu Free" postcard collectible

MediaCorp TV incorporated key messages of HPB's Mind Your Mind mental health programme into the docu-drama, "True Courage". The ever-present anxiety over the bird flu outbreak in Asia intensified the Board's public communication efforts in promoting good personal hygiene and sensible travel health tips in major newspapers, lifestyle magazines and broadcast media.

An integrated communications approach was adopted to promote the various health promotion programmes, such as the Fresh Air for Women (FAFW) programme. Television and radio commercials, print advertisements, viral SMS campaigns, direct marketing, public relations, outreach events, collaborative partnerships with commercial and community organisations, and interactive websites were used to promote programme messages aggressively and effectively. The TV commercial for HPB's first Adult Oral Health Campaign was ranked as one of Top 20 commercials by MediaCorp Adtrack.



Mass media awareness

Well-known personalities with loyal followings were appointed as "ambassadors" for specific health campaigns. DJ, Jamie Yeo, and ex-Nominated Member of Parliament, Eunice Olsen, were some of the persons engaged as FAFW Ambassadors to offer differing and non-governmental perspectives and serve as role models for young women, while the first Singapore Idol, Taufik Batisah, served as HPB's Smoke-Free Ambassador to champion the quit smoking cause among the youth. An innovative Bus Stop Walk in the central business district with TV artiste Joanne Peh was held to encourage walking as a physical activity. The walk reinforced the physical activity posters displayed at identified bus-stops throughout Singapore.

HPB's secured its first collaboration with the Media Development Authority (MDA) for the "Erin Montel" TV Drama production to address health issues among the Malay community. The eight-part series on the Suria channel highlighted the importance of eating right, ways to stay smoke-free and the importance of regular physical activity to keep fit and prevent ill health.

Working with the Media

HPB also effectively reached out to the public through the 563 media stories generated in 2005. This was a 56.4 percentage increase from the 360 media stories attained the previous year.

Corporate Visits

HPB believes in the beneficial exchange of knowledge and expertise with local and overseas counterparts, in furtherance of excellence in health promotion. In 2005, 30 visits to HPB were hosted. These included ministerial-level visits by the health authorities of Brunei, and the prime minister's office of the Republic of Hungary. Other study visits were made by research fellows from the World Health Organisation; doctors and nurses from Hong Kong, Taiwan, Korea, Thailand; health officials from China, Brunei, Malaysia and Vietnam; and students from the National University of Singapore and Nanyang Polytechnic.

Corporate Partnerships

Forming symbiotic partnerships are important in effectively driving the various health programmes. In addition to existing partnerships and projects, new partnerships were formed in 2005 with:

- * Employers, human resource managers and unions
- * Government and non-government organisations
- * Commercial organisations
- * Community organisations
- * Grassroots organisations
- * Youth organisations
- * Religious organisations



Collaborating with our partners to reach out to the community



NURTURING HEALTH
FROM WITHIN

Managing resources and
leading by example roots
a culture of health

NURTURING HEALTH FROM WITHIN

Grounding an internal culture dedicated to the promotion of health with people development, staff engagement activities, best practices, corporate social responsibility and constant innovation.

MANAGING RESOURCES AND DEVELOPING PEOPLE FOR ORGANISATIONAL EXCELLENCE

People Philosophy

In 2005, HPB evolved its people philosophy, focusing on leadership and career development, training and staff engagement. It ensures that HPB's human capital strategy is closely aligned with organisational goals.

Human Capital Management and Development

The "Guide for Managers" and "Staff Feedback on Managers" were first introduced in 2005 to help promote and engage staff involvement in HPB's initiatives and cause. A leadership programme for senior management was conducted to enhance managerial capabilities of coaching and motivating staff. Five staff scholarships for the pursuit of higher level studies were awarded during the year.

HPB was re-certified as a People Developer in December 2005. This prestigious standard was achieved with the involvement and commitment of all staff to embrace good people practices. It also signifies the continuous effort by the organisation to constantly review and improve its people development practices for the benefit of its staff.

Labour-Management Relations

The signing of the first HPB-AUSBE (Amalgamated Union of Statutory Board Employees) Collective Agreement on 7 July 2005 marked an important milestone in the collaborative relationship between HPB's management and staff, and colleagues from AUSBE, paving the way for future closer cooperation for the growth and development of staff.

Driving the Strategic Planning Process

An intensive planning process was introduced in 2005. New strategies were formulated and endorsed by MOH, following research and trend analyses of global and local data, inputs from HPB's collaborators, strategic directions from MOH and HPB senior management, and reviews and suggestions by HPB staff. This subsequently led to a restructuring and realignment of roles and functions in HPB.

Mystery Customer Audit

The Mystery Customer Audit was first introduced in 2003 to enhance the level of customer service at various hotlines and appointment lines of the various public agencies. HPB partnered with National Library Board (NLB) in 2005 to mutually appraise each other's hotlines and appointment lines on a quarterly basis. HPB achieved an average of 96% in the various aspects of customer satisfaction in the 2005 audits, an improvement from 79% in 2004.

Business Continuity during an Emergency

HPB formulated the Business Continuity Plan (BCP) to ensure its capability to fulfil critical functions should a situation like the Avian Flu outbreak arise and subsequently escalate. The BCP was endorsed by HPB management and tested in a series of trials. Staff were briefed on the BCP and the Avian Flu threat.

National and Civil Emergency Preparedness

HPB conducted several infectious disease outbreak containment activities including mobilisation exercises for the serving of home quarantine orders, issuing of quarantine kits, telephone surveillance and temperature-taking at land checkpoints.

A mask fit test exercise was conducted from 18-21 October 2005 for nurses and staff manning the triage counters at HPB in the event of any infectious disease outbreak. In November 2005, HPB, MOH and Serco-Guthrie (Home Quarantine Order service provider appointed by MOH), conducted a table top exercise for the mobilisation of the HPB-Serco Guthrie teams in the event of a SARS outbreak. An actual mobilisation exercise of two HPB-Serco Guthrie teams to five simulated homes followed on 24 November 2005.

29 nurses from the HPB Blood Collection Team underwent refresher training at the Centre for Transfusion Medicine, Health Sciences Authority in March, June, November and December 2005.

Cost Management

Significant cost savings were achieved through successful Economy Drive initiatives. The integrated facilities management model which aggregates demand with Health Sciences Authority and National Dental Centre was implemented in FY 2005. The three-year contract is projected to save S\$ 635,000 (16%) compared to the previous three-year contract. Collaborations with partners to roll out selected programmes saved an estimated S\$ 200,000. Streamlining of processes with minimal staff replacement yielded savings of approximately S\$ 720,000.

Net Economic Value

HPB implemented the Net Economic Value (NEV) framework in 2003 based on the concept of opportunity cost of capital and capital productivity to ensure that resources are well utilised. In 2005, HPB focused on operational improvements to help achieve better services at lower cost with a resultant positive change in net value add in 2004. This enabled rewards to the staff in recognition of their contribution to the Board’s good NEV performance.

Best Sourcing

In 2005, outsourcing of selected non-core services such as courier/delivery and collection services; procurement and management of dental materials and other supplies; and warehousing, inventory management, distribution and other logistics services enabled HPB to save an estimated S\$ 525,000 over three years.

LEADING BY EXAMPLE

Healthy Workforce

The Healthy Workforce Committee (HWC) continued to advocate healthy lifestyles through programmes and activities including weekly lunch-time aerobics, tummy-buttock-thigh exercise sessions, dancercise, body-rolling, inline skating, walking, yoga and line-dancing. Movie nights for staff and their friends and family, visits to the National Orchid Garden and self-defence workshops were some of the new activities introduced in 2005. The highly popular lunch-time concerts were well-attended, drawing an attendance of more than 200 staff for each of the three concerts held.

To facilitate greater understanding between a staff’s family and the workplace, HWC also organised a special health camp for children of HPB staff. 51 children participated in this programme, which included many fun-filled activities such as a fitness workout, dancercise, interactive team-building games, kids’ kitchen and health experiments.

Activities outside of work were also organised, like hiking trips to Gunung Angsi and Gunung Lambak in Malaysia; a cycling trip to Pulau Ubin; walking trails and diving trips.



Blazing a trail to healthy living

NURTURING HEALTH FROM WITHIN

In 2005, sports clubs such as the Running Club, Bowling Club, Table Tennis Club and Dragon Boating Club were set up. In all, there are a total of 10 Sports Clubs for choice, to motivate staff to take up a sport. Notably, 230 HPB staff passed the Fitness Assessment held at Marina Promenade in September 2005, the highest since 2001. This was an increase of 25% compared with 184 the previous year.

To promote a healthy diet, HWC focused on encouraging staff to eat more fruits and vegetables, and to reduce fat intake. Working closely with the staff canteen, a good mix of dishes is served to conform to HPB's Healthier Canteen Guidelines, along with features such as the salad bar and "2+2" Day where staff received free servings of fruit and vegetables. Fruit wholesalers were also present every week to sell fresh fruits, making it more convenient for staff to make purchases.

Corporate Citizenry

HPB adopted Yong-en Care Centre in April 2005 under its Corporate Community Involvement Programme (CCIP). Yong-en Care Centre caters primarily to aid the elderly community as well as children living in Chinatown, a precinct within close proximity to HPB.

S\$ 20,000 has been raised for the centre by the various and innovative CCIP fund raising activities. HPB staff have also rendered help to the folk of Yong-en by way of regular befriending visits to the centre as well as their homes; sponsorship of 10 children to the "Letters from God" musical; a visit to HPB's HealthZone; vision screening by HPB's optometrist at the centre, and provision of assistance at Yong-en Care Centre's 10th Anniversary celebrations.



Engaging with the community through CCIP efforts



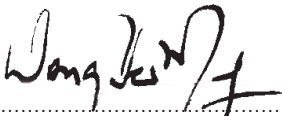
PARTNERS IN
HEALTH

A life enriched through eating right,
adequate physical activity, positive
mental health and staying smoke-free

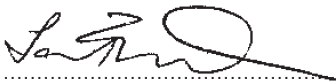
STATEMENT BY THE HEALTH PROMOTION BOARD

In our opinion, the accompanying financial statements of the Health Promotion Board are drawn up so as to give a true and fair view of the state of affairs of the Board as at 31 March 2006 and of the results, changes in reserves and the cash flows of the Board for the financial year ended on that date.

On behalf of the Board



MR WONG YEW MENG
Chairman



MR LAM PIN WOON
Chief Executive Officer

Dated: 15 June 2006

AUDITOR'S REPORT

TO THE MEMBERS OF THE HEALTH PROMOTION BOARD

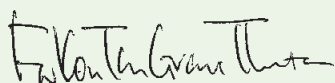
We have audited the accompanying financial statements of the Health Promotion Board ("the Board") for the year ended 31 March 2006. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Singapore Standards on Auditing. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Board's management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion:

- (a) the financial statements are properly drawn up in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) ("the Act") and the accounting standards as specified by the Ministry of Finance so as to give a true and fair view of the state of affairs of the Board as at 31 March 2006 and of the results, changes in reserves and cash flows of the Board for the year then ended on that date; and
- (b) the accounting and other records required by the Act to be kept by the Board 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 receipts, expenditure and investment of monies and the acquisition and disposal of assets by the Board during the financial year have not been made in accordance with the provisions of the Act.



Foo Kon Tan Grant Thornton
Certified Public Accountants

Singapore, 15 June 2006

BALANCE SHEET

as at 31 March 2006

	Note	2005/2006 \$	2004/2005 \$
Accumulated surplus		9,656,004	7,030,859
Represented by:			
Property, plant and equipment	4	11,659,002	14,199,669
Intangible assets	5	9,852,853	7,627,527
		21,511,855	21,827,196
Current Assets			
Receivables and prepayments	6	925,259	617,157
Grants receivable	7	4,305,109	-
Cash and cash equivalents	8	37,190,069	37,490,698
		42,420,437	38,107,855
Current Liabilities			
Payables and accruals	9	(24,322,454)	(23,189,551)
Grants received in advance			
- Government	7	-	(581,604)
- Non-government	7	(199,543)	(536,041)
		(24,521,997)	(24,307,196)
Net Current Assets		17,898,440	13,800,659
Non-Current Liabilities			
Obligations in respect of pension scheme	10	(8,606,954)	(7,692,887)
Deferred capital grants	11	(21,147,337)	(20,904,109)
		(29,754,291)	(28,596,996)
		9,656,004	7,030,859

INCOME AND EXPENDITURE STATEMENT

for the year ended 31 March 2006

	Note	2005/2006 \$	2004/2005 \$
Operating income			
Clinic services fee		343,605	561,082
HealthZone fee		210,960	182,173
Immunisation fee		4,205	70,001
Interest income		743,045	305,319
Screening fee		97,760	182,606
Service charge and other fee from tenants		869,551	811,581
Miscellaneous income		165,659	140,769
		2,434,785	2,253,531
Operating expenditure			
Staff costs	12	(46,340,104)	(45,996,764)
Operating supplies and services		(14,089,489)	(14,557,356)
Publicity and public relations		(7,602,909)	(7,163,744)
Information technology services		(5,556,597)	(5,372,016)
Depreciation of property, plant and equipment	4	(3,530,849)	(3,842,814)
Subventions to polyclinics		(3,123,105)	(3,120,142)
Rental of premises		(2,897,220)	(2,891,709)
Staff welfare and development		(2,207,383)	(1,745,609)
Amortisation of intangible assets	5	(1,905,956)	(1,783,071)
Repairs and maintenance		(1,820,805)	(2,304,491)
Input Goods and Services Tax		(1,616,988)	(1,767,171)
Communications		(1,416,658)	(1,451,059)
Other services and fees		(1,086,912)	(1,134,096)
Research and reviews		(289,612)	(542,536)
Board members' allowance		(48,750)	(47,500)
Intangible assets written off		(42,334)	-
Audit fee		(40,000)	(40,000)
Property, plant and equipment written off		(12,327)	-
		(93,627,998)	(93,760,078)
Operating deficit before grants		(91,193,213)	(91,506,547)
Grants			
Government grants	7	88,273,907	89,087,749
Non-Government Grants	7	594,400	1,302,078
Deferred capital grants amortised	11	4,950,051	4,808,764
		93,818,358	95,198,591
Surplus for the year		2,625,145	3,692,044
Contribution in lieu of tax	13	-	(149,649)
Net surplus for the year		2,625,145	3,542,395

STATEMENT OF CHANGES IN RESERVES

for the year ended 31 March 2006

	Note	Accumulated surplus \$
Balance at 1 April 2004		
As previously reported		10,993,326
Prior years adjustments	17	(7,504,862)
As restated		3,488,464
Net surplus for the year (restated for prior year adjustment)		3,542,395
Balance as at 31 March 2005		7,030,859
Balance at 1 April 2005		
As previously reported		15,502,491
Prior years adjustments		(8,471,632)
As restated	17	7,030,859
Net surplus for the year		2,625,145
Balance at 31 March 2006		9,656,004

CASH FLOW STATEMENT

for the year ended 31 March 2006

	2005/2006	2004/2005
	\$	\$
Cash Flows from Operating Activities		
Deficit before grants	(91,193,213)	(91,506,547)
Adjustments for:		
Depreciation of property, plant and equipment	3,530,849	3,842,814
Amortisation of intangible assets	1,905,956	1,783,071
Property, plant and equipment written off	12,327	-
Intangible assets written off	42,334	-
Obligations in respect of defined benefit retirement scheme	1,790,000	1,970,000
Operating deficit before working capital changes	(83,911,747)	(83,910,662)
Decrease in receivables and prepayments	109,459	236,519
Increase/(decrease) in payables and accruals	1,132,903	(6,882,185)
Benefits paid in respect of defined benefit retirement scheme	(875,933)	(963,445)
Cash used in operations	(83,545,318)	(91,519,773)
Government grants received	88,580,473	94,554,874
Other grants received	257,902	50,000
Contribution in lieu of tax	(417,561)	(181,135)
Net cash generated from operating activities	4,875,496	2,903,966
Cash Flows from Investing Activities		
Purchase of property, plant and equipment	(1,019,664)	(2,317,092)
Purchase of intangible assets	(4,173,616)	(4,022,516)
Proceeds from disposal of property, plant and equipment	17,155	-
Net cash used in investing activities	(5,176,125)	(6,339,608)
Net decrease in cash and cash equivalents	(300,629)	(3,435,642)
Cash and cash equivalents at beginning of year	37,490,698	40,926,340
Cash and cash equivalents at end of year (Note 8)	37,190,069	37,490,698

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

1 General information

The financial statements of the Health Promotion Board for the year ended 31 March 2006 were authorised for issue by members of the Board on the date of the Statement by the Health Promotion Board.

The Health Promotion Board ("the Board") was established in The Republic of Singapore under the Health Promotion Board Act (Chapter 122B).

The registered office is at 3 Second Hospital Avenue, Singapore 168937.

2(a) Basis of preparation

The financial statements are prepared in accordance with the accounting standards as specified by the Ministry of Finance and the provisions of the Health Promotion Board Act (Chapter 122B). The financial statements have been prepared under the historical cost convention, except as disclosed in the accounting policies below.

As specified by the Ministry of Finance, Statutory Boards are to comply with all the Singapore Financial Reporting Standards ("FRS"), except for FRS 24 Related Party Disclosures.

Significant accounting estimates and judgements

The preparation of the financial statements in conformity with FRS requires the use of judgement, estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the financial year. Although these estimates are based on management's best knowledge of current events and actions, actual results may differ from those estimates.

2(b) Change in accounting policies

During 2004, the Council on Corporate Disclosure and Governance issued a series of new and revised FRSs for which the Board applies these new and revised standards from 1 January 2005. This includes the following new and revised standards, which are relevant to the Board as a single entity:

FRS 1 (revised 2004)	Presentation of Financial Statements
FRS 8 (revised 2004)	Accounting Policies, Changes in Accounting Estimates and Errors
FRS 10 (revised 2004)	Events after Balance Sheet Date
FRS 16 (revised 2004)	Property, Plant and Equipment
FRS 17 (revised 2004)	Leases
FRS 32 (revised 2004)	Financial Instruments: Disclosures and Presentation
FRS 36 (revised 2004)	Impairment of Assets
FRS 38 (revised 2004)	Intangible Assets
FRS 39 (revised 2004)	Financial Instruments: Recognition and Measurement

The adoption of the above FRS did not result in substantial changes to the Board's accounting policies except as follows:

NOTES TO THE FINANCIAL STATEMENTS

2(b) Change in accounting policies (cont'd)

A. Adoption of FRS 32 and FRS 39

The specific transitional provisions contained within FRS 32 and FRS 39 required the simultaneous adoption of both standards.

In accordance with the transitional provisions of FRS 32, all revised disclosure and presentation rules regarding financial instruments have been applied retrospectively.

In accordance with the transitional provisions of FRS 39, the adoption of the revised rules regarding accounting for financial instruments did not result in restating any comparatives.

Payables

In the prior years, the Board's payables were stated at cost. These financial liabilities are not held for trading and have not been designated as fair value through income and expenditure at inception on adoption of FRS 39.

In accordance with FRS 39, they are initially recognised at fair value less transaction costs and subsequently accounted for at amortised cost using the effective interest method (see policy on financial liabilities).

This change did not materially affect the financial statements for the year ended 31 March 2006.

B. FRS not effective

At the date of authorisation of these financial statements, the following FRSs and Interpretations were issued but not effective:

FRS 39(revised)	Amendments to hedge accounting provisions of FRS 39
FRS 40	Investment Property
FRS 106	Exploration for and Evaluation of Mineral Resources
FRS 107	Financial Instruments: Disclosures
INT FRS 104	Determining whether an Arrangement contains a Lease
INT FRS 105	Rights to Interests arising from Decommissioning, Restoration and Environmental Rehabilitation Funds

The Board anticipates that the adoption of these FRSs and Interpretations in future periods will have no material impact on its financial statements.

2(c) Summary of significant accounting policies

Property, plant and equipment and depreciation

Property, plant and equipment are stated at cost less accumulated depreciation and impairment losses, if any. All items of property, plant and equipment are initially recorded at cost. Depreciation is computed utilising the straight-line method to write off the cost of these assets over their estimated useful lives as follows:

Computer	3 - 5 years
Leasehold improvement	8 years
Furniture and fittings	8 years
Office equipment	3 - 10 years
Medical equipment	8 years
Motor Vehicles	10 years

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

2(c) Summary of significant accounting policies (cont'd)

The cost of property, plant and equipment includes expenditure that is directly attributable to the acquisition of the items. Dismantlement, removal or restoration costs are included as part of the cost of property, plant and equipment if the obligation for dismantlement, removal or restoration is incurred as a consequence of acquiring or using the asset.

For acquisitions and disposals during the financial year, depreciation is provided from the month of acquisition and to the month before disposal respectively. Fully depreciated assets are retained in the books of accounts until they are no longer in use.

Capital work-in-progress represents renovation works which are stated at cost. These assets are not depreciated until such time as the relevant phases are completed and put into operational use.

Intangible assets

Computer software

These comprise consultancy fees and related expenses, incurred for and directly attributable to the design and development of new or improved computer programmes and processes. Such costs are capitalised as assets to the extent that it is expected that such assets will generate future economic benefits.

Computer software are amortised from the date the programmes and processes are completed and put into operational use, in a straight-line basis over the estimated useful lives, not exceeding 5 years.

Financial assets

Financial assets, other than hedging instruments, can be divided into the following categories: financial assets at fair value through income and expenditure, held-to-maturity investments, loans and receivables and available-for-sale financial assets. Financial assets are assigned to the different categories by the Board on initial recognition, depending on the purpose for which the investments were acquired. The designation of financial assets is re-evaluated and classification may be changed at the reporting date with the exception that the designation of financial assets at fair value through income and expenditure is not revocable.

All financial assets are recognised on their trade date - the date on which the Board commits to purchase or sell the asset. Financial assets are initially recognised at fair value, plus directly attributable transaction costs except for financial assets at fair value through income and expenditure, which are recognised at fair value.

Derecognition of financial instruments occurs when the rights to receive cash flows from the investments expire or are transferred and substantially all of the risks and rewards of ownership have been transferred. An assessment for impairment is undertaken at least at each balance sheet date whether or not there is objective evidence that a financial asset or a group of financial assets is impaired.

Non-compounding interest and other cash flows resulting from holding financial assets are recognised in income and expenditure when received, regardless of how the related carrying amount of financial assets is measured.

The Board does not designate any financial assets as fair value through income and expenditure, held-to-maturity investments or available-for-sale.

Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise when the Board provides money, goods or services directly to a debtor with no intention of trading the receivables. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non-current assets.

NOTES TO THE FINANCIAL STATEMENTS

2(c) Summary of significant accounting policies (cont'd)

Financial assets (cont'd)

Receivables are provided against when objective evidence is received that the Board will not be able to collect all amounts due to it in accordance with the original terms of the receivables. The amount of the write-down is determined as the difference between the asset's carrying amount and the present value of estimated future cash flows.

Cash and cash equivalents

Cash and bank balances comprise cash and bank balances and bank deposits.

Financial liabilities

The Board's financial liabilities include payables and accruals.

Financial liabilities are recognised when the Board becomes a party to the contractual agreements of the instrument. All interest related charges, if any, are recognised as expense in the income and expenditure statement.

Payables are initially measured at fair value, and subsequently measured at amortised cost, using the effective interest method.

Leases

Operating leases

Rentals on operating leases are charged to the income and expenditure statement on a straight-line basis over the lease term. Lease incentives, if any, are recognised as an integral part of the net consideration agreed for the use of the leased asset. Penalty payments on early termination, if any, are recognised in the income and expenditure statement when incurred.

Contingent rents are mainly determined as a percentage of revenue in excess of a specified amount during the month.

Provisions

Provisions are recognised when the Board has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

The Board review the provisions annually and where in their opinion, the provision is inadequate or excessive, due adjustment is made.

Employee benefits

(i) Pension obligations

The Board contributes to the Central Provident Fund ("CPF"), a defined contribution plan regulated and managed by the Government of Singapore, which applies to the majority of the employees. The Board's contributions to CPF are charged to the income and expenditure statement in the period to which the contributions relate.

(iii) Provision for the Health Promotion Board Pension Scheme

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.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

2(c) Summary of significant accounting policies (cont'd)

Employee benefits (cont'd)

(ii) Provision for the Health Promotion Board Pension Scheme (cont'd)

The present value of obligation for all pensionable employees is determined by projecting each active officer's benefits accrued from the starting date of their service with the Board (ie, 1 April 2001) up to the valuation date, allowing for salary increases of 1% per annum and the probability of earlier exits, and discounted using a long-term discount rate of 3% per annum. 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 any additional gain or loss. Any actuarial gain or loss which exceed 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.

(iii) Employee leave entitlements

Employee entitlements to annual leave are recognised when they accrue to employees. Accrual is made for the unconsumed leave as a result of services rendered by employees up to the balance sheet date.

Impairment of assets

The carrying amounts of the Board's assets subject to impairment are reviewed at each balance sheet date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Recoverable amount is defined as the higher of value in use or net-selling price.

Any impairment loss is charged to the income and expenditure statement.

An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount or when there is an indication that the impairment loss recognised for the asset no longer exists or decreases.

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 if no impairment loss had been recognised.

A reversal of an impairment loss is credited as income in the income and expenditure statement.

Grants

Grants from the government and contributions from other organisations and persons in the form of depreciable assets (both tangible and intangible) or utilised for the purchase of depreciable assets are taken to the Deferred Capital Grants Account. The deferred grants are recognised in the income and expenditure statement over the periods necessary to match the depreciation and the net book value of disposals and write-offs of the assets purchased with the related grants.

Government grants and contributions from other organisations to meet the current period's operating expenses are recognised as income in the same period.

Both capital and operating grants are accounted for on an accrual basis.

NOTES TO THE FINANCIAL STATEMENTS

2(c) Summary of significant accounting policies (cont'd)

Income recognition

Income is recognised when the significant risks and rewards of ownership have been transferred to the buyer. Income excludes goods and services taxes.

Service income is recognised when services are rendered and accepted by the customer.

Interest income is accrued on a time-apportioned basis using the effective interest method.

Functional currency

Items included in the financial statements of the Board are measured using the currency that best reflects the economic substance of the underlying events and circumstances relevant to the Board ("the functional currency"). The financial statements of the Board are presented in Singapore dollars, which is also the functional currency of the Board.

Financial instruments

Financial instruments carried on the balance sheet include cash and cash equivalents, financial assets and financial liabilities. The particular recognition methods adopted are disclosed in the individual policy statements associated with each item.

Disclosures on financial risk management objectives and policies are provided in Note 15.

3 Principal activities

The principal activities of the Board are to:

- (a) advise the Government 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 lifestyles amongst the people of Singapore;
- (b) devise, organise and implement programmes and other activities for or related to the promotion of good health and healthy lifestyles amongst the people of Singapore;
- (c) monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
- (d) promote a healthy food supply in Singapore;
- (e) determine, establish and recommend guidelines for the provision of nutritional information, nutritional standards and dietary guidelines;
- (f) provide healthcare services to school children and such other persons or class of persons as the Board thinks fit; and
- (g) 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.

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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

4 Property, plant and equipment

	Computers	Leasehold improvement	Furniture and fittings	Other equipment	Medical equipment	Capital work-in-progress	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$	\$	\$
<u>Cost</u>								
At 1 April 2004								
As previously reported	3,334,363	2,431,900	88,654	819,229	191,604	-	-	6,865,750
Prior years adjustments	4,590,837	4,218,464	437,661	1,325,094	9,283,695	-	377,490	20,233,241
As restated	7,925,200	6,650,364	526,315	2,144,323	9,475,299	-	377,490	27,098,991
Additions								
As previously reported	1,007,751	64,748	-	116,164	16,679	164,293	-	1,369,635
Prior year adjustments	-	277,237	-	-	670,220	-	-	947,457
As restated	1,007,751	341,985	-	116,164	686,899	164,293	-	2,317,092
Transfers	-	(280,660)	-	280,660	-	-	-	-
At 31 March 2005								
As previously reported	4,342,114	2,215,988	88,654	1,216,053	208,283	164,293	-	8,235,385
Prior years adjustments	4,590,837	4,495,701	437,661	1,325,094	9,953,915	-	377,490	21,180,698
As restated	8,932,951	6,711,689	526,315	2,541,147	10,162,198	164,293	377,490	29,416,083
Additions	319,136	255,585	7,990	104,443	232,464	100,046	-	1,019,664
Disposals	(837,514)	-	(27,177)	(971,342)	(85,342)	-	-	(1,921,375)
Transfers	-	164,293	-	-	-	(164,293)	-	-
At 31 March 2006	8,414,573	7,131,567	507,128	1,674,248	10,309,320	100,046	377,490	28,514,372

NOTES TO THE FINANCIAL STATEMENTS

4 Property, plant and equipment (cont'd)

	Computers	Leasehold improvement	Furniture and fittings	Other equipment	Medical equipment	Capital work-in-progress	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$	\$	\$
<u>Accumulated depreciation</u>								
At 1 April 2004								
As previously reported	1,129,103	321,882	13,575	148,085	43,066	-	-	1,655,711
Prior years adjustments	4,249,714	721,191	230,106	1,263,751	3,068,640	-	184,487	9,717,889
As restated	5,378,817	1,043,073	243,681	1,411,836	3,111,706	-	184,487	11,373,600
Depreciation for the year								
As previously reported	987,863	273,982	11,077	278,787	25,361	-	-	1,577,069
Prior year adjustments	286,848	539,421	76,702	27,612	1,273,665	-	61,496	2,265,745
As restated	1,274,711	813,403	87,779	306,399	1,299,026	-	61,496	3,842,814
At 31 March 2005								
As previously reported	2,116,966	595,863	24,652	426,872	68,427	-	-	3,232,780
Prior years adjustments	4,536,562	1,260,613	306,808	1,291,363	4,342,305	-	245,983	11,983,634
As restated	6,653,528	1,856,476	331,460	1,718,235	4,410,732	-	245,983	15,216,414
Depreciation for the year	868,540	889,875	87,967	307,330	1,315,642	-	61,495	3,530,849
Disposals	(837,514)	-	(24,089)	(971,342)	(58,948)	-	-	(1,891,893)
At 31 March 2006	6,684,554	2,746,351	395,338	1,054,223	5,667,426	-	307,478	16,855,370
<u>Net book value</u>								
At 31 March 2006	1,730,019	4,385,216	111,790	620,025	4,641,894	100,046	70,012	11,659,002
At 31 March 2005	2,279,423	4,855,213	194,855	822,912	5,751,466	164,293	131,507	14,199,669

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

5 Intangible assets

	Computer software \$	Computer software under development \$	Total \$
<u>Cost</u>			
At 1 April 2004			
As previously reported	-	2,539,515	2,539,515
Prior years adjustments	4,747,611	-	4,747,611
As restated	4,747,611	2,539,515	7,287,126
Additions	-	4,022,516	4,022,516
Transfers	3,556,378	(3,556,378)	-
At 31 March 2005			
As previously reported	3,556,378	3,005,653	6,562,031
Prior years adjustments	4,747,611	-	4,747,611
As restated	8,303,989	3,005,653	11,309,642
Additions	9,450	4,164,166	4,173,616
Written off	(318,147)	-	(318,147)
Transfers	3,345,918	(3,345,918)	-
At 31 March 2006	11,341,210	3,823,901	15,165,111
<u>Accumulated amortisation</u>			
At 1 April 2004			
As previously reported	-	-	-
Prior years adjustments	1,899,044	-	1,899,044
As restated	1,899,044	-	1,899,044
Amortisation for the year			
As previously reported	833,549	-	833,549
Prior years adjustments	949,522	-	949,522
As restated	1,783,071	-	1,783,071
At 31 March 2005			
As previously reported	833,549	-	833,549
Prior years adjustments	2,848,566	-	2,848,566
As restated	3,682,115	-	3,682,115
Written off	(275,813)	-	(275,813)
Amortisation for the year	1,905,956	-	1,905,956
At 31 March 2006	5,312,258	-	5,312,258
<u>Carrying Amount</u>			
At 31 March 2006	6,028,952	3,823,901	9,852,853
At 31 March 2005	4,621,874	3,005,653	7,627,527

NOTES TO THE FINANCIAL STATEMENTS

6 Receivables and prepayments

	2005/2006	2004/2005
	\$	\$
Debtors	49,630	124,413
Prepayments	190,869	218,159
Security deposit	228,768	226,315
Refund of contribution in lieu of tax	449,047	31,486
Other receivables	6,945	16,784
	925,259	617,157

7 Grants receivable / (received in advance)

	2005/2006	2004/2005
	\$	\$
Government		
Balance at beginning of year	(581,604)	(1,454,087)
Receipts	(88,580,473)	(94,554,874)
Transfer to deferred capital grants (Note 11)	5,193,279	6,339,608
Transfer to income and expenditure statement	88,273,907	89,087,749
Balance at end of year	4,305,109	(581,604)
Non-Government		
Balance at beginning of year	(536,041)	(1,788,119)
Receipts	(257,902)	(50,000)
Transfer to income and expenditure statement	594,400	1,302,078
Balance at end of year	(199,543)	(536,041)
Total government grants received since establishment	452,948,343	364,367,870

Government grants are grants received from government bodies including Statutory Boards. Funds received from all other organisations are classified as non-government grants.

8 Cash and cash equivalents

	2005/2006	2004/2005
	\$	\$
Fixed deposits	36,508,336	34,901,631
Cash at bank	681,203	2,588,187
Cash on hand	530	880
	37,190,069	37,490,698

The fixed deposits have an average maturity of one month (2004/2005 - one month) from the end of the financial year and effective interest rate of 2.21 % (2004/2005 - 1.07%) per annum.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

9 Payables and accruals

	2005/2006 \$	2004/2005 \$
Payables, accruals and provisions	14,136,359	13,055,569
Amount owing to the Ministry of Health	9,664,019	9,643,077
Security deposits	522,076	490,905
	24,322,454	23,189,551

The amount owing to the Ministry of Health includes \$9,426,205 for the net assets transferred from the Ministry of Health (MOH) when the Board was first established on 1 April 2001. Pending the completion and finalisation of the mode of transfer via the debt-equity framework by the Ministry of Finance, the transfer was effected through a loan to the Board which has no fixed repayment terms or interest. Upon the finalisation of the mode of transfer, any subsequent adjustments including any accrued interest will be effected in the financial year in which the mode of transfer is finalised.

The Board and the MOH are now in discussions for the MOH to finance a portion of this amount.

10 Obligations in respect of pension scheme

The amounts recognised in the balance sheet are as follows:

	2005/2006 \$	2004/2005 \$
Present value of unfunded obligations	8,200,000	7,692,887
Unrecognised actuarial gains	406,954	-
Net liability	8,606,954	7,692,887

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

	2005/2006 \$	2004/2005 \$
Current service cost	1,579,000	1,783,000
Interest cost	211,000	187,000
Total included in staff costs	1,790,000	1,970,000

Movements in the net liability recognised in the balance sheet are as follows:

	2005/2006 \$	2004/2005 \$
Balance at beginning of year	7,692,887	6,686,332
Amounts recognised in the income and expenditure statement	1,790,000	1,970,000
Benefits paid	(875,933)	(963,445)
Balance at end of year	8,606,954	7,692,887

NOTES TO THE FINANCIAL STATEMENTS

10 Obligations in respect of pension scheme (cont'd)

The above pension fund was set up by the Board to meet the ongoing service liability of pensionable employees under the HPB Pension Scheme which commenced on 1 April 2001. The amount of contribution is based on an actuarial valuation dated 25 January 2006 performed by Watson Wyatt Singapore Pte Ltd.

11 Deferred capital grants

	2005/2006 \$	2004/2005 \$
Balance at beginning of year	20,904,109	19,373,265
Transfer from government grants (Note 7)	5,193,279	6,339,608
	26,097,388	25,712,873
Transfer to income and expenditure statement:		
- to match depreciation funded by the government	(2,984,606)	(3,025,693)
- to match amortisation funded by the government	(1,905,956)	(1,783,071)
- to match net book value of assets disposed	(17,155)	-
- to match carrying amount of intangible assets written off	(42,334)	-
	(4,950,051)	(4,808,764)
Balance at end of year	21,147,337	20,904,109

12 Staff costs

	2005/2006 \$	2004/2005 \$
Key management personnel:		
Short Term Employee Benefits	1,735,708	1,514,233
Post-Employment Benefits	259,117	251,433
	1,994,825	1,765,666
Other than key management personnel:		
Short Term Employee Benefits	39,025,069	38,563,121
Post-Employment Benefits	5,320,210	5,667,977
	44,345,279	44,231,098
	46,340,104	45,996,764

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

13 Contribution in lieu of tax

The Board has been granted exemption from making contributions under the Statutory Corporations (Contributions to Consolidated Fund) Act (Chapter 319A) with effect from 17 September 2004.

The contribution in lieu of tax for the financial year 2004/2005, made in accordance with Section (3)(1)(a) of the Statutory Corporations (Contributions to Consolidated Fund) Act (Chapter 319A), represents contribution for the period 1 April 2004 to 16 September 2004 at the rate of 20% less losses carried forward.

14 Commitments

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

	2005/2006 \$	2004/2005 \$
Estimated amounts committed for future capital expenditure but not provided for in the financial statements	5,570,000	7,525,000

15 Financial risk management objectives and policies

The Board is subject to interest rate risk, credit risk and funding risk. The Board recognises that management of financial risks is an important aspect to discharge its regulatory functions, objects and duties under the Health Promotion Board Act (Chapter 122B). The Board has adopted risk management practices to mitigate these risks in a cost effective manner.

Foreign exchange risk

The Board has minimal exposure to foreign exchange risk as it transacts mainly in Singapore dollars.

Interest rate risk

The Board has limited exposure to interest rate risk as interest-bearing assets are short-term in nature.

Credit risk

The Board's credit risk is primarily attributable to its cash and cash equivalents and receivables. Liquid funds are placed with financial institutions with high credit ratings. The credit risk with respect to the receivables is limited as the Board deals with creditworthy counterparties such as government bodies and hospitals.

The Board has no significant concentrations of credit risks. Commercial receivables are spread over a large base of counterparties.

The carrying amount of the financial assets recorded in the balance sheet represents the Board's maximum exposure to credit risk.

Funding risk

The Board's operations are funded by government grants and donations from other non-government bodies. The Board reviews its funds reserves, comprising free cash flows from its operations and government grants, to ensure liquidity is maintained at all times.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2006

16 Financial instruments

Fair values

The carrying amount of financial assets and liabilities with a maturity of less than one year is assumed to approximate their fair values.

17 Prior year adjustments

Property, plant and equipment transferred from the Ministry of Health since the establishment of the Board, and property, plant and equipment and intangible assets financed by the Ministry of Health, which had previously not been accounted for by the Board have been adjusted retrospectively. The effect of the adjustment is a decrease in the net surplus for the year 2004/2005 of \$966,770. The accumulated surplus brought forward for 2004/2005 has been decreased by \$7,504,862 which is the amount of the adjustments relating to periods prior to 2004/2005. The comparative financial statements for 2004/2005 have been restated accordingly as follows:

	As restated 2004/2005 \$	As previously reported 2004/2005 \$
Balance Sheet		
Accumulated surplus	7,030,859	15,502,491
Property, plant and equipment	14,199,669	5,002,605
Intangible assets	7,627,527	5,728,482
Receivables and prepayments	617,157	585,671
Payables and accruals	(23,189,551)	(13,763,346)
Deferred capital grants	(20,904,109)	(10,731,087)
Income and expenditure statement		
Operating supplies and services	(14,557,356)	(14,504,086)
Depreciation of property, plant and equipment	(3,842,814)	(1,577,069)
Amortisation of intangible assets	(1,783,071)	(833,549)
Government grants	89,087,749	89,034,479
Deferred capital grants amortised	4,808,764	2,410,618
Contribution in lieu of tax	149,649	-
Net surplus for the year	3,542,395	4,509,165

Contact Us

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Healthline

(Personal Advice)
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Saturday: 8.30am - 1.00pm
Tel: 1800 223 1313

HealthLine

(24Hr Pre-recorded Health Messages)
Tel: 1800 848 1313

QuitLine

Monday - Friday: 8.30am - 5.00pm
Saturday: 8.30am - 1.00pm
Tel: 1800 438 2000

Health Information Centre

Level 3, Health Promotion Board
Monday - Friday: 8.30am - 5.00pm
Saturday: 8.30am - 1.00pm
Closed on Sundays and Public Holidays
Tel: 6435 3954
Fax: 6536 1277

HealthZone

Level 2, Health Promotion Board
Monday: 1.00pm - 5.00pm
Tuesday - Friday: 9.00am - 5.00pm
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