

HOLISTIC HEALTH

Health Promotion Board
Annual Report 2006/2007

CONTENTS

Vision, Mission & Values **01** Chairman's Message **02**

Board Members **04** HPB Leadership **06** Organisation Structure **07**

Vitality **08** Empowerment **20** Strength **30** Vigour **38** Energy **44** Financial Statements **49**

our vision

A nation of healthy and fit Singaporeans.

our mission

We will be a centre of excellence for health promotion. With our partners, we create a supportive environment, and provide health education and preventive health services to empower every Singaporean to attain the best possible health throughout life.

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.

Chairman's Message

In the year under review, HPB made a strategic decision to reach out to not just the healthy which it had done well, but also the at-risk and people with health conditions.

In line with the Ministry of Health's strategic thrust, the Board embarked on an organisational restructuring to reflect its priorities to more effectively reach out to all Singaporeans based on their health status. Under the new structure, the Adult and Youth Health Divisions were sub-divided into three key functional areas – Programme Management, Programme Outreach and Preventive Health Services. A new department, Corporate Partnership Management was also established to proactively engage with public, private and people sector partners to maximise synergy for the Board.

In line with our focus on Active Health Management, HPB embarked on several programmes to educate and empower Singaporeans with the health knowledge and skills to actively manage their own health, regardless of their health status.

HPB initiated several new initiatives in 2006 to create a supportive environment for healthy living. One of the key initiatives was the Nutrition Department's partnership with the food industry to formulate a new blend of cooking oil with reduced levels of saturated fat suitable for hawker cooking. This was introduced together with other healthier ingredients through our Healthier Hawker Food Programme.

2006 also marked a different focus for our Mental Health Education programme, focusing on the promotion of positive mental health as an integral part of holistic health, in addition to just physical health.

Our Youth Health Division continued to successfully encourage peer-led programmes through Youth Advolution for Health and working directly with youths. Its programmes such as the inaugural StompAIDS Challenge and Audible Hearts were very well received by the youths, utilising media and outreach methods that were youth-centric and appealing to the youths.

The increased emphasis on outreach in the year under review also saw a more targeted approach in our outreach effort as HPB segmentised our target audience by settings such as workplace, community and school. This enabled us to package our health programmes holistically to target our audiences in the various settings. HPB also actively worked with corporations to foster partnerships and garnered more than \$500,000 in sponsorship for the National Healthy Lifestyle Campaign 2006, with Nestlé being the main sponsor for the Campaign. More importantly, this collaboration with Nestlé resulted in 35 healthier choice symbol products being developed in 2006, offering more healthier options for consumers.

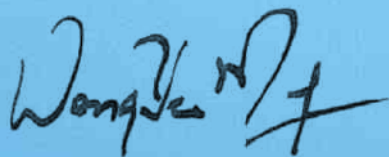
In addition to programmes, HPB also made headlines as we took the lead in several 'firsts'. Our School Health Assessment Programme (SHAPE) Computer System and Integrated Dental Electronic Assessment for Students (IDEAS) Computer System were awarded the Merit Award in the Most Innovative Use of Infocomm Technology (Public Sector) category at the National Infocomm Awards 2006. They were also winners in the Healthcare Category at the Asia Pacific Information and Communication Technology Awards 2006, making HPB the first Singapore non-commercial organisation to win this Award. HPB was also the first government agency to utilise new media such as podcasts to creatively reach out to tech-savvy Singaporeans.

On the international front, HPB further established ourselves as an international centre of excellence for health promotion, being designated as a World Health Organisation Collaborating Centre for Health Promotion & Disease Prevention.

As we worked hard to promote the health of the population, we also strived for organisation excellence as two new departments were established to focus on Strategic Planning and Organisation Development. Our staff walked the talk by setting a new Singapore record for an organisation having the most number of staff doing star jumps and squats during our annual Fitness Assessment.

For 2007, we will continue to enhance the effectiveness and efficiency of our various programmes and reach out to not just the healthy Singaporeans, but also the at-risk and people with health conditions.

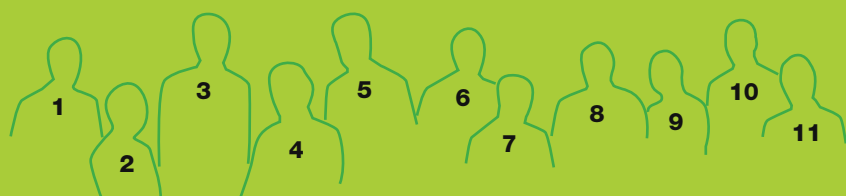
We thank all our staff and partners, particularly the Ministry of Health, for their valuable support and contribution. We look forward to working even more closely together to build a nation of healthy and fit Singaporeans.



Wong Yew Meng
Chairman
Health Promotion Board



Board Members



Board Members

1. BG (Dr) Wong Yue Sie

Chairman
Division of Ambulatory & Clinical
Support Services
Singapore General Hospital

2. Dr Chen Ai Ju

Former Director of Medical Services
Ministry of Health

3. Mr Lucas Chow

(with effect from 1 June 2006)
Group Chief Executive Officer
Mediacorp Pte Ltd

4. Mr Wong Yew Meng

Chairman, HPB
Partner
PriceWaterhouse Coopers

5. Mr Oon Jin Teik

Chief Executive Officer
Singapore Sports Council

6. Mr Razak Bin Mohamed Lazim

Director
Mosque & Community Affairs
Majlis Ugama Islam Singapura (MUIS)

7. Mr Lim Soon Hock

Managing Director
PLAN-B ICAG Pte Ltd

8. Dr N Varaprasad

Chief Executive
National Library Board



9. Mrs Susan Chan Yoke Kate
Deputy Director/Schools West
Schools Division
Ministry of Education

10. Mr Tan Boon Huat
Chief Executive Director
People's Association

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

Mr Loh Khum Yeap
(Board Member up to 31 May 2006)
Chief Executive
SPRING Singapore

Board Committees

Audit Committee

Dr N Varaprasad (Chairman)
Mr Tan Boon Huat
Mr Lucas Chow

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

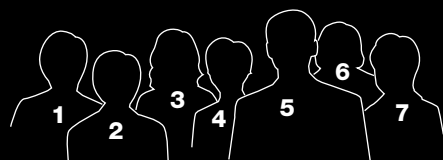
Mass Media Campaign Committee

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

HPB Leadership



1. Ms Tan Seok Lee
Director, Corporate
Services Division

2. Dr Theresa Yoong
Director, Adult Health
Division

3. Dr Annie Ling
Director, Research and
Strategic Planning Division
(with effect from 15 November 2006)

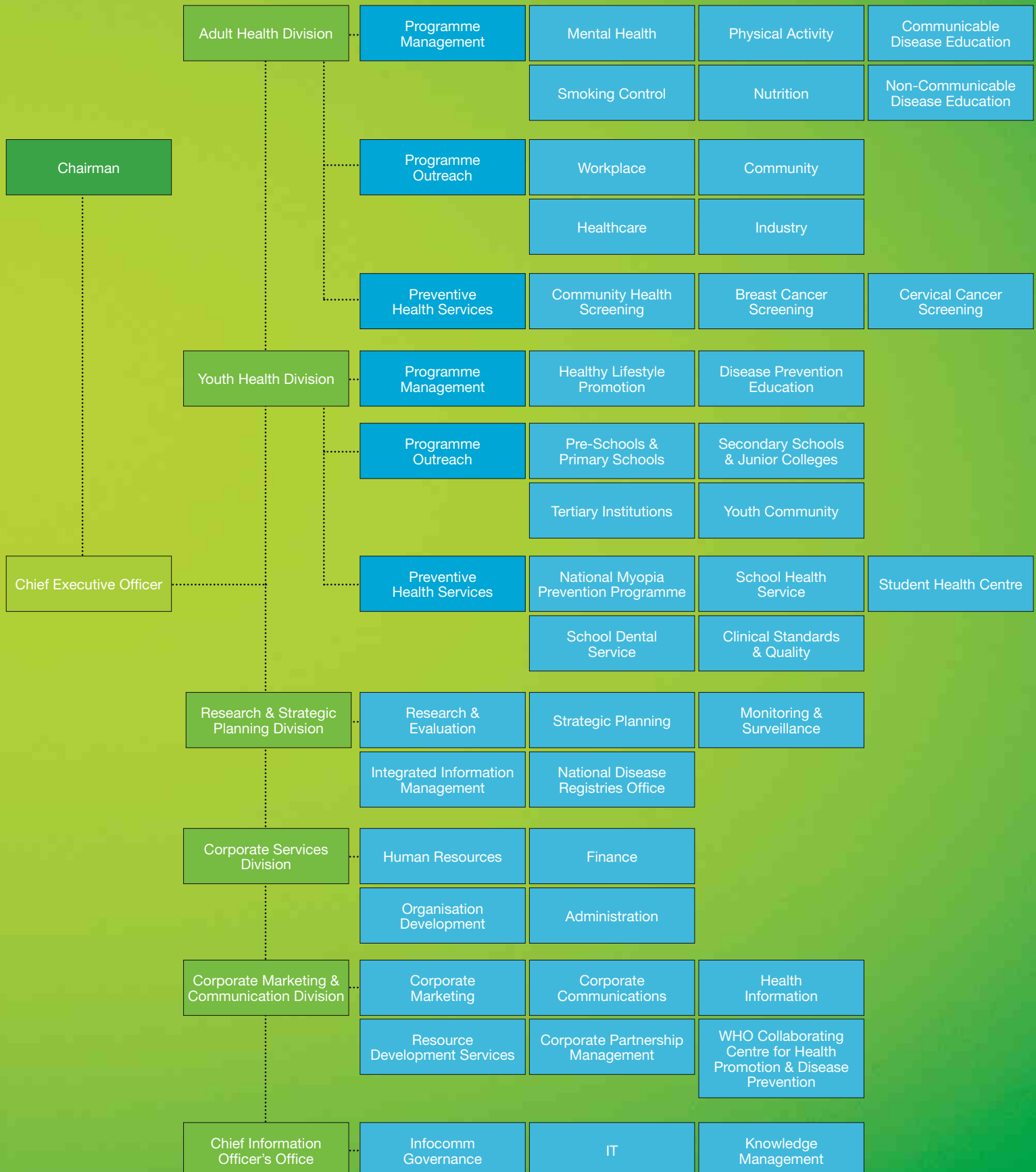
4. Dr Rose Vaithinathan
Director, Youth Health Division

5. Mr Lam Pin Woon
Chief Executive Officer

6. Dr K Vijaya
Director, Corporate
Marketing &
Communications Division

7. Dr Mabel Yap
Director, Research and
Strategic Planning Division
(up till 14 November 2006)

Organisation Structure



vitality

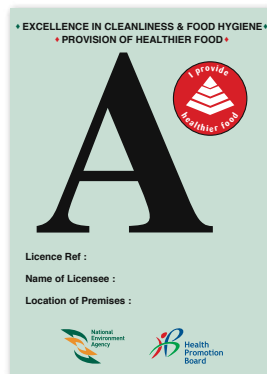
The vibrancy of a nation depends on the good health of its people. HPB's innovative and targeted programmes enable Singaporeans of all ages to optimise their physical and mental well-being.





HPB's health promotion programmes reach youths in their formative years to adulthood. The goal is to encourage Singaporeans to take control and improve their overall health and wellbeing through lifestyle changes.

NUTRITION PROGRAMME



Adults

The new Healthier Hawker Food initiative, jointly organised by HPB and National Environment Agency (NEA), kicked off islandwide on 30 July 2006. This initiative aims to encourage hawkers to use healthier ingredients in their cooking so as to improve the nutritional status of Singaporeans who eat out. Hawkers were encouraged to replace a key ingredient in their dishes

such as cooking oil and coconut milk with healthier ingredients. HPB worked with NEA to award the 450 participating hawkers with the Healthier Choice Symbol on the current stall hygiene labels.

As at March 2007, more than 120 restaurants, with over 220 outlets, are participating in the Healthier Dining Programme. Our annual monitoring has shown an upward trend in the demand for healthier dishes - from 35% in 2004, 50% in 2005 to 59% in 2006.

The Senior Culinary Ambassador Programme is a collaboration between HPB and People's Association (Senior Citizen Network), supported by the Ministry of Community Development, Youth and Sports (MCYS) Golden Opportunities Fund. This programme aims to train a group of active seniors as volunteers to promote healthy eating amongst elderly Singaporeans through social networking sessions such as cooking workshops in the community centres. Since the programme was introduced in July 2006, we have trained 50 volunteers as HPB Senior Culinary Ambassadors.

The Nutrition Labelling Programme has been working actively with the food industry to develop healthier products such as reduced/no-trans-fat products and reduced-sugar drinks. There are at least 150 reduced/no-trans-fat products and 100 reduced-sugar drinks in the market.

The Dietary Guidelines for adult Singaporeans recommend 2 servings of fruit and 2 servings of vegetables daily. According to HPB's National Nutrition Survey 2004, less Singaporeans are meeting the guidelines for fruits (28.6%) as compared to vegetables (42.7%). Therefore, to boost consumption of fruit among Singaporeans, "Have a Fruitful Day", a one-month event, was organised with two food-court chains: Food Junction and Food Republic. Fruit stalls at all Food Junction outlets promoted ready-cut fruit with two new colourful fruit platters. Fruit



Fruit Ambassadors at the food courts

ambassadors were present at Food Junction outlets to provide table-to-table service to encourage customers to eat more fruit. Food Republic introduced specially concocted high-fibre, colourful fruit mocktails.

Youth

The Fruittie Veggie Bites programme was piloted in 2006 to promote fruit and vegetable consumption among the young. This programme comprises a simple reward scheme to encourage students to purchase fruit and vegetables from the school canteen and several classroom activities.

School health fairs were organised to promote good health habits among students in six primary schools and eight secondary schools. The health fairs included a health exhibition and interactive displays on various health topics, including nutrition. Students also took part in competitions such as the healthy-sandwich-making competition, and “Water for a Healthy Life” rap competition.

HPB collaborated with Nestlé (Singapore) Pte Ltd to develop and organise a healthy living school tour. Through an interactive skit performance and various activities, 48,000 students from 27 primary schools learned about the importance of healthy nutrition and regular physical activity.

PHYSICAL ACTIVITY

Adults

2006's National Healthy Lifestyle Campaign (NHLC) kicked off amidst much games and activity at East Coast Park, which was transformed into a theme park of land, beach and water activities for the day-long event. A national record was set when 20,080 participants exercised for at least 30 minutes in one

location. In conjunction with NHLC 2006, several fringe activities were organised to promote healthy living among Singaporeans. These included a three-day-long Fit for Life exhibition, the Milo FunFit Challenge, the Allswell Heartlands Vertical Challenge and thematic walks to promote brisk walking. 20 walks through nature reserves and heritage trails were organised jointly with National Heritage Board and National Parks for 600 participants.

Fitness@Work expanded in 2006 to benefit more working females, as it continued its outreach to about 300 busy office workers each week. Weekly hour-long sessions, led by professional instructors from California Fitness, are held at the UOB River Promenade and National Library Board at Victoria Street.

In 2006, collaborations with Community Development Councils (CDCs) and grassroots organisations were strengthened through the promotion of brisk walking, resulting in an increase in brisk walking club memberships, frequency of walks and number of training courses for lay leaders. “Strong Bones for Life”, a strength training programme, was conducted for 31 elderly brisk walkers to help them build muscle strength, improve balance and reduce the risk of falls. This eight-week programme, supported by the Singapore Sports Council and NTUC Income, proved effective in promoting benefits of strength training. Other highlights of the year were the two-month Journey to Health and Fitness programme, including the promotion of Aarokkia Aatam for the Indian community residing in the Tanglin-Cairnhill constituency, Kebayarobics workout sessions for Malay women at 10 community centres/clubs and a mosque, and “Central Singapore on the Move” – a mass carnival jointly organised by HPB and Central Singapore CDC.



A school health fair



Participants at the National Healthy Lifestyle Campaign 2006



Fitness@Work instructors

Youth

The Active School Package programme was piloted in 2006 to encourage primary schools to incorporate physical activity into their formal curriculum beyond the stipulated Physical Education (PE) lessons. Through this and various recess activities, the programme aims to provide students with greater opportunities to engage in regular physical activity in school.

35 schools participated in the Let's Work It! Challenge 2006 which gave students the opportunity to creatively choreograph an original, fun and exciting workout routine which their schools could adopt as a mass physical activity. Woodlands Ring Primary School, Bendemeer Secondary School and Pioneer Junior College emerged the winners for the different categories.

MENTAL HEALTH EDUCATION

Adults

2006 marked a turning point for HPB's Mental Health Education (MHE) programme, focusing on the promotion of positive mental health. HPB participated in 50 exhibitions including the "Health & U" Fair in July 2006 and the Women's EXPO in September 2006, promoting positive mental health messages to an estimated 10,000 visitors. HPB also worked with niche organisations such as the Singapore Action Group for Elders (SAGE) to conduct 12 public forums on healthy ageing and suicide prevention, reaching out to more than 450 senior citizens. For the first time, HPB collaborated with the People's Association Indian Executive Committee (PA IAEC) to conduct workshops on stress management and emotional wellness for about 200 Indian women and men.

HPB collaborated with the Institute of Mental Health (IMH) and the Singapore Association for Mental Health (SAMH) on new education initiatives in 2006. 180 religious leaders from the SOKA Association and the mosques were taught to look out for early symptoms of mental illness. 370 family caregivers and members of the public were taught skills such as resilience and caring for patients with mental illnesses at public forums held throughout the year. The MHE programme continued to support World Mental Health Week events conducted by its partners, which aimed at reducing the stigma associated with mental illness.

Youth

In 2006, HPB organised stress management assembly programmes for nine Junior Colleges and nine Institutes of Technical Education (ITEs), reaching out to 10,200 and 1,340 students respectively. The programmes helped students learn more about themselves and to better cope with stress in their daily lives through a multi-media presentation which incorporated role-play and a mass personality test. HPB also collaborated with educational institutions such as Singapore Institute of Management to organise mental health activities for their students.



Youths provide counsel to their peers with Audible Hearts

HPB collaborated with youths from the National Youth Forum to develop an online peer support initiative called Audible Hearts for youths. This programme is run by a network of trained and dedicated youth volunteers called YouthPals, and professional counsellors who serve as content moderators and mentors. The portal provides an avenue for young people to seek advice anonymously from their peers through the Internet. The website has received about 4,000 hits and the YouthPals have responded to about 200 queries since its launch on 19 November 2006.

332 primary and secondary school teachers were trained to use the “Mind Your Mind” package to conduct mental wellness programmes for their students. Seminars on mental health were held for 317 ITE lecturers and counsellors from the three clusters.

SMOKING CONTROL

Adults

To encourage smokers to quit smoking, the Quit Benefit Package Campaign was introduced on 31 May 2006, in conjunction with World No Tobacco Day 2006. The month-long Campaign, with the theme “Progress for Life When You Quit”, focused on the health and financial benefits of a smoke-free lifestyle. Through tangible rewards such as shopping vouchers and an insurance policy, introduced at a series of six islandwide roadshows, the Campaign demonstrated that financial and health gains are within easy reach when one quits smoking. Free quit-smoking consultation was offered by pharmacists from Unity Healthcare.

The Fresh Air For Women (FAFW) programme introduced two new integrated marketing campaigns in 2006. Both the “Get Fresh!” and “Taufik Smoke-free Journey” campaigns provided multiple-channel support to target young female smokers, aged 18 to 29 years. Among the new features of the programme were a comprehensive website featuring personalised quit advice, three new celebrity ambassadors and 19 Get Fresh! tours conducted at shopping centres, nightclubs and MRT stations. Both campaigns successfully reached over 35,000 young adults in schools, workplaces and the community.

HPB launched the Singhealth In-patient Smoking Cessation Intervention Programme in partnership with the Singhealth Group to offer tailored quit-smoking advice to all in-patient smokers.

As health professionals are perceived to offer credible quit-smoking advice, the Pharmacy-Assisted Smoking Cessation Intervention Programme and the Pharmacist Health Ambassador Programme were launched through a Memorandum of Understanding with the Pharmaceutical Society of Singapore. Both programmes aimed to integrate and offer customised smoking-cessation advice to smokers and their family members through routine opportunistic contacts with smokers at retail pharmacy outlets. To enhance the effectiveness of smoking cessation advice from health professionals, over 600 health professionals from various medical disciplines were trained in smoking cessation intervention skills in 2006.



Graphic health warnings
on tobacco packaging

Six new graphic health warnings on tobacco packaging were introduced in November 2006. An evaluation of the graphic health warnings found them to be effective: 47% of smokers surveyed said that they smoked fewer cigarettes or smoked less frequently after seeing the graphic warnings while 21% informed that they tried to abstain from smoking after reading the health warning labels. 46% of non-smokers surveyed reported that they advised smokers to quit smoking as a result of seeing the health warning labels.

Youth

The Youth Advolution for Health (YAH) Programme encourages youth to plan and develop health promotion programmes for their peers. In 2006, youths from secondary schools, ITEs, polytechnics as well as the universities conceptualised and implemented 12

peer-led initiatives to raise awareness of the benefits of leading a smoke-free lifestyle. One of the activities was the World No Tobacco Day Youth Event 2006 – aptly named “Youth Can Make A Difference” – that comprised a street parade of mascots dressed as brains filled with “blood clots”, lungs smeared with “tar” and an evil-looking cigarette stub which spoke to youths on the streets and encouraged them to remove the “blood clots” or “tar” to signify their commitment to lead a smoke-free lifestyle. About 9,000 youths participated in various school- and community-based YAH activities in 2006.



World No Tobacco Day 2006

About 25,000 students from 75 schools participated in the “Too Tuff To Puff” street soccer carnival, which promotes sports as a healthier lifestyle to smoking. In addition, three interactive skits were staged for primary, secondary schools and ITEs, respectively. 90 skits were staged in the learning institutions reaching 90,000 students.

An essay-writing competition with the theme “A Smoke-Free Nation” for primary schools attracted 214 entries from 61 schools while a Graffiti Wall Competition attracted 50 entries from nine secondary schools.

In 2006, HPB worked closely with many community organisations to organise smoking-control initiatives targeting at-risk and out-of-school youths. The activities included anti-smoking talks, workshops and competitions. An example was “Take Charge!”, a smoking cessation programme organised for a group of youth smokers from the T-Net Club @ Macpherson of the People’s Association Youth Movement. HPB also trained teachers, youth counsellors, youth workers, volunteers and police officers from City Harvest Education Centre, Ang Mo Kio Family Service Centre, Student Care Services, TOUCH Community Services and Bedok Police Division, respectively, to help their youths quit smoking.



HPB signed a Memorandum of Understanding with the Home United Football Club to engage its S.League soccer players to be anti-smoking ambassadors known as “Buttkickers”. As professional sportsmen, the players acted as positive role models to promote the importance of staying smoke-free and leading a healthy lifestyle to youths.



HPB worked with several Malay Muslim Organisations (MMOs) on smoking control programmes. For example, it organised a Smoking Cessation Challenge in conjunction with the Ramadan Youth Challenge in October 2006. Malay-Muslim youths participated in four cessation workshops, which equipped them with the knowledge and skills to quit smoking, and a three-month follow-up programme, which helped monitor their smoking status and provided them with the necessary support to help them stay smoke-free. HPB also collaborated with the Muslim Health Care Professionals Association (MHPA) to organise an innovative “Shisha” forum for about 100 youths and supported the Family Day organised by the MMOs and weaved in health messages such as smoking control and physical activity.

To reach out to young Malay Muslim females, HPB organised a Personal Grooming workshop in September 2006. 50 girls from various MMOs such as Mendaki and Malay Youth Literary Association (4PM) attended three workshop sessions, which covered basic grooming knowledge such as skin care, make-up and dress sense. Smoking-control messages were subtly weaved into the sessions.

Six teachers’ training sessions were conducted for the Peer Assisted Learning (PAL) smoking prevention and Break-Free smoking cessation programmes. The PAL programme, aimed at Secondary 1 students, engages peer leaders to conduct the activities stipulated in the programme. The Break-Free programme provides teachers with the knowledge and skills to organise smoking cessation programmes in schools to help their students quit smoking.

OSTEOPOROSIS EDUCATION PROGRAMME

Building bone health awareness continued to be the aim of the Osteoporosis Education Programme as HPB organised various community events for over 50,000 people in 2006. HPB also supported a public forum, a nutrition talk and aired the International Osteoporosis Foundation’s television commercial (TVC) campaign featuring celebrity chef Martin Yan as part of the Osteoporosis Society of Singapore’s World Osteoporosis Day activities in October 2006.

Over 800 participants attended our series of 20 talks and five workshops on the topic of Falls Prevention & Home Safety. A Train-the-Trainer Exercise Training Series was piloted in October 2006 to develop the capacity of individuals conducting strength and balance exercise programmes for the elderly. For the workplaces, HPB launched a two-module osteoporosis education series in October 2006, reaching 20 workplaces and benefiting over 1,200 participants. The modules comprised “Eating Right for Your Bones!”, which educated participants on their daily calcium requirements and provided tips on incorporating calcium-rich foods into their diet, and “Bone Up! With Exercise!”, which introduced participants to appropriate and easy weight-bearing exercises to help them build and maintain healthy bones.

ORAL HEALTH PROMOTION

Adults

The Adult Oral Health Survey 2003 showed a high prevalence of gum disease among Singapore adults. To raise awareness of common gum diseases among Singaporeans, the Adult Oral Health Promotion Programme ran a month-long awareness campaign featuring the “Can’t Smile without You” TVC and the Best Smile photo contest in April 2006, highlighting the importance of brushing twice a day, flossing once a day and visiting the dentist at least once every year to prevent gum disease. HPB also supported Oral Health Month in June 2006. This event was jointly organised by Colgate Palmolive and the Singapore Dental Association.

Youth

Various oral health promotion programmes were organised in 2006 to help the young adopt positive oral health practices.

The kindergarten programme for oral health education was organised in 517 pre-schools and reached over 57,000 pre-schoolers. Through interactive activities and presentations, children learned about the importance of oral health and tooth decay prevention skills. Their parents were given dental health education resource materials to complement what they had learnt in school.



Oral health education at kindergartens

A mass tooth-brushing drill for Primary 1 and 2 students was organised in 86% of primary schools to inculcate correct tooth-brushing techniques among the young. Dental health talks were also organised in 96% of primary schools to educate over 43,000 Primary 5 students about the causes, consequences and prevention of gum disease.

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

NATIONAL MYOPIA PREVENTION PROGRAMME (NMPP)

112 primary schools participated in the “Oh Eyes See!” Story-writing Inter-School Competition and 77 schools took part in the Eye Care Radio Advertisement Inter-School Competition, which were organised to promote good eyecare habits among students. The workshop drew an overwhelming response of more than 200 participants from 53 primary schools.

Eye Care Week was held from 27 to 31 March 2006 to highlight the importance of caring for the eyes and to empower students to take a bigger role in planning and conducting fun-filled activities for their schoolmates. 128 primary schools participated in the activities and 28 primary schools took part in the Eye Care Monitor Scheme. During Eye Care Week, activity guides, myopia game ideas, booklets and a new CD Rom teaching tool “Eye Alert!” were distributed to all the primary schools.

In 2006, HPB collaborated with community partners to conduct programmes for parents on good eyecare habits. A Vision Care Campaign was held at Ang Mo Kio Library from January to March 2006. The campaign included an eye care talk and exhibition panels on myopia and good eyecare habits. Myopia education and counselling were offered at HPB’s Refraction Clinics (RCs) for parents whose children were referred for further eye examinations. The “Protect your children’s eyesight” booklet and a website “Eye Interactive!” (URL: www.hpb.gov.sg/eye) were produced as resources for parents.

Training sessions on myopia prevention were organised for 231 pre-school and primary school teachers, to update them on the latest developments in myopia education, raise awareness of the importance of child safety in their environment and alert them to new teaching resources from HPB.



Teaching children about good eye care habits

The preschool field teams conducted education sessions on good eyecare habits at 247 childcare centres covering 7,073 K1 students and 7,765 K2 students. Flashcards were used to reinforce the key messages and stickers were given to students to remind them to take vision breaks after prolonged periods of near work. These education sessions were later reinforced by interactive education sessions using games and storytelling resource materials with hand puppets in November 2006. In 2006, about 11,000 preschoolers, Primary 1 students and their parents received myopia education and counselling at the RCs.

2006 saw the review of the current evidence for myopia prevention and NMPP's strategies by a Ministry of Health (MOH) appointed expert Workgroup comprising ophthalmologists with special interest in paediatric eye issues. The expert Workgroup recommended to continue with vision screening and to promote outdoor activities to protect against myopia while downplaying the vision-break message. The latter recommendation would be incorporated in NMPP's public messaging in 2007.

The Spectacles Fund initiative was launched on 9 September 2002 to provide financial assistance to needy students to purchase spectacles. In May 2006, NMPP entered a two-year collaboration with Essilor Singapore, a leading dealer in mid- to high-end ophthalmic lenses. Under the collaboration, eligible financially needy students were issued a S\$30 voucher from HPB to buy the frames and Essilor Singapore sponsored the lenses. 617 optical outlets participated in the programme. As at end 2006, about 1,900 students have benefited from this collaboration.

VISION SCREENING

In 2006, about 39,000 five-year-old (K1) and 45,000 six-year-old (K2) students in 1,211 preschools were screened using the LogMar charts. This represented 95.7% and 99.4% coverage of K1 and K2 cohorts respectively. About 17% and 12% of the K1 and K2 screened (12,017 pupils) were referred to the RCs at the three polyclinics and the Student Health Centre for further evaluation.

In 2006, 142,090 (50%) primary school students and 102,018 (68%) secondary school students were found to have defective vision. Those with uncorrected vision or found to be undercorrected were referred to private optometrists/optical outlets for further testing. Students in Primary 1 were referred to the RCs.

CHILDHOOD INJURY PREVENTION PROGRAMME (CHIPP)



HPB supported "The Dover Celebrates!" event on 22 April 2006 with a "Be Safe, Have Fun" puppet show, an exhibition and a health quiz to raise participants' awareness of child safety at play. We also participated in the "Home Safety & First Aid Seminar for Families" organised by Singapore Red Cross Society on 7 May 2006, and conducted a talk for parents from the Ang Mo Kio Family Services Centre on 27 May 2006 to raise awareness of basic first aid and childhood injury prevention techniques.

HPB collaborated with Bukit Batok Fei Yue Family Services Centre and Ang Mo Kio Family Services Centre to incorporate health education as part of the MCYS Healthy Start programme. During the school holidays, 10 School Health Service nurses visited 38 families in the Bukit Batok and Ang Mo Kio vicinity to advise caregivers on home safety, healthy eating and the importance of leading a smoke-free lifestyle. In June 2006, in collaboration with HealthZone, a half-day camp was organised for the children and their parents/caregivers to raise awareness of child safety and other aspects of healthy living.

WORKPLACE OUTREACH

Some 250 senior management, HR professionals and workplace health facilitators attended the 6th National Conference on Workplace Health Promotion (WHP) from 5 to 6 October 2006. Entitled “Sustaining Workplace Health Promotion in the New Economy”, the conference featured a keynote address by Dr Karen Heckert, Regional Advisor for Health Promotion, World Health Organisation. Following the conference, HPB trained 130 workplace health facilitators to establish health promotion programmes at their workplaces.

2006's Singapore HEALTH Award was held in conjunction with the national conference. Since the Award's launch, there has been more than a two-fold increase in the number of organisations receiving the award – from 132 in 1999 to 349 in 2006. 12 organisations received the Platinum Award in 2006 and 138 organisations received the Gold Award, a 46% increase from the previous year. 17 organisations received the HEALTH Provider Award, HEALTH Leader Award and HEALTH Promoter Award respectively. Eight organisations were given Sub-Category Awards in Fitness, Nutrition and Smoke-free categories.

To further help organisations sustain and make improvements to their WHP programmes, Club HEALTH, a new networking and peer support initiative for health facilitators from HEALTH Award companies, was launched in February 2006. As at March 2007, Club Health has attracted over 600 members.

The revamped Health@Work Portal was launched on 6 February 2007 at NTUC Centre. The launch showcased the new programmes for workplaces in 2007 to the 170 workplace facilitators in audience. The portal serves as a one-stop resource centre where workplace facilitators can get updates on workplace health news and happenings, including ready tools and resources to plan, implement and sustain their WHP programmes.

140 WHP Grants were awarded in 2006. From May 2007, the Grant will be renamed “Workplace Health and Sports Promotion Grant”. Under the new grant scheme jointly administered by Workplace



HPB showcases its range of workplace health programmes



Participants at the workplace outreach programme

Outreach Department and the Singapore Sports Council, companies can receive up to \$10,000 funding (\$5000 for health promotion activities and \$5000 for sports and physical activities).

HPB is also collaborating with NTUC to implement a programme named “U-Health” which aims to strengthen the employability of older workers through WHP programmes in unionised companies and to improve the health status of union members.

Key partners for the project include HPB, NTUC, NTUC Healthcare and three approved WHP consultants. 30 companies have been identified to participate in the pilot phase and about 120 companies will participate in the next phase of this project.



Launch of Healthy Community @ SouthWest




Engaging the community

COMMUNITY OUTREACH

The Community Outreach department was set up in June 2006 to improve the health of the people through supportive environmental measures and appropriate health skills programmes. In 2006, the department participated in 38 health-related community events, reaching out to approximately 10,000 people.

Healthy Community @ SouthWest (HC@SW), a new 3-year partnership initiative, was forged with South West Community Development Council and launched on 29 October 2006 to enable residents to gain access to facilities, information and assistance to start a healthier lifestyle in the South West District. HPB continued to work closely with community groups such as the Malay Muslim Organisations and the People's Association to conduct healthy lifestyle programmes such as cooking demonstrations, fitness sessions and interactive exhibitions to equip participants with the skills for achieving total wellbeing.



Protecting one's health means being in control. We strive to empower Singaporeans to take charge of their health by equipping them with the knowledge and means to prevent and manage illnesses and other debilitating conditions.

empow



verment

A major thrust of our programmes is preventive health: preventing problems before they occur, rather than just treating them afterwards. Working together with the community, we help Singaporeans lead a longer, healthier and happier life.



Workplace RESPECT programme

COMMUNICABLE DISEASE EDUCATION PROGRAMME

Adults

In 2006, HPB enhanced the reach of the HIV/AIDS programme to the workplace and community through two important platforms – RESPECT and the World AIDS Day campaign. RESPECT (Rallying Employers to Support the Prevention, Education and Control of STI/HIV/AIDS) was launched in April 2006 by Dr Balaji Sadasivan. The programme engaged participants with interactive activities such as a play entitled “Play Safe” and peer-led training called the “Bridges of Hope”. 30,199 employees from 53 companies benefited from this programme.

2006 saw another first when HPB collaborated with Tan Tock Seng Hospital and Action for AIDS (AfA) to organise the 5th Singapore AIDS Conference on World AIDS Day. With the theme “HIV in Singapore – The Challenge and The Hope”, HPB held a pre-conference business lunch meeting for 37 Chief Executive Officers, of which 18 of them implemented RESPECT in their companies. This was followed by a Women’s Forum where more than 60 women gathered to discuss ways to protect women against HIV.

As part of our ongoing HIV/AIDS outreach, HPB embarked on the “Stop AIDS: Be aware, show you care” public education campaign which comprised a series of roadshows at shopping malls, various retail outlets and Shell petrol kiosks. Public exhibitions were also held at the Women’s EXPO in September 2006 and SEXPO in November 2006. More than 50,000 people were reached through these community events. HPB reached a further 9,972 streetwalkers and more than 30,000 men through our 100% condom outreach and other collaborative initiatives with AfA and the Department of Sexually Transmitted Infection Control (DSC) Clinic, at various night spots, red light districts and local ferry terminals.



Stop AIDS: Be Aware Show
You Care roadshow

Youth

A new school-based Sexually Transmitted Infections (STI)/AIDS education programme named “Breaking Down Barriers” was piloted in five secondary schools from August to November 2006, reaching out to 1,200 Secondary 3 students. The programme was developed by HPB in collaboration with the Ministry of Health (MOH) and the Ministry of Education (MOE). As part of the mass education programme, 121 talks were conducted at 112 secondary schools and post-secondary institutions, reaching 47,656 students. The programme focused on raising awareness of STI/AIDS and prevention strategies.

An inaugural marketing strategy competition entitled “StompAIDS Challenge” was organised for all polytechnics, universities, and Institutes of Technical Education (ITEs). The objective was to leverage on creative strategies developed by youths to reach out to their peers on HIV/AIDS prevention. From some 100 entries, 10 teams were shortlisted to implement their strategies. 9,845 students were reached by the events. A team from the National University of Singapore won the top prize of \$10,000.

In December 2006, HPB collaborated with World Vision Singapore and Singapore Management University to organise a HIV/AIDS Youth Conference entitled “Weapons of Mass Destruction” for 240 students from tertiary institutions. At the conference, participants learnt about HIV/AIDS issues through plenary sessions, testimonials by People Living With HIV and AIDS (PLWHA), and activities conducted during breakout sessions.



StompAIDS Challenge

HPB also worked with MediaCorp Publishing Pte Ltd to weave HIV/AIDS prevention messages into the LIME-Sonic Bang event, which took place in December 2006. Messages were disseminated via game booths at the event, band performances, pop quizzes and a slogan/tagline competition. An estimated 14,000 participants attended the event over two days and about 100 people took part in the tagline contest.

The 5th Singapore AIDS Conference was jointly organised by HPB, Tan Tock Seng Hospital and AfA in December 2006. For the first time, the event incorporated a plenary session and a skills-building workshop that focused on youths. There was overwhelming response for the workshop, which drew more than 200 participants. They gained practical tips on dealing with sexuality issues in youths.

A sexuality workshop for at-risk youths was organised together with 4PM (Malay Youth Literary Association) under the Youth-In-Action Plus (YIA+) programme. 80 male and female youths attended the workshop. Parents of the YIA+ youths also attended a parenting workshop on sexuality organised by HPB and 4PM.

HPB also collaborated with MOE on two teachers’ training and two briefing sessions to sexuality education counsellors on STI/AIDS awareness and prevention.

NON-COMMUNICABLE DISEASE EDUCATION PROGRAMME

The Non-Communicable Disease Education (NCDE) Programme was set up in April 2006 to address the rising threat of chronic diseases, and to improve the care and management of chronic patients. HPB supported MOH's Medisave for Chronic Disease Management Programme (CDMP), which was launched in October 2006, with the "Managing Diabetes. Use Medisave" print ads in October, followed by the "Manage Chronic Diseases with Medisave" television commercials (TVC) and print ads in January 2007 for phase two of the programme.



*Chronic Disease Management
Programme wet market roadshow*

In conjunction with World Diabetes Day 2006, the NCDE programme supported the Diabetic Society of Singapore's "Diabetes Care for Everyone, Be in Charge" event in November 2006, which included a public forum and a diabetes exhibition in its informative line-up of activities. Throughout the year, HPB also participated in over 20 community health events and mobile roadshows at wet markets islandwide, reaching out to over 65,000 people.

To empower patients to understand and manage their chronic conditions under the guidance of their family physician, HPB organised a series of talks and workshops on chronic diseases in March 2007, and put together a comprehensive patient education folder consisting of a booklet, patient record book and an FAQ booklet on the use of Medisave. As part of the Chronic Disease Management Programme, the folder was distributed to patients with chronic disease/s. In 2006, HPB also supported the Pharmaceutical Society of Singapore's Health Ambassador initiative by training about 150 pharmacists in counselling patients with chronic diseases such as diabetes.



*Pharmacists attending a session on Diabetes
for the Health Ambassador initiative*

COMMUNITY HEALTH SCREENING

In 2006, about 4,800 residents from 20 electoral divisions participated in the Check Your Health programme, which has screened more than 146,000 senior citizens aged 50 years and above since its launch in July 2000. Of the participants who did not have prior history of the medical conditions, about 25% were detected with high blood pressure, 14% with high blood glucose and 38% with high blood cholesterol. 60% of participants requiring follow-up visited a doctor after the screening.



CERVICAL CANCER SCREENING

In 2006, 26,459 women participated in CervicalScreen Singapore, which has screened 56,326 women aged 25 to 69 years since its launch in August 2004. Of the 26,459 women screened, 31 pre-invasive cancers and five invasive cancers were detected. The high participation can be attributed to the comprehensive outreach campaign which comprised print media, community outreach events and collaboration with partners such as the Singapore Cancer Society.

Stringent quality assurance is the hallmark of any successful national screening programme. Four laboratories were audited in 2006 – all of which met the Programme's minimum standards. Two training courses were introduced in 2006 to boost the skills of our service providers – the Skills-Based Training Course in Women's Health, which attracted more than 150 family doctors, and the CytoPath course, which targeted cytotechnicians and trainee pathologists.



BREAST CANCER SCREENING

Since its launch in January 2002, BreastScreen Singapore (BSS) has screened 234,089 women aged 50 to 69 years. Out of the 114 cancers detected, 43% were carcinomas-in-situ (DCIS). To ensure a robust screening programme, HPB extended its quality assurance framework to mammography providers outside of the polyclinics. In August 2006, the 2nd Mammography Education Programme was extended to radiographers in the private X-ray centres and restructured hospitals for the first time. In February 2007, five BSS reading centres and three assessments centres were audited as part of the biennial audit. Three reading centres achieved conditional certification while two had full certification. Of the three assessment centres, two had conditional certification while one received full certification.

SCHOOL HEALTH SERVICE

National Childhood Immunisation Programme

The National Childhood Immunisation Programme offers vaccinations against several infectious diseases. The current Childhood Immunisation Schedule is illustrated in Table 1.

Table 1 : National Immunisation Schedule

Disease	Type of Vaccine	Primary Course	Booster
Tuberculosis	BCG	At birth	-
Hepatitis B	Hepatitis B	At birth 1st dose	-
		1 month 2nd dose	
		6 months 3rd dose	
Diphtheria, Pertussis and Tetanus	DPT/DT	3 months 1st dose	18 months 1st booster
		4 months 2nd dose	7 years 2nd booster (DT)
		5 months 3rd dose	12 years 3rd booster (DT)
Poliomyelitis	Oral Sabin	3 months 1st dose	18 months 1st booster
		4 months 2nd dose	7 years 2nd booster
		5 months 3rd dose	12 years 3rd booster
Measles, Mumps and Rubella	MMR	1-2 years	12 years

Since 2006, the booster dose of Hepatitis B vaccine for babies born to Hepatitis B-carrier mothers is no longer required under the National Childhood Immunisation Programme. This is based on the recommendation of MOH's Advisory and Scientific Committee on Hepatitis and Related Disorders.

Polyclinics and general practitioners provide immunisation for infants and preschool children. 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. The immunisation coverage for the last three years is shown in Table 2.

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

	2004(%)	2005(%)	2006(%)
BCG	99	98	98
Diphtheria	95	96	95
Poliomyelitis	94	96	95
Hepatitis B	93	96	95
Measles	95	96	95

¹ Data refers to immunisation given to all Singaporean and Singapore-PR children.

The School Health Service (SHS) provides booster immunisations against diphtheria, tetanus, poliomyelitis, measles, mumps and rubella. 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 2006, the immunisation coverage for both diphtheria & tetanus (DT) and polio (sabin) was 93% for Primary 1 students and 98% for Primary 6 students. Coverage for MMR was 95%.

Health Screening of Students

Annual health screening is carried out at all schools by health teams comprising doctors and nurses. In 2006, 44,179 or 99% of the Primary 1 cohort and 51,092 or 99% of the Primary 6 cohort were screened. In addition, 360,731 students of other levels (Primary 2 to 5 and Secondary 1 to 4) underwent selective vision and scoliosis screening.

Orientation on services provided by the School Health Service

Since 2005, HPB has participated in the schools orientation programme for parents of Primary 1 students. The aim is to inform them about the services provided by Youth Health Division and encourage their participation in the programmes, such as giving consent for immunisation. Through this outreach, HPB hopes to engage parents as our partners in developing good health habits among the students. In 2006, the programme was held in 175 (99%) primary schools.

The SHS has, since July 2005, conducted regular briefing sessions for principals, teachers and school administrators on its health screening, immunisation, oral health and health promotion services. The aim is to involve them as partners in delivering health promotion services to students, such as reminding students to bring along their health booklets and previous health records during the health teams' visit to schools. In 2006, 43 briefings were conducted in 39 primary schools during the teachers' contact time, reaching out to 2,449 school staff.

Student Health Centre

62,487 students visited the Student Health Centre (SHC) in 2006. Attendance at the various clinics is shown in Table 3.

Table 3: Attendance at SHC Clinics (2006)

General Clinics	32,930
Immunisation Clinic	11,583
Refraction Clinic	7,112
Nutrition Clinic	6,271
Specialist Clinic	4,198
Psychological Services	393



The nutrition clinic at the Student Health Centre



CHERISH Award

Since its inception in 2000, the number of schools participating in The Championing Efforts Resulting in Improved School Health (CHERISH) Award has increased by more than threefold. 276 awards were presented to 145 Primary schools, 125 Secondary Schools and six Junior Colleges in 2006.

In 2006, HPB collaborated with MOE to enhance the CHERISH framework and jointly administer the award. This collaboration underscores the strategic partnership between the health and education sectors to raise the profile of CHERISH among schools.

88 schools (46 primary schools, 39 secondary schools, three junior colleges) applied for the School Health Promotion grant, co-funded with the Singapore Totalisator Board.

In 2006, HPB collaborated with Temasek Polytechnic's School of Applied Sciences and Nanyang Polytechnic's School of Business Management on a range of student projects for their Health and Wellness module and Marketing Management module respectively. Students from both institutions planned and implemented health projects focusing on topics such as mental wellness, STI/AIDS prevention, smoking control and physical activity. HPB supported the projects through funding under the auspices of the YAH (Youth Advolvement for Health) programme and provided professional guidance on programme planning.

As part of the outreach to educators in 2006, HPB worked with the National Institute of Education to train 307 pre-service teachers for the first time on health promotion, mental wellness and STI/AIDS education. HPB also jointly organised five wellness programmes with the Teachers' Network of MOE to promote a healthy lifestyle among teachers and improve their wellbeing. 271 teachers attended the programmes.



School Dental Service mobile bus

SCHOOL DENTAL SERVICE

In 2006, the School Dental Service (SDS) reached out to all primary school students in Singapore. 277,916 (97%) primary school students participated in the programme, of which 255,383 students were eligible for dental care. 22,533 or 8% of students in Primary 5 were classified as low risk and were excluded from dental checks. 245,242 of eligible students (96%) were checked and 232,660 (91%) were rendered dentally fit.

The SDS also reached out to 96% of secondary school students. 178,179 (87%) students participated in the programme, of which 145,297 students were eligible for dental care. Secondary 2 students were excluded from dental checks. 128,704 (89%) eligible students were checked and 124,729 (86%) were rendered dentally fit.

In addition, 5,768 preschoolers, more than 3,000 students from six Madrasah Schools and 1,765 students from 16 Special Schools received dental treatment from the SDS.

A Decayed, Missing and Filled Teeth (DMFT) index of 0.72 and 1.11 was achieved among the 12-year-olds and 15-year-olds respectively in 2006.

HPB collaborated with Nanyang Polytechnic to provide clinical dental therapy training for students in the Dental Hygiene and Therapy course. 27 students of the pioneer batch graduated and were conferred the Diploma in Dental Hygiene and Therapy.

The SDS conducted its 7th SDS Annual Scientific Seminar, which was held on 17 August 2006 at Civil Service College Auditorium, with the theme "Today's Detection for Tomorrow's Prevention". 255 dentists, dental therapists and dental surgery assistants attended the event.

strength

Through innovative communication platforms, we deliver health information messages that augment the various programmes to enable well and at-risk Singaporeans to take charge of their health.





Healthcare has entered an era of rapid change. In reaching out to youths and adults, HPB recognises that traditional media platforms may not be as effective as before. We have fully taken advantage of new media such as blogs and podcasts to reach out, particularly to the youths. We also constantly monitor media trends to identify key platforms for delivering health promotion messages more effectively to different target segments of the population.



Chronic Disease Management
Programme outreach roadshow



SCORE for Health Challenge

CORPORATE MARKETING

In 2006, the Marketing Department was re-designated as Corporate Marketing Department as part of a HPB-wide organisational review. The immediate priority was to brainstorm a new communications slogan for the National Healthy Lifestyle Campaign 2006. The result was “Life. Live it strong!” – a rallying call for Singaporeans to take charge of their own health and take simple steps towards healthy living. The new slogan was launched by Minister for Health, Mr Khaw Boon Wan at the Fit for Life exhibition at Suntec City in September 2006.

HPB's first corporate event, the “SCORE for Health! Challenge” was held in June 2006. Over 300 participants took part in the health challenge and competed for the top prize of a pair of World Cup 2006 final tickets.

The Corporate Marketing Department represented HPB in the Workgroup on Public Education for the Flu Pandemic chaired by Ministry of Information, Communications and the Arts (MICA). The workgroup produced one million copies of the Flu Pandemic Guide, which was distributed to all households. As part of HPB's ongoing flu prevention education initiative, the Corporate Marketing Department collaborated with Dettol to incorporate public education messages on handwash products and borders of FairVision TV sets in NTUC supermarkets.

To support the Ministry of Health's (MOH) launch of the use of Medisave for Chronic Disease Management in October 2006, HPB produced a series of print and radio advertisements including pre-recorded dialect capsules. Specially designed decals identifying clinics on the programme were distributed to over 500 general practitioners. The campaign culminated in the heartland outreach roadshow held at Bukit Merah Town Central with Health Minister Khaw Boon Wan as the Guest of Honour.

When measures were implemented in schools to address the Hand, Foot and Mouth Disease (HFMD) outbreak in 2006, HPB responded swiftly to educate the public on the symptoms of HFMD and disease-prevention techniques. A 45-second television commercial and radio commercials were produced to target parents with young children. Advertisements were placed in major newspapers and parenting magazines.

In 2006, the Corporate Marketing Department continued to support Adult Health and Youth Health Divisions in their programmes. It supported the Vision Care Campaign at Ang Mo Kio Community Library with vision-care games, attractive pillar posters and stickers and a “spot captain eye” contest. For the HIV/AIDS campaign, Temptation Nite was developed, a roving roadshow targeting Chinese blue-collar workers at 20 workplaces and five coffeeshops in Geylang. Recognising the impact of new media on today's youths, HPB launched a new portal StompAIDS.org.sg to educate youths on Sexually Transmitted Infections (STIs) and AIDS, modes of transmission, common myths and misconceptions, and [stompAIDS](http://stompAIDS.org.sg).

To promote healthy living among the Malay community, HPB produced a 13-part infotainment programme, Kilo 123, featuring celebrity personality Suhaimi Yusof embarking on a healthy lifestyle. The Suria television programme drew over 65,000 viewers weekly and generated much buzz among the Malay community. Leveraging on Suhaimi's popularity, four versions of the TV interstitials were produced to communicate the fundamentals of healthy living and drive participation for the Muharram Challenge, a quit smoking challenge tailored for the Malay community.

CORPORATE COMMUNICATIONS

HPB has effectively reached out to the public through 562 media stories in 2006 on HPB's campaigns, activities and health messages. The media stories helped to widen the reach of HPB's messages in all the main media and magazines.

To achieve HPB's aim of being a centre of excellence for health promotion and education, the Corporate Communications Department hosts study tours for international, regional and local visitors. In 2006, HPB hosted a total of 43 visits. These included ministerial visits by the Honourable Pehin Orang Kaya Pekerma Laila DiRaja Dato Paduka Haji Awang Hazair bin Haji Abdullah, Deputy Minister of Health in Brunei, Dr Paul Hutchison, MP, New Zealand Opposition Spokesperson for Research, Science and Technology and Policy on Children, Mr Roel Bekker, Permanent Secretary (Health) of the Netherlands, and Y.B. Datuk Seri Panglima Dr. Chua Soi Lek, Minister of Health for Malaysia. Other study visits were made by Dr Linda Milan from the World Health Organisation, medical professionals and health officials from Korea, Thailand, China and Brunei, and students from the National University of Singapore and Nanyang Polytechnic.

CORPORATE PARTNERSHIP MANAGEMENT

In 2006, with the reorganisation of HPB, the Corporate Partnership Management Department was established to strategise and manage corporate partnerships to optimise partnership opportunities for HPB. The Corporate Partnership Management Department builds on as well as extends the reach of HPB's existing partnerships with the public, private and community sectors as well as engages new partners to extend the reach of HPB's programmes.

The Corporate Partnership Management Department was also set up to explore and develop HPB's training and consultancy expertise for regional and international organisations, in line with HPB's mission to be a centre of excellence for health promotion.

In 2006, the Corporate Partnership Management Department successfully garnered more than \$500,500 in sponsorships for HPB.

RESOURCE DEVELOPMENT SERVICES

The Resource Development Services (RDS) Department produces a wide variety of resources related to HPB's health promotion programmes each year. These resources, which range from print materials, exhibits, webpages and microsites, target a wide variety of audiences including the general public, women, children of all ages and patients with specific medical conditions.

In 2006, more than 800 types of resources were developed. These included the production of comprehensive patient education resource package for the Chronic Disease Management Programme. The package entitled "AIM - Be in Charge of your Health" was produced in four languages with information for patients suffering from one or more of the four chronic diseases – diabetes, hypertension, lipid disorders and stroke. This was complemented by comprehensive information on the four diseases on the HPB website.



The AIM - Be in Charge of your Health Patient Education Resource Package



Youth Advolution for Health website.

To reflect its expanded role, the Internet Section of RDS was re-named the New Media Unit in 2006. This unit worked closely with the various departments in HPB to produce new content web pages and microsites. The brand new Youth Advolution for Health website made significant progress in actively involving our youths in health promotion. This unit also completed a usability study, the results of which provided a strategy to attract and engage youth via the electronic (e.g. Internet) and mobile (e.g. handphones) channels. A series of health podcasts as well as “HeartRockz”, an SMS/ MMS mobile service carrying health messages with creative graphics were also developed. The HPB website continued to attract a large number of visitors with around 10.2 million pageviews in 2006.

HEALTH INFORMATION



HealthZone

HealthZone received 60,229 visitors and conducted 1,098 health education sessions in 2006. As part of the plan to progressively upgrade the exhibition areas, HealthZone

collaborated with the Central Narcotics Bureau (CNB) and the National Council Against Drug Abuse on the upgrading of the Addiction Alley in 2006 to incorporate interesting new exhibits like the Poison Candy Shop, the Downside Boutique and the Say No Stay Cool interactive.

Within the year, HealthZone also implemented three new initiatives for schools, namely, the Project Health Genius programme, the “Experience Fitness Fun!” sports camp and “The Sparkling Idol” skit performance. The Project Health Genius programme, targeted at upper primary students, drew 600 student registrations. The students researched and developed innovative projects focusing on healthy lifestyle-related topics. Selected entries were showcased to students and the public in November 2006. From telematches to exercise-related workshops and team-building games, the “Experience Fitness Fun!” sports camp in June 2006 drove home healthy lifestyle messages to 472 students on 12 separate occasions. Topping off the interesting lineup of activities, “The Sparkling Idol” skit, developed in partnership with Youth Health Division, entertained primary school students in July/August 2006 with its interesting storyline, catchy tunes and raps, which incorporated key messages on good oral hygiene and a healthy lifestyle.



Sparkling Idol @ HealthZone

In October 2006, HealthZone was initiated as a member of the "Museum Roundtable" chaired by the National Heritage Board (NHB). Being a member of the Museum Roundtable affords HealthZone wide exposure to the public through joint publicity. For example, HealthZone participated in NHB's "Explore Singapore" campaign in November/December 2006 by organising a "Health Discovery Day@HealthZone" and a month-long Health Discovery Trail activity.

HealthZone also conducted 26 workshops for 761 scouts, and 28 workshops for 892 Brownies and Girl Guides, for the Healthy Lifestyle Proficiency Badge Programme.

Health Information Centre

In 2006, the Health Information Centre (HIC) received 6,315 visitors and distributed 452,239 health education materials. The "Roving Exhibition", which aims to encourage healthy living at the community level, was displayed at five libraries. An estimated 13,000 people viewed this exhibition and 30,000 health education materials were distributed at libraries in 2006. The exhibition's success prompted Jurong Medical Centre to request for a five-month loan for display on their premises.

HIC rolled out its new web-based library system, HIC Online in January 2007. This system allows online users to access the library system and resources via the Internet. The website had about 2,400 unique visitors with more than 4,500 page views from January to March 2007.



Health Information Centre website



HealthLine received 103,551 calls for its personalised advice and pre-recorded service in 2006. The Call Centre also organised seven Doctor-on-Call sessions on topics such as colorectal cancer, fats and AIDS, which drew 90 calls. From September 2006, the Call Centre supported the National Chronic Disease Management programme. As at March 2007, the programme has received 2,062 calls to the Personal Advice service and 4,625 calls to the pre-recorded service.

HealthLine continued to function as the Call Centre for BreastScreen Singapore in 2006. It received 44,568 calls from women seeking more information about the programme, and made 28,673 mammography appointments.



In 2006, QuitLine received 2,853 calls from the public seeking information on quitting smoking and tips on remaining smoke-free.

WHO COLLABORATING CENTRE FOR HEALTH PROMOTION & DISEASE PREVENTION

To achieve the mission of being a Centre of Excellence for Health Promotion, HPB collaborates with international organisations such as the World Health Organization (WHO) on health promotion initiatives.

In February 2006, HPB hosted the 1st Technical Meeting of the WHO Collaborating Centres for Health Promotion. The main agenda of this 3-day meeting was to implement the action plan of the Bangkok Charter for Health Promotion in a Globalised World.



Receiving the WHO Collaborating Centre for Health Promotion and Disease Prevention designation plaque from WHO-WPRO



Technical Meeting of the WHO Collaborating Centres for Health Promotion

HPB also shared its health promotion experience at WHO Western Pacific Regional Office's "Workshop on Implementation of the Global Strategy on Diet, Physical Activity and Health in Asian Countries" and WHO South East Asia Regional Office's "Intercountry Workshop on School Health Promotion" in October 2006 and December 2006 respectively.

In January 2007, WHO designated HPB as a WHO Collaborating Centre for Health Promotion and Disease Prevention. An inauguration ceremony was held on 2 April 2007 during the Welcome Lunch of the World Health Day - Global Health Security Forum which was held in Singapore. Dr Margaret Chan, WHO Director-General, was the Guest-of-Honour.

vigour

By applying vigorous intensive research and evaluation methods, coupled with dynamic strategic planning, we provide timely evidence-based information to chart a holistic roadmap to wellness for the individual and the nation.





HPB is recognised internationally as a centre of excellence in health promotion. Within HPB, high value is placed on creating new programmes to improve the health status of Singaporeans. Our programmes are rigorously tested, evaluated and refined on a continual basis. Supporting these core practices is the main role of the departments in the Research and Strategic Planning Division.

RESEARCH & STRATEGIC PLANNING

Following the HPB-wide re-organisation in May 2006, the Research & Information Management Division was renamed Research & Strategic Planning Division (R&SP). Similarly, the Health Data Management Department and Special Projects Department were renamed Integrated Information Management Department (IIM) and Strategic Planning Department (SPD), respectively. The re-organisation also saw the transfer of the Infocomm Department to the Chief Information Officer's Office (CIOO).

Strategic Planning

SPD embarked on the annual Corporate Strategic Planning Exercise in May 2006, which culminated in the FY07 HPB-wide workplan and budget. For the first time, SPD developed an evidence-based prioritisation framework with the aim of providing a more defined means of budget allocation for the various programmes. Going forward, SPD will develop the 5-year rolling HPB Corporate Blueprint, which will help guide HPB to its strategic destinations.

Evidence-based health promotion

In 2006, SPD finalised the Mental Health Promotion Blueprint (2006 – 2010), and the recommended strategies were incorporated into the Ministry of Health's (MOH) National Mental Health Blueprint. The Osteoporosis Education Programme Review was also completed in the same year. SPD also embarked on two target-group-specific Blueprints, namely, the Health Promotion in Malay Community Blueprint and the Adolescent Health Promotion Blueprint.



Evidence-based Health Promotion

A divisional milestone was achieved when Research & Evaluation Department (R&E) conducted the Students' Health Survey to probe students' attitudes and behaviours in the key health promotion areas. The results will help HPB plan relevant and targeted health education and disease prevention programmes for youths. Other notable surveys and qualitative studies launched in 2006 include:

- National Behavioural Surveillance Survey on sexually transmitted infections (STIs) and HIV/AIDS, which determined sexual practices among the general population (18 to 69-year-olds), tertiary students (polytechnic and university) and STI patients; and
- Evaluation of the "Breaking Down Barriers" Programme, a pilot education programme on the prevention of STIs among upper secondary and JC students.

R&E co-organised the Symposium on Health Promotion Research & Surveillance with the Chapter of Public Health & Occupational Physicians, Academy of Singapore, on 26 August 2006.

R&SP also supports the other divisions in health promotion research for their participation in local and overseas conferences, as well as their scientific papers. In 2006, HPB had five research papers published in local and international journals, and 14 oral and 19 poster presentations at local, regional and international conferences.

Performance Management

The Monitoring and Surveillance Department (MSD) continued to assist HPB's senior management to monitor and update the Corporate Key Performance Indicators (KPIs). In 2006, SPD's Project Office completed the annual review reports for the Smoking Prevention and Control Blueprint, and the Obesity Prevention and Control Blueprint. The reports track the progress of the respective Blueprints' recommended strategies, identify gaps (if any) and propose appropriate close-gap measures.

Infocomm Technology

In 2006, MSD carried out various tasks to ensure that the information generated by the Health Behaviour Surveillance of Singapore (HBSS) system is reliable and of the highest quality. The HBSS Committee was formed, comprising internal partners and stakeholders, to identify key health behaviours of public health significance. Qualitative testing of the HBSS questionnaire and a study to examine the appropriate methodology for collecting data was conducted. Professor Stefano Campostrini from the Department of Social Statistics, University of Pavia, Italy, on the Health Manpower Development Plan (HMDP) Programme was invited to guide the development of HBSS.

The National Disease Registries System (NDRS) for the stroke and renal registries was implemented in 2006 to capture and manage data from varied sources. In addition to producing annual reports for each registry, the National Disease Registries Office (NDRO) managed 60 data requests from MOH and healthcare organisations in 2006. The requests ranged from aggregate data for trends monitoring to setting targets and matching data with the registries for clinical management. Similarly, IIM managed data requests from its registries. IIM also started planning the Health InfoHub project in 2006. The project, upon completion, will integrate data across HPB, develop decision-support systems for HPB users and tools for making data and information more dynamically available to HPB.

CLINICAL STANDARDS AND SERVICE QUALITY

HPB oversees quality improvement through the development of Standard Operating Procedures (SOPs), staff and professional training, clinical audits, monitoring of service standards and emergency preparedness of staff in National / Civil situations.

In 2006, 47 SOPs and guidelines were reviewed and updated into the ISO format, and 28 new SOPs were developed, of which 16 were for the School Dental Service (SDS).

The annual medical, nursing, dental, infection control and ophthalmic audit was conducted from April to October 2006, to monitor practice standards, compliance with standard precautions and identify areas for improvement. The breakdown of audited personnel is as follows: eight primary and 12 secondary health teams from the Student Health Service (SHS), the Student Health Centre (SHC); 56 staff nurses; 13 medical officers including seven locums; 200 dental therapists; and ophthalmic assistants from 13 National Myopia Prevention Programme (NMPP) teams.

Refraction service for pre-schoolers at SHC was outsourced to Singapore National Eye Centre in July 2006. Optometrists at the Choa Chu Kang, Woodlands and Geylang Polyclinic Refraction Clinics and SHC Refraction Clinic were audited between end August and September 2006. They achieved a mean score of 98%, which is 2% below the target of 100%.

In 2006, the Youth Health Division (YHD) received encouraging feedback on its service delivery from parents and school principals. Staff from the SHC and the School Dental Centre (SDC) achieved satisfaction scores of 90%. The field staff from the SHS, NMPP and the SDS received scores of 95%, 91% and 93% respectively. Staff who did well were rewarded at the YHD Service Excellence Award Presentation on 10 March 2006 at the MOH Auditorium.

EMERGENCY PREPAREDNESS

Two internal mobilisation exercises were conducted in August and October 2006, respectively, to determine the emergency preparedness of YHD staff. A mask-fit test exercise was conducted from October to November 2006 for 172 nurses and staff identified to man the triage counters at HPB in the event of an infectious disease outbreak.

33 staff comprising doctors, nurses, laboratory technicians and management support officers attended the pre-exercise briefing and participated in the National Blood Collection Emergency Exercise on 27 August 2006.

25 nurses from the HPB Blood Collection Team went for their refresher training at the Centre for Transfusion Medicine, Health Sciences Authority during the school holiday periods in March, June, November and December 2006.

STUDENT HEALTH ASSESSMENT PROGRAMME (SHAPE) SYSTEM

To provide continuity of clinical care for students referred to the SHC for follow-up, all data captured during health screening in schools are uploaded through the School-based Health Programmes System (SHPS) into the Student Health Assessment Programme (SHAPE) System at SHC.

The SHAPE system was implemented in January 2006 to replace YHD's legacy SHSS (School Health Service System) mainframe computer system. SHAPE is a clinical management system which integrates front-desk services, queue management, clinical measurements, electronic medical records, investigation orders and results entry, prescription and statistical / management report generation functions. The SHAPE system also interfaces with internal (SHC and Polyclinic Refraction Clinics) and external agencies (SHS and NMPP field teams).

INTEGRATED DENTAL ELECTRONIC ASSESSMENT FOR STUDENTS (IDEAS)

A new milestone was set in the SDS history when the Integrated Dental Electronic Assessment for students (IDEAS) was rolled out at the SDC on 20 March 2006 and subsequently to 193 Field Dental Clinics (FDCs). This is a computerised patient management system, which allows real-time accessing, capturing and sharing of student records among the various FDCs and the SDC. It was developed to improve the documentation of our delivery of dental care to school students and to streamline operations. It also provides statistical reports for monitoring and tracking of performances and outcomes.

SHAPE and IDEAS were awarded the Merit Award in the Most Innovative Use of Infocomm Technology (Public Sector) category at the National Infocomm Awards (NIA) 2006, presented by Prime Minister Lee Hsien Loong on 10 October 2006. SHAPE and IDEAS were also winners in the Healthcare Category at the Asia Pacific Information and Communication Technology Awards (APICTA) 2006. HPB is the first non-commercial organisation in Singapore to win this prestigious APICTA award.



CHIEF INFORMATION OFFICER'S OFFICE

Information Technology

The team in the Information Technology Department (ITD) has the mission to champion the development and implementation of iN2015 Healthcare & Biomedical. In addition to that, ITD also focuses on Infocomm Technology (ICT) masterplanning, appropriate technology application, adoption of ICT policies, standards and guidelines, system solutioning, procurement, project management, implementation and maintenance and budget management.

ITD continued to work closely with the other divisions to formulate and design ICT application architecture to meet HPB's needs. In 2006, ITD supported relevant divisions in commissioning various systems, which included:

- a. SHAPE in April 2006
- b. IDEAS in April 2006
- c. NDRS (Cancer, Stroke and Renal Registries) in May 2006, Cardiac in March 2007
- d. New File Registry System in November 2006
- e. New Library System in November 2006
- f. eTown – Integrated Health Screening (with clusters) in February 2007

With the vision of iN2015, one of the initiatives of HPB is the integration work with the Integrated Clinic Management System (CMS) by sharing the immunisation records with the General Practitioners.

In 2006, ITD obtained approval for the IT Master Plan for the next 4 years. ITD has since initiated the following projects under the IT Master Plan:

- a. Health InfoHub in September 2006
- b. Health Promotion Programme Management System in November 2006
- c. Health Behavioral Surveillance System in November 2006
- d. Centralised Infrastructure to support HPB applications

Knowledge Management

Learning and application of knowledge are critical in our knowledge-based industry. The Knowledge Management (KM) team was formed in 2006 to explore, understand and facilitate learning, staff interaction and knowledge management.

A KM framework and roadmap have been developed to provide a unified message and goal to all staff to iterate the importance placed on learning, staff interaction and knowledge management.

Data Protection Policy

HPB deals with both sensitive and private information, and safeguards this information with a Data Protection Policy (DPP). A review of this policy was done and its changes were implemented in 2006. Regular audits are conducted to ensure that the policy is adhered to. The Health Information Centre, National Myopia Prevention Programme and School Health Screening were appraised in 2006.

eTown

Health Screening Integrated eService, an enhancement to My Health Journal, is an eTown initiative that was approved in 2005, orchestrated in 2006 and launched in January 2007. It is an easy-to-use interactive tool that assesses whether Singaporeans are attending health screenings for certain diseases (e.g. diabetes, hypertension, breast cancer, colorectal cancer) at the recommended intervals and also provides basic education on appropriate screening behaviour.



energy

Our robust organisation presents itself
as an energetic, healthy workforce,
poised to be a centre of excellence in
health promotion.



HPB's Corporate Services Division brings together experts in finance, human resource management, organisational development and administration to optimise the resources available to the organisation. Our vital support services allow all HPB staff to continually improve and execute their tasks in the most effective way.

HUMAN RESOURCE

In 2006, HPB implemented a career development framework that provides staff with opportunities for career growth within the organisation through platforms such as lateral rotation. A set of core and functional competencies were also worked out for all staff to perform their jobs competently. These competencies were used to develop our training and development programmes and to facilitate lateral rotation. Staff clocked about 90 hours of training on average in 2006, and at least 94% of them had received knowledge-sharing and/or on-the-job training. HPB also reviewed and implemented a system of job designations across the various schemes of service, thus providing consistency and progression opportunities for staff.

To nurture and develop our high-potential staff for optimal performance, HPB launched the Leadership Programme in 2006. The programme put senior management through 360 feedback, one-to-one coaching and essential leadership modules. In 2006, seven officers were awarded scholarships by HPB to pursue local and overseas degrees in public health, human nutrition, epidemiology, clinical dentistry and social sciences. As part of talent management, HPB also implemented a succession planning framework that entails identifying and grooming high-potential staff for pivotal roles within HPB.

An impressive 187 staff were recognised at the HPB Awards Ceremony in March 2007. It was a special occasion to honour those who had achieved the Employee of the Year, Quality Service and Long Service awards.

ORGANISATIONAL DEVELOPMENT

To help HPB staff better understand our core values, namely, Care & Concern, Professionalism, Respect, Commitment, Integrity and Innovation, the Organisational Development Department launched a series of 28 HPB Values Workshops from May 2006 to January 2007, including a Malay and a Mandarin workshop for our non-English speaking colleagues. Through sharing sessions with the Chief Executive Officer and directors, and illustrations of “positive” and “negative” behaviours by the trainers, participants learnt more about HPB’s values and the relevant techniques to apply in their everyday work.

The HPB Quality Service Awards was launched in 2006, to encourage and motivate HPB staff to deliver quality service, whereby 37 staff received the silver award. In the same year, Public Service Division introduced the Minimum Service Standards, which entails audits of service standards within each organisation. For the mystery audit conducted by National Library Board, HPB Scored 100% for all aspects.

HEALTHY WORKFORCE COMMITTEE

Throughout 2006, the Healthy Workforce Committee’s (HWC) Recreation sub-committee arranged health talks, aerobics exercises, evening walks, yoga, line dancing, and the popular TBT exercise classes to stay trim. Special trips saw staff trekking through Pulau Ubin and the Outward Bound School, crossing the exhilarating MacRitchie’s Tree-Top bridge, and fun trips to Kukup, for social bonding among staff. HPB staff and management got together in March 2007 for the “Family Day” at Fort Canning for a morning of fun, games and camaraderie. The Work Life Balance sub-committee arranged talks, lunch parties and a kids-at-work day camp. A health-screening for staff also encouraged self-awareness of one’s health and to take preventative action.

Staff were ensured of good nutritious food by a team overseeing the staff canteen. There were also frequent promotions of fruits, veggies and nuts at the main lobby.

195 staff passed the annual Fitness Assessment test. During the event on 12 March 2007, HPB achieved two special record breaking feats: 160 HPB staff made the “longest half-squat wave” and the “longest star jump wave”. The record breaking feats were recorded in the Singapore Book of Records.

The HWC culminated its extensive sporting activities with the popular “Dragon Boat Race” on 31 March 2007, which saw the Ministry of Health family taking part, including HPB staff.



HPB staff getting ready for their Record Breaker



HPB Dragon Boat team on the move



CCIP volunteers at the Chinatown Heritage Experience, a fund-raising event by Yong-en Care Centre

CORPORATE COMMUNITY INVOLVEMENT PROGRAMME

HPB continued to adopt Yong-en Care Centre in 2006 for its Corporate Community Involvement Programme (CCIP). Yong-en Care Centre primarily aids the elderly community as well as children living in Chinatown, a precinct within close proximity to HPB.

S\$20,000 was raised for the centre through a charity funfair, bazaar and donations cards. HPB staff also visited the folks at the centre regularly and provided assistance at Yong-en Care Centre's various 10th anniversary celebrations.

ADMINISTRATION

As part of HPB's continuing efforts to conserve water, the Administration Department implemented one of Public Utilities Board's (PUB) recommended water conservation methods – the installation of thimbles in our water pipes and taps. PUB presented HPB with a certificate of recognition for running a Water Efficient Building. As part of an organisation-wide initiative to conserve water and energy, all staff have also been advised to switch off the lights and air-conditioners in unoccupied rooms, and to reduce water wastage.

FINANCE

Significant cost savings were achieved in 2006 through successful Economy Drive Initiatives. The implementation of the Integrated Financial Management model, which aggregates demand from the Health Sciences Authority, the National Dental Centre and HPB, yielded savings of S\$106,000, with a projected total savings yield of S\$635,000 in three years. Market testing for alternative vendors for the management of our IT systems also yielded savings of S\$270,000 for the year. By streamlining our processes in 2006, HPB saved S\$304,000 on manpower costs.

In 2006, Finance Department conducted a series of talks for 500 staff on the importance of corporate governance and how it affects our staff's performance.

Financial Statements

Statement by the Health Promotion Board

In our opinion, the accompanying balance sheet, income and expenditure statement, statement of changes in reserves and the cash flow statement, together with the notes thereon, are drawn up so as to give a true and fair view of the state of affairs of the Health Promotion Board as at 31 March 2007 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: 2 July 2007

Auditors' report to the members of the Health Promotion Board

We have audited the accompanying financial statements of the Health Promotion Board ("the Board"), which comprise the balance sheet as at 31 March 2007, and the income and expenditure statement, statement of changes in reserves and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Board's management Responsibility for the Financial Statements

The Board's management is responsible for the preparation and fair presentation of these financial statements in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) ("the Act") and the accounting standards as specified by the Ministry of Finance. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

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

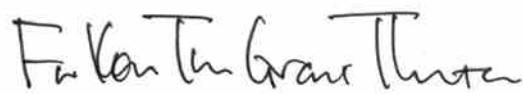
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or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

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

In our opinion:

- (a) the financial statements are properly drawn up in accordance with the provisions of 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 2007 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, 2 July 2007

Balance sheet

as at 31 March 2007

	Note	2006/2007 \$	2005/2006 \$
Accumulated surplus		20,895,956	9,656,004
Represented by:			
Property, plant and equipment	4	9,101,415	11,659,002
Intangible assets	5	11,852,161	9,852,853
		20,953,576	21,511,855
Current Assets			
Receivables	6	323,407	734,390
Prepayments		267,766	190,869
Grants receivable	7	4,004,011	4,305,109
Cash and cash equivalents	8	45,583,533	37,190,069
		50,178,717	42,420,437
Current Liabilities			
Payables and accruals	9	(19,071,548)	(24,322,454)
Grants received in advance	7	(1,133,776)	(199,543)
		(20,205,324)	(24,521,997)
Net Current Assets		29,973,393	17,898,440
Non-Current Liabilities			
Obligations in respect of pension scheme	10	(9,077,437)	(8,606,954)
Deferred capital grants	11	(20,953,576)	(21,147,337)
		(30,031,013)	(29,754,291)
		20,895,956	9,656,004

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

Income and expenditure statement

for the year ended 31 March 2007

	Note	2006/2007 \$	2005/2006 \$
Operating income			
Clinic services fee		265,333	343,605
HealthZone fee		189,320	210,960
Interest income		1,133,976	743,045
Screening fee		28,666	97,760
Service charge and other fee from tenants		897,075	869,551
Miscellaneous income		120,150	169,864
		2,634,520	2,434,785
Operating expenditure			
Staff costs	12	(47,246,952)	(46,340,104)
Operating supplies and services		(15,064,559)	(14,089,489)
Publicity and public relations		(7,901,058)	(7,602,909)
Amortisation of intangible assets	5	(3,368,975)	(1,905,956)
Depreciation of property, plant and equipment	4	(3,354,740)	(3,530,849)
Information technology services		(3,342,234)	(5,556,597)
Rental of premises		(3,062,662)	(2,897,220)
Subventions to polyclinics		(2,536,878)	(3,123,105)
Staff welfare and development		(2,445,219)	(2,207,383)
Repairs and maintenance		(1,945,801)	(1,820,805)
Input Goods and Services Tax		(1,661,130)	(1,616,988)
Other services and fees		(1,561,346)	(1,086,912)
Communications		(1,342,317)	(1,416,658)
Research and reviews		(519,033)	(289,612)
Board members' allowance		(52,500)	(48,750)
Audit fee		(40,000)	(40,000)
Intangible assets written off		-	(42,334)
Property, plant and equipment written off		-	(12,327)
		(95,445,404)	(93,627,998)
Operating deficit before grants		(92,810,884)	(91,193,213)
Grants			
Government operating grants		88,234,524	88,273,907
Non-Government operating grants	7	479,956	594,400
Deferred government capital grants amortised	11	6,723,715	4,950,051
		95,438,195	93,818,358
Surplus for the year before exceptional item		2,627,311	2,625,145
Contribution in lieu of tax	13	-	-
Exceptional item	14	8,612,641	-
Net surplus for the year		11,239,952	2,625,145

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

Statement of changes in reserves

for the year ended 31 March 2007

	Accumulated surplus \$
Balance at 1 April 2005	
As previously reported	15,502,491
Prior years adjustments	(8,471,632)
As restated	7,030,859
Net surplus for the year	2,625,145
Balance at 31 March 2006	9,656,004
Balance at 1 April 2006	9,656,004
Net surplus for the year	11,239,952
Balance at 31 March 2007	20,895,956

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

Cash flow statement

for the year ended 31 March 2007

	2006/2007	2005/2006
	\$	\$
Cash Flows from Operating Activities		
Deficit before grants	(92,810,884)	(91,193,213)
Adjustments for:		
Depreciation of property, plant and equipment	3,354,740	3,530,849
Amortisation of intangible assets	3,368,975	1,905,956
Property, plant and equipment written off	-	12,327
Intangible assets written off	-	42,334
Obligations in respect of defined benefit retirement scheme	1,389,012	1,790,000
Operating deficit before working capital changes	(84,698,157)	(83,911,747)
(Increase)/decrease in receivables and prepayments	(114,961)	109,459
(Decrease)/increase in payables and accruals	(5,982,739)	1,132,903
Benefits paid in respect of defined benefit retirement scheme	(918,529)	(875,933)
Cash used in operations	(91,714,386)	(83,545,318)
Government grants received	105,440,238	88,580,473
Other grants received	384,001	257,902
Refund/(payment) of contribution in lieu of tax	449,047	(417,561)
Net cash generated from operating activities	14,558,900	4,875,496
Cash Flows from Investing Activities		
Purchase of property, plant and equipment	(797,153)	(1,019,664)
Purchase of intangible assets	(5,368,283)	(4,173,616)
Proceeds from disposal of property, plant and equipment	-	17,155
Net cash used in investing activities	(6,165,436)	(5,176,125)
Net increase/(decrease) in cash and cash equivalents	8,393,464	(300,629)
Cash and cash equivalents at beginning of year	37,190,069	37,490,698
Cash and cash equivalents at end of year (Note 8)	45,583,533	37,190,069

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

Notes to the financial statements

for the year ended 31 March 2007

1 General information

The financial statements of the Health Promotion Board for the year ended 31 March 2007 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.

The critical accounting estimates and assumptions used and areas involving a high degree of judgement are described below:

Depreciation of property, plant and equipment

Property, plant and equipment are depreciated on a straight-line basis over their estimated useful lives. The Board's management estimates the useful lives of these property, plant and equipment to be within 3 to 10 years. The carrying amount of the Board's property, plant and equipment as at 31 March 2007 are \$9,101,415. Changes in the expected level of usage and technological developments could impact the economic useful lives and the residual values of these assets, therefore future depreciation charges could be revised.

Amortisation of intangible assets

Intangible assets are amortised on a straight-line basis over their estimated useful lives. The Board's management estimates the useful lives of these intangible assets to be not exceeding 5 years. The carrying amount of the Board's intangible assets as at 31 March 2007 is \$11,852,161. Changes in the expected level of usage and technological developments could impact the economic useful lives and the residual values of these assets, therefore future amortisation charges could be revised.

Notes to the financial statements

for the year ended 31 March 2007 (continued)

2(b) Interpretations and amendments to published standards effective in 2006

On 1 April 2006, the Board adopted the new or revised FRS and INT FRS that are mandatory for application on that date. This includes the following FRS, which are relevant to the Board:

FRS 19 (Amendment)	Employee Benefits
FRS 21 (Amendment)	The Effect of Changes in Foreign Exchange Rates
FRS 32 (Amendment)	Financial Instruments: Disclosure and Presentation
FRS 39 (Amendment)	Financial Guarantee Contracts

The adoption of the above FRS did not result in substantial changes to the Board's accounting policies.

2(c) FRS and INT FRS issued but not yet effective

At the date of authorisation of these financial statements, the following FRS and INT FRS were in issue but not yet effective:

FRS 1 (Amendment)	Amendments Relating to Capital Disclosure
FRS 2	Inventories
FRS 7	Cash Flow Statements
FRS 19	Employee Benefits
FRS 27	Consolidated and Separate Financial Statements
FRS 32	Financial Instruments: Presentation
FRS 33	Earnings per Share
FRS 34	Interim Financial Reporting
FRS 36	Impairment of Assets
FRS 40	Investment Property
FRS 101	First-time Adoption of Financial Reporting Standards
FRS 104	Implementation Guidance
FRS 105	Non-current Assets Held for Sale and Discontinued Operations
FRS 106	Exploration for and Evaluation of Mineral Resources
FRS 107	Financial Instruments: Disclosures
FRS 108	Operating Segments
INT FRS 29	Disclosure - Service Concession Arrangements
INT FRS 104	Determining whether an Arrangement contains a Lease
INT FRS 107	Applying the Restatement Approach under FRS 29
	Financial Reporting in Hyperinflationary Economies
INT FRS 108	Scope of FRS 102
INT FRS 109	Reassessment of Embedded Derivatives
INT FRS 110	Interim Financial Reporting and Impairment
INT FRS 111	FRS 102 – Group and Treasury Share Transactions
INT FRS 112	Service Concession Arrangements

The Board does not anticipate that the adoption of these FRS and INT FRS in the initial periods of application will have a material impact on the financial statements of the Board.

Notes to the financial statements

for the year ended 31 March 2007 (continued)

2(d) Summary of significant accounting policies

(i) 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:

Computers	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

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.

(ii) Intangible assets

These comprise computer software and include 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.

(iii) 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.

Notes to the financial statements

for the year ended 31 March 2007 (continued)

(iii) Financial assets (Cont'd)

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.

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.

(iv) Cash and cash equivalents

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

(v) 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.

(vi) 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.

(vii) 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.

Notes to the financial statements

for the year ended 31 March 2007 (continued)

(viii) Employee benefits

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.

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.

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.

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.

(ix) 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.

Notes to the financial statements

for the year ended 31 March 2007 (continued)

(x) 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.

(xi) 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.

(xii) 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.

(xiii) 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 16.

3 Principal activities

The principal activities of the Board are to:

- (a) advise the Government, either of its own motion or upon request made to it by the Minister, on all matters connected with the promotion of good health and healthy lifestyles amongst the people of Singapore, including the formulation of policies, the creation of conditions and the provision of public facilities that are conducive to the promotion of good health and healthy 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, health education programmes and programmes and other activities for or related to the prevention or detection of diseases;

Notes to the financial statements

for the year ended 31 March 2007 (continued)

3 Principal activities (Cont'd)

- (c) collaborate with any organisation to devise, organise and implement, or to provide support or assistance to any organisation in devising and implementing, any of the programmes or activities referred to in paragraph 3(b);
- (d) monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
- (e) promote a healthy food supply in Singapore;
- (f) determine, establish and recommend nutritional standards and dietary guidelines, and guidelines for the provision of nutritional information;
- (g) provide healthcare services (including medical, dental, health-screening and immunisation services) to school children and such other persons or class of persons or class of persons as the Board thinks fit;
- (h) provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases; and
- (i) represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases.

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

Notes to the financial statements

for the year ended 31 March 2007 (continued)

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 2005	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
Additions	407,267	91,134	5,370	183,172	75,600	34,610	-	797,153
Disposals	(538,020)	-	-	-	-	-	-	(538,020)
Transfers	46	-	-	100,000	-	(100,046)	-	-
At 31 March 2007	8,283,866	7,222,701	512,498	1,957,420	10,384,920	34,610	377,490	28,773,505
<u>Accumulated depreciation</u>								
At 1 April 2005	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
Depreciation for the year	857,599	896,716	46,743	308,584	1,192,936	-	52,162	3,354,740
Disposals	(538,020)	-	-	-	-	-	-	(538,020)
At 31 March 2007	7,004,133	3,643,067	442,081	1,362,807	6,860,362	-	359,640	19,672,090
<u>Net book value</u>								
At 31 March 2007	1,279,733	3,579,634	70,417	594,613	3,524,558	34,610	17,850	9,101,415
At 31 March 2006	1,730,019	4,385,216	111,790	620,025	4,641,894	100,046	70,012	11,659,002

Notes to the financial statements

for the year ended 31 March 2007 (continued)

5 Intangible assets

	Computer software	Computer software under development	Total
	\$	\$	\$
<u>Cost</u>			
At 1 April 2005	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
Additions	46,135	5,322,148	5,368,283
Transfers	8,740,521	(8,740,521)	-
At 31 March 2007	20,127,866	405,528	20,533,394

Accumulated amortisation

At 1 April 2005	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
Amortisation for the year	3,368,975	-	3,368,975
At 31 March 2007	8,681,233	-	8,681,233

Carrying Amount

At 31 March 2007	11,446,633	405,528	11,852,161
At 31 March 2006	6,028,952	3,823,901	9,852,853

Notes to the financial statements

for the year ended 31 March 2007 (continued)

6 Receivables

	2006/2007	2005/2006
	\$	\$
Debtors	44,629	49,630
Security deposit	252,212	228,768
Refund of contribution in lieu of tax	-	449,047
Other receivables	26,566	6,945
	323,407	734,390

7 Grants receivable/(received in advance)

	2006/2007	2005/2006
	\$	\$
Grant receivable		
Government		
Balance at beginning of year	4,305,109	(581,604)
Receipts	(19,037,832)	(3,861,951)
Transfer to deferred capital grants	5,913,691	4,417,060
Transfer to income and expenditure statement	12,823,043	4,331,604
Balance at end of year	4,004,011	4,305,109
Grant received in advance		
Government		
Balance at beginning of year	-	-
Receipts	(86,402,406)	(84,718,522)
Transfer to deferred capital grants	616,263	776,219
Transfer to income and expenditure statement	84,755,955	83,942,303
Balance at end of year	(1,030,188)	-
Non-Government		
Balance at beginning of year	(199,543)	(536,041)
Receipts	(384,001)	(257,902)
Transfer to income and expenditure statement	479,956	594,400
Balance at end of year	(103,588)	(199,543)
Total grant received in advance at end of the year	(1,133,776)	(199,543)
Total government grants received since establishment	558,388,581	452,948,343

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

Notes to the financial statements

for the year ended 31 March 2007 (continued)

8 Cash and cash equivalents

	2006/2007	2005/2006
	\$	\$
Fixed deposits	44,943,442	36,508,336
Cash at bank	639,711	681,203
Cash on hand	380	530
	45,583,533	37,190,069

The fixed deposits have an average maturity of one month (2005/2006 - one month) from the end of the financial year and effective interest rate of 2.93% (2005/2006 - 2.21%) per annum.

9 Payables and accruals

	2006/2007	2005/2006
	\$	\$
Payables, accruals and provisions	18,369,028	14,136,359
Amount owing to the Ministry of Health	245,916	9,664,019
Security deposits	456,604	522,076
	19,071,548	24,322,454

In 2005/2006, 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.

In March 2007, Ministry of Health (MOH) has confirmed that the transfer will be funded by capital grants.

10 Obligations in respect of pension scheme

The amounts recognised in the balance sheet are as follows:

	2006/2007	2005/2006
	\$	\$
Present value of unfunded obligations	8,670,483	8,200,000
Unrecognised actuarial gains	406,954	406,954
Net liability	9,077,437	8,606,954

Notes to the financial statements

for the year ended 31 March 2007 (continued)

10 Obligations in respect of pension scheme (continued)

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

	2006/2007 \$	2005/2006 \$
Current service cost	1,172,000	1,579,000
Interest cost	217,012	211,000
Total included in staff costs	1,389,012	1,790,000

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

	2006/2007 \$	2005/2006 \$
Balance at beginning of year	8,606,954	7,692,887
Amounts recognised in the income and expenditure statement	1,389,012	1,790,000
Benefits paid	(918,529)	(875,933)
Balance at end of year	9,077,437	8,606,954

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

	2006/2007 \$	2005/2006 \$
Balance at beginning of year	21,147,337	20,904,109
Transfer from government grants	6,529,954	5,193,279
	27,677,291	26,097,388
Transfer to income and expenditure statement:		
- to match depreciation funded by the government	(3,354,740)	(2,984,606)
- to match amortisation funded by the government	(3,368,975)	(1,905,956)
- to match net book value of assets disposed	-	(17,155)
- to match carrying amount of intangible assets written off	-	(42,334)
	(6,723,715)	(4,950,051)
Balance at end of year	20,953,576	21,147,337

Notes to the financial statements

for the year ended 31 March 2007 (continued)

12 Staff costs

	2006/2007 \$	2005/2006 \$
Key management personnel:		
Short Term Employee Benefits	1,676,935	1,735,708
Post-Employment Benefits	176,799	259,117
	1,853,734	1,994,825
Other than key management personnel:		
Short Term Employee Benefits	40,421,451	39,025,069
Post-Employment Benefits	4,971,767	5,320,210
	45,393,218	44,345,279
	47,246,952	46,340,104

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.

14 Exceptional items

	2006/2007 \$	2005/2006 \$
Government grants	9,344,474	-
Input Goods and Services Tax	(282,786)	-
Contribution in lieu of tax	(449,047)	-
	8,612,641	-

The exceptional items relates to the funding of the assets transferred from the MOH via Government grants (see Note 9). The contribution in lieu of tax refers to the provision for the return of the amount originally refunded to the Board during the year resulting from the earlier treatment of the transfer as being funded out of accumulated surplus.

15 Commitments

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

	2006/2007 \$	2005/2006 \$
Estimated amounts committed for future capital expenditure but not provided for in the financial statements	54,000	5,570,000

Notes to the financial statements

for the year ended 31 March 2007 (continued)

16 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.

17 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.

Contact Us

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(Personal Advice)

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Saturday: 8.30am - 1.00pm

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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

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