

**PROVINCE OF THE EASTERN CAPE**



**DEPARTMENT OF RURAL DEVELOPMENT AND  
AGRARIAN REFORM**

**HEALTH AND PRODUCTIVITY MANAGEMENT  
POLICY**

## HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

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### ABBREVIATIONS

<b>DPSA</b>	Department of Public Service and Administration
<b>EAP</b>	Employee Assistance Programme
<b>EH&amp;WSF</b>	Employee Health & Wellness Strategic Framework
<b>HPM</b>	Health and Productivity Management
<b>EWP</b>	Employee Wellness Programme
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRD</b>	Human Resources Development
<b>HPM</b>	Health and Productivity Management
<b>DOT</b>	Directly Observed Treatment
<b>DOTS</b>	Directly Observed Treatment Strategy
<b>IC</b>	Infection Control
<b>ICF</b>	Intensified TB Case Finding
<b>OHS</b>	Occupational Health and Safety
<b>ISO</b>	International Organization for Standardization
<b>M&amp;E</b>	Monitoring and Evaluation
<b>PILIR</b>	Policy and Procedure on Incapacity Leave & Ill-Health Retirement
<b>ROI</b>	Return on Investment
<b>SABS</b>	South African Bureau of Standards
<b>QWL</b>	Quality of Work Life
<b>WLB</b>	Work Life Balance
<b>WHO</b>	World Health Organization

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### DEFINITIONS OF TERMS AND CONCEPTS

In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates-

**Wellness:** is an active process through which organizations become aware of, and make choices towards a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken that reduces chronic disease and mitigates its debilitating impact on personal lives and organizational productivity (World Economic Forum).

**Health and Productivity Management:** defined as integration of data and services related to all aspects of employee health that affect work performance. HPM value chain designs benefits and programs to provide incentives, change behaviour, reduce risks, improve health, which impact medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.

**Disease Management:** is concerned with common chronic illnesses, and the future complications associated with those diseases. Disease management mitigate the impact of diseases by promoting the objectives of communicable and non-communicable diseases.

**Chronic Illness:** a word used to describe a group of health conditions that lasts a long time.

**Temporary Incapacity Leave:** leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle. It is categorized into two types, namely, short term incapacity and long term incapacity.

**Communicable diseases:** it is disease that can be transferred from and infected person to another individual.

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**Non-communicable diseases:** diseases that are not contagious.

**Ill Health Retirement:** when an employee becomes permanently unable to work due to medical reasons, he/she could be discharged from employment in the public service on medical grounds.

**The Health and Wellness Coordinator:** is an employee tasked with the responsibility to coordinate the implementation of wellness programmes. The Wellness Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.

**The Head of Department:** means head of a national department, the office of the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.

**The Designated Senior Manager:** means a manager who promotes public management culture of excellence based on values and principles of section 195(1) of the constitution and the provision of the Public Service Act of 1994, who is tasked with championing the Wellness Management programme within the workplace.

**The Employee:** means a person appointed in terms of the Public Service Act 1994 but excludes a person appointed as a special adviser in terms of section 20(3).

**The Health and Wellness Committee:** is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at the workplace. Such committee shall be constituted by the employer, Health and Safety Representatives and labour movements.

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**The Wellness Champion:** is an employee who works with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

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### 1. INTRODUCTION

The HPM programme is underpinned by the WHO Plan of Action on Workers Health 2008-2017. This plan states that workers represent half of the world's population and are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the work place and access to occupational health services. It further advocates the principles of workers right to enjoy highest attainable standards of physical and mental health and favourable working conditions.

Health and Productivity Management (HPM) in the work place is defined as "the integrated management of health risks for chronic illness, occupational injuries & diseases, mental diseases and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work - also known as "presenteeism" in the Public Service world of work. Part Six of the Public Service Regulations, 2001 affirms the principle of improvement of the working environment to ensure efficient service delivery including among others employees' health, disability, HIV&AIDS and other health conditions for the benefit of employees and their families.

Non communicable diseases including Chronic Diseases of lifestyle, occupational injuries and diseases, are increasingly becoming main contributors to high burden of disease in many developed and developing countries. Health and Productivity Management activities are convergent efforts to promote and maintain the general health of employees through prevention, intervention, awareness, education, risk assessment, and support in order to mitigate the impact and effect of communicable and non-communicable diseases and injuries on the productivity and quality of life of individuals.

The policy, therefore, provides a guideline for Chronic Disease and productivity management to improve service delivery in the workplace. The rationale and

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intended outcome related to HPM is an essential programme in the workplace that presents health and productivity management.

### 2. OBJECTIVES

The objectives of this policy are to:

- 2.1 Promote and maintain the general health of employees in the work place
- 2.2 Mitigate the impact and effect of communicable, non-communicable and occupational diseases on service delivery.

### 3. REGULATORY FRAMEWORK

- 3.1 Constitution of Republic of South Africa Act No 108 of 1996
- 3.2 Occupational Health and Safety Act, No. 85 of 1993
- 3.3 Labour Relations Act, No. 66 of 1995
- 3.4 Basic Conditions of Employment Act, No. 75 of 1997
- 3.5 Compensation for Occupational Diseases and Injuries Act, No.130 of 1993
- 3.6 Employment Equity Act No.55 of 1998
- 3.7 Disaster Management Act, No. 57 of 2002 and National Disaster Management Framework
- 3.8 Tobacco Products Control Amendment Act No. 12, 1999
- 3.9 The Promotion of Equality and the Prevention of Unfair Discrimination Act, No. 4 of 2000
- 3.10 Strategic Framework on Employee Health and Wellness in the Public Service
- 3.11 National Strategic Plan on HIV&AIDS 2012-2016
- 3.12 National Strategic Framework on Stigma and Discrimination
- 3.13 National Occupational Health and Safety Policy of 2005
- 3.14 WHO Global Worker's Plan 2008-2017
- 3.15 WHO Global Strategy on Prevention and Control of non-communicable Diseases (April 2008)
- 3.16 Public Service Act of 1994 as Amended & Regulations



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- 3.17 Mental Health Act, 2002 (Act No. 17 of 2002)
- 3.18 Public Service Handbook on Reasonable Accommodation 2007

### **4. PRINCIPLES, VALUES AND PHILOSOPHY**

The Health and Productivity Management programme is underpinned by the following principles:

- 4.1 Focus on all levels of employment including senior and executive management.
- 4.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.
- 4.3 Discrimination on any unfair grounds should be eliminated.
- 4.4 Cohesiveness with HRD and Labour Relations processes is critical for implementation of this policy.
- 4.5 Policy pronouncements are consistent with other related policy measures.
- 4.6 Coherence of models: the service delivery models should offer the same package to employees in spite of it being in-house, outsourced or Departments of Health collaboration.
- 4.7 Programme coherence: The programme/ protocols that are offered should not contradict each other in various Departmental Programmes.
- 4.8 Confidentiality and ethical behaviour should be maintained at all times.
- 4.9 Maintain performance focus when dealing with health issues.

### **5. SCOPE OF APPLICABILITY**

This policy shall be applicable to all employees of the Department of Rural Development and Agrarian Reform, focusing on the following areas:

- a) General Health ( physical and mental health)
- b) Disease Management ( communicable and non-communicable diseases)
- c) Incapacity due to ill health

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### 6. IMPLEMENTATION PROCEDURES

The pillars for the implementation of the policy comprise four strategic objectives as reflected below.

#### 6.1 PILLAR 1: PROMOTE AND MAINTAIN THE GENERAL HEALTH OF EMPLOYEES IN THE WORKPLACE

##### 6.1.2 POLICY MEASURES

- a) Conduct awareness programmes on general health promotion and self-care.
- b) Promote utilization of medical health services programmes.
- c) Promote stress management in the workplace.
- d) Reduce the stigma and discrimination against people with mental illnesses as well as promotion of human rights and wellness.

#### 6.2 PILLAR 2: MITIGATE THE IMPACT AND EFFECT OF COMMUNICABLE, NON-COMMUNICABLE AND OCCUPATIONAL DISEASES ON SERVICE DELIVERY.

##### 6.2.1 POLICY MEASURES

- a) Implement strategies to reduce the risk of employees contracting communicable and non-communicable diseases and need for medical interventions.
- b) Conduct awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations.
- c) Encourage utilization of disease management programmes through co-operation between medical practitioners and employees.
- d) Conduct Integrated Health Risk assessment and management to reduce the risk of employees acquiring an infectious disease through their work.

#### 6.3 PILLAR 3: MINIMIZE INCAPACITY DUE TO ILL-HEALTH

##### 6.3.1 POLICY MEASURES

- a) Provide training on safe working procedures to the entire workforce

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- b) Promote a healthy lifestyle
- c) Analyse sick leave trends of employees

### **7. ROLES AND RESPONSIBILITIES**

This policy involves the following role players and functions:

#### **7.1 The Head of Department shall ensure that:**

- 7.1.1 Development of a written policy on managing the wellbeing of both the employees and the organization
- 7.1.2 Establish a Wellness Management committee that will oversee the implementation of Wellness programmes in the workplace and consult with the committee with a view of initiating, developing, promoting, maintaining and reviewing measures to ensure the wellbeing of employees at work.
- 7.1.3 A designated Senior Manager is appointed to champion Health and productivity Management Programmes in the workplace.
- 7.1.4 Compliance to the provisions of PILIR when dealing with Incapacity and Ill-health cases.
- 7.1.5 Provision of Human and financial resources for effective health and productivity management

#### **7.2 The Designated Senior Manager shall:**

- 7.2.1 Structure, strategize, plan and develop holistic HPM programmes
- 7.2.2 Improve capacity development Initiatives to promote competent development of practitioners/coordinators, management, labour unions and supervisors
- 7.2.3 Establish organizational support initiatives:
  - a) establish an appropriate organization structure for HPM Management
  - b) ensure Human Resource planning and management
  - c) develop integrated HPM information management system

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- d) provide physical resources and facilities
- e) ensure financial planning and budgeting
- f) mobilise management support

### 7.2.4 Establish governance and institutional development initiatives:

- a) establish a HPM Steering Committee at Head Office and in the districts
- b) obtain Stakeholder commitment and development
- c) develop and implement an ethical framework for HPM
- d) develop the management of wellness care
- e) develop and implement management standards for HPM
- f) develop and maintain an effective communication system
- g) develop and implement a system for monitoring, evaluation, and impact analysis.

### **7.3 The Wellness Coordinator shall:**

- 7.3.1 Coordinate the implementation of HPM programmes, projects and interventions
- 7.3.2 Plan, monitor and manage Employee Assistance Programmes (EAP) according to strategies, policies and budgetary guidelines
- 7.3.3 Make provision for counselling to individual employees and to their immediate family members
- 7.3.4 Create and maintain partnerships with health care providers for effective HPM.
- 7.3.5 Analyse and evaluate data and communicate information, statistics and results to various stakeholders and management
- 7.3.6 Coordinate activities and supervision of Peer Educators/Wellness Champions
- 7.3.7 Provide health related information.
- 7.3.8 Oversee the management of the First Aid kits and the availability thereof.
- 7.3.9 Manage Ill-health cases and provide recommendations where needed.

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### **7.4 The Peer Educator/Wellness Champion shall:**

- 7.4.1 Act as a focal point for the distribution of evidence-based and generic health promotional material to employees
- 7.4.2 Take initiative to implement awareness activities, or to communicate health and wellness information at the workplace
- 7.4.3 Act as a referral agent of employees to the Wellness Coordinator
- 7.4.4 Provide education on prevention of IOD's
- 7.4.5 Submit monthly reports of activities to the Wellness coordinator.

### **7.5 The Health and Wellness Committee shall:**

- 7.5.1 Oversee the implementation of the HPM policy and programmes in the workplace
- 7.5.2 Make recommendations to the employer regarding any matter affecting the wellness of employees and keep records thereof
- 7.5.3 Discuss any incident or condition at the workplace which might have a negative impact on the wellbeing of employees
- 7.5.4 Ensure adherence to standards as set by legislation, regulations, SABS, and ISO.

### **7.6 The Employee shall:**

- 7.6.1 Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the department.
- 7.6.2 Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- 7.6.3 Take reasonable care for his/her health and safety and other persons who may be affected by his/hers acts or omissions.

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### 8. RESOURCE IMPLICATIONS

8.1 The Department must provide adequate human and financial resources to the Employee Health and Wellness Programme for the implementation of the policy.

### 9. MONITORING AND EVALUATION

9.1 Monitoring and evaluation have a significant role to play in Health and Wellness interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives.

<b>Indicator Type</b>	<b>Measures of performance</b>
<b>Process indicators</b>	<ul style="list-style-type: none"><li>a) Awareness programmes conducted on general health promotion and self-care.</li><li>b) Conduct Health Risk Assessment</li><li>c) Establish Health and Wellness Committees at Head Office and District office level</li><li>d) Analyze data and design relevant intervention programmes for Health and Productivity.</li><li>e) Develop OHS standards</li><li>f) Promote physical exercise for all employees</li></ul>
<b>Output indicators</b>	<ul style="list-style-type: none"><li>a) Budget available for wellness programmes and implementation of policy objectives</li><li>b) Number of employees informed about general health issues</li><li>c) Number of awareness programmes conducted</li><li>d) Number of reported Occupational disease.</li><li>e) Exercise facilities and material provided and maintained</li><li>f) Integrated Health Risk assessment and management to reduce the risk of employees acquiring an infectious disease through their work conducted.</li></ul>

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<b>Outcome indicators</b>	a) Improved healthy lifestyle and productivity b) Health conscious and motivated workforce c) Incident and occupational diseases controlled environment d) Psychosocial and physical demands of the workplace that trigger stress reduced
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**10. REVIEW**

The policy shall be reviewed after 5 years from the date of approval or when the need arises before that time.

**11. RECOMMENDATIONS AND APPROVALS**

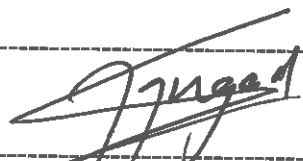
**RECOMMENDED/ NOT RECOMMENDED/ COMMENTS**

Recommended for approval.

  
PR  
**MRS Z MAKINA**  
DDG: ADMIN  
DATE 28/03/2018

**APPROVED/ NOT APPROVED/ COMMENTS**

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**MR. LL NGADA**  
HOD: DRDAR  
DATE 28/03/2018