



over
1 MILLION
views for HealthyMeTv

HEALTH PROMOTION BOARD **2012/2013** ANNUAL REPORT

150 touch points to
help smokers
quit the habit



100,000

number of parents
who received a
Healthier Child,
Brighter Future
Parent Toolkit

5,000
health ambassadors in total

59%

of Singaporeans
use healthier
unsaturated oils
for cooking



446
companies

recognised at the
Singapore Health
Awards



ONCE

a year school
health screening
to ensure the
health of all
students

PLATINUM



award for the BCA
Green Mark Scheme



VISION VALUES MISSION

A NATION OF
HEALTHY AND
HAPPY PEOPLE



EMPOWERING
INDIVIDUALS TO TAKE
OWNERSHIP OF THEIR
HEALTH THROUGH:

Being a centre of
excellence for health,
promotion, disease
prevention and patient
education

Establishing,
engaging and
supporting local
and international
partnerships

Being a people-centered
organisation that inspires and
enables our employees to
realise their full potential



CARE AND
CONCERN

We show care and concern for
the well being of our staff and all
Singapore residents

RESPECT

We treat everyone
with respect

PROFESSIONALISM

We do our work with expert
knowledge and skills

INTEGRITY

We maintain a high
standard of ethics and
manage resources
responsibly

COMMITMENT

We are committed to
do our best

INNOVATION

We constantly seek
new and better ways
to promote health



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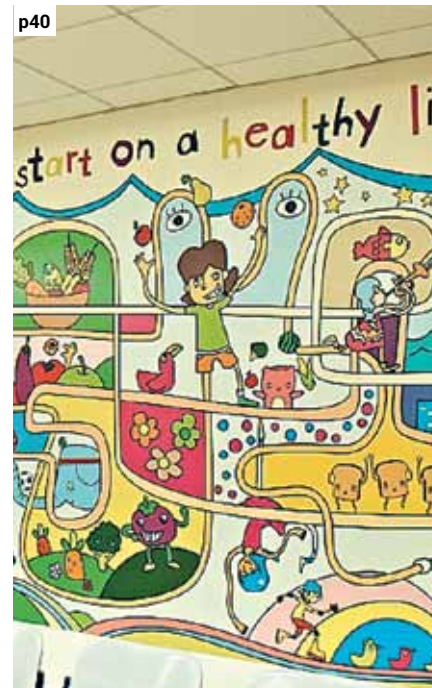
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CHAIRMAN'S MESSAGE

ON A SOLID FOUNDATION



2012 marked the fifth year that I have chaired the Health Promotion Board and championed a healthy lifestyle as the default choice for Singaporeans. Keeping an unwavering focus on our mission has rallied us to attain notable accomplishments. One outstanding success in this past financial year was achieving recognition from the World Health Organization (WHO) for our efforts in promoting health and preventing disease.

I am proud to share that the WHO has lauded our tobacco control efforts as one of the best practices for mobilising support for a 100% smoke-free environment. Singapore is the first country in the region to champion the Blue Ribbon initiative on a nationwide scale; it saw communities and businesses pledge and commit to voluntarily create smoke-free environments. Within just one year, this ground-up approach managed to involve parks, residential estates, mosques, hotels and food centres, earning us a Healthy City Recognition

Award in 2012, which was conferred by the WHO Regional Office for the Western Pacific (WPRO).

The WHO also recognised our strategy of inculcating healthy behaviours in the young through a well-thought-out and well-implemented programme. The CHERISH (Championing Efforts Resulting in Improved School Health) Framework received Special Recognition by the WPRO for encouraging schools to establish comprehensive health promotion programmes for students, and then rewarding those that successfully do so. Our CHERISH Framework was cited as an exemplary national achievement in developing and implementing national accreditation and award systems through an approach that recognises the interconnection between existing human settings, the environments in which people live, and health risks.

The year under review marked the 20th anniversary of the annual National Healthy Lifestyle Campaign, which was launched in 1992 by then-Prime Minister Mr Goh Chok Tong to raise awareness among Singaporeans about the benefits of a healthy lifestyle. At the event to celebrate this landmark, more than 20,000 people were taken on a journey to experience and learn about accessible and affordable healthier choices that will inspire them to co-create a healthy ecosystem.

With the on-the-go lifestyles of Singaporeans in mind, we

introduced healthy lifestyle tools to empower individuals to embark on and then sustain their journey to good health. The Healthy Lifestyle Index, which allows individuals to assess and track their overall health by answering questions online, has been accessed more than 24,000 times since its launch in October 2012. healthyMEtv, the first digital health channel in the region, was designed as a one-stop destination where the public can learn, through videos, about wellness and healthy living. The channel is available for free around the clock; all that is needed is an Internet-connected device. We are pleased to announce that the site has attracted more than a million views thus far. With these

"BY CONTINUING TO INTRODUCE RELEVANT AND EFFECTIVE PROGRAMMES, WE WILL IMPROVE OUR EFFORTS IN RAISING HEALTH AWARENESS TO FURTHER INFLUENCE BEHAVIOURAL CHANGE."

convenient and easily accessible tools, we hope to strengthen the health literacy of Singaporeans and inspire them to lead healthier lifestyles.

Enhancing our programmes has always been a key priority, as is ensuring they reach out to children, adults and the elderly. We launched the Back to School with Seniors programme, a holistic health promotional initiative held in a school, to boost

the literacy of seniors on relevant and pertinent health topics. We are delighted that on top of bolstering our existing programmes for the elderly, this initiative was awarded the Special Recognition Education Initiative at the 1st Asia Pacific Eldercare Innovation Awards 2013.

In pursuing excellence in our job and pushing the boundaries, our innovative traditional marketing and social media marketing campaigns have been duly recognised. We won three Gold awards at the Effie Awards 2012 for:

the heartwarming short film about colorectal screening, *Ong and Raj*; Be Positive, a social movement that seeks to change the way the public views people living with HIV; and the AIDS awareness campaign, The Love Karaoke. We were also nominated at the MARKies award 2013 (Best Idea for Media Relations) for our way of selling health to Singaporeans.

These accomplishments are evidence of our commitment to excellence. By continuing to introduce relevant and effective programmes, we will improve our efforts in raising health awareness to further influence behavioural change.

On 1 March 2013, Mr Zee Yoong Kang succeeded Mr Ang Hak Seng as Chief Executive Officer of the Board. The Board would like to thank Hak Seng for his significant contributions during his tenure as the HPB CEO, most notably in raising the profile of HPB and applying a community-based approach to promoting healthy living. His setting up of the Health Ambassador Network is one example of the latter. Today, the Network has over 5,000 volunteers, who influence change within their own social networks and spread health messages to the community at large. We thank Hak Seng for helping us build a solid foundation, and I wish him all the best in his future endeavours.

Our priorities for the new financial year is to deepen our efforts in key programmes, widen our reach and network, and recruit more like-minded supporters to join our mission for a healthy Singapore. We hope that, in turn, these efforts will exert a positive influence on the community, our partners and the industry; every single individual will experience our efforts, and imbue in themselves the same passion for a healthy lifestyle.

LUCAS CHOW
Chairman

CEO'S MESSAGE

DEEPENING EFFORTS FOR A GREATER IMPACT



The six months I have spent with the Health Promotion Board have been a privilege, but also one with a steep learning curve. The experience has affirmed my prior impressions of a Board that is backed by a committed team, one that shares a mission and an unwavering passion to empower Singaporeans to lead a healthier lifestyle.

My predecessor, Mr Ang Hak Seng, has left a strong legacy by establishing HPB as a name with which the majority of Singapore residents are now familiar. In recent years, HPB has championed a healthy

lifestyle by integrating it into a pervasive social movement. This was implemented through successful initiatives such as the Blue Ribbon Movement, which aims to create a smoke-free environment, and the Healthier Hawker Centre programme, which encourages hawkers to adopt more nutritious recipes. I would like to thank Hak Seng for his leadership and community outreach approach, both of which have allowed HPB programmes to gain greater traction and set up future opportunities to further our efforts. I am committed to building upon this strong foundation—the public awareness of our mandates and programmes—by broadening our reach and deepening our efforts. It is my goal to further HPB's mission and effect a greater impact on the lives of Singaporeans.

I believe that in order to do so, we need to maximise our understanding of the health issues our society faces. The success of the I Quit campaign, launched in 2011, is a living example. The campaign seeks to foster a supportive public environment, which, according to our research, is more conducive to helping smokers quit successfully. We continue to encourage the general population to build support networks and issue positive affirmation to those intent on quitting smoking. Furthermore, we strengthened the campaign with real-life accounts of individuals battling their addiction, and added hotlines that provide additional support to those in need.

Community partnerships were also forged, from garnering the assistance of supermarkets for 'No Tobacco Sales Day' to soliciting public support for the Blue Ribbon movement towards a smoke-free Singapore. To sustain our efforts, our digital

strategy included establishing Facebook support groups and building mobile applications, both of which support smokers by keeping the conversation going. However, smoking remains a challenge. We need to find ways to reach out to smokers who do not have access to the resources that will help them quit the habit, and will look at partnering organisations to initiate these targeted interventions.

"I INTEND TO FURTHER COLLABORATE WITH LIKE-MINDED PEOPLE, COMMUNITIES, AND ORGANISATIONS IN ORDER TO INTENSIFY AND SUSTAIN THE POSITIVE HEALTH IMPACT WE HAVE IMPRESSED UPON SINGAPOREANS."

Our desire to remain relevant to the needs of people drives the new initiatives we develop. We commemorated the 20th National Healthy Lifestyle Campaign by introducing new lifestyle tools that allow the public to track their health behaviours and increase their health knowledge on the go. Additionally, our "Love Them. Talk About Sex" programme equips parents with the skills required to talk confidently to their children about sex. Our initiatives also reach out to the elderly. For example, our convenient One-stop Integrated Screening service encouraged seniors to attend regular health screenings.

To diversify our reach in advocating a healthy lifestyle across the spectrum of society, we understand that the Board needs to leverage partnerships with individuals, the community, industry experts, and corporations, all of whom

are aligned with our mission.

Mobilising workplaces is one of our key strategies, and we introduced three programmes in this regard. Firstly, we partnered the Singapore National Employers' Federation and the AIDS Business Alliance to create a supportive work environment for those living with HIV. Secondly, we enabled employers to improve the mental wellbeing of Singapore's workforce through the Workplace Mental Health Solution initiative. Finally, we signed a Memorandum of Understanding with the National Taxi Association to deploy 'health corners' that raised health awareness among self-employed taxi drivers.

I intend to further collaborate with like-minded people, communities, and organisations in order to intensify and sustain the positive health impact we have impressed upon Singaporeans. There will be more opportunities to improve our work, and we will target areas that we believe require our utmost attention.

I thank you all for your continued commitment to the Board and for lending your support to our mission.

ZEE YOONG KANG
Chief Executive Officer

BOARD OF DIRECTORS

FROM LEFT TO RIGHT:

Mr Chow Wing Keung, Lucas
Chairman
Health Promotion Board

Executive Director
Far East Organization

Group Chief Executive Officer
& Managing Director
Far East Orchard Limited

Mdm Moliah Hashim
Chief Executive Officer
Yayasan Mendaki

Ms Amy Hing Nguk Juon
Deputy Secretary
National Population &
Talent Division
Prime Minister's Office

Ms Joan Koh Siew Pheng
Managing Director
The Nielsen Company

Prof Kenneth Kwek Yung Chiang
Chief Executive Officer
KK Women's and Children's
Hospital

Prof Lee Hin Peng
Professor
Saw Swee Hock School of
Public Health
National University of
Singapore

Ms Low Khah Gek
Deputy Director - General
of Education (Schools) cum
Director of Schools
Ministry of Education

Mr Valerio Nannini
Managing Director
Nestlé Singapore

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

Mr Harpreet Singh Nehal, SC
Partner
Clifford Chance Asia



HEALTH PROMOTION BOARD LEADERSHIP

FROM LEFT TO RIGHT:
Mr Zee Yoong Kang
Chief Executive Officer
(with effect from 1 March 2013)

Ms Chung Mui Ken
Chief Information Officer

Dr Chew Ling
Director
Research and Strategic
Planning Division

Mr Vernon Vasu
Director
Corporate Marketing and
Communications Division

Dr Shyamala Thilagaratnam
Director
Healthy Ageing Division

Dr Annie Ling
Director
Adult Health Division

Dr K Vijaya
Director
Youth Health Division

Mrs Tan Seok Lee
Director
Corporate Services Division

Dr Wong Mun Loke
Director
Community Partnerships
Division (up till 14 March 2013)

Our thanks to Mr Ang Hak Seng, former Chief Executive Officer. We welcome Ms Lek Yin Yin, Director for Policy and Health Promotion Partnerships Division with effect from 15 March 2013

A new division, Policy and Health Promotion Partnerships Division, was formed with effect from 28 Jan 2013. This division is merger of the Organisational Learning and Excellence Department and Community Partnerships Divisions.



THE HEALTH SPOTLIGHT

CULTIVATING A BEAUTIFUL MIND



We distributed more than 7,000 mental health resource packs to caregivers



Public forums were held to debunk myths about mental health and to encourage early detection

Our "Love Them. Talk About Sex" workshops helped 80% of participants to talk to their children about sex



CORNERING THE DISEASES



Our commercials for the "Be Positive" campaign changed Singaporeans' attitude towards individuals living with HIV/AIDS

COMBATING A WEIGHTY CHALLENGE



11% of the population aged 18 to 69 were diagnosed as obese



We encouraged pre-schools to provide children with 180 minutes of physical activity each day

AGEING GRACEFULLY



500 senior citizens were brought 'back to school' to attend classes about health and wellness

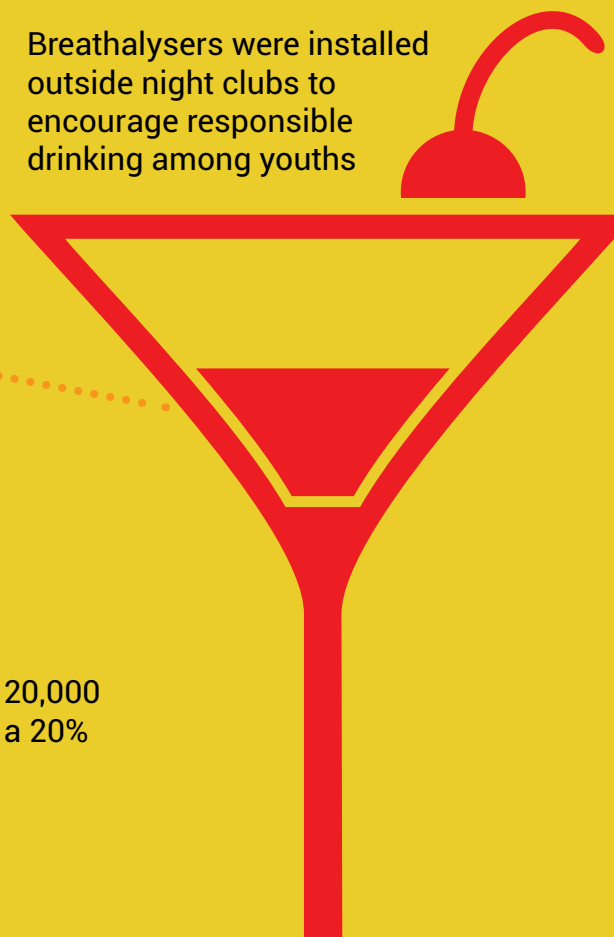


2,500 women and their supporters turned up to form a human pink ribbon

KICKING THE ADDICTION



Our I Quit campaign garnered 20,000 new supporters and achieved a 20% quit rate among smokers



Breathalysers were installed outside night clubs to encourage responsible drinking among youths

THE HEALTH SPOTLIGHT

COMBATING A WEIGHTY CHALLENGE

Convincing Singaporeans to maintain a healthy weight.

Weight management is crucial to maintaining overall health—which means obesity is not simply an aesthetic condition. To battle the bulge, we have put in place several programmes that encourage Singaporeans to adopt healthier lifestyle habits, from organising fitness activities for busy executives to instilling nutritional awareness in young children.

"THIS WEIGHT LOSS JOURNEY HAS NOT BEEN AN EASY ONE, BUT IT HAS GIVEN ME TREMENDOUS SATISFACTION TO SEE HOW MY FITNESS LEVEL AND OVERALL HEALTH HAVE IMPROVED. MY WEIGHT HAS DROPPED FROM 105KG TO 75KG AND MY 'LOSE TO WIN' SHIRT SIZE HAS DECREASED FROM 5XL TO XS. MY SISTER HAS SEEN THE RESULTS AND HAS JUST SIGNED UP FOR THE LATEST RUN OF THE PROGRAMME TOO!"

—Jenny Loo

"Lose to Win" participant turned "Lose to Win" Motivator



KEEPING TRIM TOGETHER

Following an exercise schedule is one of the most important ways people can watch their weight. However, there are many challenges involved, such as not having the time to set aside for exercise, and not having ample support from peers. With these hurdles in mind, we designed two programmes to combat unhealthy weight gain: "Sunrise in the City" and "Lose to Win."

"Sunrise in the City" targets busy executives who are bogged down by work. It aims to inspire such office workers to kick-start their day with fitness sessions. With 'convenience' as our watchword, we arranged workout sessions that included something for everyone, such as yoga, aerobics and jogging. Each session is free to the public, and is held either in indoor gyms or centrally located outdoor venues such as UOB Plaza.

"Lose to Win" offers to people with a BMI above 23 encouragement and expert advice on the right methods to shed the extra kilos. The third iteration of the holistic weight-loss programme saw 600 participants benefitting from nutrition and physical activity workshops, peer support, and guidance from certified trainers.

Harnessing the power of peer motivation, "Lose to Win" garnered support from past participants who continued their healthy ways after previous programmes had ended. Known as 'motivators,' these individuals formed seven interest groups that planned activities, such as brisk walking and Zumba, to encourage participants to lead a more active life. Participants could also stay connected to one another even after these sessions, through our "Lose to Win Reconnect" activities, which include bi-monthly workouts, workshops and games.

Conducted at 13 community sites, the "Lose to Win" programme currently boasts 2,800 members.

1



2



(1) Fans of our "Lose to Win" Facebook community can catch participants in action through our weekly videos.
(2) Leveraging mobile technology to reach consumers on-the-go.

SOCIAL AWARENESS

To complement the peer support element of "Lose to Win," we used social media to both publicise and increase the efficacy of the programme. We employed a multi-screen ecosystem—which comprised a Facebook app, a mobile site and our YouTube channel—to deliver on-demand content to users.

Tips from our trainers and videos of the participants' personal journeys were posted online. As these tidbits could be shared, we wanted the programme to inspire legions of people to adopt a weight-loss regime of their own—and it did.

THE HEALTH SPOTLIGHT

Combating a Weighty Challenge (cont.)

NIPPING IT IN THE BUD

As habits tend to be formed early in life, it is important to introduce healthy habits to children. We tailor-made three such programmes for the young ones: "CHERISH Junior," Healthy Meals in Childcare Centres, and "Let's Drink Water."

"CHERISH Junior," which is part of our "CHERISH" framework, reaches out to children in pre-schools. These children are encouraged to embark on their own journey towards a healthy lifestyle, which includes healthy eating habits and getting ample physical activity.

In conjunction with "CHERISH Junior," we launched new physical activity guidelines specifically made for children and youth of different age groups. For the first time, we also created a set of guidelines for children aged seven and below.

Earlier this year, we signed a Memorandum of Understanding with key operators of pre-schools, such as Kinderland and the PAP Community Foundation, to encourage young children to achieve 180 minutes of physical activity every day. To meet this goal, we developed educator resource kits, which comprise lesson plans on physical activity,



A W A R D

Our "CHERISH" framework, which includes outreach to students at all levels, was awarded the World Health Organization Healthy Cities Special Recognition Award. "CHERISH" was singled out for displaying exemplary achievement in implementing national accreditation and award systems to create healthy settings in educational institutions.

(1-2) "Sunrise in the City" morning yoga.
(3-4) A teacher using the 'Pre-school Health Curriculum,' which encourages the learning of health-related topics in a fun and interesting way.



STARTING THEM YOUNG

To help severely overweight children slim down, we ran four intervention programmes that each cater to a specific age group:

Our community-based **Healthy Lifestyle** programme helped severely overweight pre-schoolers and their parents or caregivers through songs, games, and workshops.

ChooseRight is an ongoing 10-session, 30-minute weekly nutrition education programme that augments the traditional Physical Education curriculum with healthy lifestyle practices and physical activity tips.

The family-centric and community-based **Healthy Eating and Exercise** programme targets severely overweight students. It taps on existing community infrastructure—parks, supermarkets and eateries—to arrange activities related to fitness and nutrition.

Lastly, the school-based weight management programme **ReFRESH** provides greater convenience and accessibility to 806 severely overweight students in 28 secondary schools.



THE HEALTH SPOTLIGHT

Combating a Weighty Challenge (cont.)



(1 & 3) "Let's Drink Water" campaign
(2) Parliamentary Secretary, Ministry of Health & Ministry of Transport, Associate Professor Muhammad Faishal Ibrahim and former CEO, Ang Hak Seng toasting to the students of My First Skool at the launch of the "Let's Drink Water" Campaign.

physical activity break ideas, DVDs of fun dances, a booklet on physical activity, and a checklist for organising 'walk-to-school' initiatives. We aim to introduce these guidelines to 500 pre-schools by 2015.

Physical activity alone is not enough for a child's healthy development; diet plays a crucial role as well. To encourage children to eat healthier, we launched the Healthy Meals in Childcare Centres programme and the "Let's Drink Water"

campaign. These ensure that children not only meet their required nutritional needs, but also understand the value of nutritious food to our health.

As part of the Healthy Meals in Childcare Centres programme, the cooks in the childcare centres are taught how to prepare healthy set meals which incorporate appropriate proportions of food from the four main food groups. We are targeting to rope in 240 childcare centres by the end of 2013.

Our "Let's Drink Water" campaign encourages children, from pre-schools to tertiary institutions, to opt for water instead of unhealthy sugary drinks. Together with local educational institutions, we are raising awareness of the importance of water—not only as a healthier choice, but also as a cornerstone of good health.

As part of the campaign, schools will continue to give frequent water breaks to their students, while Health Ambassadors act as role models to steer their peers away from sugary drinks. In addition, pre-schoolers will be taught the benefits of drinking water, and their meals will come with water. If our future generation follow these guidelines, we will surely see a slimmer Singapore on the horizon. ●

"HPB'S HEALTHY EATING PROGRAMME HAS HELPED TO INCULCATE IN OUR STUDENTS THE IMPORTANCE OF A BALANCED MEAL. WE HAVE RALLIED OUR TEACHERS TO EAT FRUITS WITH STUDENTS ON FRIDAYS TO SHOW THEIR SUPPORT AND TO REINFORCE THE HEALTHY MESSAGE. WE ARE HAPPY THAT THE MOST RECENT DATA SHOWS THAT AT LEAST 85% OF PUPILS BRING FRUITS EVERY FRIDAY."

— **Cassandra Siua**
School Health Promotion
Committee Coordinator cum
Subject Head/Health Education
and Physical Education,
Greenridge Primary School



KICKING THE ADDICTION

Helping Singaporeans start on a clean slate.

Substance abuse is a major health concern, from cigarettes to alcohol to shisha. We spearheaded campaigns to educate the public on the dangers of such addictions, with the aim of persuading them to never pick up the habit. With the positive feedback we received from the public, 2012 was a big step towards a cleaner, healthier Singapore.



CHANGING PERCEPTIONS

In Singapore, about seven people die prematurely from smoking-related diseases every day. Even though we have a relatively low smoking rate, smoking remains a cause for concern, and persuading smokers to stub out their cigarettes has become one of our chief priorities. However, traditional fear-based campaigns do not work on everyone; some respond negatively and continue the habit.

The I Quit campaign, on the other hand, is unlike our previous smoking campaigns. Rather than relying on gruesome imagery, the I Quit campaign elected a friendlier approach to anti-smoking. Its aim is simple: firstly, we invite smokers to pledge to quit; secondly, we applaud those who have taken the first steps towards a cigarette-free life; and finally, we arm smokers with the support and know-how to jump off the wagon for good.

By harnessing the power of networks, we also created a support system that stretches from Facebook groups to workplace programmes, mobile applications and grassroots support.

In support of the I Quit campaign, we set up hotlines that smokers can dial to receive information, personal counselling from healthcare experts, and words of encouragement and support. The QuitLine service, which is part of the HealthLine Call Centre, is one example of this.

Before the I Quit campaign was launched, extensive market research was conducted to determine the best ways to reach our target audience. We conducted studies on youths' attitudes towards risky behaviours, such as shisha smoking and binge drinking. The fresh insights gleaned from these studies allowed our teams to design and execute more effective campaigns.



(1-2) A series of I Quit ads centered around a real figure, David, a smoker trying to quit for his family. It spurred one in two people to express a desire to help David quit smoking.

AWARDS

I QUIT CAMPAIGN

- Gold for Public Relations, IPA Effectiveness Awards 2012
- Gold for Public Relations in Cause-related and Public Education, Holmes Report Sabre
- Bronze for Marketing, Asian Marketing Effectiveness Award 2012
- Bronze for Marketing, Effie Awards 2012
- Highly Commended for Marketing, 2012 Warc Prize for Asian Strategy
- Excellence in Consumer Insights/Market Research, Marketing magazine's Marketing Excellence Awards 2012
- Silver for Excellence in Corporate Partnership, in recognition of our corporate partnership efforts for the I Quit campaign

To further reinforce the campaign, we forged partnerships with supermarkets, such as Giant, Cold Storage, Sheng Shiong and FairPrice, to set up the No Tobacco Sales Day 2012. By pulling cigarettes off the shelves for a full day, these supermarkets helped to highlight to their customers the harmful effects of smoking.

The I Quit campaign now has 20,000 new supporters.

BUILDING SUPPORTIVE ENVIRONMENTS

In addition to the I Quit campaign, the Blue Ribbon Movement is another step we have taken towards a smoke-free nation.

In March 2012, we launched the Blue Ribbon Movement in partnership with the World Health Organization Western Pacific Region Office. The

THE HEALTH SPOTLIGHT

Kicking the Addiction (cont.)



initiative promotes a smoke-free environment in Singapore, and is the first campaign of its type to be adopted in Southeast Asia. As part of the movement, we are working with communities and businesses to create a 100% smoke-free environment on their premises. Since its launch, three parks, three residential estates, five mosques, seven hotels and 13 food centres have been recognised for their successful efforts.

We also hosted the World Conference on Tobacco or Health (WCTOH) to spread our successful tobacco-free initiatives to the rest of the world. Our work on the WCTOH is another first for Southeast Asia; prior to its 15th and latest edition, the conference had never been held in the region. Discussing tobacco-related health issues and action plans were not the only objectives of the conference. Participating nations were invited to share their best practices, experiences, knowledge and research—and we used it as a platform to showcase our tobacco control ideas to 2,600 delegates from 100 countries.



As a leading advocate against tobacco use and a thought leader on tobacco control, Singapore was the ideal location for WCTOH. We introduced our peer-led Youth Advolition for Health programme, in which young Health Ambassadors encourage others to live healthily. We also shared the

Blue Ribbon Movement and our I Quit campaign, focusing on how the latter continues to act as a network of support for smokers.

By focusing on planning and coordination of multi-sectoral tobacco control efforts at the international level, the WCTOH was considered a great success

for all participating nations. For us, it was also a great opportunity to learn from others the ways in which we can achieve a smoke-free Singapore.



(1-2) Launch of the I Quit campaign. (3) Seven hotels became smoke-free at the launch of Blue Ribbon Hotels Movement on 30 November 2012.

AWARDS

BLUE RIBBON MOVEMENT

- Healthy City Recognition Award, World Health Organization Western Pacific Region Office

WORLD CONFERENCE ON TOBACCO OR HEALTH

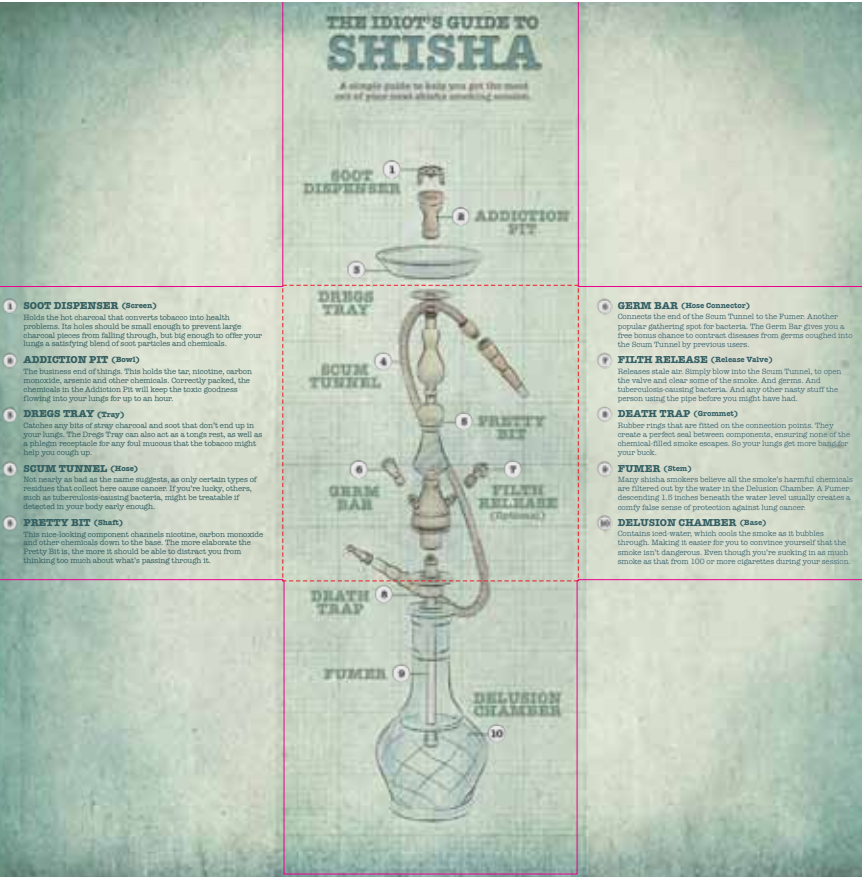
- Gold for Excellence in Public Relations (Corporate Communications), Marketing Excellence Awards

THE HEALTH SPOTLIGHT

Kicking the Addiction (cont.)



(1) The video was created as a result of the our concerns about the increasing acceptance of shisha culture and the misconception that it is a harmless activity. (2-3) The Last Man Standing challenge.



The idea was to avoid a 'preachy' campaign and instead inform the target audience in an engaging and humorous way to empower them to make their own decisions.

CHALLENGING MISCONCEPTIONS

Many people tend to think of shisha as a 'safer' alternative to cigarettes, despite it being equally dangerous. To change the mindsets of shisha smokers, we rolled out a campaign—our first—to educate them on the ills of their habit. We targeted youths aged 13 to 25 as shisha smokers tend to fall under this age group.

Over a fortnight, we assigned youth volunteers to visit shisha hot spots, such as Haji Lane and Arab Street, to distribute brochures that demystified shisha. In tandem with this, we also produced a fun and witty video, "The Idiot's Guide to Shisha," that debunks certain myths about shisha; for example, that it can be as addictive and harmful as regular cigarettes. We also executed marketing activation campaigns around Kampong Glam, another popular shisha-smoking zone, and ran online advertisements for the campaign.

AWARDS

THE LAST MAN STANDING

● Silver, Effie Awards 2012

Youths responded favourably to the entire campaign, with one in two admitting to be more aware of the harmful effects of shisha after watching the video. Furthermore, 73% of non-smokers pledged to stay away from shisha smoking, while 26% of shisha smokers were persuaded to smoke it less frequently.

OWNING RESPONSIBILITY

In addition to making known the dangers of smoking, we committed the same efforts to alcohol abuse. We launched the Responsible Hospitality Initiative to educate young adults on the virtues of responsible drinking and to prevent them from falling into the trap of alcohol abuse. We collaborated

with popular night entertainment outlets—bars, lounges and clubs, for instance—to spread our message to their clientele.

In Singapore, we found that about 70% of young adults who drink tend to do so at such establishments, making them the ideal platform for this initiative. Targeting young adults aged 18 to 29, we worked with Zirca, which was one of the biggest night clubs, to provide training to service staff on how to identify intoxicated patrons, organise taxi services and to prevent any sort of injuries, self-inflicted or otherwise.

We also placed ambient cues at strategic locations, from bar tops

to toilets, to remind patrons to drink responsibly. Breathalysers were installed outside Zirca to heighten the initiative's visibility and facilitate the identification of intoxicated individuals.

In conjunction with the Responsible Hospitality Initiative, we ran The Last Man Standing campaign at other night clubs and bars. Instead of hard-selling the idea of responsible drinking, The Last Man Standing was conceived as a fun challenge for partygoers. Revellers were challenged to be the 'last man standing' by the end of the night, and to determine the winner, we used the breathalysers installed outside these night entertainment outlets. ●

CULTIVATING A BEAUTIFUL MIND

Putting Singapore in the right frame of mind.

Keeping a sharp mind is as important as maintaining good physical health. We have taken great strides to relay this message to the public, to reduce the risk of mental illness and encourage help-seeking behaviours. We continue to provide the youth, working adults, seniors and their caregivers useful resources with which they can manage their mental health.

AWARDS

BE POSITIVE CAMPAIGN

- Gold, Effie Awards 2012
- Television Campaign of the Year, Hall of Fame Awards 2012

SETTING THE STAGE

Mental illness can strike anybody, from incarcerated youths to stressed office workers. Our primary strategy in dealing with this broad demographic is protection and prevention. This involves: promoting mental wellbeing through strengthening the individual's capacity to manage challenges and building their resilience; facilitating early detection of mental health conditions; and supporting help-seeking behaviours. We launched a trio of initiatives to achieve these aims: the "Be Positive" campaign, the "Only Human" programme, and the Youth At-Risk workshops.

Our "Be Positive" campaign aimed to put a smile on the faces of Singaporeans. By making small and simple lifestyle changes, everyone can think—and act—more optimistically, which is the crucial first step on the path to mental wellbeing. We came up with a five-step guide to positive thinking, dubbed "S-M-I-L-E," that people can use in their daily lives. These include finding the humour in bad situations, boosting self-confidence, and learning to smile when you feel down.

Various mental wellness programmes have been developed for at-risk children and youth, between the ages of five and 21, in residential, institutional and incarcerated settings. The Youth At-risk suite of programmes set out to equip at-risk children and youth with the skills needed to cope with challenges and manage their emotions.

We also collaborated with the Institute of Mental Health to launch the "Only Human" programme. It comprised two public forums that debunked certain myths about mental

THE HEALTH SPOTLIGHT

Cultivating a Beautiful Mind (cont.)

wellbeing and inculcated help-seeking behaviours among children. Attendees of the forums—parents, caregivers, and the youths themselves—agreed that the event inspired them to combat the stigma associated with mental conditions, and seek help as soon as possible.

TOOLS FOR A HEALTHY MIND

In addition to our ongoing programmes, we also developed resources to provide Singaporeans tools and practical solutions to optimise mental wellbeing.

One such resource is the Workplace Mental Health Solution a guide that walks both employers and employees through a series of action to take charge of their mental wellbeing. This comprises affordable

and easily accessible tools, ranging from web-enabled material on mental health to practice-based guidance. Ultimately, it aims to support the entire workforce by empowering the employee, advising management on needs-analysis, and funding schemes—such as the Workplace Health Promotion Grant—to companies.

Dementia is a significant challenge facing our ageing society. Although the risk of dementia increases with age, it is not an inevitable consequence of ageing. Since 2009, our Dementia Public Education Plan has been raising awareness about dementia and educating the public on the benefits of early detection and intervention.

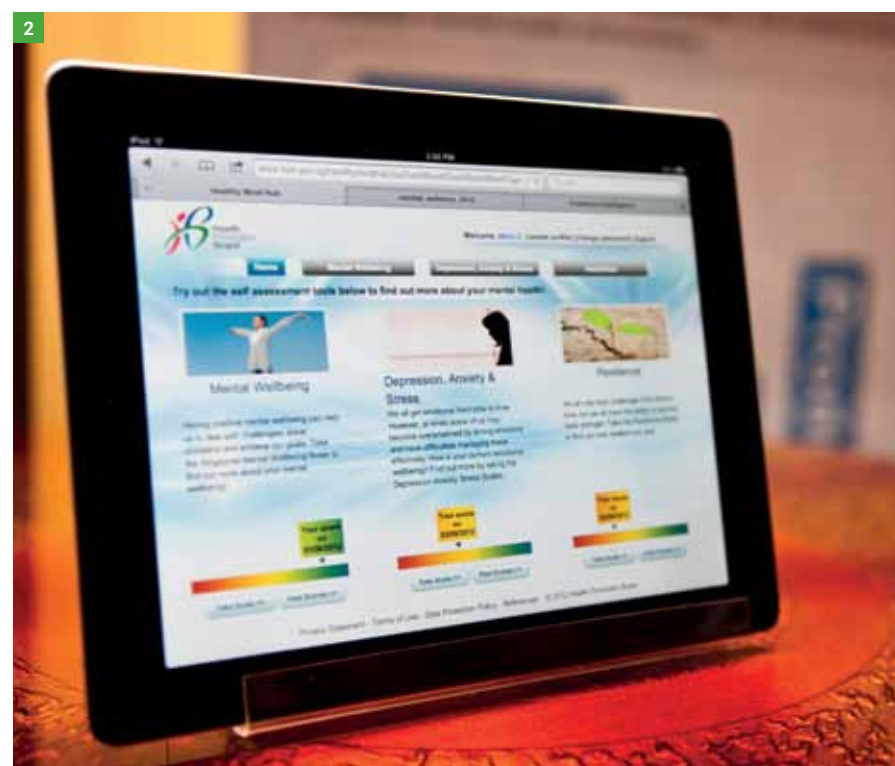
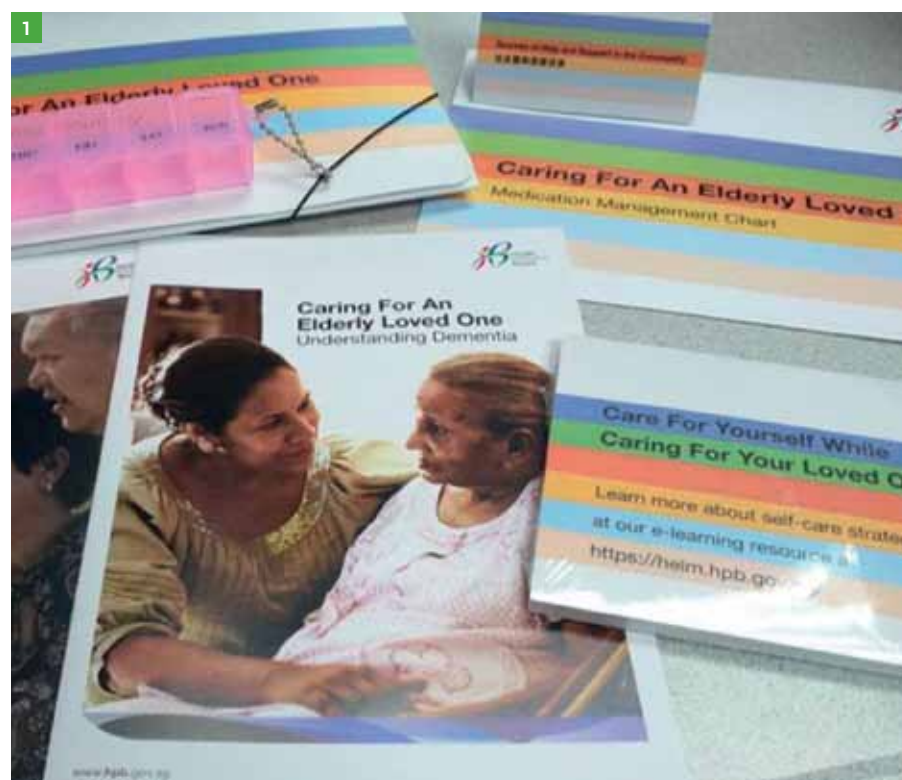
Caregivers often struggle with poor emotional health

and may suffer from burnout due to a lack of respite from the caregiving routine. For the 2012 iteration of the plan, a resource pack was put together with the beginner caregiver of an elderly person in mind. Its objective is to ease the caregiving routine and alleviate the stress levels of the caregiver. The information is kept simple and packaged in a convenient folder.

The resource pack provides self-care resources, essential information and tools, and access to e-learning courses that teach caregivers coping strategies while providing tips on how they can manage their stress levels. More than 7,000 resource packs have been distributed, and over 3,000 caregivers have signed up for the e-learning course. ●

"I APPLAUD THE BRILLIANT IDEA. GETTING INSTANT HELP AT YOUR FINGERTIPS, AT OUR CONVENIENCE, VIA THE [E-LEARNING] PORTAL, IS SPLENDID. MOST IMPORTANT OF ALL, WE AS CAREGIVERS KNOW THAT WE ARE NOT ALONE. THUMBS UP!"

—Aishah Rahmat
Caregiver



(1) The kit of self-care resources for caregivers, including the e-learning resource. (2) The Healthy Mind Hub provides online self-help resources and self-assessment tools for mental health. (3) Participants gained insights into the world of youths with mental health problems through creative media, such as films and an interactive experiential exhibition.

AGEING GRACEFULLY

Helping Singaporeans enjoy their golden years.



The "Back to School with Seniors" initiative.

Singapore's ageing population is one of our chief concerns. As the golden years are for relaxation and enjoyment rather than struggling over health matters, we are working hard to help seniors take charge of their wellbeing. We have implemented programmes that equip elders with adequate healthcare know-how and provided them with streamlined medical services.

ONE-STOP CARE

The elderly face three key challenges when it comes to maintaining their health: accessibility, affordability and convenience. Bearing these in mind, we developed two programmes that bring medical care and services straight to the doorsteps of seniors: the One-stop Integrated Screening and On-site Follow-up programme, and the Back to School initiative.

"Convenience" is the mantra of our One-stop Integrated Screening and On-site Follow-up programme. We provided screening for functional decline, chronic diseases and cancers at venues that seniors can easily access, such as void decks and community centres.

As seniors also often skip follow-up appointments due to perceived inconvenience and high costs, we included on-site follow-up services such as dental treatment, eyewear prescription and consultation with a general practitioner after the initial screening. This halves the amount of time they need to spend.

LIVING UP THE GOLDEN YEARS

The "Back to School with Seniors" initiative was designed to equip the elderly with the knowledge necessary to live their twilight years in good health and cheer. As prevention is better than cure, we focused on setting up educational and awareness programmes for senior citizens.

This programme invited 500 seniors to attend half-hour classes on chronic disease management, flu vaccination, oral hygiene techniques, fall prevention and health literacy. Physical activity sessions were also conducted, and participants were given healthier food and drink



MOVING IMAGES

With the help of acclaimed local director Royston Tan, we created a short film to raise public awareness of colorectal cancer. The film is based on our research on the perceptions of the older generation concerning health screenings.

The moving short film, *Ong and Raj*, is set in the heartlands and showcases the friendship between two friends. The story resonated with senior folk precisely because it is set within a context familiar to the demographic.

Ong and Raj was so well received that it won the following awards:

- Gold, Effie Awards 2012
- Gold for Excellence in Advertising, Marketing Excellence Award 2012
- Gold, The Appies
- Best Integrated Marketing Campaign of the Year 2012, Public Relations in the Service of Mankind Award, The Institute of Public Relations of Singapore

during 'recess.' Regular dental treatment at a subsidised cost on scheduled weekends was also included as part of the programme.

In addition to "Back to School with Seniors," we organised two outreach and awareness programmes in appreciation of Singaporean women: Stay in the Pink and On Top of the World.

Stay in the Pink was launched in conjunction with the 10th anniversary of BreastScreen Singapore and the Breast Cancer Awareness Month. About 2,500 women and their supporters formed a giant human pink ribbon at the launch, a feat that earned a place in the Singapore Book of Records. This kicked off a series of events, which included fun-filled activities and booths that rallied family members together to emphasise the importance of regular screening.

On Top of the World, held during International Women's Day 2013, promoted the

importance of good health. Booths at the event, themed according to countries around the world, conveyed health messages and tips. Some of these 'destinations' included Egypt, where one can learn about nutrition; Japan, for mental wellbeing; and Singapore, for smoking cessation. Health talks, cooking demonstrations and interactive exhibits also kept attendees engaged. ●

A W A R D

BACK TO SCHOOL WITH SENIORS

- Special Recognition—Education Initiative or Programme, Asia Pacific Eldercare Innovations Awards 2013, Ageing Asia



Stay in the Pink initiative.



CORNERING THE DISEASES

When it comes to communicable diseases, we leave no stone unturned.

Cultivating the right mindset is crucial to halting the spread of communicable diseases. We launched initiatives that raised awareness of such ailments among school-going children and their parents. We also continue to encourage a sense of acceptance for individuals living with HIV/AIDS through HIV- and AIDS-related programmes.



(1) A collection of inspiring and positive quotes proved to be an enormous hit on Facebook. (2) A story on how unconditional support can help people overcome the fear of rejection and get tested for HIV.

ADOPTING THE RIGHT ATTITUDE

Communicable diseases come in many forms, and so do their methods of transmission. To control the spread of these diseases, the right habits and attitudes need to be cultivated from a young age. Targeting school-going children, we devised several key programmes and initiatives to instil the mindset that, when it comes to communicable diseases, prevention is far better than cure.

Controlling the spread of sexually transmitted diseases begins with the right attitude towards sex. Studies have shown that parents communicating honestly to their children about sex can moderate the negative effects of peer pressure when it comes to pre-marital intercourse.

This concern formed the core of our "Love Them. Talk About Sex" (LTTAS) programme. For parents who find it difficult to bring up the subject, the programme provides relevant

What you think, say or do can help stop the spread of HIV.

Like any mother, Bee Hong was devastated to find out her son might be HIV positive. But when her son confessed that he was afraid to get tested, Bee Hong put her own fears aside to help overcome his. She held his hand and told him, "Nothing will change the fact that you're my son." Her words gave him the courage to take the test.

When the results came back positive, Bee Hong did what she always did when one of her children faced a challenge – she faced it with them. She read up on HIV, found out what foods would help build up his immune system. She ensured that he took his medication on time, and even accompanied him to doctor's follow-up visits. She gave him the support he needed to keep living a fulfilling life.

But this isn't a story about Bee Hong or her son. It's a story about how with unconditional support, we can help overcome one of the reasons people don't get tested for HIV – the fear of rejection.

information to parents with young children, giving them the right skills to start a conversation about the birds and the bees.

A total of 16 one-hour LTTAS workshops were conducted at workplaces, schools and community venues, reaching more than 600 parents. Separate public seminars were also conducted in English, Malay and Mandarin to reach even more parents. Based on surveys conducted at the end of these workshops, they were a success: 80% of the participants felt more confident about approaching the topic of sex.

In support of the LTTAS programme, we launched a website (www.parentstalksex.sg) that is brimming with articles, videos, audio clips and downloadable booklets that contain actionable information for parents to continue learning well after the workshop has ended.

Aside from helping parents, we wanted to instil in children daily habits to prevent the spread of communicable diseases. The "Let's Wash Our Hands" Hand

A HELPING HAND

The "Let's Wash Our Hands" programme introduced to students the eight-step Hand-washing Technique. Students were also given a crash course on how socially responsible actions, such as covering your mouth when coughing or sneezing, can prevent the spread of infectious diseases.

THE LOVE KARAOKE

One of our 2011 campaigns to promote HIV/AIDS awareness, The Love Karaoke, recently won two awards:

- Gold, Effie Awards 2012
- Highly Commended, 2012 Warc Prize for Asian Strategy

Hygiene Programme, for example, attempted to increase the awareness of personal hygiene among students.

Presented in the form of a fun and interactive skit, the "Let's Wash Our Hands" programme will be brought to every primary school within the next three years. In time, we hope that all students will learn proper hand-washing techniques and the ways in which they can protect themselves and their loved ones against infections.

CHANGING HEARTS AND MINDS

People living with HIV/AIDS (PLHIV) are often stigmatised and discriminated against. As a result, these individuals are hesitant to receive treatment, worried that their conditions will be looked down upon by society. It is therefore important that we foster a strong sense of acceptance from the public towards PLHIV.

In line with our efforts to change the hearts and minds of the general public towards PLHIV, we launched the *Crazy Christmas – Using Theatre to Change Minds* play with

help from the creative industry. The cast not only comprised a group of non-professional actors but also one living with HIV/AIDS. More than just a fun and informative way to educate the general public about HIV/AIDS, the performance encouraged Singaporeans to readily assess their risk of HIV infection and to go for early and regular HIV tests.

Besides *Crazy Christmas*, we rolled out the Be Positive campaign to further our efforts in modifying society's perception of PLHIV. What sets this campaign apart from the rest is its focus on the people whose acts of positivity have encouraged and inspired others to go for HIV tests.

Television commercials were produced to illustrate the importance of love and support from family and friends, as well as how these acts of encouragement can instil confidence in at-risk individuals. To reinforce the message, real-life stories of the loved ones of PLHIV were disseminated through prints, advertorials and online media. We hope the campaign will both help the public embrace PLHIV, and encourage them to seek treatment earlier. ●



The month-long National Healthy Lifestyle Campaign celebrated its 20th anniversary with health tips galore



Walking trails were introduced in neighbourhoods to spur residents to strap on their running shoes



healthyMEtv offers 1,200 short videos on a range of medical conditions as well as programmes related to fitness, nutrition and relaxation

OUR ROADMAP TO GOOD HEALTH

A HEALTHIER

FROM THE STARTING BLOCKS

The roving optical shop programme used the cluster approach to provide optical services for nearby schools



We conduct health screenings and immunisations in schools so children get the attention their health deserves

The Healthier Child, Brighter Future toolkit equips parents with colourful, helpful tips to manage their children's wellbeing



TOMORROW

OUR ROADMAP TO GOOD HEALTH

How we are building a healthy nation.

Building a nation of healthy people is at the very heart of what we do. Through our programmes, we hope to inculcate in Singaporeans habits that will lead to a long, robust life. These include tips on how to eat and exercise right, nurturing a supportive environment, and rewarding those who are shining examples of the good life.

"BEFORE MEASURING MY HEALTHY LIFESTYLE INDEX, I HAD THOUGHT MY SCORE WOULD BE 9/10 SINCE I REGULARLY EXERCISE AND EAT ENOUGH FRUIT AND VEGETABLES. HOWEVER, I RECEIVED A SCORE OF 8/10 DUE TO THE LACK OF SLEEP AND IRREGULAR SCREENING. IT REMINDED ME THAT TO BE HEALTHY, I HAVE TO ALSO TAKE INTO CONSIDERATION OTHER FACTORS."

— Toh Chee Yong
Student

A DESIGN FOR LIFE

Our programmes must appeal to a wide range of Singaporeans: the office worker, the new mother, the family man, the fresh graduate, for example. They might also double up as caregivers, role models and breadwinners, whose habits shape those close to them. This is why we have to think in the long-term and build a momentum of Singaporeans adopting a healthy lifestyle, so their influence can spread to others.

Our National Healthy Lifestyle Campaign has been pushing that front for the past two decades. The annual, month-long campaign aims to increase the public's awareness of the importance of leading a healthier life. Comprising community events, road shows, online educational resources and more,

the National Healthy Lifestyle Campaign is a multipronged approach to create and then sustain a healthy city.

Last year marked the 20th anniversary of the campaign—and we kicked it off with a major event. Prime Minister Lee Hsien Loong launched the campaign at Gardens by the Bay, in front of a crowd of 20,000. Together with Health Ambassadors, Prime Minister Lee let attendees in on how healthier choices have been made accessible and affordable to all Singaporeans, through their communities. He also unveiled new tools designed to empower and inspire people to take up the healthy lifestyle gauntlet. These include the Healthy Lifestyle Index and healthyMEtv.



healthyMEtv

healthyMEtv is our brand-new transmedia channel that uses fun and snappy videos to promote healthy living. Available on demand on any Internet-connected device, healthyMEtv offers 1,200 short videos on a range of medical conditions, as well as programmes related to fitness, nutrition and relaxation.

We ran a series of "Good Health at Your Fingertips" advertisements to drum up awareness for healthyMEtv. Featuring cute finger puppets, these ads were able to generate significant traction; since its launch, the channel achieved 164,000 average video views per month, surpassing the industry benchmark of 40,000 monthly views.

HEALTHY LIFESTYLE INDEX

The **Healthy Lifestyle Index** was launched to let Singaporeans identify their general health behaviour, based on their current lifestyle. The Index comprises 10 questions on lifestyle habits, which users have to answer to reveal their 'health status.' They will then receive a customised report that summarises their 'health status,' provides advice and recommends appropriate HPB programmes to improve their health behaviour.

To publicise the Index, we pitted famous bloggers mr brown and Mr Miyagi against each other in an online campaign called "Healthy Rivalry." The campaign also saw the launch of a Facebook app that encouraged Singaporeans to check their 'status,' compete with their friends, and in the process stand to win prizes. As of March 2013, about 20,000 users have done just that.



mr brown and Mr Miyagi went head-to-head in a Healthy Rivalry that got Singaporeans settling their own health scores.



A HEALTHIER TOMORROW

Our Roadmap to Good Health (cont.)

(1-2) Introducing new initiatives at the National Lifestyle Campaign 2012, held at Gardens by the Bay. (3) Using finger puppets, we deliver messages to stay healthy while driving traffic towards healthyMETv for healthy recipe videos, exercise tips and more. (4) Residents enjoying healthier meals at a coffee shop that participated in the Healthier Hawker Programme. (5) Senior Minister of State for Health and Manpower, Dr Amy Khor encouraging a taxi driver to do exercises while on the go.

HEALTH IN THE HEARTLANDS

If the National Healthy Lifestyle Campaign plants the seed of healthy living, then we must continue to nurture it. With this in mind, we went directly to the community and engaged residents on a more grassroots level to foster an environment that supports a healthy lifestyle. By transforming frequently visited venues such as Community Clubs, Residents' Committee corners and parks into health promoting touchpoints, we were able to bring healthy lifestyle to the doorsteps of the people: the heartlands. These community staples offered regular workshops, healthier cooking demonstrations, health talks, basic health checks and exercise sessions for the residents in the neighbourhood.

Places such as hawker centres, Community Clubs, and Residents' Committee corners and parks were designated as Healthy Lifestyle Centres. These community staples

went on to regularly conduct workshops, cooking demonstrations, health talks, basic health checks, and exercise sessions for residents in the neighbourhood.

The Healthier Hawker Programme tackled concerns about unhealthy local food by introducing low-calorie dishes and healthier ingredients such as whole grain noodles, brown rice and healthier oil at hawker centres and coffee shops. Furthermore, as part of the Blue Ribbon initiative, these hawker centres—alongside mosques and a neighbourhood park—became smoke-free environments to protect residents from the harmful effects of second-hand smoke.

In addition to these, we introduced 'walking trails' in several neighbourhoods to spur residents to strap on their running shoes and hit the track. These trails were outfitted with visual cues to motivate them to be—and stay—active.

HEALTH IN THE WORKPLACE

On top of engaging the community and providing the heartlands with Healthy Lifestyle Centres, we need to target our 'second homes' as well: workplaces. As most of our waking hours are spent at work, the office becomes an important breeding ground for good, healthy habits to be formed.

Our collaboration with the National Taxi Association was in line with that mission. We signed a Memorandum of Understanding with the association to raise health awareness among 13,000 taxi drivers in Singapore. As part of the agreement, 'health corners' were set up in six taxi service centres that allowed cabbies to monitor their blood pressure and Body Mass Index while their vehicles were being inspected. We also conducted workshops tailor-made for taxi drivers; these strove to convert them into activists for healthy living among their fellow drivers.

Besides providing tools and services to workplaces, we actively reward companies that have dedicated the resources to successfully implement the Workplace Health Promotion programme. This is done through the biennial Singapore HEALTH (Helping Employees Achieve Life-Time Health) Award.

At the 2012 ceremony, a record 446 companies were awarded, 54 of which walked away with the highest accolade: the Platinum Award. While assessing companies, we found that those who won the Platinum Award had lower levels of presenteeism (on-the-job productivity loss) as compared to those who won the Bronze Award. This translates to annual cost savings of \$600 per staff member. This means promoting a healthy working environment is not a fruitless pursuit—it leads to smarter, more efficient employees. ●

"TAXI DRIVERS ARE SELF-EMPLOYED AND HAVE TO TAKE CARE OF THEIR OWN HEALTH. WITH HPB'S SUPPORT ON HEALTH CHECKS, HEALTH PROMOTION CORNERS, AND WELLBEING ACTIVITIES, IT WILL BE EASIER FOR THEM TO STAY FIT AND CONTINUE TO DRIVE SAFELY."

—Wee Boon Kim
President, National
Taxi Association



A HEALTHIER
TOMORROW

FROM THE STARTING BLOCKS

For a healthier tomorrow,
we must give our young
ones a brighter today.

A healthy nation can only be built on a solid foundation. Coaching adults and seniors on the importance of wellbeing are very important tasks, but guiding children is absolutely essential. This is why we partnered schools and parents to provide avenues and tools they can use to ensure the youngsters maintain a healthy lifestyle.



HEALTH IN THE SCHOOLS

As children spend most of their day in school, it is where they pick up both good and bad habits, have meals, exercise, and learn about their bodies. This makes educational institutions perfect platforms from which we can monitor the health of school-going children, drill in them the benefits of a healthy lifestyle, and modify their habits. We run many programmes in schools, from immunisations to eye check-ups to peer support groups, so our future generation will be hale and hearty right off the starting blocks.

Our National Childhood Immunisation Programme (NCIP)

prevents common childhood vaccine-preventable diseases in almost all Singaporean infants, pre-schoolers and primary school students. We provide booster immunisation in schools to students from Primary 1 to 5, while infants and pre-schoolers are taken to polyclinics or general practitioners. The NCIP continues to be directly responsible for the elimination of diseases such as diphtheria and poliomyelitis and for controlling diseases such as measles.

The School Health Service complements the NCIP by conducting annual health screenings of students in all

schools. Doctors and nurses provide their expertise to hundreds of primary, secondary, religious, private and special schools. Dental screenings, under our School Oral Health Programme, are also run to monitor the dental health of school-going children.

In order to integrate the preventive services and the health promotion programmes, the Health Integrated Team, which comprises nurses, dental therapists and health promotion officers, was formed. The main purpose is to be able to offer customised health promotion programmes to the school, based



(1) School Dental Clinic.
(2) Student Health Centre.

A HEALTHIER TOMORROW

From the Starting Blocks (cont.)

on the health screening data and findings from the healthy lifestyle survey, which was incorporated as part of the health screening of Primary 5 pupils.

The Student Health Centre, on the other hand, serves as a referral centre for students identified with possible health or growth and development problems. Last year, the centre expanded its specialist services to include ophthalmology, and child and adolescent services.

We also made provisions to convert schools into hubs for youth health services. The Health Promotion CCA Club, in which student Health Ambassadors will spearhead peer-led health promotion activities for the school and community, was introduced to leverage the cumulative effect of peer support networks.

At the same time, as part of the Student Health Advisor Programme, we stationed specially trained nurses in schools. These nurses were on hand to issue advice and health counselling, conduct intervention programmes, facilitate detection of diseases, and manage health conditions. They also conducted their own health promotion activities, and in 2012, the number of schools involved increased from eight to 12.

We also aim to run programmes that are more inclusive and customised for the varied needs



(1-3) Launch of the Health Promotion Club 'iCAN' at Canberra Secondary School by Parliamentary Secretary, Ministry of Health & Ministry of Transport, Associate Professor Muhammad Faishal Ibrahim.



of students. One of these was the pilot for roving optical shops. Set within school compounds, the pilot was rolled out to bring facilities directly to students. Using a cluster approach, one central school provided optical services to nearby schools. To ensure everyone was given an equal opportunity, corrective glasses were prescribed to less privileged students for free.

EDUCATING INFLUENCERS

Parents are the first points of contact for the young, which makes them the primary caregivers to their children. Equipping parents with the right healthcare knowledge then becomes an important task. In 2012, we covered all grounds by providing parents with resources for their children of all ages, from prenatal all the way to adolescence.

We produced the Healthier Child, Brighter Future parent toolkit as a one-stop resource health guide. This endows expectant mothers and new parents with the knowledge they need to maintain healthy pregnancies and raise fit children, from the early developmental to pre-school years. The toolkit is customised to reflect local concerns and is filled with colourful visuals, tips and helpline numbers.

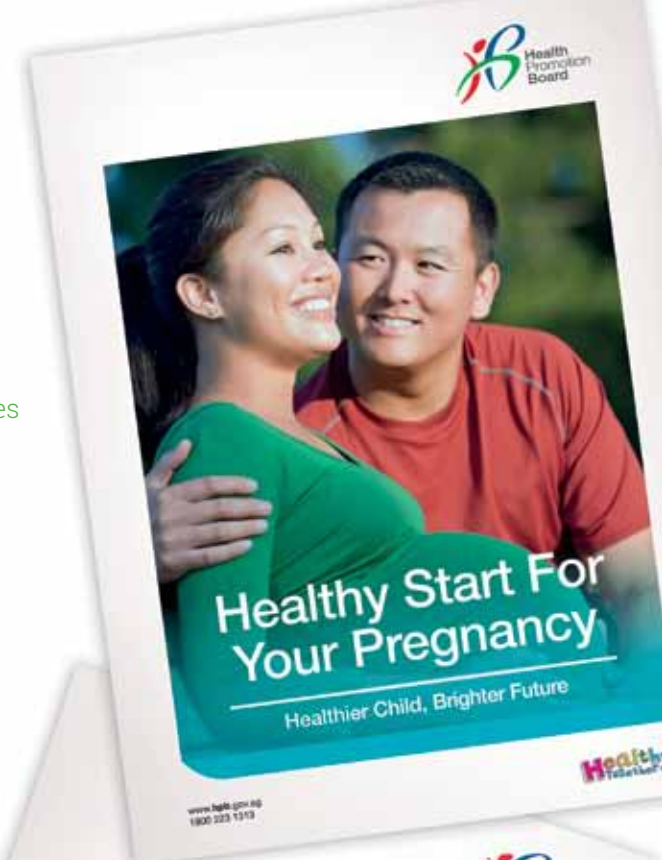
We also conducted a variety of interactive workshops on health-related topics. Aimed at parents with young children, these workshops provided current health information to connect parents with age-appropriate and practical resources. During the workshops, parents were encouraged to take on the role of mentor and build a supportive home environment for their children to make healthy lifestyle choices. The workshops also focused on salient child health topics such as nutrition, physical activity, myopia and mental wellbeing.

As children are our nation's future, we must do our part in ensuring they grow up the right, healthy way. ●

GOOD THINGS COME IN THREES

The **Healthier Child, Brighter Future** parent toolkit comprises three booklets:

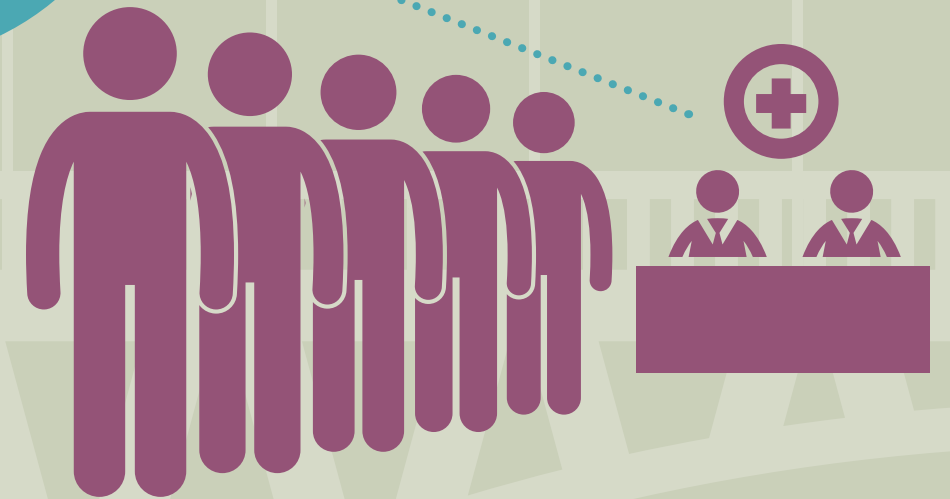
- Healthy Start for your Pregnancy, found at Obstetrics & Gynecology clinics
- Healthy Start for your Baby, found at delivery hospitals
- Healthy Start for your Growing Child, found in preschools



FROM STRENGTH TO STRENGTH

DEEPENING OUR KNOWLEDGE

The Health Zone exhibition centre has attracted more than 80,000 visitors and conducted more than 1,300 health skills programmes



CONNECTING THROUGH GOOD HEALTH

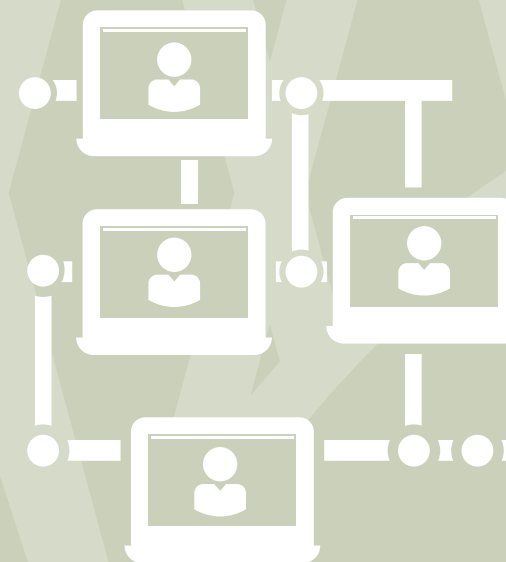


3,000 students from Nanyang Polytechnic (NP) will be trained to become Health Ambassadors, thanks to the jointly developed General Studies Module in Health Promotion



1,000 Health Ambassadors were trained on the basics of health communications, high blood pressure and weight management by our Health Promotion Academy to raise their health literacy

300 families took part in parent workshops on cyber wellness, mental wellness and sexuality education with the Chinese Development Assistance Council



BUILDING BRIDGES

70 senior personnel of the Singapore Police Force were trained as Health Ambassadors



FROM STRENGTH TO STRENGTH

As we run campaigns and programmes continuously throughout the year, we have to rely on a vast network of Health Ambassadors for support. Choosing the appropriate Ambassadors for the task is a challenge, and we have launched recruitment drives to bolster their numbers and training workshops to provide them with the necessary skills.

CONNECTING THROUGH GOOD HEALTH

We always get by with a little help from our friends: the Health Ambassadors.

"PROMOTING A HEALTHY LIFESTYLE IS A VERY MEANINGFUL TASK. AS A ROLE MODEL TO MY FRIENDS AND LOVED ONES, I ENCOURAGE THEM TO MAKE TIME TO EXERCISE. ALL YOU NEED IS TO INVEST IN 150 MINUTES OF PHYSICAL ACTIVITY EVERY WEEK, ANYTIME, ANYWHERE. THAT INVESTMENT IS WELL WORTH IT."

—Mariam Ali
Health Ambassador

EMPOWERING OUR AMBASSADORS

Formed in 2011, our Health Ambassador Network (HAN) is essential to what we do. Our success depends largely on our network of Health Ambassadors; it includes helpers, mentors and recruiters. To ensure everything runs smoothly, the HAN directs 5,000 Health Ambassadors, each of whom is an integral part of the 364 events and programmes—including integrated screenings, health fairs and road shows—we ran in 2012.

As these Ambassadors are all volunteers, we have to distribute them across our initiatives evenly and efficiently. That is why the HAN held its inaugural Marketplace event last year. Modelled after a job fair, the Marketplace showcased volunteering opportunities, such as working on the Community Health Assist Scheme and learning how to be an emcee for mass events.

In December 2012, we held our Health Ambassador Graduation Ceremony at Nanyang Polytechnic to welcome our 700 newly trained Health Ambassadors.

During the ceremony, we signed a Memorandum of Understanding with Nanyang Polytechnic to jointly develop a General Studies Module in Health Promotion. This module encourages students in Nanyang Polytechnic to become Health Ambassadors. The module will equip them with relevant skills to advocate healthy living.

TRAINING DAY

As the backbone of our organisation, our Health Ambassadors need to be trained as effective advocates of healthy living. Our Health Promotion Academy coached over 1,000 Ambassadors in the last fiscal year, focusing on communications, combating high blood pressure and healthy weight management.

In August 2012, the Health Promotion Academy uploaded its training programmes online to allow Health Ambassadors to learn at their own time and pace. The e-learning programme, which also extended to Corporate Health Ambassadors, afforded them accessibility and convenience to begin their basic training.

The academy also developed other modules to deepen and broaden the knowledge of the Health Ambassadors. One example is a class on tobacco control, which primes Ambassadors on the best way to help others quit smoking. Other modules offer useful information on nutrition and food labels. In the near future, as part of our competency growth plan, we will be granting leadership training to selected Ambassadors.



(1-2) Graduating Health Ambassadors with our then-CEO Ang Hak Seng and Senior Minister of State for Health and Manpower, Dr Amy Khor.

FROM STRENGTH TO STRENGTH

Connecting Through Good Health
(cont.)

LIGHTING UP THE COMMUNITY SPIRIT

We work closely with our Health Ambassadors to share health-related information, knowledge and skills at community activities, and we ensure they are always at hand to provide peer support to residents.

In the Admiralty constituency, for example, Ambassadors joined the Healthy Head Start programme to help young children from low-income households. They embarked on the project with passion and a mission to better the early development of these children, sharing tips on various financial assistance schemes during their regular house visits.

Health Ambassadors also partnered grassroots organisations, faith-based organisations and schools to reach out to different segments of the population with specific health risks and needs. "Back to School with Seniors," which guided the elderly on how to maintain their good health, was

"BEING A DIABETES PATIENT MYSELF, I UNDERSTAND THE IMPORTANCE OF STAYING HEALTHY. THE KNOWLEDGE I GAINED DURING THE HEALTH AMBASSADOR TRAINING IS PARTICULARLY USEFUL AS IT ALLOWS ME TO SHARE THE KNOWLEDGE AND HELP PEOPLE UNDERSTAND THE IMPORTANCE OF TAKING CARE OF THEIR HEALTH."

—Johari bin Ahmad

Admiralty Malay Activities Executive
Committee Chairman and HPB
Health Ambassador

one of the programmes jointly implemented with community networks.

We have several plans in the pipeline to strengthen the presence of the network in key sectors of public health. We strive to improve the quality of our current Health Ambassadors, and are constantly looking for ways to upgrade them to leaders. This process will involve recruiting healthcare professionals and students, and

providing them with the relevant volunteering opportunities.

We will also continue to enrich the quality of engagement with Health Ambassadors by supplying them with supporting resources, such as self-deployment toolkits. In the long run, we hope the Health Ambassadors will be able to provide a greater quality of care for the community at large. ●

CORPORATE CHAMPIONS

As Health Ambassadors largely deal with the general public, we have another group dedicated to the corporate world. Set up last year, the Corporate Health Ambassador Programme hopes to attract professionals with a wide range of talents to spread the gospel of healthy living and community service to their colleagues at work. Merck Sharpe & Dohme and the Singapore Police Force were our pioneer Corporate Health Ambassadors.



(1) Health Ambassadors listening to the volunteer opportunities available during briefing. (2) A Health Ambassador talking to a resident during the Blue Ribbon Movement (4 March 2012). (3) A Health Ambassador assisting a member of the public at the BMI booth during HealthNYou 2012.



FROM STRENGTH TO STRENGTH

DEEPENING OUR KNOWLEDGE

Research is the engine that drives all our work.

Research keeps us updated on the health behaviours of Singaporeans, helps us formulate public policies and strategies, and allows us to ideate more compelling campaigns. We constantly conduct surveys and studies to ensure everything we do will benefit the nation.

In addition to that, we continue to work with numerous industry partners to share and broaden our knowledge base.

TURNING KNOWLEDGE INTO INSIGHTS

We devote significant resources to collect health data from the public and then analyse it for insights. This allows us to keep a close eye on general health trends in Singapore and then evaluate the best course of action. Our Health Surveillance and Informatics department and the National Registry of Diseases Office are our main tools in this regard.

The Health Surveillance and Informatics department manages three bodies: the Health Behaviour Surveillance of

Singapore (HBSS), the National Immunisation Registry (NIR), and the Health Info Hub (HIH). The HBSS is a nation-wide surveillance system that provides timely and relevant information on Singapore's health behaviours, such as health screenings and flu vaccinations, while the NIR monitors children's immunisation records. Finally, the HIH serves as a data repository that pools information from our various data sources to optimise decision-making.

The National Registry of Diseases Office collects and maintains information on diseases that

are of priority to public health. The information collected is safeguarded by the National Registry of Diseases Act, ensuring a comprehensive data collection that, in turn, supports programme planning and policy formulation.

The data collected from the disease registries are invaluable to our research and benchmarking. In 2012, disease registry data were widely used in national benchmarking of cancer, acute myocardial infarction and stroke care to result in better care outcomes for patients and lower mortality rates. None of the above could have been achieved



Group discussion to develop country-specific programmes.

FROM STRENGTH TO STRENGTH

Deepening Our Knowledge (cont.)

without a strong collaborative relationship between the Ministry of Health, healthcare and academic institutions, and our departments.

While HIH and NIR monitor national trends, our Consumer Insights team carries out extensive market research to find the best ways in which our programmes can reach their target audiences. The success of our campaigns and initiatives depends largely on the homework the team does beforehand. For example, while planning campaigns around the topic of substance abuse, the Consumer Insights team conducted studies on the perceptions of youths towards risky behaviours such as shisha smoking, binge drinking and casual sex. The result of these insights: more effective campaigns that spoke directly and sincerely to such youths.

STRENGTHENING AND BUILDING CAPACITY

Padding up our knowledge and research skills is a constant work-in-progress. We are always upgrading ourselves to ensure we are armed with the latest health promotion strategies, as it is crucial for us to keep abreast on the latest healthcare strategies and innovations at an international level.

For example, we partnered with the World Health Organization Western Pacific Regional Office (WPRO) to conduct two workshops to build capacities in health promotion in the region. The first workshop, "Strengthening Implementation of Health Promoting School Framework," invited experts from Southeast Asia, China and WPRO itself to develop actionable plans that each respective nation can subsequently implement.

Another workshop, "A Short Course on Community Health Promotion," was conducted for

13 Pacific Island Member State Countries. The course focused on a practical method to prevent non-communicable diseases within the community through health promotion efforts. During the workshop, participants were encouraged to draw up action plans of a typical issue in their country for local implementation. After the event, WPRO also kept a close watch on the participating countries to track their progress in implementing such plans.

Building capacity is also a two-way street. In the past year, 10 of our officers were invited as panel experts and speakers at international conferences and meetings. They shared their wealth of knowledge and featured Singapore's best practices on various topics, such as our national colorectal screening programme, childhood obesity programme, salt intake monitoring, and the mental wellbeing of children. Papers were also presented and discussed.

For their work in the past year, two of our officers—biostatistician Lim Gek Hsiang, and biostatistician and manager Mathia Lee—were recognised for their technical contributions at the inaugural International Public Health Conference in conjunction with the 7th Singapore Public Health and Occupational Medicine Conference. We were also recognised by the World Health Organization for our good work in promoting and protecting the health of our population.

SHARING WITH THE NATION

We believe in sharing our wealth of knowledge on health education and promotion with our partners and the public.

The Health Information Centre is a specialised library stocked with resources on health education, health promotion and disease prevention. Its aim is to educate the public on how to lead a healthy lifestyle and to promote our resources to



Introducing tangram to the seniors to foster an active mind.

ACQUIRING KNOWLEDGE

We conduct extensive surveys to discern trends and hone insights about different groups of the population. Findings from these surveys also provide us the feedback needed to support and then improve our health promotion efforts.

STUDENTS' HEALTH SURVEY 2012

The Students' Health Survey (SHS) is carried out once every three years. SHS assesses and monitors key health behaviours among students in secondary schools and junior colleges. Insights from the SHS help to identify key areas of concern and guide the planning and implementation of youth health programmes.

THE NATIONAL SURVEY FOR PREGNANT WOMEN

There has been strong evidence to show that an expecting woman's lifestyle influences foetal development and the child's risk of developing chronic diseases later in life. The National Survey for Pregnant Women allowed us to better plan and initiate programmes aimed at improving the wellbeing of pregnant mothers and their babies.

workplaces, schools, healthcare institutions and community organisations. The centre also produced five e-learning coursewares to enhance Singaporeans' knowledge on health-related matters, and serve as training modules for our Health Ambassadors and learning resources for the public.

HealthZone, on the other hand, is a unique interactive exhibition centre that focuses on a healthy lifestyle. A proud member of the Museum Roundtable and International Council of Museums, HealthZone provides visitors an experiential learning platform from which they can enact healthy lifestyle changes. Visitors of all ages will be able to take advantage of engaging programmes and interactive exhibits. The exhibition centre has since attracted more than 80,000 visitors and conducted more than 1,300 health skills programmes.

At our "Healthy Together" roving exhibition, visitors were able to check their blood pressure and Body Mass Index. Gaming stations were also set up for visitors to use a Nintendo Wii to exercise. Not only were these exhibitions great opportunities for the general public to learn more about healthy living, it was a chance for our Health Ambassadors to reach out to an even greater audience.

The Consumer Insight team's Knowledge Box initiative also played a big part in facilitating the sharing of knowledge between our staff and partners. The inaugural Knowledge Box event, held in May 2012, was a great opportunity for us to share our knowledge on teen perceptions and attitudes with our industry partners. A second event, held in January 2013, shared research on the motivations and barriers to chronic diseases and cancer screening among people in their forties. Both events were well-received with full attendances. ●

FROM STRENGTH TO STRENGTH

BUILDING BRIDGES

Collaboration and co-operation are important elements of what we do.

It takes more than one person—or one organisation—to drive home healthy habits to the public. That is why we have reached out to and partnered with other companies to spread our message. From educational institutions to F&B giants, everyone has a part to play in making Singapore a healthy, vibrant and active city.

IN GOOD COMPANY

Partnering businesses and institutions in both the public and private sector is crucial in getting our message of healthy living out to the masses. We are looking at forging more long-term strategic collaborations in order to ensure win-win situations between HPB and partners.

We believe it is a more sustainable strategy to rally the support of companies for our programmes and collaborate with them to raise awareness of health issues among their employees. As such, we are reinforcing sponsorships with a new mission: to seed corporations with the expertise needed to initiate their own health promotion efforts for their staff or for the community.

Before doing so, however, we need to equip the corporate leaders of these companies with adequate knowledge. For example, we teamed up with the Singapore National Employers Federation (SNEF) and the AIDS Business Alliance to host a



TAG TEAM

SINGAPORE POLICE FORCE

Our first collaboration with a uniformed group sought to better the overall health and fitness of NSMen. We trained 70 of the Force's senior personnel as Health Ambassadors; they will act as the 'Health Promoting Manager' for specific divisions. Additionally, in order to meet operational readiness objectives, we co-created several new initiatives to promote a healthy lifestyle.

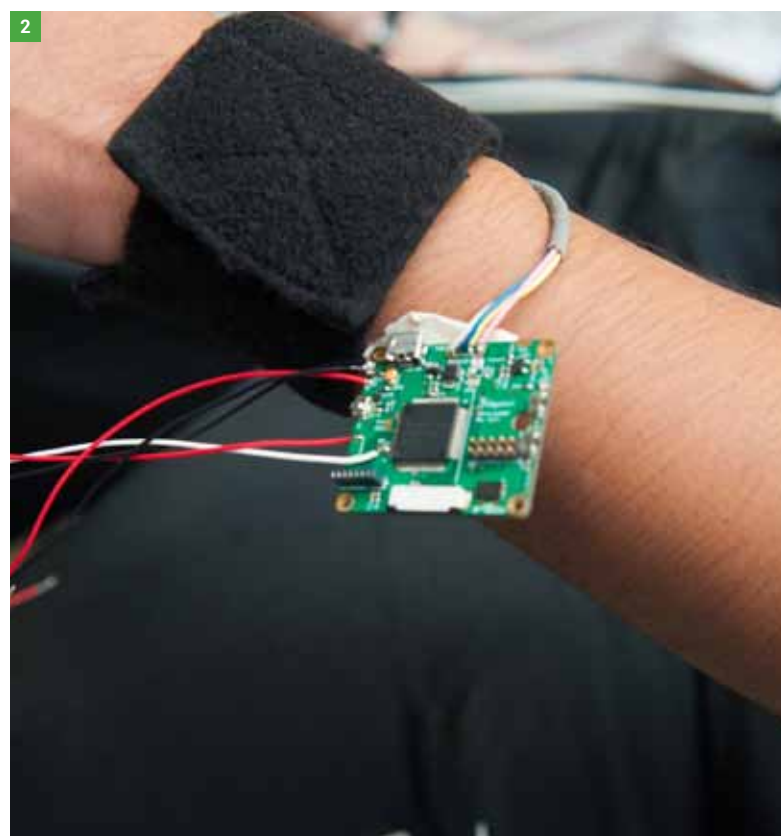
MERCK SHARP & DOHME

Sixty senior management personnel became our first corporate Health Ambassadors, whose influence was immediately felt when they launched the KID's Programme. We also leveraged the firm's global R&D resources, such as researchers and pharmacists, to co-create programmes in health literacy.



FROM STRENGTH TO STRENGTH

Building Bridges (cont.)



(1-2) Pilot project with Republic Polytechnic: developed a wrist device with enhanced functionalities to monitor exercise activity and send alerts to a caregiver if one should sustain movement-related injuries.

AWARDS

- On 2 Feb 2013, we were awarded the CDAC Outstanding Partner Award (National) in recognition of our strong partnership with the organisation.

CEO luncheon, at which business leaders pledged their support to Tier 2 of the SNEF HIV/AIDS workplace guidelines. This includes removing the stigma of HIV through a supportive environment, and integrating HIV education into their existing staff programmes.

We do not limit our co-operative efforts to educating businesses; some of our programmes aim to enact real, tangible change. An example is the FINEST (Functional, Innovative, Nutritious, Effective, Science-based, and Tasty) Food Programme, which we kick-started with SPRING Singapore; the Agency for Science, Technology and Research; and the Singapore Food Manufacturers' Association.

The FINEST Food Programme delivers to the local food industry valuable insights on creating healthier food products with functional properties, such as those with a low Glycaemic Index and those that contain Omega-3 fatty acids. We held a leadership forum, the 2012 FINEST symposium, to showcase a range of food prototypes in front of international nutrition experts, food product development experts, and representatives from the local food industry, academia, and statutory boards.

Engaging healthcare professionals is another crucial component of strengthening our cause. We continue to invite general practitioners, dentists and allied health professionals to participate in a number of activities that revolve around health promotion, as well as disease prevention and management. These include:

- On-site follow-up at community screening events. For example, a medication review by pharmacists.
- Roadshows, such as those for the National Healthy Lifestyle Campaign.
- Post-community screening follow-up by general practitioners working under the Community Health Assist Scheme.
- Development and launch of point-of-care tools to support lifestyle advice and functional decline management.
- Delivery of capacity-building activities, such as healthy literacy across continuing education platforms.

ACTIVATING THE COMMUNITY

We are also invested in bringing the innovative ideas of community organisations to life. Our Youth Health Promotion Grant is offered to organisations that wish to develop child and

youth health programmes. We hope it will encourage more ground-up initiatives—and with over 11,000 children, families and youths benefitting from 29 projects thus far, the grant is proving its worth.

The Association of Muslim Professionals' "Adopt a Family and Youth Scheme Family Jam at the Park" was one recipient of the grant. The event equipped children and youths with the knowledge and skills needed for a healthy life; activities such as archery, kite flying and a football competition were held alongside workshops on good dietary practices. As an indication of the programme's success, almost all of the participants, who were surveyed after the event, pledged to be more active and buy more groceries with the Healthier Choice Symbol.

In addition to grant support, we partnered self-help groups, which serve various communities, to reach out and offer aid to less privileged families. One such example is the series of parent programmes with the Chinese Development Assistance Council (CDAC).

About 300 families took part in our parent workshops on cyber wellness, mental wellness and sex education. Through these courses, parents were able to enhance their children's emotional and physical health. We also trained a team of family and youth 'befrienders' to engage parents and their children, with the latter group receiving tips on achieving positive mental health.

WORKING WITH SCHOOLS

Besides collaborating with the community and corporations, we are also focusing on educational institutions.

As youths often pick up unhealthy habits such as smoking from their peers, we drew up a Health Engagement Framework in partnership with

Institutions of Higher Learning to combat this. The framework makes use of the inherent strengths of these institutions: peer networks, curriculum and facilities, among others.

As part of the framework, we signed a Memorandum of Understanding with the Institute of Technical Education Headquarters to promote a tobacco-free lifestyle and to include health information into the school's existing curriculum. Although this currently only applies to Institute of Technical Education campuses, we hope to incorporate, by 2015, all polytechnics and universities into the framework.

Furthermore, leveraging the wealth of emerging talent, cutting-edge facilities and thought leadership of such educational institutions is pertinent to advance our research and development capabilities. We believe fostering innovation in intellectual property and technologies can augment our health promotion efforts within the community. This is why we worked with Republic Polytechnic to build the Joint Innovation Centre in Physical Activity.

Located in the polytechnic's School of Sports, Health and Leisure, the facility serves as a research and test-bedding centre. Student and staff members will work hand-in-hand with industry partners to incubate promising solutions to major public health concerns, such as diabetes, obesity and healthy ageing.

The Interactive Diet and Activity Tracker was one pilot study conducted at the Joint Innovation Centre. The tracker takes the form of a wrist device, meant for patients who require close care. If the patient sustains a movement-related injury—such as a fall—the gadget will send an emergency text alert to a caregiver. Moving forward, we believe the centre will be able to design more of such streamlined health products. ●

OUR PRIDE AND PEOPLE



Achieved Public Service
Best Practice Award for
Stakeholder Engagement

CELEBRATING
OUR BEST



98 employees received
the HPB Quality Service
Award and 35 employees
were conferred the
Excellence Service
Award by SPRING
Singapore



Achieved the coveted SPRING Singapore
Integrated 4-in-1 Business Excellence
Certification: Singapore Quality Class Star;
People Developer; Innovation Class; and
Service Class



There were an
unprecedented 13
nominations for
HPB Innovation
Awards 2012

THE
HEART OF
OUR WORK

55 nominations for
HPB Employee of the
Year Awards



OUR PRIDE AND PEOPLE

CELEBRATING OUR BEST

Excelling in every aspect, from our office culture to our employees.

The plaudits we receive only reinforce our values-driven culture, spurring us to better ourselves and reach greater heights in the years to come. We rounded off a stellar year by bagging an impressive crop of awards, including the Public Service Best Practice Award for Stakeholder Engagement and the Green Mark Scheme.

ORGANISATIONAL EXCELLENCE SPRING Certification

As we started our Excellence journey, we first focused on establishing structures, systems and processes to improve our organisational effectiveness and efficiency. In line with our rejuvenated strategies, we strengthened our end-to-end Business Systems and embedded the Excellence mindset in everything we do as a company.

This allowed us to reach the milestone of attaining the coveted SPRING Singapore Integrated 4-in-1 Business Excellence Certification this year, an accolade that reflects our vision to build a healthier Singapore. The certification covers four bodies of health checks on the company's business excellence journey: Singapore Quality Class Star, People Developer, Innovation Class and Service Class.

Knowledge Management Excellence Award 2012

Our strategic focus and strength in knowledge management paved the way to two Silver awards in both the Culture and Technology categories in the iKMS Knowledge Management Excellence Award 2012. This is testament to our multipronged formula in shaping a culture of sharing knowledge while, at the same time, leveraging sophisticated ICT applications, analytics and research capabilities.

Marketer of the Year

We are pleased to be crowned Marketer of the Year 2012 at *Marketing* magazine's Marketing Excellence Awards 2012, in recognition of campaigns such as I Quit. We also came out tops at the Hall of Fame Award 2012 as one of the finalists for Brand of the Year.

Total Defence Awards 2012

For the first time, we landed the 3rd Tier: Meritorious Defence Partner Award from MINDEF for our support of Singapore Armed Forces policies at the Total Defence Awards. This title affirms our support for the defence of our nation.

LEADING BY EXAMPLE

People Developer Certification

For the 11th consecutive year since 2002, we took home the People Developer certification, which lauds successful people development and management. Last year, we boosted our scores for the national achievement category, moving from Band 4 to Band 5 performances. Such an improvement only reaffirms our success in implementing an effective and integrated approach in managing our employees.

Singapore Human Resource Institute Awards 2012

We received two accolades at the 2012 Singapore HR Awards Ceremony. Our former CEO, Ang Hak Seng, clinched the Leading CEO Award at this year's Singapore Human Resource Institute Awards. This is no doubt a result of his tireless support and his efforts in championing and endorsing effective human resource practices to meet our employees' needs.

We have also distinguished ourselves as a caring employer through our holistic approach on improving work-life balance by winning Leading HR Practices in Learning & Human Capital Development Award for Quality Work-Life, Physical & Mental Well-Being.

Public Service Best Practice Award

Winning the inaugural Public Service Best Practice Award for Stakeholder Engagement was a milestone for us. As a public agency, we are honoured to have been recognised for our work in innovative and effective practices, which has allowed us to achieve better outcomes for our programmes and build stronger relationships with our stakeholders.

HPB Quality Service Award & Excellent Service Award

The Quality Service Award salutes employees who consistently put their best foot forward and uphold our high standards of service. This year, we presented 98 staff members (57 Commendation, 33 Silver and eight Star) and six teams (Commendation) with the award.

On top of that, 35 employees (27 Silver and eight Star) were presented with the Excellent Service Award at the national level. These individuals stood out for their outstanding service to the company.

WORKPLACE EXCELLENCE

Eco-Office Label Certification

In recognition of our efforts in promoting the Reuse, Reduce & Recycle programme the past year, the Singapore Environment Council labelled us an Eco-Office.

Happy Toilet of the Year

We scored the highest points achievable in the Happy Toilet Programme by the Restroom Association Singapore, winning the Happy Toilet of the Year (2012) Award. The initiative grades public toilets on five key factors: Design, Cleanliness, Maintenance, Effectiveness and Satisfaction. We were commended for our good restroom design and practices as well as initiatives in line with restroom cleanliness and maintenance.

Green Mark Scheme

The Building & Construction Authority's Green Mark Scheme benchmarks internationally recognised practices in environmental design and performance. Based on a series of guidelines, our premises on Second Hospital Avenue were awarded the Green Mark Platinum Award, one of the top honours under the Green Mark Scheme. This identifies our existing building as one that champions an environmentally friendly and sustainable built environment. ●



OUR PRIDE AND PEOPLE

THE HEART OF OUR WORK

Our success hinges on the people
working hard behind the scenes.

We believe the strength of an organisation depends on the sum of its parts. Behind all our successful programmes and campaigns are employees working hard and smart. Every year, we make it a point to acknowledge talented individuals who continuously make outstanding contributions to the company.

AND THE WINNER IS...

Justina Ng from the Corporate Marketing & Communications Division deservedly won this year's Employee of the Year Award for her good work ethic and strong collaborative relationship she fostered with company partners.



OUR PEOPLE, OUR ASSETS

Our people are our best assets. We strive to recognise staff members who embody our company values, through the Employee of the Year Awards and the annual Staff Appreciation Day. As we also believe in the importance of our employees embodying our beliefs, we have taken steps to create a better and healthier staff base through the Healthy Workforce Committee and the annual Public Service Week.

Every year, we confer the Employee of the Year Awards to recognise staff members who 'walk the talk' and exemplify our core values. In 2012, there were a total of 55 nominations culminating in 18 finalists.

In October 2012, we held our annual Staff Appreciation Day to thank all members of our HPB family for their continuous

support and contributions. Celebrations kicked off with exciting staff performances and fringe activities, during which employees were able to express their appreciation for their colleagues.

The inter-department Healthy Workforce Committee was formed to maintain the health of our employees. To facilitate its implementation, five sub-committees were set up, each of which was dedicated to a facet of healthy living, such as physical health, nutrition, quality of work life and mental wellness. These divisions created an internal ecosystem—including programmes and activities—that reminded employees to proactively manage their health and wellbeing.

We also celebrated the Public Service Week—an annual event aimed at instilling in the public service a sense of pride and belonging, and reaffirming the core values of integrity, service and excellence. Public Service Week 2012 celebrations centred around the themes of 'Serving Our Nation and Proud of It' and 'Healthy Lifestyle Begins with Me.' Festivities included a healthy recipe-cooking competition and a photo contest that showed how staff have 'walked the talk' to convince their families and friends to lead a healthier lifestyle.

These awards and events instil in our organisation an innovative and values-driven culture, fuelled by passionate staff in pursuit of excellence. This, in turn, will contribute to our organisational capability, smoothen our various transformations and transitions, and unlock our true potential.

CHAMPIONING INNOVATION

Identifying new ways to better the health and lives of Singaporeans is an endeavour to which we put our best minds.

"THE MOST OUTSTANDING FACTOR ABOUT THIS SCHOLARSHIP IS THE OPPORTUNITY TO BE PART OF A FAMILY THAT STRIVES TO MAKE A DIFFERENCE TO SOCIETY. HPB OFFERS AN INTERNSHIP PROGRAMME IN WHICH SCHOLARS ARE GIVEN THE OPPORTUNITY TO WORK IN A DIVISION OF THEIR CHOICE, ALLOWING THEM TO UNDERSTAND THE PROGRAMMES AND INITIATIVES EVEN BEFORE STEPPING INTO THE WORKPLACE."

— Lee Yue Long

Recipient of the 2012 HPB Local Merit Undergraduate Scholarship

Through LINKFest and our HPB Innovation Awards, we will continue to promote and celebrate our foremost ideas for a healthier future.

As part of our annual Learning and INnovation Festival (LINKFest), our staff learned from excellent and innovative organisations through workshops, talks and learning journeys, all of which were held over a month. Participating employees also shared their thoughts on a blog. The event was complemented with a three-part newsletter, which covered topics such as "Thinking Out of The Box," "Is Creativity Inborn or Honed" and "Sharpen the Saw."

It is also important that we acknowledge our best health promotion ideas; we do this through the HPB Innovation Awards. Ideas can be in the form of a new health strategy, a novel service concept

or how it harnesses new technology. Last year yielded an unprecedented 13 nominations for the award. We also launched the "Readers' Choice Most Innovative Project" award, which polls staff members on the most groundbreaking project of the year.

Winners for this award cycle include the projects Healthy Mind Hub (Bronze) and One-Stop Integrated Screening and On-Site Follow-up (Silver). The Blue Ribbon Smoke Free Movement project snagged the Gold, while Electrical Energy Conservation Efforts in HPB triumphed with the "Readers' Choice Most Innovative Project" award. These enterprising concepts illustrate our employees' strong commitment to building and sustaining a culture of innovation and continuous improvement.

OUR PRIDE AND PEOPLE

The Heart of Our Work (cont.)



1



2



4

DEVELOPING OUR PEOPLE

We believe our employees are our most valuable assets, and we have rigorously thought about programmes that will benefit and grow our staff members while also attracting talented candidates who can help us accomplish our mission..

We partnered the Hay Group to systematically review our schemes of service to continue to motivate and retain our staff, as well as appeal to fresh talents as a prospective employer. Six schemes of service were successfully reviewed this year. This has helped us improve the competitiveness of our salaries, enabled staff to progress more quickly up the corporate ladder and also sharpened our reward systems to encourage a more performance-driven culture.



3

In order to appeal to talented job-seekers, we introduced the HPB Scholarships. Twelve scholarships and bursaries were awarded to undergraduates of all disciplines, and an additional five scholarships and sponsorships were granted to existing employees to support their further education in Public Health, Physical Activity and Public Health, and Dental Therapy. ●

(1) Staff taking the opportunity to pen down their appreciation to colleagues. (2) Presentation of the HPB Quality Service Award to our colleagues who have gone the extra mile to deliver quality service. (3) Public Service Week 2012: Healthy Lifestyle Begins with Me. (4) Winning HR Practices in Quality Work-Life, Physical & Mental Well-Being at the Singapore HR Awards Ceremony 2012.

FINANCIAL STATEMENTS

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STATEMENT BY HEALTH PROMOTION BOARD

In our opinion,

- (a) the financial statements of the Health Promotion Board (the “Board”) set out on pages 71 to 101 are properly drawn up so as to give a true and fair view of the state of affairs of the Board as at 31 March 2013 and the results, changes in equity and cash flows of the Board for the year ended on that date in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) and Statutory Board Financial Reporting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Board will be able to pay its debts as and when they fall due.

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

On behalf of the Board


Lucas Chow
Chairman


Zee Yoong Kang
Chief Executive Officer

21 June 2013

INDEPENDENT AUDITORS' REPORT

Member of the Board
Health Promotion Board

Report on the financial statements

We have audited the accompanying financial statements of Health Promotion Board (the “Board”), which comprise the statement of financial position as at 31 March 2013, the income and expenditure statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 71 to 101.

Management's responsibility for the financial statements

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

Auditors' responsibility

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

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

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

Opinion

In our opinion, the financial statements are properly drawn up in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards so as to present fairly, in all material respects, the state of affairs of the Board as at 31 March 2013 and the results, changes in equity and cash flows of the Board for the year ended on that date.

INDEPENDENT AUDITORS' REPORT

Report on other legal and regulatory requirements

Management's responsibility for compliance with legal and regulatory requirements

Management is responsible for ensuring that the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act. This responsibility includes implementing accounting and internal controls as management determines are necessary to enable compliance with the provisions of the Act.

Auditor's responsibility

Our responsibility is to express an opinion on management's compliance based on our audit of the financial statements. We conducted our audit in accordance with Singapore Standards on Auditing. We planned and performed the compliance audit to obtain reasonable assurance about whether the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act.

Our compliance audit includes obtaining an understanding of the internal control relevant to the receipts, expenditure, investment of moneys and the acquisition and disposal of assets; and assessing the risk of material misstatement of the financial statements from non-compliance, if any, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Because of the inherent limitations in any accounting and internal control system, non-compliances may nevertheless occur and not be detected.

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

Opinion

In our opinion:

- the receipt, expenditure, investment of moneys and the acquisition and disposal of assets by the Board during the year are, in all material respects, in accordance with the provisions of the Act; and
- proper accounting and other records required have been kept, including records of all assets of the Board whether purchased, donated or otherwise.



KPMG LLP
Public Accountants and
Certified Public Accountants

Singapore
21 June 2013

STATEMENT OF FINANCIAL POSITION

As at 31 March 2013

	Note	2012/2013 \$	2011/2012 \$
Non-current assets			
Property, plant and equipment	4	8,647,922	8,557,339
Intangible assets	5	11,982,641	11,872,986
		20,630,563	20,430,325
Current assets			
Receivables	6	1,407,351	2,134,263
Prepayments		1,093,230	397,242
Grant receivables	7	12,742,908	12,534,880
Cash and cash equivalents	8	55,043,642	77,318,993
Investment at fair value through profit or loss	9	12,656,839	–
		82,943,970	92,385,378
Total assets		103,574,533	112,815,703
Equity			
Share capital	10	21,293,833	20,246,033
Accumulated surplus	11	27,144,901	36,238,947
		48,438,734	56,484,980
Current liabilities			
Payables and accruals	12	30,985,984	35,764,985
Grants received in advance	7	8,581,585	2,751,386
		39,567,569	38,516,371
Non-current liabilities			
Deferred capital grants	13	4,255,073	6,163,273
Obligations in respect of pension scheme	14	11,313,157	11,651,079
		15,568,230	17,814,352
Total liabilities		55,135,799	56,330,723
Total equity and liabilities		103,574,533	112,815,703

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

INCOME AND EXPENDITURE STATEMENT

Year ended 31 March 2013

	Note	2012/2013 \$	2011/2012 \$
Income			
Service maintenance income		1,270,542	1,416,318
Interest income		318,382	420,716
Other income		904,064	2,092,116
Investment income		46,272	–
		2,539,260	3,929,150
Expenditure			
Staff costs		(64,561,805)	(60,286,622)
Operating supplies and services		(36,349,668)	(38,813,506)
Information technology services		(15,104,712)	(12,299,610)
Publicity and public relations		(13,381,693)	(19,393,125)
Input goods and services tax		(4,930,821)	(4,913,493)
Amortisation of intangible assets		(4,126,126)	(4,540,649)
Rental of premises		(3,945,721)	(3,163,098)
Staff welfare and development		(3,282,864)	(2,805,839)
Repairs and maintenance		(2,672,685)	(2,896,737)
Research and reviews		(2,479,388)	(2,736,822)
Subventions to polyclinics		(2,216,273)	(2,242,722)
Depreciation of property, plant and equipment		(2,213,035)	(2,331,315)
Other services and fees		(2,100,191)	(2,042,764)
Communications		(1,387,752)	(1,466,826)
Board members' allowance		(106,875)	(97,188)
Audit fee		(59,850)	(57,000)
Loss on disposal of property, plant and equipment and intangible asset		(266)	(1,623,391)
		(158,919,725)	(161,710,707)
Deficit before grants		(156,380,465)	(157,781,557)
Grants			
Government operating grants	7	146,821,999	158,718,072
Non-government operating grants	7	455,534	1,271,519
Deferred government capital grants amortised	13	1,978,886	3,178,374
		149,256,419	163,167,965
(Deficit)/surplus for the year		(7,124,046)	5,386,408

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

STATEMENT OF COMPREHENSIVE INCOME

Year ended 31 March 2013

	2012/2013 \$	2011/2012 \$
(Deficit)/surplus for the year	(7,124,046)	5,386,408
Other comprehensive income		
Actuarial losses on obligations in respect of pension scheme	–	(3,415,916)
Total comprehensive income for the year	(7,124,046)	1,970,492

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

STATEMENT OF CHANGES IN EQUITY

Year ended 31 March 2013

	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2011	15,185,397	34,268,455	49,453,852
Total comprehensive income for the year			
Surplus for the year	–	5,386,408	5,386,408
Other comprehensive income			
Actuarial losses on obligations in respect of pension scheme	–	(3,415,916)	(3,415,916)
Total comprehensive income for the year	–	1,970,492	1,970,492
Transactions with owners, recorded directly in equity			
Contributions by owners			
Issue of ordinary shares	5,060,636	–	5,060,636
Total contributions by owners	5,060,636	–	5,060,636
At 31 March 2012	20,246,033	36,238,947	56,484,980
At 1 April 2012	20,246,033	36,238,947	56,484,980
Total comprehensive income for the year			
Deficit for the year	–	(7,124,046)	(7,124,046)
Total comprehensive income for the year	–	(7,124,046)	(7,124,046)
Transactions with owners, recorded directly in equity			
Contributions by and distributions to owners			
Issue of ordinary shares	1,047,800	–	1,047,800
Dividend paid	–	(1,970,000)	(1,970,000)
Total contributions by and distributions to owners	1,047,800	(1,970,000)	(922,200)
At 31 March 2013	21,293,833	27,144,901	48,438,734

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

STATEMENT OF CASH FLOWS

Year ended 31 March 2013

	Note	2012/2013 \$	2011/2012 \$
Cash flows from operating activities			
Deficit before grants		(156,380,465)	(157,781,557)
Adjustments for:			
Depreciation of property, plant and equipment	4	2,213,035	2,331,315
Amortisation of intangible assets	5	4,126,126	4,540,649
Loss on disposal of property, plant and equipment and intangible assets		266	1,623,391
Government grants received		152,649,290	154,427,510
Other grants received		321,100	1,411,211
Interest income		(318,382)	(420,716)
Investment income on investment with fund manager		(46,272)	–
		2,564,698	6,131,803
Change in working capital:			
Receivables and prepayment		127,613	(432,383)
Payables and accruals		(5,027,351)	8,250,915
Obligations in respect of pension scheme		(337,922)	(144,666)
Net cash (used in)/from operating activities		(2,672,962)	13,805,669
Cash flows from investing activities			
Interest received		318,382	420,716
Investment in funds with fund manager		(12,458,906)	–
Purchase of property, plant and equipment		(2,303,884)	(3,039,223)
Proceeds from disposal of property, plant and equipment and intangible assets		–	163,786
Purchase of intangible assets		(4,235,781)	(3,397,380)
Net cash used in investing activities		(18,680,189)	(5,852,101)
Cash flows from financing activities			
Dividend payment		(1,970,000)	–
Proceeds from issue of shares		1,047,800	5,060,636
Net cash (used in)/from financing activities		(922,200)	5,060,636
Net (decrease)/increase in cash and cash equivalents		(22,275,351)	13,014,204
Cash and cash equivalents at beginning of year		77,318,993	64,304,789
Cash and cash equivalents at end of year	8	55,043,642	77,318,993

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

NOTES TO THE FINANCIAL STATEMENTS

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board Members on 21 June 2013.

1 Domicile and activities

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

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

The principal activities of the Board are to:

- (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 lifestyle 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 lifestyle amongst the people of Singapore, health education programmes and programmes and other activities for or related to the prevention or detection of diseases;
- (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 1(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 as the Board thinks fit;
- (h) provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases; and
- (i) represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases.

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

2 Basis of preparation

2.1 Statement of compliance

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

2.2 Basis of measurement

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

2.3 Functional and presentation currency

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

2.4 Use of estimates and judgements

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

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

Information about assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment within the next financial year are described in note 14 – Obligations in respect of pension scheme.

NOTES TO THE FINANCIAL STATEMENTS

3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

3.1 Property, plant and equipment

Recognition and measurement

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

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

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

Subsequent costs

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

Depreciation

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

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

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

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

3.2 Financial instruments

Non-derivative financial assets

The Board initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets (including assets designated at fair value through profit or loss) are recognised initially on the trade date, which is the date that the Board becomes a party to the contractual provisions of the instrument.

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

The Board classifies non-derivative financial assets into the following category: financial assets at fair value through profit or loss and loans and receivables.

Financial assets at fair value through profit or loss

A financial asset is classified as fair value through profit or loss if it is classified as held for trading or is designated as such upon recognition. Financial assets are designated at fair value through profit or loss if the Board manages such investments and makes purchase and sale decisions based on their fair value in accordance with the Board's documented investment strategies.

Financial assets at fair value through profit or loss are measured at fair value, and changes therein, which takes into account any foreign currency gain or loss, interest, and dividend income, are recognised in income and expenditure statement as investment income. Attributable transaction costs are recognised in income and expenditure statement as incurred.

Loans and receivables

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

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

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

Non-derivative financial liabilities

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

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

NOTES TO THE FINANCIAL STATEMENTS

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

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

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

Other financial liabilities comprise payables and accruals.

Derivative financial instruments

The Board is exposed to the financial risk of foreign exchange fluctuations on debt and equity securities placed with fund manager. The fund manager hold forward exchange contracts to hedge the risk.

Forward foreign exchange contracts for economic hedging purposes are recognised initially at fair value; attributable transaction costs are recognised in the statement of comprehensive income. Subsequent to the initial recognition, forward foreign exchange contracts are measured at fair value.

Hedge accounting is not applied to derivative instruments that economically hedge financial assets denominated in foreign currencies.

Embedded derivatives are separated from the host contract and accounted for separately if economic characteristics and risks of the host contract and the embedded derivative are not closely related, a separate instrument with the same terms as the embedded derivative would meet the definition of derivative, and the combined instrument is not measured at fair value through profit or loss.

All gains or losses from changes in the fair value of derivative financial instruments as described above are recognised immediately in income and expenditure statement.

Share capital

Ordinary shares are classified as equity.

3.3 Impairment

Non-derivative financial assets

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

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

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

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

Non-financial assets

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

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

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

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

3.4 Intangible assets

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

3.6 Grants

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

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

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

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

3.7 Leases

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

3.8 Employee benefits

Defined contribution plan

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

Employee leave entitlement

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

Short-term employee benefits

Short-term benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Board has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

Post employment benefits

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

At each valuation date, the total present value of obligation is compared to the book amount to determine the actuarial gain or loss. The Board recognises all actuarial gains and losses arising from post employment benefits in other comprehensive income and all expenses related to defined benefit plans in personnel expenses in income and expenditure statement.

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

3.9 Revenue recognition

Interest income

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

Service maintenance income

Service maintenance income is recognised when the service is rendered.

3.10 New accounting standards and interpretations not yet adopted

A number of new standards, amendments to standards and interpretations that are effective for the annual periods beginning after 1 April 2012 have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Board.

NOTES TO THE FINANCIAL STATEMENTS

4 Property, plant and equipment

	Computers \$	Leasehold improvement \$	Furniture and fittings \$	Other equipment \$	Medical equipment \$	Motor vehicles \$	Capital work-in- progress \$	Total \$
Cost								
At 1 April 2011	9,731,840	11,959,412	535,993	3,264,996	11,236,712	383,512	593,407	37,705,872
Additions	1,586,475	–	9,300	28,499	1,321,744	–	93,205	3,039,223
Reclassifications	593,407	–	–	–	–	–	(593,407)	–
Disposals/ written off	(3,499,238)	(1,551,319)	(35,601)	(124,530)	(290,911)	–	–	(5,501,599)
At 31 March 2012	8,412,484	10,408,093	509,692	3,168,965	12,267,545	383,512	93,205	35,243,496
At 1 April 2012	8,412,484	10,408,093	509,692	3,168,965	12,267,545	383,512	93,205	35,243,496
Additions	1,926,970	–	5,911	147,361	223,642	–	–	2,303,884
Reclassifications	23,081	–	–	–	–	–	(23,081)	–
Disposals/ written off	(493,628)	–	(3,900)	(114,616)	(522,754)	–	–	(1,134,898)
At 31 March 2013	9,868,907	10,408,093	511,703	3,201,710	11,968,433	383,512	70,124	36,412,482
Accumulated depreciation								
At 1 April 2011	8,792,580	7,919,078	493,799	2,106,146	10,113,202	339,178	–	29,763,983
Depreciation for the year	956,714	786,899	7,582	225,746	348,774	5,600	–	2,331,315
Disposals/ written off	(3,495,332)	(1,463,352)	(35,601)	(124,044)	(290,812)	–	–	(5,409,141)
At 31 March 2012	6,253,962	7,242,625	465,780	2,207,848	10,171,164	344,778	–	26,686,157
At 1 April 2012	6,253,962	7,242,625	465,780	2,207,848	10,171,164	344,778	–	26,686,157
Depreciation for the year	944,887	629,835	8,812	232,607	391,294	5,600	–	2,213,035
Disposals/ written off	(493,628)	–	(3,900)	(114,350)	(522,754)	–	–	(1,134,632)
At 31 March 2013	6,705,221	7,872,460	470,692	2,326,105	10,039,704	350,378	–	27,764,560
Carrying amount								
At 1 April 2011	939,260	4,040,334	42,194	1,158,850	1,123,510	44,334	593,407	7,941,889
At 31 March 2012	2,158,522	3,165,468	43,912	961,117	2,096,381	38,734	93,205	8,557,339
At 31 March 2013	3,163,686	2,535,633	41,011	875,605	1,928,729	33,134	70,124	8,647,922

NOTES TO THE FINANCIAL STATEMENTS

5 Intangible assets

	Computer software \$	Computer software under development \$	Total \$
Cost			
At 1 April 2011	31,937,374	3,150,235	35,087,609
Additions	2,519,073	878,307	3,397,380
Reclassifications	2,203,293	(2,203,293)	–
Disposals	(3,769,377)	–	(3,769,377)
At 31 March 2012	32,890,363	1,825,249	34,715,612
At 1 April 2012	32,890,363	1,825,249	34,715,612
Additions	4,235,781	–	4,235,781
Reclassifications	819,056	(819,056)	–
At 31 March 2013	37,945,200	1,006,193	38,951,393
Accumulated amortisation			
At 1 April 2011	20,374,100	–	20,374,100
Amortisation charge for the year	4,540,649	–	4,540,649
Disposals	(2,072,123)	–	(2,072,123)
At 31 March 2012	22,842,626	–	22,842,626
At 1 April 2012	22,842,626	–	22,842,626
Amortisation charge for the year	4,126,126	–	4,126,126
At 31 March 2013	26,968,752	–	26,968,752
Carrying amount			
At 1 April 2011	11,563,274	3,150,235	14,713,509
At 31 March 2012	10,047,737	1,825,249	11,872,986
At 31 March 2013	10,976,448	1,006,193	11,982,641

6 Receivables

	Note	2012/2013 \$	2011/2012 \$
Trade receivables		112,425	105,564
Amount due from Ministry of Health		705,047	1,086,663
Other receivables		164,880	690,244
Interest and dividend receivable	9	96,689	–
Security deposits		328,310	251,792
Loans and receivables		1,407,351	2,134,263

The ageing of receivables at the reporting date is:

	2012/2013 \$	2011/2012 \$
Not past due	1,401,332	2,095,683
Past due 0 – 30 days	3,297	7,437
Past due 31 – 60 days	2,061	45
Past due 61 – 90 days	–	2,465
Past due 91 – 120 days	559	27,347
More than 120 days	102	1,286
	1,407,351	2,134,263

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

7 Grant receivables/(grants received in advance)

Grant receivables

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

	2012/2013 \$	2011/2012 \$
(a) Government		
At beginning of year	12,534,880	6,358,493
Deferred capital grants	–	973,084
Recognised in the income and expenditure statement for the year	19,474,098	19,213,364
Receipts	(19,266,070)	(14,010,061)
Grant receivable at end of the year	12,742,908	12,534,880

NOTES TO THE FINANCIAL STATEMENTS

Grants received in advance

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

		2012/2013 \$	2011/2012 \$
(b) Government			
At beginning of year		2,503,408	1,930,618
Grants received during the year		133,383,220	140,417,449
Deferred capital grants		(70,686)	(339,951)
Recognised in the income and expenditure statement for the year		(127,347,901)	(139,504,708)
At end of year		8,468,041	2,503,408
		2012/2013 \$	2011/2012 \$
(c) Non-government			
At beginning of year		247,978	108,286
Grants received during the year		321,100	1,411,211
Recognised in the income and expenditure statement for the year		(455,534)	(1,271,519)
At end of year		113,544	247,978
Total grants received in advance at end of the year		8,581,585	2,751,386
	Note	2012/2013 \$	2011/2012 \$
Government operating grants			
Transferred from grants receivables	7(a)	19,474,098	19,213,364
Transferred from grants received in advance	7(b)	127,347,901	139,504,708
		146,821,999	158,718,072
Non-government operating grants			
Transferred from grants received in advance	7(c)	455,534	1,271,519

8 Cash and cash equivalents

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

	Note	2012/2013 \$	2011/2012 \$
Cash at bank and on hand		11,622	5,926
Cash placed with Accountant General's Department		49,468,590	77,313,067
Cash placed with fund manager	9	2,563,292	–
Fixed deposits placed with fund manager	9	3,000,138	–
Cash and cash equivalents in the cash flow statement		55,043,642	77,318,993

Deposits placed with Accountant-General's Department ("AGD") are centrally managed by AGD under the Centralised Liquidity Management Framework ("CLM").

9 Financial assets at fair value through profit or loss

	2012/2013 \$	2011/2012 \$
Quoted equity securities	1,231,524	–
Quoted debt securities	11,425,315	–
	12,656,839	–

During the year, the Board placed funds with a fund manager to invest in equity and debt securities. The fund manager has the discretionary power and authority to manage the funds for a term of three years from 6 February 2013 in accordance with the agreed investment guidelines and mandates set out in investment management agreement (the "Agreement").

Included in the Agreement is the principal guarantee clause where the fund manager provides guarantee over the invested amount, being the value of initial portfolio invested and any additional injection by the Board, at the end of the investment management term. When the fair value of the investment portfolio falls below the invested amount, the difference between the value of the investment portfolio and invested amount will be recognised in income and expenditure statement immediately as changes in fair value of capital guarantee.

As at 31 March 2013, the fair value of the investment portfolio is greater than the principal invested amount.

As part of its risk management activities, the fund manager use forward exchange contracts for hedging purpose. They are not used for trading purpose.

NOTES TO THE FINANCIAL STATEMENTS

As at the reporting date, the fund managed by fund manager comprise the following assets and liabilities:

	Note	2012/2013 \$	2011/2012 \$
Quoted equity securities		1,231,524	—
Quoted debt securities		11,425,315	—
Accrued interest and dividend receivable	6	96,689	—
Cash balances	8	2,563,292	—
Fixed deposits	8	3,000,138	—
Amount payable for purchase of debt securities	12	(248,350)	—
Derivative liabilities	12	(22,336)	—
		18,046,272	—

The quoted debt securities earn fixed interest rate ranging from 0.95% to 4.625% per annum. Interest is received on a semi-annual basis. The maturity dates range from July 2013 to November 2016.

10 Share capital

	2012/2013 \$	2011/2012 \$
Issued and fully paid:		
At beginning of year	20,246,033	15,185,397
Issue of share capital	1,047,800	5,060,636
At end of year	21,293,833	20,246,033

During the year, the Board issued 1,047,800 shares (2011/2012: 5,060,636 shares) to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total consideration of \$1,047,800 (2011/2012: \$5,060,636) to provide funds for the acquisition of property, plant and equipment and intangible assets.

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

Capital management

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

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

11 Accumulated surplus

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

Dividend

The following final dividend was declared and paid by the Board:

	2012/2013 \$	2011/2012 \$
9.25 cents per share (2011/2012: Nil)	1,970,000	—

12 Payables and accruals

	2012/2013 \$	2011/2012 \$
Trade payables and accruals	30,270,199	35,227,780
Amount due to the Ministry of Health	186,912	155,365
Security deposits	258,187	381,840
Amount payable for purchase of debt securities	248,350	—
Derivative liabilities	22,336	—
	30,985,984	35,764,985

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

13 Deferred capital grants

	2012/2013 \$	2011/2012 \$
At beginning of year	6,163,273	8,028,612
Amount transferred from government grants	70,686	1,313,035
	6,233,959	9,341,647
Amount transferred to income and expenditure statement		
- to match depreciation funded by the government	(613,735)	(949,391)
- to match amortisation funded by the government	(1,364,885)	(1,946,199)
- to match net book value of assets disposed	(266)	(282,784)
	(1,978,886)	(3,178,374)
At end of year	4,255,073	6,163,273

NOTES TO THE FINANCIAL STATEMENTS

14 Obligations in respect of pension scheme

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

The Board performed an actuarial valuation to determine the liability of the Board in respect of its defined retirement benefit plans. The amount of contribution is based on the actuarial valuation performed by Actuarial Consulting Group in March 2012.

	2012/2013 \$	2011/2012 \$
Present value of unfunded obligations	11,313,157	11,651,079

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

	2012/2013 \$	2011/2012 \$
At beginning of year	11,651,079	8,379,829
Amounts recognised in the income and expenditure statement	395,387	341,787
Actuarial loss recognised in the statement of comprehensive income	–	3,415,916
Benefits paid	(733,309)	(486,453)
At end of year	11,313,157	11,651,079

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

	2012/2013 \$	2011/2012 \$
Current service costs	157,804	179,055
Interest on obligation	237,583	162,732
Total included in staff costs	395,387	341,787

Principal actuarial assumptions

Principal actuarial assumptions at the reporting date:

	2012/2013 %	2011/2012 %
Discount rate	2.10	2.10
Future salary increases	0.32	0.32

Assumptions regarding future mortality are based on published mortality tables. The expected retirement age is at 62 years old (2011/2012: 62 years old).

Sensitivity analysis

A 25 basis points change in discount rate at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
31 March 2013		
Effect on service cost	3,629	(3,787)
Effect on defined benefit obligation	316,768	(328,082)

31 March 2012		
Effect on service cost	4,166	(4,372)
Effect on defined benefit obligation	319,912	(336,143)

A 25 basis points change in future salary increment rate at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25bp increase \$	25bp decrease \$
31 March 2013		
Effect on service cost	(947)	947
Effect on defined benefit obligation	(33,939)	33,939

31 March 2012		
Effect on service cost	(1,099)	1,090
Effect on defined benefit obligation	(38,758)	38,442

Source of estimation uncertainty

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

NOTES TO THE FINANCIAL STATEMENTS

15 Related parties

For the purposes of these financial statements, parties are considered to be related to the Board if the Board has the direct and indirect ability to control the party, jointly control or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Board and the party are subject to common control or common significant influence. Related parties may be individuals or other entities.

During the financial year, the Board engaged in various transactions in the ordinary course of its operation with entities related to the Board at prevailing prices or on customary terms and conditions. These transactions could have been replaced with transactions with other parties on similar terms and conditions.

Nature and amount of individually significant transactions

	2012/2013 \$	2011/2012 \$
Rental of premises from Ministry of Health	3,821,265	2,964,444
Information technology services from Infocomm Development Authority of Singapore	6,029,588	5,530,919

Key management personnel compensation

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

Key management personnel compensation is as follows:

	2012/2013 \$	2011/2012 \$
Salaries and other short-term employee benefits	2,728,714	2,428,705
Post employment benefits	157,190	287,093
	2,885,904	2,715,798

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

	2012/2013 \$	2011/2012 \$
\$600,000 to \$700,000	1	—
\$500,000 to \$600,000	—	1
\$400,000 to \$500,000	—	—
\$300,000 to \$400,000	2	2
	3	3

16 Commitments

Capital commitments

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

	2012/2013 \$	2011/2012 \$
Commitments in respect of contracts placed as at reporting date	2,898,000	3,343,000

Lease commitments

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

	2012/2013 \$	2011/2012 \$
Payable:		
Within 1 year	3,834,000	27,000
After 1 year but within 5 years	3,823,000	—
	7,657,000	27,000

17 Financial risk management

Overview

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

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

- Liquidity risk
- Credit risk
- Market risk

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

Liquidity risk

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

NOTES TO THE FINANCIAL STATEMENTS

Credit risk

Credit risk is the risk that a counterparty to a financial instrument will fail to discharge an obligation or commitment that it has entered into with the Board.

At the reporting date, the maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

Surplus cash and fixed deposits are placed with banks and financial institutions, which are regulated. Investments are managed by professional fund managers, which are regulated.

In order to limit the Board's exposure to credit risk, the Board has imposed certain limits in respect of investments in debt and equity securities, such as geographical limit and single issuer limit. In addition, investment in debt securities must be of a minimum credit rating of BBB+ on Standard and Poor rating or equivalent.

Concentration of credit risk relating to receivables and grant receivables is limited since they are recoverable from Ministries and Government Agencies.

Market risk

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

Price risk

The Board is exposed to equity securities price risk. This arises from investments held by the Board for which prices in the future are uncertain. Where non-monetary financial instruments such as equity securities are denominated in currencies other than the functional currency of the Board, the price initially expressed in foreign currency and then converted into the functional currency will also fluctuate because of changes in foreign exchange rates.

The Board manage price risk through diversification of securities within specified limits set under the Board's investment guidelines. The Board relies on the fund manager to monitor its investments. The fund manager has absolute discretion in managing the investment within the Board's investment guidelines.

Sensitivity analysis

A 25 basis points change in the underlying equity prices at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25bp increase \$	25bp decrease \$
Quoted equity securities at fair value through profit or loss	3,079	(3,079)

Interest rate risk

The Board's exposure to interest rate risk relate primarily to investment in quoted debt securities managed by fund manager, cash placed with Accountant General's Department and fixed deposits placed with fund manager. The Board relies on the fund manager to monitor and mitigate the adverse effects of interest rate changes on its investments. The fund manager has absolute discretion in managing the investment within the Board's investment guidelines.

At the reporting date, the interest rate profile of the interest bearing financial instruments are as follows:

	2012/2013 \$	2011/2012 \$
Fixed rate instruments		
Cash placed with Accountant General's Department	49,468,590	77,313,067
Fixed deposits placed with fund manager	3,000,138	–
Quoted debt securities placed with fund manager	11,425,315	–
	63,894,043	77,313,067

Sensitivity analysis

A 25 basis points change in interest rates at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
31 March 2013		
Fixed rate instruments	159,735	(159,735)
31 March 2012		
Fixed rate instruments	193,283	(193,283)

NOTES TO THE FINANCIAL STATEMENTS

Foreign currency risk

The Board's income and expenditure are primarily incurred in Singapore Dollars, except for the debt and equity securities denominated in foreign currencies. The currencies in which these transactions primarily are denominated are the US Dollar (USD), Hongkong Dollar (HKD) and Indonesian Rupiah (IDR).

The fund manager uses forward exchange contract to hedge foreign currency exposure as and when needed.

The Board's exposure to foreign currency risk is not significant as at reporting date.

Determination of fair value

Investment in equity and debt securities

Fair value is based on quoted bid prices at the reporting date without any deduction for transaction costs.

Derivatives

The fair value of forward exchange contracts is marked-to-market using market quotes without any deduction for transaction costs.

Other financial assets and liabilities

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

Fair value hierarchy

The table below analyses financial instruments carried at fair value, by valuation method. The different levels have been defined as follows:

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: inputs other than quoted prices included within Level 1 that are observable for asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices).
- Level 3: inputs for the asset or liability that are not based on observable market data (unobservable inputs).

	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
Quoted equity securities	1,231,524	–	–	1,231,524
Quoted debt securities	11,425,315	–	–	11,425,315
Derivative liabilities	–	(22,336)	–	(22,336)
	12,656,839	(22,336)	–	12,634,503

NOTES TO THE FINANCIAL STATEMENTS

Fair values versus carrying amounts

The fair values of financial assets and liabilities, together with the carrying amounts shown in the statement of financial position, are as follows:

	Note	Designated at fair value \$	Loans and receivables \$	Other financial liabilities \$	Total carrying amount \$	Fair value \$
31 March 2013						
Financial assets at fair value through profit or loss	9	12,656,839	–	–	12,656,839	12,656,839
Receivables	6	–	1,407,351	–	1,407,351	1,407,351
Grant receivables	7	–	10,450,335	–	10,450,335	10,450,335
Cash and cash equivalent	8	–	55,043,642	–	55,043,642	55,043,642
		12,656,839	66,901,328	–	79,558,167	79,558,167
Payables and accruals	12	–	–	(30,985,984)	(30,985,984)	(30,985,984)
31 March 2012						
Receivables	6	–	2,134,263	–	2,134,263	2,134,263
Grant receivables	7	–	12,534,880	–	12,534,880	12,534,880
Cash and cash equivalent	8	–	77,318,993	–	77,318,993	77,318,993
		–	91,988,136	–	91,988,136	91,988,136
Payables and accruals	12	–	–	(35,764,985)	(35,764,985)	(35,764,985)



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