

ANNUAL REPORT
2014/2015



HEALTHY LIVING ALL AROUND



VISION MISSION VALUES



Vision

A nation of healthy people



Mission

Empowering individuals to take ownership of their health through:

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



Values

Care and concern

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

Professionalism

We do our work with expert knowledge and skills

Integrity

We maintain a high standard of ethics and manage resources responsibly

Respect

We treat everyone with respect

Commitment

We are committed to do our best

Innovation

We constantly seek new and better ways to promote health



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CHAIRMAN'S MESSAGE

FOSTERING A COMMUNITY THAT EMBRACES HEALTHY LIVING

Singapore has made remarkable progress in health. "World's healthiest nation"¹, "one of the most efficient public healthcare systems"², "Singapore ranks world number 4 for life expectancy for women"³ – these are just some of the accolades paid to Singapore in recent years. Against a backdrop of improvements in nutrition, healthcare advancements, disease prevention and health promotion, the Health Promotion Board has been dedicated to promoting healthy diets, exercise, health education and regular screening among Singaporeans.

Our efforts are focused on effecting sustainable healthy habits in Singaporeans of all ages and backgrounds. Central to our approach is a greater emphasis on driving sustainable behaviour change.

The Healthy Living Master Plan was launched in April 2014 to serve as a compass for systematic and sustained health promotion through inter-agency and community collaboration. The aim is to make healthy living every day a natural choice for everyone.

As Singaporeans live longer and enjoy a better quality of life, we are doing more to increase the scale of healthy living options and their reach and accessibility to benefit more Singaporeans. By 2020, one in two Singaporeans can look forward to having access to at least three health promoting options within two kilometres of their homes to encourage them to embrace healthy living as part of their everyday routine.

To realise the vision of the Healthy Living Master Plan, we introduced several key initiatives last year to ensure that the environments where Singaporeans live, work and play are health promoting. Affecting these daily landscapes mean that individuals expend less effort to benefit from the health promoting interventions as healthier options become more and more a natural part of everyday life.

Healthy Community Ecosystems have been scaled up and extended to neighbourhoods such as Tampines. In these ecosystems, community spaces are leveraged to bring physical activity closer to the residents and healthier dining options, health promoting schools and healthy lifestyle programmes are available to residents. We also piloted the use of technology and reward incentives to nudge residents to adopt healthy behaviours.

Our Food Strategy was also announced last year with the aim of helping to change the diet of Singaporeans when they dine out and eat at home, and make healthier food choices affordable and accessible. Underpinned by strong partnership with the food and beverage industry, we adopted a phased approach in creating a supply of healthier options while driving consumer demand through our campaigns and publicity efforts. The aim is to have 180 million healthier eat-out meals consumed per year, or 20% of all eat-out meals, by 2020.

At the workplaces, we continued to partner developers and businesses to deliver customised programmes to meet our workers' occupational and health needs. Through an ecosystem approach, workers at co-located work sites and those employed by small and medium enterprises benefit from on-site health promoting programmes such as lunchtime exercise classes, healthier dining options at the foodcourts and eateries, and roadshows on healthy living. We aim to reach out to at least 15 business parks and industrial estates to create more health promoting workplaces by 2020.

In schools, we have leveraged the conducive environment to shape healthy habits and lifestyles. Some 238,000 children have benefited from our Healthy Meals in Schools Programme and the Healthy Meals in Childcare Centres Programme where they are served wholegrain options, and fruit and vegetables. Our Student Health Advisor Programme has also been scaled up in 2014, with trained nurses stationed in more schools to make it convenient for students to seek health advice and benefit from the timely detection and management of health related issues.

Unwavering support from our partners is a critical factor in the success of our health promoting efforts. Our collaboration with partners like the Land Transport Authority, National Parks Board, Ministry of Education, Sport Singapore, Town Council, the People's Association, the Regional Health Systems as well as industry partners provides us opportunities to broaden our reach and deepen our efforts in establishing sustainable healthy living in Singapore. This multidimensional, whole-of-government approach has allowed us to influence behavioural change across the key settings of community, workplace and schools.

We will continue to introduce relevant and accessible programmes for Singaporeans to enable healthy living all around. By promoting the importance of living well anytime and anywhere, as envisioned in the Healthy Living Master Plan, we will drive sustainable behavioural change, and ultimately foster a community that embraces healthy living.



Lucas Chow
Chairman

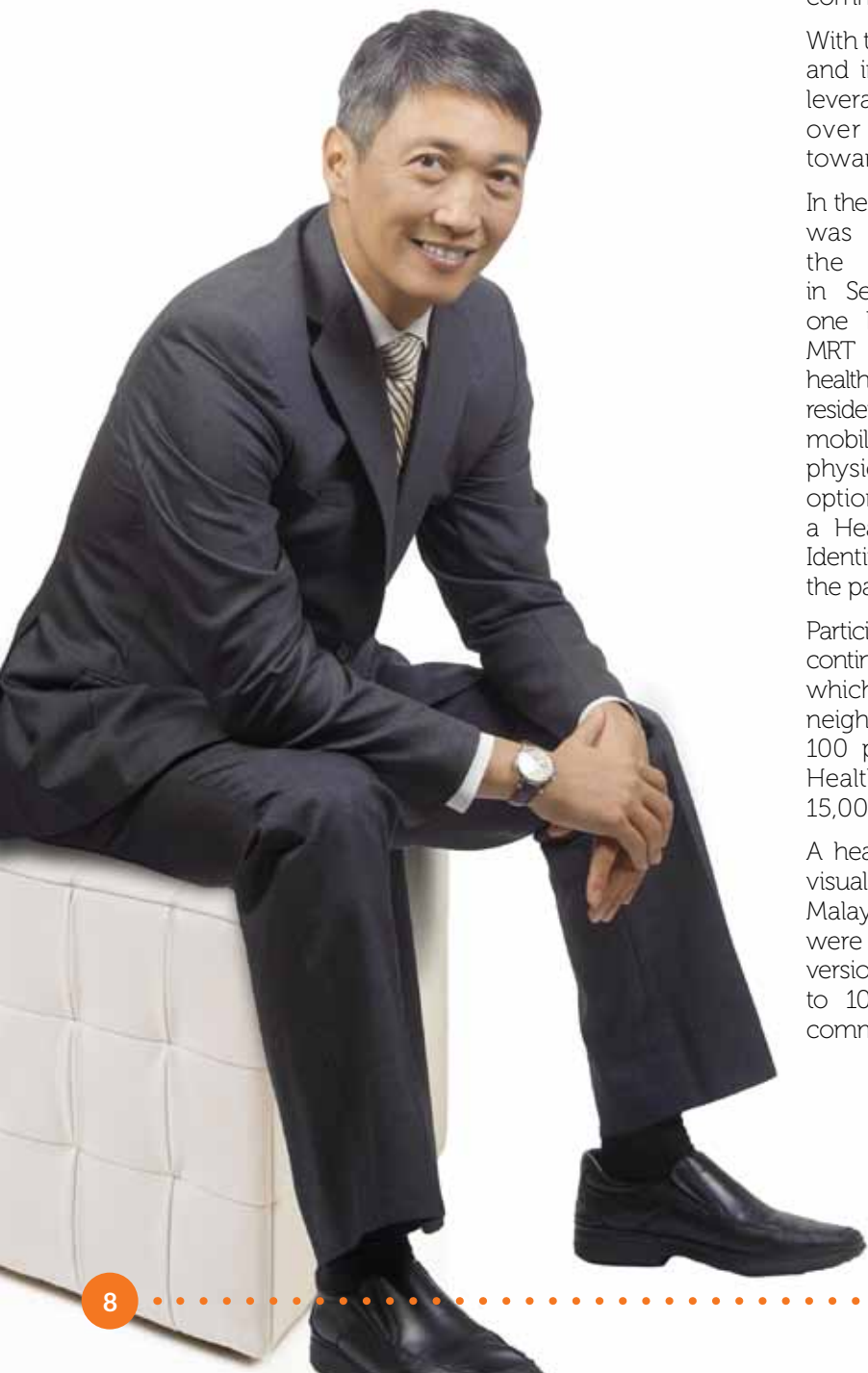
“ The Health Promotion Board's efforts are focused on effecting sustainable healthy habits in Singaporeans of all ages and backgrounds. Central to our approach is a greater emphasis on driving sustainable behaviour change. ”

¹ Bloomberg. "The World's Healthiest Countries", 22 May 2012

² CNN. "The CNN 10 Healthiest Cities", Sept 2014

³ World Health Organization. "World Health Statistics 2014: Large gains in life expectancy", 15 May 2014

CEO'S MESSAGE



ENABLING HEALTHY LIVING ALL AROUND

Health promotion has played an integral role in shaping the wellbeing of the Singapore population. To encourage Singaporeans to make informed healthy choices and adopt healthier habits, the Health Promotion Board (HPB) has continued to work with public and private partners to broaden and deepen our health promotion efforts in the community, workplaces and schools.

With the use of behavioural economics, we have nudged and incentivised individuals towards healthier choices, leveraged gamification and shaped the environment over the past year to motivate Singaporeans towards healthy behaviours.

In the community setting, the Healthy Pathway @ Tampines was launched in January 2015 as an extension of the Healthy Community Ecosystems introduced in Sembawang and Choa Chu Kang in 2014. The one kilometre walkway between Tampines and Simei MRT was transformed into an exercise pathway linking health promoting activities, infrastructure and facilities for residents. The use of technology, via the Healthy Living@SG mobile application, empowered residents to track their physical activity and locate nearby healthier dining options and exercise facilities. Residents can also obtain a Healthy Pathway Tag, which uses Radio Frequency Identification (RFID), to tap on RFID systems mounted along the pathway to collect 'Healthpoints' and redeem rewards.

Participation in our complimentary community programmes continued to grow. The Sundays @ The Park programme, which provides varied weekly physical activities in neighbourhood parks, now sees an average of 50 to 100 participants per session. Aerobic classes at our Health Promoting Malls have benefited more than 15,000 participants.

A health calendar, incorporating health tips, recipes and visual cues, was scaled up following a pilot launch of the Malay Health Calendar in 2013. Thirty thousand copies were distributed to the Malay community and a Chinese version of the calendar was also developed and distributed to 10,000 lower income households in the Chinese community.

Ramping up our efforts in combating obesity through multi-pronged initiatives, the Food Strategy was announced in June 2014 with the aim of reducing Singaporeans' calorie intake and improving dietary quality. The Healthier Dining Programme and Life's Sweeter with Less Sugar campaign were well received - 7.5 million healthier meals were sold by March 2015, with 1,000 drink stalls and 1,000 food providers offering healthier options.

Our Lose to Win™ and Million kg Challenge programmes raised awareness of the importance of healthy weight management. Half of over 1,100 Lose to Win™ participants achieved average weight loss of 3.6kg per person and the Million kg Challenge Season 1, launched in March 2014, provided a long-term aspirational goal to rally around. With 80,400 sign ups and through collaborations with industry partners, the community and workplace groups, a total of 20,000kg was lost in the first season.

We kept up efforts to remind Singaporeans to safeguard their health. Our community-based, anti-smoking I Quit campaign inspired 10,000 smokers to sign up for the 2014 I Quit 28-Day Countdown. Findings have shown that smokers who stay smoke free for 28 days are five times more likely to quit for good. In August 2014, a Screen for Life campaign was rolled out to encourage Singaporeans to go for regular health screenings and immunisation. Information on recommended tests and immunisation based on age, gender and risk profiles was provided to enable individuals to make the right screening decisions.

Within the workplace setting, the Healthy Workplace Ecosystem model launched at Mapletree Business City in 2013 was replicated in seven of Ascendas' business clusters from November 2014. More than 30,000 employees have benefited from free mass exercises, health education sessions and healthier food options. The ecosystem model was also initiated at one-north, which was master planned and developed by JTC Corporation, reaching 3,000 employees just four months after its roll out in November 2014.

The health of mature workers has also been a focus. In collaboration with ComfortDelGro, SMRT and Alexandra Health System, a Check Car, Check Body programme has benefited over 2,800 taxi drivers. Health checks and coaching sessions conducted at taxi service centres enable drivers to look into their health while waiting for their taxis to be serviced. A similar programme was introduced in the cleaning sector with the support of Singapore Polytechnic. Cleaners contracted by the polytechnic attended health programmes within the campus and accessed the polytechnic's Optometry Centre for vision assessment and management.

In schools, we increased uptake of the Healthy Meals in Schools Programme and Healthy Meals in Childcare Centres Programme. As of March 2015, 149 mainstream schools and 583 childcare centres were onboard the programme which also provides culinary training to enable healthy and tasty meals to be prepared for our young. Our school-based immunisation and health screening programmes continued to be a priority and now cover 98% of schools. Our oral health programme was extended to pre-schools, benefiting over 12,000 children in 205 childcare centres.

Sustaining our health promotion efforts is possible with the help of dedicated people with a passion for healthy living. We have grown our Health Ambassador Network and our 8,300 ambassadors have supported over 470 HPB events across the year to spread the message of leading a healthy life.

Our journey to enable healthy living for all has been met with encouraging support and feedback. Fuelled by the progress, we will continue to co-create health promoting initiatives with the community and our partners to make healthy living accessible, natural and effortless for everyone.

Zee Young Kang
Chief Executive Officer

“ Health promotion has played an integral role in shaping the wellbeing of the Singapore population. We have nudged and incentivised individuals towards healthier choices and shaped the environment over the past year to motivate Singaporeans towards healthy behaviours. ”

BOARD OF DIRECTORS



01

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01 Mr Lucas Chow Wing Keung
Chairman
Health Promotion Board

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

05 Mr Lim Hock Chee
Chief Executive Officer
Sheng Siong Group Ltd

06 Mr Lim Teck Yin
Chief Executive Officer
Sport Singapore

08 Dr Intan Azura Binte Mokhtar
Member of Parliament
Ang Mo Kio GRC

10 Dr Kumaran s/o Rasappan
Orthopaedic Surgery Resident
National Healthcare Group/
National Youth Council Member

02 Ms Amy Hing Nguk Juon
Deputy Secretary (Policy)
Ministry of the Environment
and Water Resources

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

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

09 Mrs Quek Bin Hwee
Vice Chairman
Markets and Industries
PricewaterhouseCoopers LLP

HPB LEADERSHIP



01

01 Mr Zee Yoong Kang
Chief Executive Officer

02

02 Ms Chung Mui Ken
Chief Information Officer

03

03 Ms Lek Yin Yin
Director
Learning & Organisation
Development Division
(till 31 March 2015)
Director
Human Resource &
Organisation Development Division
(as of 1 April 2015)

04

04 Mrs Tan Seok Lee
Director
Corporate Services Division
(till 31 March 2015)
Director
Governance, Risk &
Administration Division
(as of 1 April 2015)

05

05 Dr Chew Ling
Director
Research & Strategic
Planning Division

06

06 Dr Annie Ling
Director
Obesity Prevention
Management Division
Director
Workplace Health
& Outreach Division
(till 18 Jan 2015)

07

07 Mr Gary Khoo
Director
Preventive Health
Programmes Division
(as of 19 Jan 2015)

08

08 Dr K Vijaya
Director
Youth Preventive Services Division
Director
School Health & Outreach Division
(till 18 Jan 2015)

09

09 Mr Alex Fun
Senior Deputy Director
School Health &
Outreach Division
(as of 19 Jan 2015)

10

10 Mr Sim Beng Khoon
Director
Workplace Health &
Outreach Division
(as of 19 Jan 2015)

11

11 Dr Shyamala Thilagaratnam
Director
Regional Health & Community Outreach
Division
Director
Preventive Health Programmes Division
(till 18 Jan 2015)

12

12 Ms Dawn Lee
Director
Corporate
Marketing Division
(as of 4 Aug 2014)

13

13 Ms Marissa Wong
Director
Corporate
Communications Division
(as of 28 Aug 2014)

14

14 Ms Joanna Chan
Director
Corporate & Industry
Partnerships Division

Our thanks to Ms Cassandra Tay for her service as Director, Special Projects, till 1 Jan 2015.

Healthy Living Master Plan

By 2020, one in two Singaporeans can look forward to having access to at least three health promoting options¹ within two kilometres of their homes, so as to encourage them to embrace healthy living as part of their everyday routine.



Healthy Living Master Plan: Making the Connections

Singapore has invested and done well to encourage healthy living over the years. As Singaporeans live longer and enjoy a better quality of life, more is being done to increase the scale and accessibility of healthy living options to benefit more Singaporeans.

To ensure that healthy living options span seamlessly across the settings of workplace, community and schools, as well as all ages and groups of people, the Healthy Living Master Plan was formulated through inter-agency and community collaboration to make healthy living natural and effortless for Singaporeans.

The Healthy Living Master Plan Taskforce sought views and ideas through a six-week public consultation in 2013 involving 530 participants from all walks of life, across age groups and income strata. The key themes identified through the public consultation were:

- Accessibility and availability of health-promoting facilities and spaces are important in motivating healthy living.
- Social and family support are deemed as strong motivating forces that will influence positive behaviour change.
- Singaporeans want the assurance that healthier options are affordable and within reach of everyone.

Based on these focal areas, the Healthy Living Master Plan was launched by Associate Professor Muhammad Faishal Ibrahim, Parliamentary Secretary, Ministry of Health, on 23 April 2014.

Progress of the Healthy Living Master Plan

To date, several key initiatives under the Master Plan have been implemented.

At the workplaces, the Health Promotion Board (HPB) established its first Healthy Workplace Ecosystem at the Mapletree Business City in October 2013. Last year in November, Ascendas announced their commitment to introduce the Healthy Workplace Ecosystem to seven business clusters. HPB aims to reach out to at least 15 business parks and industrial estates to create more health promoting ecosystems in worksites with natural co-location of companies by 2020.

In schools, HPB has introduced the Healthy Meals in Schools Programme and the Healthy Meals in Childcare Centres Programme. A total of 149 mainstream schools and 583 childcare centres have come on board to serve wholegrain options, and fruit and vegetables on their premises. HPB aims to extend these programmes to all schools by 2017 and approximately 90% of childcare centres by 2020.

An oral care programme was also introduced in 2014 to pre-schoolers with the aim of reducing the present rate of caries in children aged seven, to less than 50% by 2020. The Oral Health Promotion in Pre-Schools Programme, currently in 205 childcare centres, will be rolled out to all 1,000 childcare centres in Singapore by 2020.

At the community level, two Healthy Community Ecosystems were introduced in January 2014 at the Sembawang and Choa Chu Kang constituencies. The initiative has been scaled up and replicated in Tampines, where health promoting initiatives such as healthier dining options, health promoting schools, healthy lifestyle programmes and community spaces have been implemented to make healthy living accessible, natural and affordable for residents. In addition, the Healthy Pathway @ Tampines pilot project, announced in January 2015, trialled the use of technology and incentives to nudge residents to adopt healthy behaviours.

The Health Promotion Board announced its Food Strategy in June 2014, which aims to help change the diet of Singaporeans when they dine out and eat at home. Through the Food Strategy, people will have more healthier food choices that are affordable and accessible. The first two phases focused on meals eaten out and beverages.

The Healthier Dining Programme was launched in June 2014. Today, there are more than 1,000 food outlets and stalls island wide serving healthier meal options. HPB aims to increase the number of healthier eat-out meals consumed to 180 million meals per year, or 20% of all eat-out meals, by 2020. A campaign to encourage Singaporeans to cut down on sugary drinks and choose reduced or no sugar beverages instead was also introduced in October 2014.

The Healthy Living Master Plan aims to influence behavioural change among the population by bringing together different stakeholders to look into the multifaceted issue of healthy living and to realise the vision of making healthy living everyday a reality for Singaporeans.

This Master Plan is a living document which will continue to evolve as innovative approaches and initiatives to foster healthy living emerge in the future, and various stakeholders continue to work together to impact the lifestyles of Singaporeans to make them healthier.

1 Health promoting options refer to facilities to encourage physical activities, healthier dining choices and health promoting programmes and services.



INVESTING IN HEALTHY LIVING IN THE COMMUNITY

To encourage healthy living all around, the Health Promotion Board takes an active role in encouraging healthier habits and making healthy choices the default options for the community. To achieve this, various initiatives have been designed to support healthy living for every member of the community.

Making Healthy Living Options Natural and Effortless

Healthy living should be an everyday choice. The Health Promotion Board has taken steps to help residents adopt healthier lifestyle habits in their everyday lives, naturally and as a default choice.



Healthy Living Every Day

Designed as a month-long campaign in October 2014, the National Healthy Lifestyle Campaign presented a whole host of healthier living options from the Health Promotion Board (HPB) and more than 20 of its partners from the public and private sectors. Taking the form of an experiential roving exhibition, healthy living options were showcased to the public, highlighting their availability at the doorstep of every home, workplace and school.

Visitors to the roving exhibitions held at the Suntec City Convention & Exhibition Centre, Ang Mo Kio Hub, Marina Square and Toa Payoh Hub learnt about the four key pillars of health – mental wellbeing, physical activity, nutrition and screening – through interactive exhibits, workshops and activities that make healthy living enjoyable and achievable for people of all ages.

Key event highlights included healthier cooking demonstrations by renowned chefs such as Violet Oon and New Zealand MasterChef winner Nadia Lim, opportunities for guests to try their hand at physical activities such as tchoukball, CrossCore® and functional training, and floorball, and interactive booths where guests discovered easy ways to beat stress and achieve positive mental wellbeing.

Singaporeans also participated in several fringe activities which demonstrated how healthy living habits can be incorporated into everyday routines. Residents also enjoyed basic health screening and follow up consultation packages.

The pervasiveness of the National Healthy Lifestyle Campaign 2014 went beyond events into the digital space. To extend the reach of the healthy living messages to netizens, digital campaigns were initiated via email, Facebook and Twitter. These included digital photo contests where people demonstrated, in a Sit Less, Move More movement, how they engaged in physical activity, anytime, anywhere, whether at home, work or on the move, as well as Facebook posts of individuals choosing healthier drinks as part of the Life's Sweeter with Less Sugar initiative. These campaigns resulted in more than 120,000 engagements with netizens.



- More than 112,000 visitors attended the National Healthy Lifestyle Campaign exhibitions at the Suntec City Convention & Exhibition Centre, Ang Mo Kio Hub, Marina Square and Toa Payoh Hub
- 99.9% of participants were made aware of at least two new ways to maintain a healthier lifestyle
- More than 18,000 participated in on-site activities
- More than 120,000 online engagement for digital campaign activities

“Designed as a month-long campaign in October 2014, the National Healthy Lifestyle Campaign presented a whole host of healthier living options from the Health Promotion Board and more than 20 of its partners from the public and private sectors.”

Scan to watch National Healthy Lifestyle Campaign video!



Shaping Health Promoting Ecosystems

In line with the Healthy Living Master Plan, health promoting initiatives have been implemented in community ecosystems to make healthy living accessible, natural and affordable for residents.



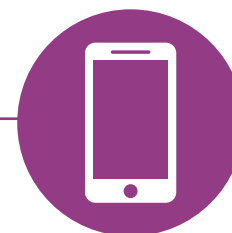
Healthy Living Every Day

Extending the Healthy Community Ecosystem to Tampines

Following the success of the Healthy Community Ecosystems introduced in Sembawang and Choa Chu Kang in January 2014, the Healthy Pathway @ Tampines was launched by Minister for Health Gan Kim Yong and Tampines advisors in January 2015.

The Healthy Pathway @ Tampines is a one kilometre walkway between Tampines and Simei MRT stations, linking activities, infrastructure and facilities to create a conducive healthy living environment where health promoting facilities and amenities are affordable and accessible.

Through environmental enhancements, programmatic interventions and Information Technology tools and incentives as enablers, the walkway was transformed into a health promoting exercise pathway. The Health Promotion Board (HPB) worked with other public agencies to enhance the greenery landscape and attract more residents to use the pathway for leisure purposes and to make their way to other parts of Tampines. Messages about healthy living and health tips were installed along the pathway and lift lobbies, while stairwell areas of HDB blocks were dressed up with visual cues to nudge residents to make healthier lifestyle decisions.



Healthy Living@SG mobile application

- More than 350 Tampines users participated in the pilot phase from November 2014 to February 2015
- About three quarters of Tampines users actively used the mobile application

Healthy Pathway Tag System

- More than 800 users signed up by the end of March 2015
- More than 800 users accumulated about 52,000 'Healthpoints', equivalent to about 52,000 kilometres walked on the Healthy Pathway @ Tampines between December 2014 and March 2015

The Healthy Pathway @ Tampines encouraged an open culture of active living within the community with consistent opportunities for physical activity, by providing free and regular programmes in the community in open spaces along the pathway. In the first four months, exercise sessions such as Zumba, Cardio Dance and Bollyrobics classes were attended by over 2,500 residents. The initiative received positive feedback from residents who enjoyed meeting new neighbours and were motivated to exercise with their family and friends. As classes were conducted outdoors in the proximity of their homes, residents had easy access to different types of activities.

Leveraging technology to promote healthy living, the Healthy Living@SG mobile application and the Healthy Pathway Tag, using Radio Frequency Identification, complemented by a loyalty programme, were put on trial for users to self-monitor their physical activity levels, and earn 'Healthpoints' to exchange for rewards.

The Healthy Living@SG mobile application empowers the more technology savvy individuals to track their physical activity, and find the nearest exercise locations and healthier dining options. The application translates healthy behaviours such as attending HPB's free physical activity programmes into loyalty points that can be redeemed for rewards. For individuals without smart phone access, they can tap the Healthy Pathway Tag on the Healthy Living Tag readers mounted along the Healthy Pathway @ Tampines to collect 'Healthpoints'.

Singaporeans Love Information Technology!

According to survey findings, the technology and incentives have been well received. More than three quarters of users of the Healthy Living@SG mobile application and Healthy Pathway Tag System agreed that:

- the technology is easy to use
- the rewards motivated them to exercise
- they will recommend the technology to their friends and neighbours

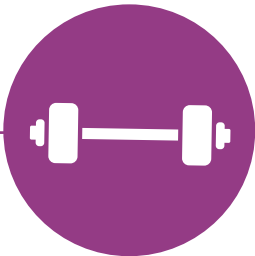
Get Active with Sundays @ The Park

Sundays @ The Park programme is a free community programme that creates opportunities for residents to enjoy a variety of fun-filled physical activity programmes with their family and friends in neighbourhood parks every Sunday. The activities are designed to move the body, relieve stress, build resilience, and stimulate and sustain positive feelings from the social interaction among residents.

Sport Singapore supports Sundays @ The Park by providing fitness instructors for the workout sessions. Through this partnership, the programme brings quality trainers and a variety of exercises to participants, which include aerobic routines such as Zumba, K-pop dance and Bollyrobics. Another key partner in this collaborative initiative is the National Parks Board. They lend their support by providing designated spaces in parks where the weekly sessions are held.

By leveraging each agency’s expertise and resources, it has made the delivery of each Sundays @ The Park session more cost-effective, as each agency supports with resources within their area of expertise.

With fun and interactive workouts led by professional instructors, Sundays @ The Park had seen early successes in Sembawang and Choa Chu Kang. A survey of about 130 participants from these two venues showed that 96% agreed that they enjoyed the activities conducted.



- An average of 50 to 100 residents participated in each session of Sundays @ The Park
- In 2014, there were five parks under the programme, Choa Chu Kang Park, Sembawang Park, Sengkang Riverside Park, Tampines Sun Plaza Park and Taman Jurong Greens, with plans to expand to 50 parks by March 2016

“ The Health Promoting Mall programme has helped encourage healthy lifestyle behaviours within the communities, with the monthly participation for mall aerobics increasing by 40% since 2010. ”

Mall Exercise for Better Health

With shopping malls located within the heartlands and workplaces, and easily accessible, they offer ideal community touchpoints that provide opportunities for residents to accommodate exercise sessions within their busy lives for better health and wellbeing.

Launched in 2010, the Health Promoting Mall programme offers residents regular mall aerobic sessions led by fitness instructors. The exercise routines are planned in consultation with the malls and based on feedback from shoppers. The programme also looks at promoting the availability of healthier dining options such as lower calorie meals at the food establishments in the malls and publicising the provision of smoking cessation resources at pharmacies. Roadshows on holistic health were also brought in to increase the reach to the community.

The Health Promoting Mall programme has helped encourage healthy lifestyle behaviours within the community, with the monthly participation for mall workouts increasing by 40% since 2010.

A January 2015 survey showed that one in five participants has increased their physical activity levels from less than 60 minutes a week, to meeting the HPB guidelines of at least 150 minutes weekly after joining the programme.



- There are 31 participating malls, with half offering ongoing mall aerobics
- More than 15,000 participants have benefited from mall aerobics from April 2014 to March 2015

Make a Date with Healthy Living

Introduced in December 2013, the health calendar incorporates user-friendly health tips into a wall calendar to provide everyday visual cues for families to adopt a healthy lifestyle.

The health calendar provides families with simple nudges to adopt healthy behaviours such as bite-size health information on how to apply for health subsidies, reminders to go for regular health screening, suggestions on the various types of physical exercises that can be done, tips on maintaining a positive mindset and smoking cessation, as well as low cost recipes for healthier versions of local food.

Following the success of the 2014 Malay Health Calendar, a scaled up 2015 edition was introduced. Thirty thousand copies were distributed to lower income Malay households, up from 3,000 copies the previous year. Reaching the households was made possible through partnerships with Malay-Muslim organisations and Voluntary Welfare Organisations such as Majlis Ugama Islam Singapura, AIN Society, Association of Muslim Professionals, Mendaki, Pertapis and Persatuan Pemudi Islam Singapura.



A Chinese version of the calendar was launched in 2015, catering to the specific needs and interests of the Chinese community. Themed topics include healthy eating tips during Chinese New Year in February and Mid-Autumn Festival in September. A telephone directory of Chinese social welfare services and financial assistance schemes was also included.

Ten thousand copies of the 2015 Chinese Health Calendars were distributed to lower income Chinese households through the Chinese Development Assistance Council, Social Service Offices, Voluntary Welfare Organisations and selected Community Centres under the People’s Association.

Between 20 December 2014 and 31 March 2015, there were 2,200 page visits to www.hpb.gov.sg/womens-health, to download the health calendars, representing the interest in the calendars and the reach of the educational tool beyond the initial distribution to families.

Complementing the partnership with relevant agencies, 100 HPB Health Ambassadors also came on board to help distribute the calendars through their personal networks, using the opportunity to promote healthy lifestyle tips to the recipients.



Making Healthy Eating Accessible

To help change the diet of Singaporeans when they dine out and eat at home, the Health Promotion Board is committed to make healthier food options available and accessible. Announced in June 2014, the Food Strategy is one of the key initiatives to realise the vision of the Healthy Living Master Plan.



Health Inside Out

The Health Promotion Board (HPB) introduced the Food Strategy to slow the rise of obesity among Singaporeans by reducing their calorie intake and improving the quality of their diet. The three key thrusts of the food strategy are increasing the availability of lower calorie meals and meals prepared with healthier ingredients in the food and beverage setting, reducing the consumption of empty calories from sugar-sweetened drinks and increasing the adoption of healthier grocery products for home cooked meals.

Healthier Dining Programme

To increase the availability and accessibility of healthier meals when eating out, HPB partnered with 30 household brands from the food and beverage industry, including Kopitiam, Dian Xiao Er and Swensen's, to make lower calorie meals a prominent part of their menu offerings. The healthier options are easily identifiable by the Healthier Dining Programme logo.

HPB and its partners believe that healthy food can be tasty and nutritious, and that taste is not compromised as dishes are made healthier. With the Healthier Dining Programme, Singaporeans will enjoy healthier and tasty meals at food outlets across Singapore.

To drive and sustain the demand for lower calorie meals, HPB launched an integrated marketing campaign in June 2014, with the message of "Healthier and Tastier Everywhere". Through a series of print and radio advertisements, supported by online advertising, social media and in partnership with key food forum, HungryGoWhere, the campaign focused on driving awareness of the new healthier dining options, while encouraging consumers to try the lower calorie meal options. This was carried out through promotional nudges such as the Happy Go Lucky loyalty card promotion and discount vouchers which rewarded a switch to healthier meals.



Healthier Dining Programme

- More than 1,000 food and beverage outlets with a good mix of food courts and restaurants island wide offer healthier meal options
- 75 million lower calorie healthier meals were sold between June 2014 and March 2015

Life's Sweeter with Less Sugar Campaign

Cutting down on sugary drinks is a lifestyle choice that brings about many health benefits. Launched in October 2014 to increase the demand and consumption of reduced or no-sugar drinks, the Life's Sweeter with Less Sugar campaign motivated Singaporeans by giving them an opportunity to win prizes with scratch cards distributed with each healthier drink purchase.

The campaign garnered the support of five drink sponsors – Allswell, F&N, Mr Bean, Nestle and Pokka – and other partners island wide across six different day-to-day dining out settings, from food courts, to coffee shops, hawker centres, cafes, kiosks and canteens.

Beyond that, HPB partnered with F&N, Kopitiam, Nestle and Pokka to start a social movement to get Singaporeans to pledge to drink healthily. A series of pop-up coffee shops complete with a Less Sugar tongue twister, healthier drink mascots and a fun online drink quiz was created to garner 10,000 pledges from Singaporeans to drink healthily. In return, 10,000 healthier drinks were given away for free on Drink Healthy Day on 14 February 2015.



Minister for Health Gan Kim Yong at the launch of the Life's Sweeter with Less Sugar campaign.



Life's Sweeter with Less Sugar Campaign

- Almost 1,000 drink stalls joined the campaign
- 4 million scratch cards were given out over four months
- More than 10,000 pledges to drink healthily

Ramping Up Efforts to Combat Obesity

The Lose to Win™ and Million kg Challenge initiatives mark an expansion of the Health Promotion Board's efforts to help Singaporeans win the battle of the bulge.



Million kg Challenge

To motivate Singaporeans to achieve and maintain a healthy body weight, the Health Promotion Board (HPB) launched the Million kg Challenge Season 1 in March 2014. The Million kg Challenge tagline served as a call to action and a long-term aspirational goal for Singaporeans to rally around.

Out of a total of 80,400 participants who signed up, 10,300 were active participants who regularly tracked and reported their weight management progress. Nearly 7,000 of these participants had an unhealthy Body Mass Index and managed to lose weight through the Challenge.

The Challenge was a result of many collaborations with industry partners, community and workplace groups as well as government agencies. Roadshows were conducted at many venues island wide to interest Singaporeans in joining the programme. Health Promoting Malls and retailers such as Sportslink and Guardian Pharmacy also provided HPB with free space to install Million kg Challenge kiosks. These helped to make signing up and weighing in more convenient and accessible to participants.

HPB also partnered with Sport Singapore to bring more sports and fitness activities to the Million kg Challenge participants under Sport Singapore's ActiveSG programme. A mutually beneficial cross-selling partnership was established, with 40% of participants also signing up for ActiveSG membership, gaining further access to health promoting activities.

The second season of the Challenge was launched by Prime Minister Lee Hsien Loong in October 2014.

Scan to watch Million kg Challenge video!



Lose To Win™

Lose To Win™ is a targeted campaign which aims to empower Singaporeans to achieve a healthy weight. As a holistic structured weight management programme, Lose To Win™ focuses on getting participants active through group exercise sessions, helping participants gain knowledge on nutrition and eating healthily, and enabling participants to achieve positive mental wellbeing during the 12-week weight loss journey.

Post-programme support included Lose To Win™ Reconnect events, which are organised as monthly mass workout sessions for past participants. As a result, 20% of the participants who managed to lose weight after the programme continued to lose weight or maintain their weight loss after they completed the programme. A pool of high energy and enthusiastic past participants has also come together as Lose To Win™ Motivators to offer support to new participants as buddies or mentors.

In 2014, more runs of the Lose To Win™ programme with shorter duration, named Lose To Win™ Lite, were introduced to cater to the hectic lifestyles of Singaporeans and increase accessibility for everyone, especially busy individuals.

In 2015, Lose To Win™ was scaled up to cater to the diverse needs of the target segments while strengthening the success factors to ensure sustainable behaviour change among the participants.



- More than 1,100 Lose To Win™ participants recruited as of March 2015
- 50% of participants achieved an average weight loss of 3.6kg per person through a structured weight management programme

Screening for a Nation

Taking pre-emptive steps for our health such as going for regular health screening can help us find out if we have a health condition even if we feel perfectly well and are not showing any signs or symptoms. Getting immunised against infectious diseases is another approach of preventive health. The Health Promotion Board has launched a series of community initiatives that drive home the importance of the saying – “prevention is better than cure”.



Screen for Life

The Health Promotion Board (HPB) advocates regular screening with follow up as early detection and treatment can result in better outcomes and lower the risk of serious health complications. This will help Singaporeans enjoy a better quality of life with their loved ones.

To encourage Singaporeans to go for regular screening and immunisation, HPB has developed an overarching identity, Screen for Life, to inform individuals of the recommended tests and immunisation based on their age, gender and risk profile, so that they can make the right screening decisions appropriate to their profile and needs.

Rolled out at the Health & You Exhibition in August 2014, Screen for Life presents relevant information on screening and immunisation including details on the National Childhood Immunisation Schedule as well as information on HPB's population-based screening programmes for adults such as BreastScreen Singapore, CervicalScreen Singapore, Community Functional Screening Programme, Integrated Screening Programme and National Colorectal Cancer Screening Programme.

Personalised screening invitation letters containing pertinent information on the types of tests recommended, screening locations, costs and follow up information are also mailed to Singaporeans to remind them to go for screening.

In November 2014, a Screen for Life schedule was made available on an interactive webpage, www.screenforlife.sg, to provide Singaporeans with personalised recommendations for screening tests and immunisations across an individual's lifespan.



- Across four roadshows promoting the importance of screening, close to 350 individuals stepped up to make the decision to be screened
- An interactive webpage, www.screenforlife.sg, provides Singaporeans with personalised recommendations for screening tests and immunisations across an individual's lifespan



“ To encourage Singaporeans to go for regular screening and immunisation, HPB has developed an overarching identity, Screen for Life, to inform individuals of the recommended tests and immunisation based on their age, gender and risk profile, so that they can make the right screening decisions appropriate to their profile and needs. ”

Screening for the Less Privileged

The Breast Cancer Foundation Encouragement for Active Mammograms (BEAM15) is an initiative by the Breast Cancer Foundation in collaboration with the Health Promotion Board (HPB). It aims to make breast screening more affordable for women from the lower income group and enables them to take better care of their health.

BEAM15 was officially launched in March 2013, with an initial funding of \$300,000. In April 2014, an additional \$2 million funding was provided to increase the availability of mammography screenings for lower income women.

To further encourage women to go for mammography, HPB has made screening services affordable and accessible through the BreastScreen Singapore programme.

BreastScreen Singapore is the national breast cancer screening programme which encourages women aged 50 years and older to go for screening mammograms once every two years. The programme aims to detect breast cancer early, allowing for more effective treatment and consequently reducing the mortality rate from breast cancer. Under the programme, women receive customised letters inviting them to go for screening.



- More than 12,000 women have benefited from BEAM15 since its launch in 2013
- BreastScreen Singapore is the national breast cancer screening programme which encourages women aged 50 years and older to go for screening mammograms once every two years

Frequent hand washing helps — **F.I.G.H.T.** — the spread

Wash your hands with soap and water using these 8 simple steps:



Guarding the Community Against Infectious Diseases

The spread of infectious diseases such as Influenza and Hand, Foot and Mouth Disease (HFMD) can be easily prevented with the right measures taken. Flu vaccination helps to limit the spread of flu as well as to prevent serious complications arising from flu infection among high-risk groups such as the elderly, young children, pregnant women and people who have chronic diseases.

The Health Promotion Board embarked on a 10-day roadshow at SingHealth polyclinics across Singapore in September 2014 to educate the public on the importance of flu vaccination. At the roadshows, patients and their caregivers were also encouraged to practise the 8-step hand washing routine, as good personal hygiene is the first line of defence against infectious diseases.

Influenza and HFMD campaigns were rolled out in three phases from June 2014 to January 2015. The campaigns aimed at increasing awareness on the spread of Influenza and HFMD, as well as educating the public on the importance of personal hygiene and social responsibility in preventing the spread of these communicable diseases.



- The 10-day roadshow at SingHealth Polyclinics to educate the public on the importance of flu vaccination reached 2,260 people
- The Influenza and Hand, Foot and Mouth Disease campaigns reached three million people and 700,000 people respectively

Towards Making Singapore Smoke Free

To help smokers overcome the challenges they face in kicking the habit and help them remain smoke free, the Health Promotion Board has introduced a series of programmes that garner support from smokers' family and friends, and professional assistance from healthcare workers such as Quit Consultants.



I Quit 2014

The I Quit campaign is a national anti-smoking social movement that was introduced by the Health Promotion Board (HPB) in 2011. This movement adopts a community-based yet personalised approach to build a network of support to help smokers make their first or next attempt to quit smoking.

Building on its previous successes, a pervasive scale-up plan was conceptualised for the I Quit 28-Day Countdown in May 2014 with the sole aim of making cessation assistance more convenient and accessible to smokers.

Based on findings that smokers who stay smoke free for 28 days are five times more likely to succeed in remaining smoke free, the I Quit 28-Day Countdown breaks the quit journey into small actionable steps and equips smokers with support via SMS reminders and tips to stay smoke free during the first 28 days of quitting.

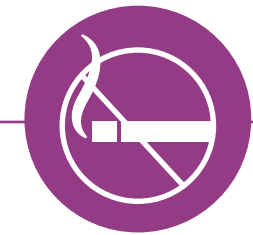
From May 2014 to March 2015, HPB conducted 210 roadshows island wide, reaching out to workplaces, healthcare settings, as well as the heartlands. More than 150 community touchpoints were set up where smokers could enquire about the I Quit programme as well as get smoking cessation support to help in their journey to remain smoke free. In addition, the I Quit Club Facebook page has more than 41,000 supporters with ex-smokers providing support and tips to smokers who are trying to quit the habit.

Inpatient Smoking Cessation Programme

Launched in 2007, the Inpatient Smoking Cessation Programme seeks to integrate tobacco cessation intervention into the existing clinical management of patients who smoke.

The Health Promotion Board worked with hospitals such as Tan Tock Seng Hospital, KK Women's and Children's Hospital, Singapore General Hospital and Changi General Hospital, to offer intensive smoking cessation counselling by Quit Consultants to patients. Follow up sessions with the patients were also provided by the hospitals after these patients were discharged.

Over the years, the Inpatient Smoking Cessation Programme has expanded in scale and increased in the number of patients given counselling. In 2014, 6,500 smokers were provided brief counselling, of which 2,800 underwent intensive smoking cessation counselling during their stay. At the sixth month review, 20% of the 2,800 smokers remained smoke free.



- 10,000 sign-ups for the I Quit 28-Day Countdown 2014
- From 2007 to 2014, over 10,000 smokers have gone through counselling under the Inpatient Smoking Cessation Programme

Resources to help smokers

Apart from the I Quit 28-Day Countdown, these resources are provided to help smokers quit smoking:

QuitLine

QuitLine is a helpline for smokers and people who are interested to find out about how to stop smoking, with trained staff providing customised professional advice and tips. By calling the toll-free QuitLine at 1800 438 2000, smokers and those interested can seek information on methods to quit smoking.

QuitLine SMS

An SMS platform is available for smokers and non-smokers who prefer to send questions via text on smoking related issues. Questions sent to +65 9463 3771 are replied to by Quit Consultants trained to provide help on quitting smoking.

I Quit Club

The I Quit Club has been created as a Facebook page where quitters and supporters come together as a community. The iquitclub.sg platform enables the sharing of success stories and tips, and provides encouragement to current smokers that quitting is possible.

I Quit Mobile Application

The I Quit mobile application is available for free download on iTunes and Google Play, and helps individuals to determine their smoker profile type and the most effective method to quit smoking. It also offers tips and strategies to cope with the withdrawal symptoms from quitting smoking.



BUILDING A HEALTHY WORKFORCE

To build a healthy, productive and happy workforce, the Health Promotion Board has brought holistic, innovative and needs-based health initiatives to the workplace to help Singaporeans achieve greater health and wellbeing in spite of a busy work schedule.

Building Healthy Workplace Ecosystems

With more than 60% of Singapore's population in the workforce, the workplace is a natural and important setting to reach out to Singaporeans to adopt healthy living at their workplace. The Health Promotion Board has built healthy workplace ecosystems to integrate healthy living into the daily work lives of the working population.



Healthy Lifestyle for a Healthy Workforce

A key initiative of the Healthy Living Master Plan, the Healthy Workplace Ecosystem creates a supportive environment with health promoting facilities and services and allows demand for healthy lifestyle programmes to be pooled together conveniently and cost efficiently. The ecosystem approach is achieved through partnerships with landlords and developers, where workplace health interventions are customised to suit the needs of employees from different clusters.

Following the launch of the first Healthy Workplace Ecosystem at Mapletree Business City in 2013, Ascendas announced in November 2014 their commitment to introduce the Healthy Workplace Ecosystem to seven business clusters. More than 30,000 employees located at Singapore Science Park, International Business Park, Changi Business Park, Aperia, Techlink, Techpoint and Techplace will have access to health programmes aimed at obesity control, chronic disease management and promoting mental wellbeing. The Health Promotion Board (HPB) has worked with the eateries in these business clusters to provide healthier meal options such as lower calorie meals, and held roadshows on national initiatives like the Million kg Challenge to motivate employees to achieve and maintain a healthy body weight.

The Healthy Workplace Ecosystem approach was also initiated at JTC Corporation's one-north. Physical activity programmes from futsal and basketball to mass exercises and lunchtime workshops were organised to meet the needs of the different employee profiles. Food and beverage providers at one-north also joined HPB's Healthier Dining Programme to increase the availability of healthier meal options across the business park. The health promoting elements reached 3,000 employees four months after the initial roll out in November 2014.

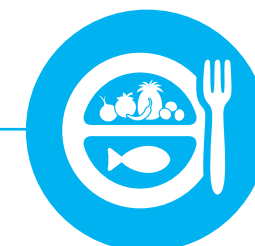
At the end of 2014, HPB introduced the Workplace Health Promotion Cluster Grant to encourage more clusters to create Healthy Workplace Ecosystems in their clusters. The cluster grant supports ongoing activities and programmes such as health education workshops or instructor-led exercise sessions to address health concerns in the areas of obesity control, chronic disease management and mental wellbeing.

Stepping Up for Better Health at the Singapore General Hospital Campus

In commemoration of Singapore's Jubilee, a 50 Million Steps Challenge was specially created for the employees working at the Singapore General Hospital campus to clock multiple sets of 50 million steps by National Day 2015. The first phase of the 50 Million Steps Challenge, held from November 2014 to February 2015, saw more than 760 employees clock almost 272 million steps.

A variety of regular mass physical activities, interest groups and customised health programmes were organised for some 15,000 employees working on the campus. To encourage healthy eating habits, about 80% of the 39 food stalls within the campus offered healthier meal options to employees.

The campus also incorporated innovative technology solutions and a rewards scheme to further encourage employees to adopt healthy living behaviours. Using the Healthy Living@SG mobile application, as well as Radio Frequency Identification tags, employees took part in a health challenge and joined various campus wide health programmes and activities to accumulate 'Healthpoints' which were exchanged for vouchers.



- 21% of the meals consumed at one-north are healthier meals
- Among the participants of the mass physical activities held at the Singapore General Hospital campus, one in three attended at least four sessions
- 1,100 employees from the Singapore General Hospital campus took part in a health challenge to accumulate 'Healthpoints' and redeem rewards

Developing Industry-Specific Health Initiatives for Mature Workers

The Health Promotion Board has stepped up efforts in workplace health promotion programmes targeting mature workers with rotational shift hours and no fixed workplaces. These workers may have limited access to healthier options and find it difficult to practise healthy lifestyles.



Customised Health Programmes For Mature Workers

In a one-year pilot, which started in June 2014, the Health Promotion Board (HPB) collaborated with the Alexandra Health System and developed the Check Car, Check Body programme to bring health programmes to the doorstep of taxi drivers.

Taxi drivers from ComfortDelGro and SMRT participated in chronic disease health screening and surveys with follow up interventions such as one-to-one health coaching sessions and experiential-based health workshops, as they waited for their taxis to be serviced. The monthly taxi servicing schedule meant that drivers could conveniently participate in health programmes at the service centres on a regular basis. More than 2,800 taxi drivers had their health screened under this programme.

HPB also piloted a similar customised approach to reach mature workers from the cleaning sector. Cleaners from Ramky Cleantech engaged in on-site health programmes supported by Singapore Polytechnic, which contracted their cleaning services. Programmes covered chronic disease management, physical activity, ergonomics, healthy eating and mental wellbeing.

Coaching sessions in small groups helped cleaners acquire skills and tips to manage existing health conditions through personalised health goals and action plans. In partnership with the Singapore Polytechnic, the cleaners attended health programmes within the campus and accessed the polytechnic's Optometry Centre for vision assessment and management.

More than 80% of the cleaners attended at least one group coaching session and more than 60% have been regularly attending coaching sessions and activities to improve their health behaviours.



- 95% of the taxi drivers who were screened under the Check Car, Check Body programme collected their results and followed up with a health coach at least once
- Three out of four taxi drivers made changes to their diet and exercised more

Enhancing the WorkPro Age Management Grant

In June 2014, the Health Promotion Board collaborated with the Singapore Workforce Development Agency to enhance the WorkPro Age Management Grant. The Grant aims to help employers learn and implement age management practices that will benefit mature workers and encourage worker retention. To be eligible for the Grant, companies must complete two key components – the Workplace Health Promotion Facilitator's Course focused on human resource policies and practices, and the Standardised Health and Wellness Programme aimed at personal health education and promoting behavioural change.

Supporting Unions to Boost the Health of its Members

Building on a tripartite relationship, the Health Promotion Board partnered with the National Trades Union Congress to develop the Union Health Promotion Grant. The Grant targets sectors with a higher proportion of mature workers and supports health promotion programmes such as chronic disease prevention and obesity management. The Grant aims to encourage unions to play an active role in improving the health of workers.

Integrating Total Workplace Safety and Health

Leveraging the Workplace Safety and Health Act, the Health Promotion Board implements health promotion programmes to build a safer, healthier and more productive workforce.



Implementing Total Workplace Safety and Health for a Productive Workforce

The Health Promotion Board (HPB) works with the Ministry of Manpower and the Workplace Safety and Health Council to champion and drive Total Workplace Safety and Health (WSH), an integrated and comprehensive approach to manage safety, health and wellbeing in the workplace.

In April 2014, NatSteel became the first company to pilot the implementation of the Total WSH approach. To educate employees about the importance of safe working practices and healthy lifestyles, NatSteel implemented structures and processes on holistic safety and health practices and formed a multidisciplinary committee to identify Total WSH gaps among employees. Following a detailed assessment, HPB implemented customised weight management, smoking cessation and mental wellbeing programmes aimed at addressing the health needs of employees.



- More than 300 NatSteel employees participated in programmes to address obesity, smoking and employee engagement issues

Investing in Mental Wellbeing at Work

The Employee Assistance Champion initiative, started in March 2015, aims to build the capacity of general human resource practitioners and Workplace Health Promoters to initiate mental health investment in their workplace, and sustain the investment for greater impact and effectiveness. Training sessions enable the Employee Assistance Champions to understand the importance of their role and equip them with skills and knowledge to plan, execute and evaluate workplace mental health programmes. The initiative also provides access to workplace mental health resources and networking opportunities with other company representatives in the same role. As of March 2015, 109 Employee Assistance Champions have been recruited and are expected to implement at least one workplace mental health programme in their companies after the completion of three training sessions.

Preventing the Spread of Infectious Diseases at Work

The Workplace Infectious Diseases Education (WIDE) programme, which started in October 2014, reaches out to workplaces with the aim of increasing the knowledge and awareness of communicable diseases such as Tuberculosis, Influenza and HIV/AIDS. The Health Promotion Board has been working with the Singapore National Employers Federation to promote and implement the WIDE programme, which consists of conducting talks, distributing printed collaterals and displaying interactive exhibits. Over a period of five months, the WIDE programme has reached 276 participants from ten companies from the manufacturing, healthcare, food supply, apparel manufacturing and engineering sectors.

Keeping Working Adults Active

Helping the working population stay fit and healthy increases productivity and enhances performance at work. Benefits to organisations include reduced absenteeism and health costs, as well as an engaged and energised workforce.



Keeping Fit and Healthy at Workplaces

To encourage Singaporeans to become more active at the workplace, the Health Promotion Board (HPB) has developed a variety of structured programmes to foster a culture of fitness and regular exercise.

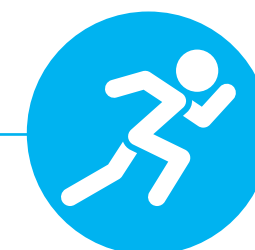
Sunrise in the City gives working adults the opportunity to participate in free morning workouts ranging from aerobic activities, strength and mind-body programmes such as dance-aerobics workouts, to free weights, circuit, yoga, multidimensional stretch and strength, and gym-based programmes at accessible locations before they start work. Launched in 2013, the Sunrise in the City programme has since grown to over 3,000 participants.

For those who enjoy running, HPB's iRun programme provides participants with routine workouts that suit all fitness levels. Weekly evening runs are led by professional trainers and pacers who also conduct clinics to teach running techniques and offer tips to improve cardiovascular fitness levels. Besides helping avid runners build up their fitness levels and stamina, iRun also promotes social cohesiveness and work-life balance. Corporate groups can use this weekly workout platform to increase employee bonding and engagement.

HPB also tailors programmes to working adults who prefer aerobics danced-based workouts. Under Fitness@Work, fitness and dance instructors conduct specially choreographed high energy dance routines such as Zumba, Hip Hop, Jazz and Salsa. The programme has seen a steady rise in membership since it started and has over 2,000 participants joining the weekly evening sessions.

To complement and support continuous efforts for increased and sustained physical activity, HPB piloted the formation of the Physical Activity Fitness Interest Groups in Sports and Exercise. Through this initiative, individuals and organisations can get support to develop and implement sustainable physical activity in their leisure time. The programme has achieved an outreach of more than 500 participants in over 30 interest groups which conduct activities such as running, brisk walking, dance-sports and team sports such as futsal, soccer, floorball, ultimate frisbee, dragonboat, badminton and tennis.

“ The Health Promotion Board recommends 150 minutes of physical activity every week to help reduce the risk of chronic diseases, prolong life and enhance quality of life. ”



- Each week, at least 40 sessions of Sunrise in the City are available at over 20 locations in central districts and workplace clusters
- In 2014, 810 new members joined iRun, bringing the total membership to more than 5,000 members



A HEALTHY START FOR A BRIGHTER FUTURE

Many habits are acquired from young. As such, good health practices need to be inculcated during those formative years. The Health Promotion Board takes an active role in encouraging and enabling the young to make healthier choices and form healthy habits. To achieve this, youth centric educational programmes on healthy living are implemented and preventive health services are delivered in schools.

Safeguarding Our Future Generation

Children are the pillars of our nation and it is important to keep them healthy and strong. The Health Promotion Board's immunisation and regular health screening programmes for children ensure that the future generation is growing healthily and safeguarded against diseases.



School-Based Immunisation Programme

Childhood immunisation provides protection against serious diseases. The Health Promotion Board's (HPB) School Health Service team administers the School-Based Immunisation Programme to ensure that school going children receive the recommended immunisation in accordance with the National Childhood Immunisation Programme.

With the objective of safeguarding children by immunising them against diseases, HPB carries out visits across schools in Singapore to provide vaccinations to students.



- In 2014, across 388 schools, 83,288 students were immunised and 407,551 students were screened. This covered 190 Primary Schools, 174 Secondary Schools, 18 Special Education Schools, and six Religious Schools/Madrasahs
- Immunisation and screening activities carried out in 2014 covered 98% of schools in Singapore

School-Based Health Screening Programme

The School Health Service plays a pivotal role in providing quality health care services through the School-Based Health Screening Programme for primary and secondary students to ensure the wellbeing of our youth.

Each year, a full team of health professionals visit schools to conduct age-appropriate health screenings, including vision and hearing tests as well as growth and development assessment, to detect common health conditions among children and monitor their health status.

Growing Up with Healthy Smiles

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. The oral care needs of children change as they transition from primary to permanent teeth. The Health Promotion Board has established a robust oral care programme in schools, to establish a proper oral hygiene routine early in life to help ensure the development of strong and healthy teeth.



Oral Health Programme in Schools

In 2014, the Health Promotion Board (HPB) provided dental screening for 273,072 students in 190 Primary Schools, 170 Secondary Schools, 16 Special Education Schools and six Religious Schools. A total of 256,819 students from government, government-aided, Madrasah and Special Education Schools were made dentally fit.

HPB conducted dental health programmes that covered various topics across the primary school levels in 2014. The Bright Smiles, Bright Futures programme for Primary One students involved a classroom talk that included a video show and individualised tooth brushing exercises with the dental staff in the dental clinic. The students were given a tooth brushing kit, comprising a tooth brush and toothpaste, together with dental information pamphlets, to take home for their parents to follow up on home care.

The Dental Plaque Programme, helped Primary Three students identify dental plaque and empower them to take control of their oral health. HPB also conducted classroom talks on gum disease for Primary Five students which aimed at raising awareness and educating students on the causes, consequences and prevention of gum disease.

Oral Health Promotion in Pre-Schools

In 2014, HPB introduced the Oral Health Promotion in Pre-Schools Programme. Implemented in 205 childcare centres, tooth brushing with optimally fluoridated toothpaste was introduced as a daily practice for pre-school children aged three to six years old.

Dental therapists were deployed to childcare centres between June and September 2014 to train teachers on dental health. Topics in the training session include the importance of baby teeth, causes and prevention of tooth decay, and tooth brushing techniques. The teachers were also taught how to dispense the appropriate amount of toothpaste to be used by the children during their daily tooth brushing session.

Following the training session, teachers were encouraged to implement daily supervised tooth brushing at their childcare centres.

HPB aims to reduce dental decay in seven year olds to less than 50% by 2020. The Oral Health Promotion in Pre-Schools Programme will be rolled out to all 1,000 childcare centres in Singapore by 2016.

Oral Health Programme for Institute of Technical Education Colleges

Following the successful roll out of the Oral Health Programme for the Institute of Education (ITE) Colleges at the ITE College East in 2013, HPB extended the programme to all first year students in all three ITE Colleges in 2014.

The programme provides dental services within each college's campus, educates and reinforces good oral hygiene habits, and empowers the students to take responsibility for their oral health.

Three mobile dental clinics were deployed to the ITE Colleges in November 2014 for up to four weeks. During the first week, dental screenings were conducted and students who needed further treatment were given follow up appointments. Ninety-five percent of ITE College students were made dentally fit. The students were also provided with information on oral hygiene and dietary advice.



- Over 12,000 children in 205 childcare centres are now under the Oral Health Promotion in Pre-Schools Programme
- Under the Oral Health Programme for the ITE Colleges, 976 students from three ITE Colleges received dental screening

Inculcating Healthy Living Habits from Young

Healthy habits acquired early in life provide the right foundation for children and youths to develop a healthy lifestyle and mindset in order to reduce the risk of chronic diseases later on in life.



Healthy Meals in Childcare Centres/Schools and Healthier Dining Programme

The Health Promotion Board (HPB) takes a proactive approach to establish a supportive health promoting culture and environment for children from birth and through the school-going years so that they may adopt well balanced dietary practices and carry these habits into adulthood.

Food preferences are generally acquired during early childhood. The school environment plays an important role in nurturing and sustaining good eating habits. Most students consume at least one snack or meal in their school canteen on most days of the week, over a period of several years.

Through the Healthy Meals in Childcare Centres/Schools Programme, HPB aims to make healthier food and beverage options available in childcare centres and mainstream schools. The programme also builds up the capabilities of staff involved in food preparation by training them to prepare healthier meals for children.

Feedback on the programme has been positive. In childcare centres, 94% of the parents surveyed felt that the Healthy Meals in Childcare Centres Programme was useful in helping their children consume a balanced diet.

In the mainstream schools, survey results showed that on average, the percentage of students who consume two servings of fruits and two servings of vegetables increased from 43% to 55% six months after their school implemented the programme. The survey also found that students were consuming wholegrains more often – 53% had consumed wholegrains on five or more days a week, up from 35% previously.

In 2014, HPB extended the Healthier Dining Programme and introduced it to the Institutes of Higher Learning. Through the programme, five canteens across the three Institute of Technical Education (ITE) Colleges now offer healthier meals. Nutrition consultancy was provided to help stallholders convert meals to lower calorie meals. Promotional activities were planned to drive demand for lower calorie meals and visual cues were put up at participating canteens to remind students to choose healthier food options.

Pre-School Healthy Lifestyle Programme

Early intervention is critical in combating childhood obesity. Through the Pre-School Healthy Lifestyle Programme, HPB educates overweight pre-schoolers aged five to six years old and their parents on the importance of physical activity and a healthy diet in weight management.

Organised in collaboration with Sport Singapore, the three-month programme consists of activity-based workshops for pre-schoolers and their parents as well as an educational tour to farms, supermarkets or food manufacturers to learn about healthy eating and healthier products.

The Pre-School Healthy Lifestyle Programme aims to infuse nutrition awareness and fundamental movement skills to influence a child's interest in lifelong recreational and sporting pursuits. Parents are also empowered with knowledge and skills to modify behaviours and inculcate healthier lifestyle practices as well as to encourage pre-schoolers to be physically active.

Over 400 children participated in the Pre-School Healthy Lifestyle Programme. Fifty-one percent of them reduced their Body Mass Index to a healthier level at the end of the three-month programme.



- 583 childcare centres and 149 schools provided healthy meals to 238,000 children as of March 2015
- Over 100 meals were converted to lower calorie meals in five canteens at the Institute of Technical Education Colleges, and in four eateries across two polytechnics and universities

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Healthy Eating and Exercise Programme

The Healthy Eating and Exercise Programme aims to equip severely overweight children aged seven to 12 years old with the knowledge and skills to adopt healthy lifestyle practices to manage their weight. The programme also provides parents with tips to nurture healthy eating and active lifestyle habits in their children.

The six-month programme comprises ten nutrition education and physical activity sessions for children, two interactive workshops for parents and two follow up sessions. It also leverages existing community infrastructures such as community centres, parks, food outlets and supermarkets within the vicinity to conduct these activities.



- 50% of the 607 participants in the Healthy Eating and Exercise Programme managed to reduce their Body Mass Index to a healthier level at the end of six months



Active Kids Programme

The Active Kids programme is a three-month educational programme for overweight children aged seven to 12 years old and their parents. The programme focuses on teaching children about eating a balanced diet in the right portion sizes, understanding the amount of sugar in snacks and drinks, and identifying and choosing healthier choices when dining out.

Children are also taught various sports and games, and learn tips to increase their physical activity level, while parents are empowered with the knowledge to select and purchase healthier food choices and cook healthier meals for their families.

The Active Kids programme reached out to 873 children, of which 40% successfully reduced their Body Mass Index to a healthier level at the end of the three-month programme.



ReFRESH Programme

For overweight and severely overweight students aged 13 to 16 years old, ReFRESH is a three-month programme aimed at equipping them with the knowledge and skills to adopt healthy eating habits and engage in regular physical activity to assist them in achieving a healthy weight.

The programme seeks to inculcate positive lifestyle habits among overweight and severely overweight students, and provides an environment for students to stay motivated to lose weight in the long-term.



- Between April 2014 and March 2015**
- Zippy's Friends programme, which promotes good mental health in young children, reached out to over 2,400 children
 - 126 new teachers across 57 schools were trained to run the Zippy's Friends programme



Through problem solving games, students are equipped with the knowledge and skills to adopt a healthier lifestyle. They learn tips to cultivate healthy eating habits, such as eating food in the right portion size, limiting high calorie snacks and sweetened drinks, choosing healthier food when dining out and reading food labels. Students are also educated on how to set goals, overcome barriers and motivate themselves to be active. In 2014, more than 5,100 students participated in ReFRESH and 50% of the students reduced their Body Mass Index to a healthier level at the end of the programme.

Nurturing Healthy Minds of the Future

Early promotion of mental health is critical in ensuring that our future generation grow up mentally healthy and resilient, thereby empowering them to lead fulfilling lives. Zippy's Friends is an international evidence-based programme developed by Partnership For Children to promote coping skills for good mental health among children from five to seven years old.

Built around a set of six stories and comprising 24 lessons, the programme confronts issues familiar to young children such as managing different feelings, communicating with friends, bullying and coping with changes.

With the objective of building social and emotional competencies in young children, and equipping them with the skills to better manage their feelings and behaviour in daily challenges, each lesson encompasses story telling and learning through fun activities such as drawing, discussions and playing games. The students who participated in Zippy's Friends showed improvement in communication skills and diversity of coping behaviours after the programme. Teachers have also reported improvement in social skills and emotional literacy in the students.

Healthy Living for Youths, by Youths

Peer influence plays an important role in the growing years of children and youths. Leveraging peer advocacy, the Health Promotion Board has developed a network of youth advocates to help promote healthy living through its Student Health Ambassador Programme.



Providing Guidance on Healthy Living in Schools

The Student Health Advisor Programme provides a focal point for health promotion, lifestyle counselling, screening and early identification of high-risk behaviours and health issues in schools.

Under the Student Health Advisor Programme, trained nurses are stationed full-time in selected schools, making it convenient for students to seek advice on health related matters.

The Student Health Advisors facilitate timely detection and management of health related issues among school students, including smoking and chronic conditions such as obesity and asthma. This enhances the health and wellbeing of the students and augments the efforts of the Health Promotion Board's School Health Service.

In 2014, the programme was scaled up and introduced to more educational institutions. It is now available in 20 secondary schools, three Institute of Technical Education Colleges and one polytechnic.

Many students have benefited from the Student Health Advisor Programme. About 660 severely overweight and overweight students completed a six-month weight management programme conducted by the Student Health Advisors. At the end of the programme, 43% managed to achieve weight loss or maintain their weight against the trend of rising obesity.

The smoking cessation counselling provided by the Student Health Advisors also yielded good results. Some 1,400 youth smokers were referred for the six-month smoking cessation programme and at the three-month mark, 613 youth smokers had successfully reduced or quit smoking.



- In 2014, Student Health Advisors attended to over 3,650 students
- Students made a total of 8,691 visits to Student Health Advisors to seek guidance on health matters
- Over 25,700 students attended health promotion talks by the Student Health Advisors on health topics such as healthy eating, healthy lifestyles and stress management

Student Health Ambassador Programme

The Student Health Ambassador Programme empowers youth with the knowledge and skills to undertake effective peer-led health promotion in their schools and community.

The Health Promotion Board (HPB) collaborates with St John Brigade Singapore to train cadets to become health advocates. Equipping them with the knowledge and skills on pertinent youth health topics, HPB aims to groom this group of students to complement health promotion efforts in schools through positive peer influence, supporting HPB's programmes or organising their own health promotion activities for their peers.

One hundred and twelve St John Brigade cadets have been trained to become Student Health Ambassadors. As a co-curricular activity in school, the St John Brigade cadets have always been well regarded in terms of health knowledge and services. Leveraging this collaboration helps to elevate the position of these cadets to be seen as peer leaders in their schools, championing and leading projects on health promotion for fellow students.



SHAPING HEALTHY BEHAVIOURS FROM THE INSIDE

To influence and sustain change in health outcomes and healthy behaviours in Singapore, the Health Promotion Board is committed to continuously developing its people and volunteers. To support this, a focus on human capital ensures that employees and volunteers are provided with opportunities to learn and be exposed to new challenges that will help them realise their full potential and, in turn, inspire a healthy community.

Healthy Living Gets Social

Officially launched by the Health Promotion Board in October 2011, the Health Ambassador Network recruits and trains dedicated volunteers from the community, and harnesses the power of peer influence to start and sustain a social movement for healthy living.



Inspiring Others to Stay Healthy

The Health Promotion Board's (HPB) Health Ambassadors are ordinary Singaporeans recruited from all walks of life, who are passionate in living and promoting a healthy lifestyle.

Keeping to the motto of "Staying Healthy, Inspiring Others", Health Ambassadors act as role models by leading a healthy lifestyle and sharing healthy messages with their community. They also lead interest groups and encourage participants to form healthy and long lasting habits. In 2014, Health Ambassadors supported over 470 events organised by HPB. These events included the National Healthy Lifestyle Campaign, workplace health programmes and community health screening sessions.

Each Health Ambassador goes through training in advocacy skills and on health issues to enable them to effectively share health tips and information on healthcare financing schemes such as the Health Assist Scheme and Pioneer Generation packages.

Today, there are over 8,300 Health Ambassadors who spread healthy living messages to their families and friends and at community health events organised by HPB and its partners. They actively play the roles of befrienders, helpers, mentors and recruiters, leading by example and persuading the people around them to take the first step towards behaviour change. So inspiring are these Health Ambassadors that the families, friends and ordinary Singaporeans they engage with, sometimes decide to become Health Ambassadors themselves to guide more people in overcoming their health challenges.

In a pilot telephone counselling programme that began in 2012, a pool of Health Ambassadors took on the role of Tele-Care Ambassadors to encourage individuals with abnormal screening results to go for medical follow up. With the help of these Tele-Care Ambassadors, the self reported follow up rate of individuals with abnormal screening results increased from 28% to 71%, as of March 2015, in the pilot groups.

“ The Health Promotion Board's Health Ambassadors are ordinary Singaporeans recruited from all walks of life, who are passionate in living and promoting a healthy lifestyle. ”

Some Health Ambassadors have initiated their own health promotion interest groups in the community, tapping on their personal networks to complement HPB's programmes. Today, Health Ambassadors lead 19 interest groups across the island. For example, Health Ambassador Jenny Loo, 40, a Lose to Win™ motivator, formed FitnessKakis as an additional platform for participants and other friends to exercise together after the Lose to Win™ programme ended. FitnessKakis comprises other Lose To Win™ motivators who meet three to four times a week at Toa Payoh Stadium to engage in a variety of exercises including resistance training, mass runs and yoga sessions. The FitnessKakis group had around 1,000 members as of March 2015.

Another Lose To Win™ motivator, Nelson Neo, 47, leads a brisk walking group for current and former Lose to Win™ participants, along with family members and friends. They meet monthly for activities such as power walks and trekking, and have even been on mountain climbing expeditions to Malaysia.

Health Ambassador Patti Ho, 72, a retiree, conducts exercises to help seniors improve their fitness through Lala - comprising stretching, balancing and aerobics - and Quick 6 - resistance band exercises that improve muscular and skeletal strength. Patti works closely with the Loving Heart Multi-Service Centre, Residents' Committees and Senior Activity Centres and spends her weekdays conducting classes for the 120 seniors at these facilities.

Advocacy is a key element in growing the social movement of healthy living influencers. HPB has conducted free health advocacy workshops since August 2014 to teach the public healthy lifestyle concepts and how to share health tips. As of March 2015, more than 880 people have attended the workshops, of which 45% of participants went on to share health tips with at least four other persons to spread the message of healthy living.

Valuing People, Deepening Culture

To support the vision of building a nation of healthy people, the Health Promotion Board ensures that it has the right people and culture to make this happen. To inspire its people and ensure a conducive environment, instilling a strong spirit of teamwork and collaboration has been a key focus.



As advocates of healthy living, the Health Promotion Board (HPB) inspires its staff by reinforcing and role modelling workplace health strategies. Recognising the importance of harnessing positive emotional energy and social networks, programmes for the wellbeing of staff like screening, recreational and sports activities are regularly organised by the staff-led Healthy Workforce Committee. These activities also include Sporting Fridays, Friendship Games, Pantry Parties and Family Day.

One innovative idea introduced by the Committee to strengthen team camaraderie was the introduction of house games in 2014. Staff were grouped into different cross divisional houses or teams to take part in various friendly competitions. Supporting this initiative are other workplace health activities integrated into working hours such as Sporting Fridays, where staff set aside time to engage in healthy activities at a Board, divisional or departmental level, allowing for team building while being active at work.

These activities have contributed to a culture of collaboration where organisational learning and capabilities, effective working relationships and inter-disciplinary teamwork are better leveraged to build a more engaged workforce.



Helping Employees Realise Their Full Potential

A company's greatest asset is its human capital. Attracting, engaging and retaining the best talent is critical to the Health Promotion Board's success. Providing the right tools tailored to its employees' goals will also help them achieve their full potential.



Attracting Talent

As part of the Health Promotion Board's (HPB) employer branding efforts in 2014, a campaign was launched to set HPB apart from other companies. The A Career Where Passion Meets Heart campaign profiled HPB as an organisation that offers meaningful careers for those who would like to make a difference through enabling a healthier nation.

The campaign was introduced across various platforms such as career fairs and print media to attract people with passion in health promotion. HPB staff featured prominently in the campaign, sharing their personal career experiences and the fulfillment from their work.

Talent Internship Programme

To build a pipeline of talent, the Talent Internship Programme was launched in December 2014 to provide students with meaningful internship opportunities at HPB to learn about health promotion work. A total of 64 top A-level, International Baccalaureate and National University of Singapore students, were nominated by their institutions and indicated their interest to be considered for the internship programme. Fourteen students were eventually selected to intern with HPB for a period of eight to 12 weeks, enabling them to better understand how HPB's programmes and initiatives aim to empower Singaporeans to attain optimal health, and increase the quality and years of healthy life.

Health Promotion Board Scholarship

HPB also offers a variety of scholarships – the full term scholarship for pre-university students and mid term scholarship for those in the midst of their undergraduate studies. The objective of the scholarship programmes is to attract top talent who are proactive, creative and committed to HPB's vision of building a nation of healthy people.

Collaborating closely with local tertiary institutions, HPB seeks out students with outstanding academic achievements and who are interested to learn more about healthy living and preventive care. As of March 2015, HPB offered four scholarships to students from the National University of Singapore and Singapore Management University. Upon the completion of their scholarships, the HPB scholars will take on roles in various divisions in HPB, to contribute to programmes and outreach efforts to inspire fellow Singaporeans to lead a healthier lifestyle.

To build a stronger presence for the HPB scholarship programme, a new brochure and website were launched. In line with HPB's employer branding campaign, the scholarship tagline called on the students to Kickstart a Career where Passion Meets the Heart.

The campaign attracted more than 1,000 students to HPB's scholarship talks and career fairs aimed at creating awareness about HPB's health promotion efforts and its commitment to make healthy living the natural and default choice for Singaporeans.



Developing Staff

The Health Promotion Board (HPB) has been focusing its efforts on equipping staff with enhanced skills and tools to enable greater inter-disciplinary collaboration. Other capability building efforts also included the inaugural Manager Milestone Programme to enable new managers to transit smoothly from being an individual contributor to leading a team. The programme equips new managers with a variety of skills including performance management and effective supervision.

There was also continued emphasis to upgrade the skills of employees to promote lifelong learning. Employees with primary level education attended English language courses to improve their practical conversational skills as part of staff development.

In recognition of its strong developmental culture, HPB was invited to the 2014 Public Sector Union-Management Gathering, organised by the Public Service Division, to share its training strategies for the encouragement and development of junior level staff.

Other employee initiatives included a programme to upgrade the skills of nursing staff. To meet the evolving expectation and demographics of school children and parents, service quality courses were organised to equip nursing staff with a strong service mindset and an ability to add value to the customer experience.

To enhance the engagement of the nursing and dental staff who are mostly deployed in schools, quarterly talks and tea sessions were organised for them to get together for learning and networking opportunities. Topics at these sessions ranged from communication to service excellence and change management. Staff also appreciated and enjoyed spending time bonding with their fellow colleagues.



Building the talent pipeline

Internship is an ideal platform to build a pipeline of talent for the Health Promotion Board (HPB). Daniel Liu, a National University of Singapore undergraduate, is testament to this. He interned with the Health Ambassador Network in 2012 and was actively involved in reviewing the trend in volunteerism and benchmarking best practices in motivating volunteers.

His work helped HPB gain valuable insights to attract, develop, retain and motivate its Health Ambassadors. Encouraged by the impact he made, Daniel subsequently applied for a scholarship with HPB, which was accepted in August 2014. He has since joined HPB's Obesity Prevention Management Division, focusing on healthy dining initiatives to support Singaporeans in eating more healthily.

Apart from Daniel, others like Tan Ci Hui and Jeremy Ersan Liaw from Nanyang Technological University who interned with HPB in 2014, also decided after their internship that they wanted to further their career in HPB. Upon graduation, they successfully applied to work with HPB, contributing to programmes in weight management and physical activity.

Recognising Staff Contribution

HPB recognises the importance of acknowledging its people and the exemplary contribution they have made to the organisation through awards that commend high service quality standards, innovative ideas and exemplary behaviours. Staff were also recognised for their good work on a national level with the Excellent Service Award and the Eastern Health Alliance Caring Award.



“ Ms Ang Gim Hoon, Manager, Dental Therapist, goes the extra mile to accommodate the needs of the students in her care. Not only does she diligently follow up with students, she even follows up with their parents as well. ”

Health Promotion Board Quality Service Award 2014

The HPB Quality Service Award salutes employees who consistently put their best foot forward and uphold its high standards of service. In 2014, the Board presented the award to 116 individuals who achieved 36 Commendation awards, 51 Silver awards, 19 Gold awards and 10 Star awards. Commendation awards were also presented to five teams.



“ The Board is proud of the commitment and dedication of Team S2P. In spite of challenges on the ground with programme scheduling and managing changes on a tight deadline, they persevered and continued to maintain their high service quality standards. ”

Employee of the Year Award 2014

The Health Promotion Board (HPB) presents the Employee of the Year Award annually to recognise staff who embody the HPB values of care and concern, professionalism, integrity, respect, commitment and innovation, and demonstrate exemplary behaviours to promote collaboration and knowledge sharing not just within the department but across the organisation as well.



“ Ivan Poo, Manager, School Health & Outreach, openly shares his customer insights with colleagues across HPB so they better understand how to approach and design their programmes for schools. ”

“ Gary Khoo, Director, Preventive Health Programmes Division, is one of the most people oriented persons in HPB. He makes the effort to get to know his colleagues in the organisation and displays genuine care and concern for his team, taking care of their welfare and progress. He is also a responsible team player who not only rallies his team from the sidelines but gets actively involved with work on the ground. ”



These employees have touched the hearts of fellow colleagues, customers and partners, and embraced new mindsets and ways of working. A new subcategory, the People’s Choice Award was launched in 2014 and presented to an individual who made a positive impact to the work and welfare of people in HPB.



Health Promotion Board Innovation Award 2014

The HPB Innovation Award is one of HPB’s key efforts to promote a culture of collaboration, learning and innovation.

In the 2014 HPB Innovation Award, the team working on the Healthier Dining Programme emerged champion amongst the 20 entries received.

The intent of the innovation award is to recognise teams within HPB which exemplify organisational excellence.

The entries submitted were based on key projects that carried innovative ideas to promote healthy living such as leveraging new technology, data and insights for behavioural change, harnessing partnerships to co-create ecosystemic solutions, and optimising internal systems and processes to ensure excellence in delivering health promoting initiatives and programmes.

Excellent Service Award and Eastern Health Alliance Caring Award 2014

In 2014, at the national level, 74 HPB staff received a total of 46 Silver awards, 16 Gold awards and 12 Star awards under the Excellent Service Award. The national award recognises individuals who deliver quality service, developing service models for staff to emulate and creating service champions.

Supported by SPRING Singapore, the Excellent Service Award is managed by seven industry lead bodies - the Association of Singapore Attractions, the Land Transport Authority, the Public Service Division, the Restaurant Association of Singapore, the Singapore Hotel Association, the Singapore Retailers Association, and the Association of Banks in Singapore.

The Eastern Health Alliance Caring Award 2014 conferred by Changi General Hospital was presented in May 2014 to more than 1,000 award recipients. Twenty-five HPB staff achieved 21 Silver awards and four Gold awards.

Staff nominations were obtained from compliments and recommendations by supervisors. Patient and caregiver nominees came from the respective care teams. All candidates were reviewed and selected by a panel of representatives from the Eastern Health Alliance partners including Changi General Hospital, HPB, St Andrew’s Community Hospital, SingHealth Polyclinics and the Salvation Army Peacehaven Nursing Home.



Annual Financial Statements

31 March 2015

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Statement by Health Promotion Board

We, Lucas Chow and Zee Yoong Kang, on behalf of Health Promotion Board (the "Board"), do hereby state that, in our opinion:

- (i) The accompanying statement of financial position, statement of comprehensive income, statement of changes in equity and statement of cash flows together with the notes thereto are drawn up so as to give true and fair view of the state of affairs of the Board as at 31 March 2015 and the results, changes in equity and cash flows of the Board for the financial year then ended; and
- (ii) 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.

On behalf of the Board

Lucas Chow
Chairman

Zee Yoong Kang
Chief Executive Officer

Singapore
30 June 2015

Independent auditor's report

For the financial year ended 31 March 2015

Independent auditor's report to the member of the 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 2015, statement of comprehensive income, statement of changes in equity and statement of cash flows for the financial year then ended, and a summary of significant accounting policies and other explanatory information.

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.

Auditor's 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 2015 and the results, changes in equity and cash flows of the Board for the financial year ended on that date.

Independent auditor's report

For the financial year ended 31 March 2015

Independent auditor's report to the member of the Health Promotion Board

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.



Ernst & Young LLP
Public Accountants and
Chartered Accountants

Singapore
30 June 2015

Statement of financial position

As at 31 March 2015

	Note	2014/2015 \$	2013/2014 \$
Non-current assets			
Property, plant and equipment	4	8,857,207	8,982,747
Intangible assets	5	9,507,296	10,697,314
		18,364,503	19,680,061
Current assets			
Financial assets at fair value through profit or loss	10	17,887,806	16,666,549
Receivables	6	1,686,199	1,025,102
Prepayments		759,227	776,368
Grant receivables	7	13,905,007	13,835,721
Cash and cash equivalents	9	65,577,196	63,096,432
		99,815,435	95,400,172
Total assets		118,179,938	115,080,233
Equity			
Share capital	11	30,926,192	27,096,534
Accumulated surplus	12	33,122,429	30,914,202
		64,048,621	58,010,736
Current liabilities			
Payables and accruals	13	35,415,555	37,609,719
Grants received in advance	7	5,784,628	5,758,765
		41,200,183	43,368,484
Non-current liabilities			
Deferred capital grants	14	2,176,917	2,709,009
Obligations in respect of pension scheme	15	10,754,217	10,992,004
		12,931,134	13,701,013
Total liabilities		54,131,317	57,069,497
Total equity and liabilities		118,179,938	115,080,233

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statement of comprehensive income

For the financial year ended 31 March 2015

	Note	2014/2015 \$	2013/2014 \$
Income			
Service maintenance income		1,329,392	1,244,519
Interest income		607,887	223,280
Other income		847,677	938,387
Net fair value gains on financial assets		601,478	220,183
Donation Income		243,870	64,715
		3,630,304	2,691,084
Expenditure			
Staff costs	16	(72,215,313)	(67,096,042)
Operating supplies and services		(40,791,559)	(38,773,474)
Information technology services		(18,132,746)	(15,339,211)
Subventions to polyclinics		(9,163,781)	(7,354,909)
Publicity and public relations		(8,333,578)	(8,280,403)
Input goods and services tax		(4,992,069)	(4,324,373)
Amortisation of intangible assets	5	(4,227,359)	(4,834,405)
Rental of premises		(3,877,893)	(3,864,465)
Staff welfare and development		(3,068,979)	(3,206,059)
Depreciation of property, plant and equipment	4	(2,928,419)	(2,163,391)
Repairs and maintenance		(2,505,821)	(2,511,446)
Research and reviews		(1,981,486)	(2,942,853)
Other services and fees		(1,990,276)	(1,724,533)
Communications		(1,355,946)	(1,535,435)
Board members' allowance		(106,875)	(106,875)
Audit fee		(61,600)	(62,300)
Loss on disposal of property, plant and equipment and intangible asset		(3,468)	(10,105)
		(175,737,459)	(164,130,279)
Deficit before grants		(172,107,155)	(161,439,195)
Grants			
Government operating grants	8	172,893,742	163,510,432
Non-government operating grants	8	91,640	2,000
Deferred government capital grants amortised	14	1,553,879	1,696,064
		174,539,261	165,208,496
Surplus for the financial year		2,432,106	3,769,301
Other comprehensive income			
Item that will not be reclassified to profit or loss			
Actuarial losses on obligations in respect of pension scheme		(223,879)	—
Total comprehensive income		2,208,227	3,769,301

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statement of changes in equity

For the financial year ended 31 March 2015

	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2014	27,096,534	30,914,202	58,010,736
Issuance of ordinary shares	3,829,658	–	3,829,658
Surplus for the financial year	–	2,432,106	2,432,106
Other comprehensive income	–	(223,879)	(223,879)
Total comprehensive income	–	2,208,227	2,208,227
At 31 March 2015	30,926,192	33,122,429	64,048,621

At 1 April 2013	21,293,833	27,144,901	48,438,734
Issuance of ordinary shares	5,802,701	–	5,802,701
Surplus for the financial year, representing total other comprehensive income	–	3,769,301	3,769,301
Total comprehensive income	–	3,769,301	3,769,301
At 31 March 2014	27,096,534	30,914,202	58,010,736

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statement of cash flows

For the financial year ended 31 March 2015

	Note	2014/2015 \$	2013/2014 \$
Cash flows from operating activities			
Deficit before grants		(172,107,155)	(161,439,195)
Adjustments for:			
Depreciation of property, plant and equipment	4	2,928,419	2,163,391
Amortisation of intangible assets	5	4,227,359	4,834,405
Loss on disposal of property, plant and equipment and intangible assets		3,468	10,105
Government grants received		174,008,178	159,524,500
Other grants (refunded)/received		(44,432)	222,299
Interest income		(607,887)	(223,280)
Net fair value gains on financial assets		(601,478)	(220,183)
		7,806,472	4,872,042
Change in working capital:			
Receivables and prepayment		(643,956)	699,111
Payables and accruals		(2,194,164)	6,623,735
Obligations in respect of pension scheme		(461,666)	(321,153)
Net cash generated from operating activities		4,506,686	11,873,735
Cash flows from investing activities			
Interest received		607,887	223,280
Investments with fund manager		(619,779)	(3,789,527)
Purchase of property, plant and equipment	4	(2,806,347)	(2,508,321)
Purchase of intangible assets	5	(3,037,341)	(3,549,078)
Net cash used in investing activities		(5,855,580)	(9,623,646)
Cash flows from financing activity			
Proceeds from issuance of shares	11	3,829,658	5,802,701
Net cash generated from financing activity		3,829,658	5,802,701
Net increase in cash and cash equivalents		2,480,764	8,052,790
Cash and cash equivalents at beginning of the financial year		63,096,432	55,043,642
Cash and cash equivalents at end of the financial year	9	65,577,196	63,096,432

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Notes to the financial statements

For the financial year ended 31 March 2015

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.

Notes to the financial statements

For the financial year ended 31 March 2015

2. Summary of significant accounting policies

2.1 Basis of preparation

Statement of compliance

The financial statements of the Board 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.

Basis of measurement

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

Functional and presentation currency

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

2.2 Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year except in the current financial year, the Board has adopted all the new and revised standards and interpretation of SB-FRS ("INT SB-FRS") that are effective for annual periods beginning on or after 1 April 2014. The adoption of these standards and interpretations did not have any effect on the financial performance or position of the Board.

2.3 SB-FRS and INT SB-FRS issued but not yet effective

The Board has not adopted the following standards and interpretations that have been issued but not yet effective:

Description	Effective for annual periods beginning on or after
SB-FRS 19 Amendments to SB-FRS 19: Defined Benefit Plans: Employee Contribution	1 July 2014
Improvements to SB-FRSs (January 2014)	1 July 2014
Improvements to SB-FRSs (February 2014)	1 July 2014
SB-FRS 114 Regulatory Deferral Accounts	1 January 2016
SB-FRS 27 Amendments to SB-FRS 27: Equity Method in Separate Financial Statements	1 January 2016
SB-FRS 16, SB-FRS 38 Amendments to SB-FRS 16 and SB-FRS 38: Clarification of Acceptable Methods of Depreciation and Amortisation	1 January 2016
SB-FRS 16, SB-FRS 41 Amendments to SB-FRS 16 and SB-FRS 41: Agriculture: Bearer Plants	1 January 2016
SB-FRS 111 Amendments to SB-FRS 111: Accounting for Acquisitions of Interests in Joint Operations	1 January 2016

The Board expects that the adoption of the above pronouncements will not have a significant impact on the financial statements in the period of initial application.

Notes to the financial statements

For the financial year ended 31 March 2015

2.4 Property, plant and equipment

Property, plant and equipment are initially measured at cost, subsequent to recognition, 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.

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 statement of comprehensive income as incurred.

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 statement of comprehensive income.

Depreciation on property, plant and equipment is recognised as an expense in the statement of comprehensive income 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

Capital work-in-progress included in property, plant and equipment are not depreciated as these assets are not yet available for use.

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

2.5 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 income and expenditure 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.

Notes to the financial statements

For the financial year ended 31 March 2015

Computer software under development

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 intangible assets are ready for use.

2.6 Impairment of 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 statement of comprehensive income.

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.

2.7 Financial instruments

(a) Financial assets

Initial recognition and measurement

Financial assets are recognised when, and only when, the Board becomes a party to the contractual provisions of the financial instrument. The Board determines the classification of its financial assets at initial recognition.

When financial assets are recognised initially, they are measured at fair value, plus, in the case of financial assets not at fair value through profit or loss, directly attributable transaction costs.

Notes to the financial statements

For the financial year ended 31 March 2015

2.7 Financial instruments (continued)

(a) Financial assets (continued)

Subsequent measurement

The subsequent measurement of financial assets depends on their classifications as follows:

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.

The Board has not designated any financial assets upon initial recognition at fair value through profit or loss.

Subsequent to initial recognition, financial assets at fair value through profit or loss are measured at fair value. Any gains or losses arising from the changes in fair value of the financial asset are recognised in income and expenditure. Net gains or net losses on financial assets at fair value through profit or loss include exchange differences, interest and dividend income.

Loans and receivables

Non-derivative financial assets with fixed or determinable payments that are not quoted in an active market are classified as loans and receivables. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less impairment. Gains and losses are recognised in income and expenditure when the loans and receivables are derecognised or impaired, and through the amortisation process.

Derecognition

A financial asset is derecognised where the contractual right to receive cash flows from the asset has expired. On derecognition of a financial asset in its entirety, the difference between the carrying amount and the sum of the consideration received and any cumulative gain or loss that had been recognised in other comprehensive income is recognised in income and expenditure.

Regular way purchase or sale of a financial asset

All regular way purchases and sales of financial assets are recognised or derecognised on the trade date, i.e., the date that the Board commits to purchase or sell the asset. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the period generally established by regulation or convention in the marketplace concerned.

Notes to the financial statements

For the financial year ended 31 March 2015

(b) Financial liabilities

Initial recognition and measurement

Financial liabilities are recognised when, and only when, the Board becomes a party to the contractual provisions of the financial instrument. The Board determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially at fair value and in the case of other financial liabilities, plus directly attributable transaction costs.

Subsequent measurement

The measurement of financial liabilities depends on their classification as follows:

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held for trading. Financial liabilities are classified as held for trading if they are acquired for the purpose of selling in the near term. This category includes derivative financial instruments entered into by the Board that are not designated as hedging instruments in hedge relationships. Separated embedded derivatives are also classified as held for trading unless they are designated as effective hedging instruments.

Subsequent to initial recognition, financial liabilities at fair value through profit or loss are measured at fair value. Any gains and losses arising from changes in fair value of the financial liabilities are recognised in income and expenditure.

Financial liabilities at amortised cost

After initial recognition, financial liabilities that are not carried at fair value through profit or loss are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in income and expenditure when the liabilities are derecognised, and through amortisation process.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in income and expenditure.

(c) Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is presented in the balance sheet, when and only when, there is a currently enforceable legal right to set-off the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

2.8 Cash and cash equivalents

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

Notes to the financial statements

For the financial year ended 31 March 2015

2.9 Impairment of financial assets

The Board assesses at each reporting date whether there is any objective evidence that a financial asset is impaired.

Financial assets carried at amortised cost

For financial assets carried at amortised cost, the Board first assesses whether objective evidence of impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant. If the Board determines that no objective evidence of impairment exists for an individually assessed financial asset, whether significant or not, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is, or continues to be recognised are not included in a collective assessment of impairment.

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. If a loan has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The impairment loss is recognised in income and expenditure.

When the asset becomes uncollectible, the carrying amount of impaired financial assets is reduced directly or if an amount was charged to the allowance account, the amounts charged to the allowance account are written-off against the carrying value of the financial assets.

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.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed to the extent that the carrying amount of the asset does not exceed its amortised cost at the reversal date. The amount of reversal is recognised in income and expenditure.

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.

Notes to the financial statements

For the financial year ended 31 March 2015

2.10 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 statement of comprehensive income 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 statement of comprehensive income 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.

2.11 Leases

Where the Board has the use of assets under operating leases, payments made under the leases are recognised in the statement of comprehensive income 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 statement of comprehensive income in the accounting period in which they are incurred.

2.12 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 statement of comprehensive income 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.

Notes to the financial statements

For the financial year ended 31 March 2015

2.12 Employee benefits (continued)

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 statement of comprehensive income.

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.

2.13 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.

Donation income

Donation income refers to contributions of goods or services in support of the Board’s programmes. Donation in-kind are measured at the fair value of the goods or services received and are recognised upon delivery of the goods or services.

2.14 Related parties

Related parties are considered to be related to the Board if the Board has 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.

Notes to the financial statements

For the financial year ended 31 March 2015

3. Significant accounting estimates and judgements

The preparation of the Board’s 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 at the end of each reporting period. Uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future periods.

Key sources of estimation uncertainty

The key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period are discussed below. The Board based its assumptions and estimates on parameters available when the financial statements was prepared. Existing circumstances and assumptions about the future developments, however, may change due to market changes or circumstances arising beyond the control of the Board. Such changes are reflected in the assumptions when they occur.

Pension expense

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 income and expenditure. Further details about the assumptions used and sensitivity analysis are disclosed and further explained in Note 15 to the financial statements.

Useful lives of property, plant and equipment and intangible assets

The cost of property, plant and equipment and intangible assets are depreciated and amortised on a straight line basis over the useful lives of these assets. The carrying amount of property, plant and equipment and intangible assets as at 31 March 2015 are \$8,857,207 (31 March 2014: \$8,982,747) and \$9,507,296 (31 March 2014: \$10,697,314) respectively and are disclosed in Notes 4 and 5 to the financial statements. Changes in the expected level of usage and technological developments could impact economic useful lives and the residual values of these assets. Therefore, future depreciation and amortisation charges could be revised. A 5% (31 March 2014: 5%) difference in expected useful lives of these assets from the Board’s estimates would result in approximately \$376,620 (31 March 2014: \$368,305) variance in the Board’s surplus for the financial year.

Government operating grants

Government grants to meet operating expenses are recognised as income in the statement of comprehensive income on the accrual basis in the year these operating expenses were incurred and there is reasonable assurance that the Board will comply with the conditions attached to it. For certain grants, the government agencies reserve the right to withdraw, withhold or reduce the amount of any funds approved but not yet disbursed or to call for the refund of all funds which have been disbursed to the Board if the conditions are not met.

Notes to the financial statements

For the financial year ended 31 March 2015

4. Property, plant and equipment

	Computers	Leasehold improvements	Furniture and fittings	Other equipment	Medical equipment	Motor vehicles	Capital work-in-progress	Total
	\$	\$	\$	\$	\$	\$	\$	\$
Cost								
At 1 April 2013	9,868,907	10,408,093	511,703	3,201,710	11,968,433	383,512	70,124	36,412,482
Additions	301,338	–	–	952,869	1,254,114	–	–	2,508,321
Reclassifications	60,002	–	–	–	–	–	(60,002)	–
Disposals	(2,410,967)	–	(109,278)	(152,844)	(451,760)	(327,511)	–	(3,452,360)
At 31 March 2014 and 1 April 2014	7,819,280	10,408,093	402,425	4,001,735	12,770,787	56,001	10,122	35,468,443
Additions	245,380	480,216	2,250	878,961	1,199,540	–	–	2,806,347
Reclassifications	10,122	–	–	–	–	–	(10,122)	–
Disposals	(792,300)	(50,472)	(214,845)	(86,953)	(476,458)	–	–	(1,621,028)
At 31 March 2015	7,282,482	10,837,837	189,830	4,793,743	13,493,869	56,001	–	36,653,762
Accumulated depreciation								
At 1 April 2013	6,705,221	7,872,460	470,692	2,326,105	10,039,704	350,378	–	27,764,560
Depreciation for the financial year	903,897	598,040	8,829	223,531	423,494	5,600	–	2,163,391
Disposals	(2,410,967)	–	(109,278)	(142,967)	(451,532)	(327,511)	–	(3,442,255)
At 31 March 2014 and 1 April 2014	5,198,151	8,470,500	370,243	2,406,669	10,011,666	28,467	–	26,485,696
Depreciation for the financial year	991,989	645,097	7,875	693,977	583,881	5,600	–	2,928,419
Disposals	(792,300)	(50,472)	(214,845)	(83,485)	(476,458)	–	–	(1,617,560)
At 31 March 2015	5,397,840	9,065,125	163,273	3,017,161	10,119,089	34,067	–	27,796,555
Carrying amount								
At 31 March 2014	2,621,129	1,937,593	32,182	1,595,066	2,759,121	27,534	10,122	8,982,747
At 31 March 2015	1,884,642	1,772,712	26,557	1,776,582	3,374,780	21,934	–	8,857,207

Notes to the financial statements

For the financial year ended 31 March 2015

5. Intangible assets

	Computer software	Computer software under development	Total
	\$	\$	\$
Cost			
At 1 April 2013	37,945,200	1,006,193	38,951,393
Additions	3,549,078	–	3,549,078
Reclassifications	731,053	(731,053)	–
Disposals	(48,725)	–	(48,725)
At 31 March 2014 and 1 April 2014	42,176,606	275,140	42,451,746
Additions	2,406,720	630,621	3,037,341
Written off	(997,014)	–	(997,014)
At 31 March 2015	43,586,312	905,761	44,492,073
Accumulated amortisation			
At 1 April 2013	26,968,752	–	26,968,752
Amortisation charge for the financial year	4,834,405	–	4,834,405
Disposals	(48,725)	–	(48,725)
At 31 March 2014 and 1 April 2014	31,754,432	–	31,754,432
Amortisation charge for the financial year	4,227,359	–	4,227,359
Written off	(997,014)	–	(997,014)
At 31 March 2015	34,984,777	–	34,984,777
Carrying amount			
At 31 March 2014	10,422,174	275,140	10,697,314
At 31 March 2015	8,601,535	905,761	9,507,296

Notes to the financial statements

For the financial year ended 31 March 2015

6. Receivables

	Note	2014/2015	2013/2014
		\$	\$
Trade receivables		189,455	136,720
Amount due from Ministry of Health		606,708	1,244
Other receivables		350,051	126,107
Interest, dividend and receivables relating to investments	10	210,437	432,241
Security deposits		329,548	328,790
Total receivables		1,686,199	1,025,102
Add: Cash and cash equivalents	9	65,577,196	63,096,432
Grants receivables	7a	13,905,007	13,835,721
Total loans and receivables		81,168,402	77,957,255

Trade receivables

Trade receivables are non-interest bearing and are generally on immediate to 30 days' terms. They are recognised at their original invoice amounts which represent their fair value at initial recognition.

Amount due from Ministry of Health

This amount relates to amounts to be recovered from Ministry of Health

Receivables that are past due but not impaired

The Board has trade receivables amounting to \$157,851 (31 March 2014: \$58,724) that are past due at the end of reporting period but not impaired.

These receivables are unsecured and the analyses of their aging at the end of reporting period is as follows:

	2014/2015	2013/2014
	\$	\$
Less than 30 days	157,581	8,675
Past due 31 - 60 days	109	14,378
Past due 61 - 90 days	161	18,829
Past due 91 - 120 days	–	3,040
More than 120 days	–	13,802
	157,851	58,724

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.

Notes to the financial statements

For the financial year ended 31 March 2015

7. Grant receivables/(grants received in advance)

Grant receivables

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

	Note	2014/2015 \$	2013/2014 \$
(a) Government			
At beginning of the financial year		13,835,721	12,742,908
Deferred capital grants		180,583	121,000
Recognised in the statement of comprehensive income	8	5,628,510	128,311,695
Receipts		(5,739,807)	(127,339,882)
Grant receivable at end of the financial year		13,905,007	13,835,721

Grants received in advance

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

	Note	2014/2015 \$	2013/2014 \$
(b) Government			
At beginning of the financial year		5,424,922	8,468,041
Grants received during the financial year		168,268,371	32,184,618
Deferred capital grants		(708,804)	(29,000)
Recognised in the statement of comprehensive income	8	(167,265,232)	(35,198,737)
At end of the financial year		5,719,257	5,424,922

(c) Non-government

At beginning of the financial year		333,843	113,544
Grants (refunded)/ received during the financial year		(44,432)	222,299
Deferred capital grants	14	(132,400)	–
Recognised in the statement of comprehensive income	8	(91,640)	(2,000)
At end of the financial year		65,371	333,843
Total grants received in advance at end of the financial year		5,784,628	5,758,765

Notes to the financial statements

For the financial year ended 31 March 2015

8. Grant recognised in the statement of comprehensive income

	Note	2014/2015 \$	2013/2014 \$
Government operating grants			
Transferred from grants receivables	7(a)	5,628,510	128,311,695
Transferred from grants received in advance	7(b)	167,265,232	35,198,737
		172,893,742	163,510,432
Non-government operating grants			
Transferred from grants received in advance	7(c)	91,640	2,000

9. Cash and cash equivalents

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

	Note	2014/2015 \$	2013/2014 \$
Cash at bank and on hand		6,692	6,281
Cash placed with Accountant General's Department		64,800,814	61,922,486
Cash placed with fund manager	10	769,690	1,167,665
Cash and cash equivalents in the statement of cash flows		65,577,196	63,096,432

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

The Board earns interest rate ranging from 0.74% to 0.99% per annum (2013/2014: 0.54% to 0.70%).

Notes to the financial statements

For the financial year ended 31 March 2015

10. Financial assets at fair value through profit or loss

	2014/2015	2013/2014
	\$	\$
Quoted equity securities	2,137,770	1,717,946
Quoted debt securities	15,750,036	14,948,603
	17,887,806	16,666,549

The Board had 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 statement of comprehensive income immediately as changes in fair value of capital guarantee.

As at 31 March 2015 and 31 March 2014, 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.

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

	Note	2014/2015	2013/2014
		\$	\$
Quoted equity securities		2,137,770	1,717,946
Quoted debt securities		15,750,036	14,948,603
Accrued interest, dividend and receivable from investment	6	210,437	432,241
Cash balances	9	769,690	1,167,665
		18,867,933	18,266,455

The quoted debt securities earn fixed interest rate ranging from 0.73% to 3% per annum (2013/2014: 0.87% to 2.06%). Interest is received on a semi-annual basis. The maturity dates range from April 2015 to November 2016 (2013/2014: September 2014 to November 2016).

Notes to the financial statements

For the financial year ended 31 March 2015

11. Share capital

	No. of shares	2014/2015	No. of shares	2013/2014
		\$		\$
Issued and fully paid:				
At beginning of the financial year	27,096,534	27,096,534	21,293,833	21,293,833
Issuance during the financial year	3,829,658	3,829,658	5,802,701	5,802,701
At end of the financial year	30,926,192	30,926,192	27,096,534	27,096,534

During the financial year, the Board issued 3,829,658 shares (2013/2014: 5,802,701 shares) to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total consideration of \$3,829,658 (2013/2014: \$5,802,701) to provide funds for the acquisition of property, plant and equipment and intangible assets.

The shareholder is entitled to receive dividends as and when declared by the Board. The ordinary shares have no par value.

12. Accumulated surplus

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

13. Payables and accruals

	2014/2015	2013/2014
	\$	\$
Trade payables and accruals	34,738,092	37,104,642
Amount due to the Ministry of Health	199,619	203,621
Security deposits	477,844	301,456
Total financial liabilities carried at amortised cost	35,415,555	37,609,719

Trade payables

Trade payables are non-interest bearing and are generally on immediate to 60 days' terms.

Amount due to Ministry of Health

This amount relates to rental received by the Board on behalf of the Ministry of Health which are expected to be transferred to the Ministry of Health within the next twelve months.

Notes to the financial statements

For the financial year ended 31 March 2015

14. Deferred capital grants

	Note	2014/2015 \$	2013/2014 \$
At beginning of the financial year		2,709,009	4,255,073
Amount transferred from government grants	7	889,387	150,000
Amount transferred from non-government grants	7	132,400	—
		3,730,796	4,405,073
Amount transferred to statement of comprehensive income			
- to match depreciation funded by the government		(601,967)	(365,804)
- to match amortisation funded by the government		(948,444)	(1,320,155)
- to match net book value of assets disposed		(3,468)	(10,105)
		(1,553,879)	(1,696,064)
At end of the financial year		2,176,917	2,709,009

15. 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.

In managing the risk arising from the pension scheme, the Board maintains sufficient cash balance to support benefit payments to employees who participated in the plan over the life of the plan. The benefit payment obligations are influenced by discount rate, future salary increases and life expectancy of employees. The pension scheme is a closed scheme for which there shall be no new entrants to the scheme.

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 May 2015.

	2014/2015 \$	2013/2014 \$
Present value of unfunded obligations	10,754,217	10,992,004

Notes to the financial statements

For the financial year ended 31 March 2015

15. Obligations in respect of pension scheme (continued)

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

	2014/2015 \$	2013/2014 \$
At beginning of the financial year	10,992,004	11,313,157
Amounts recognised in the income and expenditure	324,985	364,494
Amounts recognised in the statement of comprehensive income	223,879	—
Benefits paid	(786,651)	(685,647)
At end of the financial year	10,754,217	10,992,004

The amounts recognised in the statement of comprehensive income are as follows:

	2014/2015 \$	2013/2014 \$
Current service costs	113,009	133,683
Interest on obligation	211,976	230,811
Total included in staff costs	324,985	364,494

Sources for actuarial gains/(losses) resulting from pension valuation as at 31 March 2015 are as follows :

	2014/2015 \$	2013/2014 \$
Effect of change in financial assumptions	591,119	—
Effect on change in demographic assumptions	(439,720)	—
Experience adjustments on plan liabilities	(375,278)	—
Actuarial losses recognised in statement of comprehensive income	(223,879)	—

Notes to the financial statements

For the financial year ended 31 March 2015

15. Obligations in respect of pension scheme (continued)

Principal actuarial assumptions

Principal actuarial assumptions at the reporting date:

	2014/2015	2013/2014
	%	%
Discount rate	2.62%	2.10
Future salary increases	–	0.32

Assumptions regarding future mortality are based on published mortality tables. The expected retirement age is at 62 years old (2013/2014: 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 2015		
Effect on service cost	2,260	(2,260)
Effect on defined benefit obligation	290,364	(290,364)
31 March 2014		
Effect on service cost	3,075	(3,208)
Effect on defined benefit obligation	307,776	(318,768)

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:

	25 bp increase \$	25 bp decrease \$
31 March 2015		
Effect on service cost	(226)	226
Effect on defined benefit obligation	(10,754)	10,754
31 March 2014		
Effect on service cost	(802)	802
Effect on defined benefit obligation	(32,976)	32,976

Notes to the financial statements

For the financial year ended 31 March 2015

15. Obligations in respect of pension scheme (continued)

A 10 percent change in mortality 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:

	10% increase \$	10% decrease \$
31 March 2015		
Effect on service cost	1,017	(1,130)
Effect on defined benefit obligation	193,576	(205,330)
31 March 2014		
Effect on service cost	1,203	(1,337)
Effect on defined benefit obligation	197,856	(208,848)

16. Staff costs

	2014/2015 \$	2013/2014 \$
Salaries and wages	62,721,182	58,347,723
Central Provident Fund contributions	8,077,638	7,324,241
Other benefits and allowances	1,416,493	1,424,078
	72,215,313	67,096,042

17. Related party transactions

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

	2014/2015 \$	2013/2014 \$
Rental of premises from Ministry of Health	3,821,265	3,821,265
Information technology services from Infocomm Development Authority of Singapore	5,366,015	6,735,998

Notes to the financial statements

For the financial year ended 31 March 2015

17. Related party transactions (continued)

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:

	2014/2015	2013/2014
	\$	\$
Salaries and other short-term employee benefits	3,380,169	2,429,232
Post employment benefits	171,905	167,474
	3,552,074	2,596,706

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

	2014/2015	2013/2014
\$500,000 to \$600,000	1	—
\$400,000 to \$500,000	1	2
\$300,000 to \$400,000	1	1
	3	3

18. Commitments

Capital commitments

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

	2014/2015	2013/2014
	\$	\$
Commitments in respect of contracts placed as at reporting date	5,466,000	2,076,000

Lease commitments

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

	2014/2015	2013/2014
	\$	\$
Payable:		
Within 1 year	4,126,966	3,823,000
After 1 year but within 5 years	8,253,932	—
	12,380,898	3,823,000

Notes to the financial statements

For the financial year ended 31 March 2015

19. Financial risk management objectives and policies

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
- Price risk
- Interest rate risk
- Foreign currency 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.

(a) 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.

The table below summarises the maturity profile of the Board's financial asset and liabilities at the end of reporting period based on contractual undiscounted payments:

	One year or less	Total
	\$	\$
2014/2015		
Financial assets		
Receivables	1,686,199	1,686,199
Cash and cash equivalents	65,577,196	65,577,196
Grants receivables	13,905,007	13,905,007
Total financial assets	81,168,402	81,168,402
Financial liabilities		
Payables and accruals	(35,415,555)	(35,415,555)
	(35,415,555)	(35,415,555)
Net financial assets	45,752,847	45,752,847

Notes to the financial statements

For the financial year ended 31 March 2015

19. Financial risk management objectives and policies (continued)

(a) Liquidity risk (continued)

	One year or less \$	Total \$
2013/2014		
Financial assets		
Receivables	1,025,102	1,025,102
Cash and cash equivalents	63,096,432	63,096,432
Grants receivables	13,835,721	13,835,721
Total financial assets	77,957,255	77,957,255
Financial liabilities		
Payables and accruals	(37,609,719)	(37,609,719)
	(37,609,719)	(37,609,719)
Net financial assets	40,347,536	40,347,536

(b) 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.

Notes to the financial statements

For the financial year ended 31 March 2015

19. Financial risk management objectives and policies (continued)

(c) 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:

	25 bp increase \$	25 bp decrease \$
31 March 2015		
Quoted equity securities at fair value through profit or loss	5,344	(5,344)
31 March 2014		
Quoted equity securities at fair value through profit or loss	4,295	(4,295)

Notes to the financial statements

For the financial year ended 31 March 2015

19. Financial risk management objectives and policies (continued)

(d) Interest rate risk

The Board's exposure to interest rate risk relate primarily to investment in quoted debt securities managed by fund manager and cash placed with Accountant General's Department. 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:

	2014/2015 \$	2013/2014 \$
Cash placed with Accountant General's Department	64,800,814	61,922,486
Quoted debt securities placed with fund manager	15,750,036	14,948,603
	80,550,850	76,871,089

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 \$
As at 31 March 2015	201,377	(201,377)
As at 31 March 2014	192,178	(192,178)

(e) 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), Thai Baht and Taiwan Dollar (TWD).

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.

Notes to the financial statements

For the financial year ended 31 March 2015

20. Fair value of assets and liabilities

Fair value hierarchy

The Board categorise fair value measurements using a fair value hierarchy that is dependent on the valuation inputs used as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities that the Board can access at measure dates.

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: unobservable inputs for the asset or liability.

Assets and liabilities measured at fair value

The following table shows an analysis of each class of assets and liabilities measured a fair value at the end of reporting period:

	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
2014/2015				
Quoted equity securities	2,137,770	–	–	2,137,770
Quoted debt securities	15,750,036	–	–	15,750,036
	17,887,806	–	–	17,887,806
2013/2014				
Quoted equity securities	1,717,946	–	–	1,717,946
Quoted debt securities	14,948,603	–	–	14,948,603
	16,666,549	–	–	16,666,549

Level 2 fair value measurements

Derivatives

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

Fair value of financial instruments by classes that are not carried at fair value and whose carrying amounts are reasonable approximation of fair value

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.

Notes to the financial statements

For the financial year ended 31 March 2015

21. 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 financial year. The Board is not subject to externally imposed capital requirements.

22. Authorisation of financial statements

The financial statements for the financial year ended 31 March 2015 were authorised for issue by the Board on 30 June 2015.



HEALTH PROMOTION BOARD

3 Second Hospital Avenue
Singapore 168937

Tel: 6435 3500
Fax: 6438 3848