



Province of the
EASTERN CAPE

**COOPERATIVE GOVERNANCE
& TRADITIONAL AFFAIRS**

HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

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Related Policies	Recruitment, Selection & On-Boarding Policy, Wellness Management Policy, SHERQ Management, HIV, AIDS and TB Management Policy. Leave Management Policy

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SIGN OFF

I. Head of Department

This Policy on Health and Productivity Management has been recommended by Mr A.A Fani in my capacity as the Head of Department of Cooperative Governance and Traditional Affairs.

I am satisfied and concur with the contents of this Policy.



The development of the policy on Health and Productivity Management will ensure the department is able to exercise its powers in compliance with the law and guide decision-making in the department.

Signed	
Designation	Head of Department Mr A.A. Fani
Date	07/12/2022

II. Executive Authority

The COGTA has unprecedented opportunity to improve the lives of the people by effectively rendering the services that it is expected to provide. We have envisaged a Department that has the required capacity to respond adequately to challenges of its people.

I therefore trust that guidance from this Health and Productivity Management Policy will contribute to the effective utilization of the policy by the staff of the department.

Signed	
Designation	Hon. Member of the Executive Council Mr Z.A. Williams
Date	 17.01.2023.

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1. PREAMBLE

The Department of Cooperative Governance and Traditional Affairs recognises that employees are major contributors to economic development and therefore commits itself for effective interventions to prevent any occupational health hazards, promote and protect employee's health at workplace and provide access to occupational health services. It further acknowledges the workplace as a setting for service delivery of other essential public services.

2. PURPOSE OF THE POLICY

The purpose of this policy is to advocate the principle of worker's rights to enjoy attainable standards of physical and mental health as well favourable working conditions.

3. OBJECTIVES OF THE POLICY

The objectives of this policy are:

- 3.1 To promote and maintain the general health of employees in the workplace.
- 3.2 To mitigate the impact and effect of communicable, non-communicable and occupational diseases on service delivery.
- 3.3 To minimise injury on duty and incapacity due to ill health.
- 3.4 To provide qualitative service for the primary assets through the implementation of Employee Wellness Programme utilizing the Health and Productivity Management Policy.
- 3.5 To promote policy coherence in terms of DPSA Policy measures to be aligned with other departments' measures
- 3.6 To promote coherence of models: The service delivery models should offer the same benefits to public servants despite it being in-house, outsourced, or with Department of Health (DOH) collaboration.

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4. DEFINITIONS

For the purpose of this policy terms and definitions that shall be used throughout the policy are outlined below for better clarification, and include any keywords such as technical terms and abbreviations.

Word/Term	Definition (with examples if required)
Health and productivity management (HPM)	It is defined as the integration of data and services related to all aspects of employee health that affect work performance. It includes measuring the impact of targeted interventions on both employee health and productivity management of health risks for chronic illness, occupational injuries & diseases, mental diseases and disability to reduce employee's total health-related costs including direct medical expenditures, unnecessary absence from work and lost performance at work known as presenteeism in the workplace.
Disease management	Disease management has evolved from managed care, specialty capitation and health service demand management, and it refers to the process and people concerned with improving or maintaining health in large populations. It is concerned more with common chronic illnesses and the reduction of future implications associated with those diseases.
Chronic illness	Is a word used to describe a group of health conditions that last for a long time. There are many kinds of chronic illness but most of them are not contagious instead some are genetic while others are as a result of life style.
Mental Health	Is a basic component of positive health and well-being. It is necessary to help management of life successfully and provide emotional and spiritual resilience to allow enjoyment of life and dealing with distress and disappointment.
Incapacity leave	Is a leave benefit that can be applied in the event where normal sick leave has been exhausted in three-year sick leave cycle. It has two categories i.e short (29 days or less) and long incapacity (30 or more).

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Ill –Health Retirement	Is when an employee becomes permanently unable to work due to medical reasons he/she could be discharged/retired from the employment on medical grounds.
Injury on duty	Means a personal injury sustained in an accident occurring during the performance of an employees work.
Occupational disease	Is like any other disease, with the distinction that it was caused solely or principally by factors peculiar to the working environment.
Occupational Health Education and promotion	Is defined as a variety of communication, dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals; help catalyse and reinforce behaviour change while intentionally leading to improve individual health and productivity.
The Designated Senior Manager	Means a member of the Senior Management Services who is tasked with championing the Wellness Management Programme within the Public Service workplace.
The Employee	Means a person appointed in terms of Public Service Act of 1994.
The Health and Wellness committee	Is a committee that is established to initiate, develop, promote, maintain and review measures to ensure the Wellness of the employees in the work place. This is a multi-disciplinary team consisting of relevant representatives as indicated by the Department.
The Peer Educator	Is an employee who is trained in working with his/her peers, sharing information and guiding discussions using his/her peer experience and knowledge.
The Health and Wellness Coordinator	Is an employee tasked with the responsibility to coordinate the implementation of HPM programme. He/she can be professionally trained to perform therapeutic interventions.
Employee's immediate family	Includes only an employee's (a) spouse, life partner(registered) and dependents (biological or adopted)
Executive Management	Executive management is the highest level of management in an Department responsible for planning, leading and controlling.

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ABBREVIATION

HOD	-	Head of Department
COIDA	-	Compensation for Occupational Injuries and Disease Act.
DPSA	-	Department of Public Service and Administration.
EH&WP	-	Employee Health and Wellness Programme.
HRM	-	Human Resource Management.
OD	-	Organisational Development.
OHS	-	Occupational Health and Safety.
EAPA-SA	-	Employee Assistance Professionals of South Africa.
SACSSP	-	South African Council for Social Service Professions.
HPCSA	-	Health Professions Council of South Africa.
COGTA	-	Department of Cooperative Governance and Traditional Affairs.
WHO	-	World Health Organisation
DOH	-	Department of Health

5. APPLICATION & SCOPE

This policy is applicable to all Departmental employees and their immediate family members.

6. LEGISLATIVE FRAMEWORK

- 6.1 Occupational Health and Safety Act, 85 of 1993;
- 6.2 Compensation of Occupational Injuries and Diseases Act, 130 of 1993;
- 6.3 Employment Equity Act, 55 of 1998 as amended;
- 6.4 The Constitution of the Republic of South Africa, Act 108 of 1996;
- 6.5 Labour Relations Act, 66 of 1995 (as amended);
- 6.6 Basic Conditions of Employment Act, 75 of 1997;
- 6.7 Public Service Act, 103 of 1994 as amended and regulations;
- 6.8 Policy on incapacity live of ill-health retirement;
- 6.9 Medical Aid Schemes Act, 131 of 1998;
- 6.10 National Health Bill of 2003;
- 6.11 Skills Development Act, 1998 (Act No. 97 of 1998);
- 6.12 Mental Health Care Act, 2002 (Act No. 17 of 2002);

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- 6.13 The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000);
- 6.14 National Sports and Recreation Act, 1998 (Act No. 110 of 1998);
- 6.15 Tobacco Products Control Amendment Act 1999 (Act NO. 12 of 1999);
- 6.16 EAPA-SA standards 2010;
- 6.17 DPSA Policy Framework on Employee Health and Wellness of 2008;
- 6.18 The Public Service Regulations, 2016
- 6.19 Mental Health Care Regulations 14 February 2003;
- 6.20 National Strategic Framework on Stigma and Discrimination;
- 6.21 Presidential, Provincial Pronouncements and Budget Speech;
- 6.22 United Nations Millennium Declaration and its development Goals;

7. INTERNATIONAL INSTRUMENT UNDERPINNING HEALTH AND PRODUCTIVITY MANAGEMENT

- 7.1 WHO Global Strategy on Occupational Health for all;
- 7.2 ILO Decent Work Agenda 2007-2015;
- 7.3 ILO Promotional Framework for OCCUPATIONAL SAFETY;
- 7.4 United Nations Convention on the Rights of people with disability;
- 7.5 Convention on the elimination of all forms of Discrimination Against Women;
- 7.6 Recommendations of the Commission on Social determinants of Health (August 2008).

8. CONSULTATION

A number of affected stakeholders including employees at all levels have been consulted throughout the review process and their inputs/comments have been obtained and incorporated into this policy. Management of the Department have been consulted for inputs, buy in and adoption.

9. POLICY PRINCIPLES

This policy is guided by the following principles:

- 9.1 Equal access at all levels of employment including senior and executive management.
Equality and Non-discrimination.

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- 9.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS;
- 9.3 Cohesiveness / align with HRD processes
- 9.4 Promote healthy integration and embracing change
- 9.5 Confidentiality and ethical behaviour.

10. POLICY PROVISIONS FOR HEALTH AND PRODUCTIVITY MANAGEMENT:

10.1 Disease and Chronic Illness Management

10.1.1 Disease and Chronic illness Management seeks to mitigate the impact of disease management and to ensure that the reduction of barriers remains a strategic priority in the department. Actively involve employees in self-care, as it is critical. Classify occupational diseases in the work place and reduce the risk of employees acquiring infectious disease through their work. This must be done through the following measures:

- 10.1.1.1 Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity
- 10.1.1.2 Utilisation of disease management programmes through co-operation between medical aids disease management programmes and employees to reduce barriers at the work place.
- 10.1.1.3 Implementation of strategies to reduce the risk of employees contracting Communicable and non-communicable diseases and need for medical interventions.
- 10.1.1.4 Conducting of awareness programmes on the functions and purpose of HPM Policy

10.2 Mental Health and Psychological illness management

The aim of Mental Health and Psychosomatic illness Management is to focus on reduction of stress inducing risk factors; to follow a balanced approach to understand

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work stress; to recognise that employment provides rewards that are both internal and external; to reduce stigma and discrimination against mental diseases through:

10.2.1 Developing and implementing of a Toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health

10.2.2 Measuring of the impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress

10.2.3 Reduction of stigma and discrimination against people living with mental diseases as well as the promotion of human rights and wellness

10.2.4 Interventions are made to involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psychosomatic disorders.

10.3 Injury on Duty & Incapacity due to ill health

10.3.1 The aim of Injury on Duty and Incapacity due to Ill-Health management is to investigate accidents and/or exposures: to institute remedial measures to prevent similar incidents: to grant injury on duty leave according to COIDA;

10.3.2 To grant and manage the employee conditional leave pending the outcome of its investigation into the nature and extent of the employee's incapacity leave in terms of PILIR.

10.3.3 Furthermore, the management and investigation of the employees application on ill-health retirement, with the assistance of a Health Risk Manager in terms of PILIR, to create a supporting environment for Health and Productivity Management.

10.3.4 This will help focus on the risk that really matters in the workplace – the ones with the potential to cause real harm. This must be done by ensuring that the following are adhered to:

10.3.4.1 Integration of Health Risk Assessment and Management and Productivity Management.

10.3.4.2 Establishing of a process to report any injuries sustained by workers in the workplace.

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- 10.3.4.3 Establishing of Procedures for protecting employees, as well as complying with the law.
- 10.3.4.4 Establishing and utilization of counselling and support services.
- 10.3.4.5 Quantification of Return on investment (ROI) to develop cost effective health care programmes.

10.4 Occupational Health Education and Promotion

- 10.4.1 The aim of Occupational Health Education is the promotion of healthy behaviour using educational processes to affect change, to reinforce health practices of employees, their families, and government departments.
- 10.4.2 Health Promotion to implement processes that can be employed to change the conditions that affect employee health and to focus on increasing the options available to people to exercise more control over their own health and over their environments.
- 10.4.3 To develop effective behaviour change communication programmes; to ensure specific training for Departmental employees on Health and Productivity Management Programmes.
- 10.4.4 Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health.

11. ROLES AND RESPONSIBILITIES

11.1. The Head of the Department

The Head of Department shall ensure that:

- 11.1.1. Health and Productivity in the work place encompass the prevention and management of chronic diseases and infectious diseases; occupational injuries, disability and occupational diseases so as to reduce the burden of diseases by early detection, in order to enhance productivity in the Department;
- 11.1.2. Mental health in the Department is addressed by:

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- 11.1.2.1. Providing support options which are confidential and non-stigmatization;
- 11.1.2.2. Reviewing employment practices to ensure that employees with a history of mental health problems are not excluded.
- 11.1.3. Injury on duty and incapacity due to ill health is managed in terms of the Policy and Procedures on incapacity Leave and Ill Health Retirement (PILIR);
- 11.1.4. Line managers ensure that targeted employees must attend training on Health and Productivity Management programmes;
- 11.1.5. Systems, /procedures/delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programmes;
- 11.1.6. Support is provided to employees who truly need such support through Health and Wellness Programmes i.e to take action where necessary e.g to adapt an incapacitated employee's work environment when so advised;
- 11.1.7. Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

11.2. The Designated Senior Manager

- 11.2.1. Develop capacity building programmes i.e: by promoting competence development of practitioners and assist with HPM promotion at an organizational level;
- 11.2.2. Form organizational support initiatives i.e: by establishing an appropriate organization structure for HPM;
- 11.2.3. Ensure Human Resource planning and management;
- 11.2.4. Provide physical resources and facilities;
- 11.2.5. Ensure financial planning and budgeting;
- 11.2.6. Mobilize Management support.

11.3. The Employee

- 11.3.1. Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the Department.

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- 11.3.2. Participate in care and preventative programmes to minimize the effects of a disease, or chronic conditions through integrative care and preventative care.
- 11.3.3. Take reasonable care for the health and safety of him/herself and other persons who may be affected by his/her omissions.
- 11.3.4. If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her supervisor or to his/her safety representative as soon as practicable.

11.4. The Labour Representative

- 11.4.1. Represent employees in the workplace by ensuring that the employer fulfil the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.
- 11.4.2. Sit on health and productivity steering committee meetings.
- 11.4.3. Make representation to the employer on agreed issues affecting the health and productivity in the workplace.

11.5. The Employee Health and Wellness Coordinator

- 11.5.1. Coordinate the implementation of wellness programmes and interventions.
- 11.5.2. Plan, monitor and manage Wellness programmes according to strategies, policies and budgetary guidelines.
- 11.5.3. Make provision for counselling to individual employees and their immediate family members.
- 11.5.4. Identify personal development needs for individual employees.
- 11.5.5. Analyse, evaluate and communicate information, statistics and results to various stakeholders.
- 11.5.6. Coordinate activities of Peer Educators and promote work life balance for employees.

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11.6. The Employee Wellness Committee

- 11.6.1. Make recommendations to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employee.
- 11.6.2. Discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, and may in writing report the incident to an inspector.
- 11.6.3. Keep record of each recommendation made to an employer and of any report made to an inspector.
- 11.6.4. Serve as a vehicle of communication to promote wellness initiatives within the workplace.

12. RESOURCE IMPLICATIONS

The Department must provide adequate and financial resources for the implementation of this policy.

13. COMPLIANCE AND NON-COMPLIANCE

It is the responsibility of the line manager concern to administer compliance to this policy and none compliance or failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

14. MONITORING AND EVALUATION

Employee Wellness Programme will monitor the implementation of this policy and will submit reports to the Chief Director: Corporate Services for submission to the Head of Department.

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15. COMMUNICATION / EDUCATION OF THE POLICY

- 15.1. The Department shall communicate the Health and Productivity Management Policy to all its employees through workshops, intranet virtual meetings and workgroups.
- 15.2. A copy of the policy shall be uploaded on the website of the Department.

16. APPROVAL OF THE POLICY

The Policy must be approved by the Member of the Executive Council, on the recommendation of the Head of Department as per the updated Departmental Delegations and the Policy will become official on the date it is signed by the Executing Authority (i.e. the MEC for Cooperative Governance and Traditional Affairs).

17. REVIEW OF THE POLICY

The policy will be reviewed and amended in line with future legislative promulgations and collective agreements. The development of this Policy is a dynamic process and that it may require revision from time to time.

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18. VERSION CONTROL AND CHANGE HISTORY

Version Control	Date Effective	Approved By	Amendment
Start from	YYMMDD (the date the Policy takes effect)	Contact person – full name & title.	Include any superseded procedures and what the amendment is to the document.
2021		MEC Z. Williams Executive Authority	

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