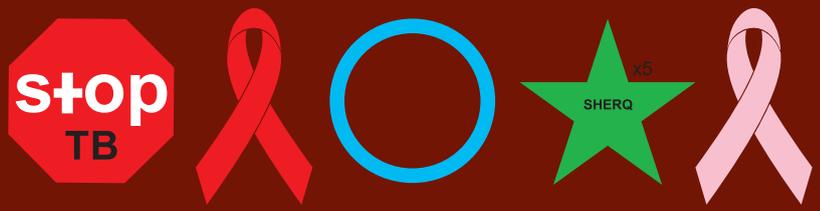


EMPLOYEE HEALTH AND WELLNESS STRATEGIC FRAMEWORK FOR THE PUBLIC SERVICE



FINAL DRAFT:
NOVEMBER 2008

FOREWORD

Historical approaches to solving challenges of employee health and wellness within the public service, given tomorrow's complex environment, are inadequate. The high-value Public servant of the future will be characterised by a capacity for balanced and healthy living to ensure efficient service delivery.

Current approaches to the business as usual approach, where it relates to public servant's health and wellness, including the quality of their working life and the appropriate environments are still based on a model that has become increasingly inexcusable in terms of maintaining employee human dignity. Bridging the gap between these challenges of the past and the complex problems of the immediate

future require focused initiatives and interventions. What is required is an innovative solution which the Employee Health and Wellness Strategic Framework attempts to address.

This integrated model is responsive and pre-emptive to employee and employer health rights and responsibilities, as it provides a platform for implementation and co-ordination in a synergistic manner by stressing the virtues of health as a priority for our workforce.

The Employee Health and Wellness Strategic Framework was developed following the research and benchmarking of international and local best practices and by obtaining inputs from stakeholders from previous Employee Health and Wellness Indabas.

This framework takes cognisance of the reality that HIV and AIDS and TB, chronic diseases and occupational injuries and diseases, environmental and quality management as some of the main challenges facing South Africa today. It seeks to represent an integrated, needs-driven, participative, and holistic approach to Employee Health and Wellness in the Public Service. The integrated approach to employee health and wellness recognises the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity in the Public Service.



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Minister: Public Service and
Administration



Purpose of Document

Title of the Document:

The Employee Health and Wellness Strategic Framework for the Public Service (EH&WSF)

Objective of this document:

The key objective of this document is to communicate the Strategic Framework, which provides for an integrated, needs-driven, participative, and holistic approach to Employee Health and Wellness in the Public Service. The integrated approach to employee health and wellness recognises the importance of linking individual health, safety and wellness, organisational wellness, environmental sustainability, quality management to productivity and improved service delivery outcomes. This will be effectively achieved through critical common strategic interventions in priority areas of:

- HIV&AIDS and TB Management
- Health and Productivity Management
- Safety, Health, Environment, Risk and Quality Management (SHERQ)
- Wellness Management

Goal of this document:

The ultimate goal is to provide a common strategic direction and platform for operational policies in line departments by providing guidelines through principles and practices for the health and wellness of public servants, their families and citizens. It interprets the legislative and political intent in a strategic manner that allows for commonality of application across different line and sector organisations.

Overview

The array of priorities, as addressed in the conceptual framework, has been derived through a national consultative process with stakeholders and through a review of international and local best practices. The consultation and review sought to highlight the core issues and take note of exemplary practice in responding to the issues and challenges of the EH&W field.



Targeted Audience

The target is all Public Servants in government departments and other relevant government entities; as well as Employee Health and Wellness line managers and practitioners responsible for implementation of EH&W programmes, top managers and political leadership.

Structure of this document:

This document comprises various distinct sections. Each section illuminates a key element of the Framework: the context, the strategic thrusts, principles, and objectives, the legal framework, the implementation plan, and the monitoring and evaluation framework. The Framework also amplifies the functional and process pillars on which the Framework is based, as well as the national priority items which provide direction to the Public Service.

These specific functional support areas impact directly on the roles and responsibilities of managers and health and wellness practitioners in government. The last section of the document is a generic implementation plan, which will be fully developed into policies for each one of the four strategic areas.

Consultation Process

There has been an extensive consultative process leading up to the compilation and approval of this document, from 2006-2008. This is not a static document it will be reviewed in line with future developments in the EH&W field, which will be communicated through regular EH&W steering committee meetings and the annual EH&W Indaba.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
AU	African Union
COIDA	Compensation for Occupational Injuries and Diseases Act
COPD	Chronic Obstructive Pulmonary Disease
DPSA	Department of Public service and Administration
EAP	Employee Assistant Programme
EH&W	Employee Health and Wellness
EH&WMSF	Employee Health & Wellness Management Strategic Framework
GEMS	Government Employee Medical Scheme
HAART	Highly Active Anti-Retroviral Therapy
HPM	Health & Productivity Management
HIV	Human Immunodeficiency Virus
HRMD	Human Resource Management Development
HR	Human Resource
IEC	Information Education and Communication
ILO	International Labour Organisation
IR	Industrial Relations
KPA	Key Performance Area
MDGs	Millennium Development Goals
M& E	Monitoring & Evaluation
MTCT	Mother to Child Transmission
NEPAD	New Partnership for Africa's Development
NSP	National Strategic Policy Framework 2007-2011
NWHA	National Employees Health Agenda
OLAP	On line Analytical Processing
OHS	Occupational Hygiene and Safety/Occupational Health and Safety
PMTCT	Prevention of Mother to Child Transmission
PDP	Personal Development Plan
PILIR	Policy and Procedure on Incapacity Leave& Ill-Health Retirement
PSC	Public Service Commission
PSR	Public Service Regulations
QWL	Quality of Work Life
SADC	South African Development Community
SITA	State Information Technology Agency
SMS	Senior Management Service
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation



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SECTION 1: INTRODUCTION

1.1 BACKGROUND

Employee Health and Wellness Programmes in the Public Service are rapidly transforming the nature of holistic support provided to employees to ensure risk management, occupational health, safety, productivity and wellness of government employees and their families and the safety of citizens in the Public Service world of work. Following extensive investigation of international and local best practices and obtaining inputs from internal stakeholders and discussions at several Employment Health and Wellness INDABA Conferences specific areas of focus have been identified as the key components of EH&W, which have informed the outline and contents of the proposed public service strategic response. A clear need for a common approach, understanding and uniformity of implementation programmes emerged, hence the need for this EH&W Strategic Framework for the Public Service.

This strategy is influenced by but not limited to the World Health Organisation (WHO) Global Plan of Action on Workers Health 2008-2017, the International Labour Organisation's (ILO) Decent Work Agenda in Africa 2007-2015 and the recommendations of the report of the WHO's Commission on Social Determinants of Health released in August 2008. It is based on what is currently considered national priority as guided by current disease burden in the South African Worker Population of which the Public Service constitutes 10%. It is also based on what is considered priority issues to be addressed in so far as employee's health is concerned.

1.2 OBJECTIVES

The fundamental objective of this Strategic Framework is to facilitate the development of strategies, mechanisms and interventions by government departments and provincial administrations for the implementation of HIV&AIDS and TB Management, Health and Productivity Management; Safety, Health, Risk and Quality Management; and Wellness Management in the Public Service.

1.3 SITUATIONAL ANALYSIS

Part Six of the Public Service Regulations, 2001 affirms the principle of improvement of the working environment to ensure efficient service delivery to include among others employees' health, disability, HIV&AIDS and other health conditions for the benefit of employees and their families. New developments in the fields of Occupational Health and Safety, HIV&AIDS and TB Management, Chronic Disease management and productivity management are some of the issues raised covered in this framework. The newer developments in Safety, Health, Environment, Risk, and Quality management are also addressed in this framework. The Wellness Pillar addresses psychosocial stressors in a proactive fashion integrating all aspects of wellness of public servants and their families.



a) HIV&AIDS and TB Management: HIV and AIDS is one of the major challenges facing South Africa today. Of the 48 million South Africans estimated in the last census, 5 700 000 estimated to be HIV infected (UNAIDS/WHO 2008) with a prevalence rate (15-49 yrs) of 18, 1%. Most of these are women 3 200 000, are in urban and rural informal environments (SA National HIV Prevalence, HIV Incidence, Behaviour Communication, Survey 2005). South African HIV epidemic is both generalized and concentrated. The knowledge of the epidemic and modes of transmission are important to inform all interventions in a mainstreamed fashion to address both internal and external responses to HIV&AIDS.

South Africa is one of the 22 High Burden Countries that contribute approximately 80% of the total global burden of all TB cases. It has the seventh highest TB incidence in the world. During the past ten years the incidence of tuberculosis has increased, in parallel to the increase in the estimated prevalence of HIV in the adult population. This has resulted in increasing recognition of the problems posed to public health by TB. Generally TB control is facing major challenges. Co-infection with Mycobacterium Tuberculosis and HIV (TB/HIV), and multi-drug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis in all regions, make prevention and control activities more complex and demanding

TB and HIV infections are so closely connected that the term “co-epidemic” or “dual epidemic” is often used to describe their relationship. Each disease speeds up the progress of the other, and the two diseases represent a deadly combination, since they are more destructive together than either disease is alone. Tackling HIV should therefore include tackling tuberculosis, while preventing tuberculosis should include prevention and management of HIV.

The greatest challenge is to prevent new infections (primary and secondary), accelerate access to treatment for those clinically eligible for treatment, reduce stigma and discrimination, with special focus on TB stigma, and accurately monitor and evaluate all interventions for both the workplace and the external responses in accordance with the HIV&AIDS and STI National Strategic Plan 2007-2011 and Tuberculosis Strategic Plan for South Africa, 2007-2011

The recent Mexico HIV Conference emphasized the importance of three (3) I’s for TB management. The Three I’s are activities to reduce the burden of TB in people with HIV, including intensified case finding (ICF), isoniazid prophylaxis (IPT) and TB Infection Control (IC). Studies have shown that a person with TB who is coughing without covering his or her mouth poses a greater risk to someone



close by than someone sitting across the room. Even so, tiny droplets that could contain infectious bacilli can remain in a room without good ventilation for a very long time. This is a critical aspect to consider in preventive efforts to reduce the TB transmission in the workplace

WHO has developed a new six point Stop TB Strategy which builds on the successes of DOTS (Directly Observed Treatment, Short-course) while also explicitly addressing the key challenges facing TB. Its goal is to dramatically reduce the global burden of tuberculosis by 2015. Furthermore the new toolkit on management of TB in the workplace launched by World Economic forum, and the South African Bureau of Standards' (SABS) new standard on workplace management of South African National Standard (SANS 16001) will give specific guidance on occupational interventions of HIV&AIDS and TB management also in the Public Service.

b) Health and Productivity Management: 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. This elevates the challenge of addressing the double burden of infectious and chronic diseases. Cardiovascular disease, cancer, chronic respiratory disease, and diabetes are responsible for more than 60% of death globally and projected to account for two thirds of deaths globally for the next 25 years. The World Health Organisations Global Strategy on Diet, Physical Activity and Health together with the National Departments of Health's Healthy Lifestyle Campaign will inform the workplace health education and promotion interventions prescribed by this framework. Traditional disease management programmes, health education and promotion programmes and productivity improvement and Public Service delivery improvement in particular have not been integrated thus far. This framework puts all these interventions together to form a comprehensive health and productivity management programme to be implemented in the public service.

c) Safety, Health, Environment, Risk and Quality Management: (SHERQ).This pillar deals with the intangible and tangible factors of safety, health environment, risks and quality management for purposes of optimal occupational health and safety of employees, the safety of citizens and also the sustainability of the environment, the management of occupational and general risks and quality of government products and services. It is in response to international instruments, National legislation and generally accepted standards of international Organisation of Standards and other standard generating authorities. This include but not limited to the OHSAS 18001 for Occupational health and safety, ISO 14001 for Environmental Management, ISO 9001 for Quality Management.

The report on the survey conducted following the public sector strike of 2006, the January 2008 Cabinet Lekgotla decision of improve the working environment in government front and back office environment , and the Parliament noting of ILO Convention 187 Promotional Framework for Occupational Safety and Health, 2006 are all events and documentation that adds to the rationale for this pillar. At the end of 2007, South Africa noted the ILOs Convention 187



Promotional Framework for Occupational Safety and Health, 2006 for ratification. This promotional framework provides for:

- the development of national policy on occupational safety and health and the working environment developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155);
- the development of national system for occupational safety and health or national system i.e. infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health;
- national programme on occupational safety and health or national programme which is a national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress;
- a national preventative safety and health culture which is a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority

This ILO convention 187 and the Occupational Health and Safety Policy of 2005 developed by the Department of Labour will form the basis of this Pillar and will address even risk, environment, and quality management in line with January 2008 Cabinet Lekgotla's decision for development of a plan on improvement of working environment in the work place. The SHERQ Pillar will constitute the Public Sectors response to ILO Convention 187 of 2008 and Department of Labour's OHS Policy of 2005.

d) Wellness Management: This pillar addresses the individual and organisational wellness in a proactive manner. This development is a radical departure from the Employee Assistance Programme which was limited in scope and practice and was reactive and not strong on prevention. This is against the analysis done by many epidemiological and health information and medical aid cost driver trend reports like the Key Health trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes which confirm the trends of psychosocial problems, organisational climate assessments of hostile working physical and psychosocial working environments.



SECTION 2: OUTLINE OF THE CONCEPTUAL FRAMEWORK

2.1 STRUCTURE OF THE FRAMEWORK

The overall Employee Health and Wellness Strategic Framework, which circumscribes the strategy for employee health and wellness within the Public Service, is represented in terms of a “Parthenon House” founded on the legislative and policy framework. There are three critical components of the strategy:

- a) The vision and mission for the strategy and the manner in which these are communicated, institutionalized and managed
- b) The four functional or key pillars for achieving this vision, or the primary arenas of action in implementation for creating a health and safe working environment in the public service, and the four process pillars for implementation:
- c) The ten core principles for implementing the strategy, which serve as a set of guidelines to organize and manage interventions for employee health and wellness in the workplace.

The four functional pillars or strategic programmes of action comprise:

Occupational Health

Pillar 1: HIV&AIDS and TB Management

Pillar 2: Health and Productivity Management.

Quality of Work Life (QWL)

Pillar 3: SHERQ Management

Pillar 4: Wellness Management

Cutting transversally across these four functional pillars are the four process pillars which drive implementation of the Framework:

- Capacity development initiatives
- Organisational support initiatives
- Governance initiatives
- Economic growth and development initiatives



The Parthenon house (Conceptual Framework) for Employee Health & Wellness (EH&W) is illustrated below:

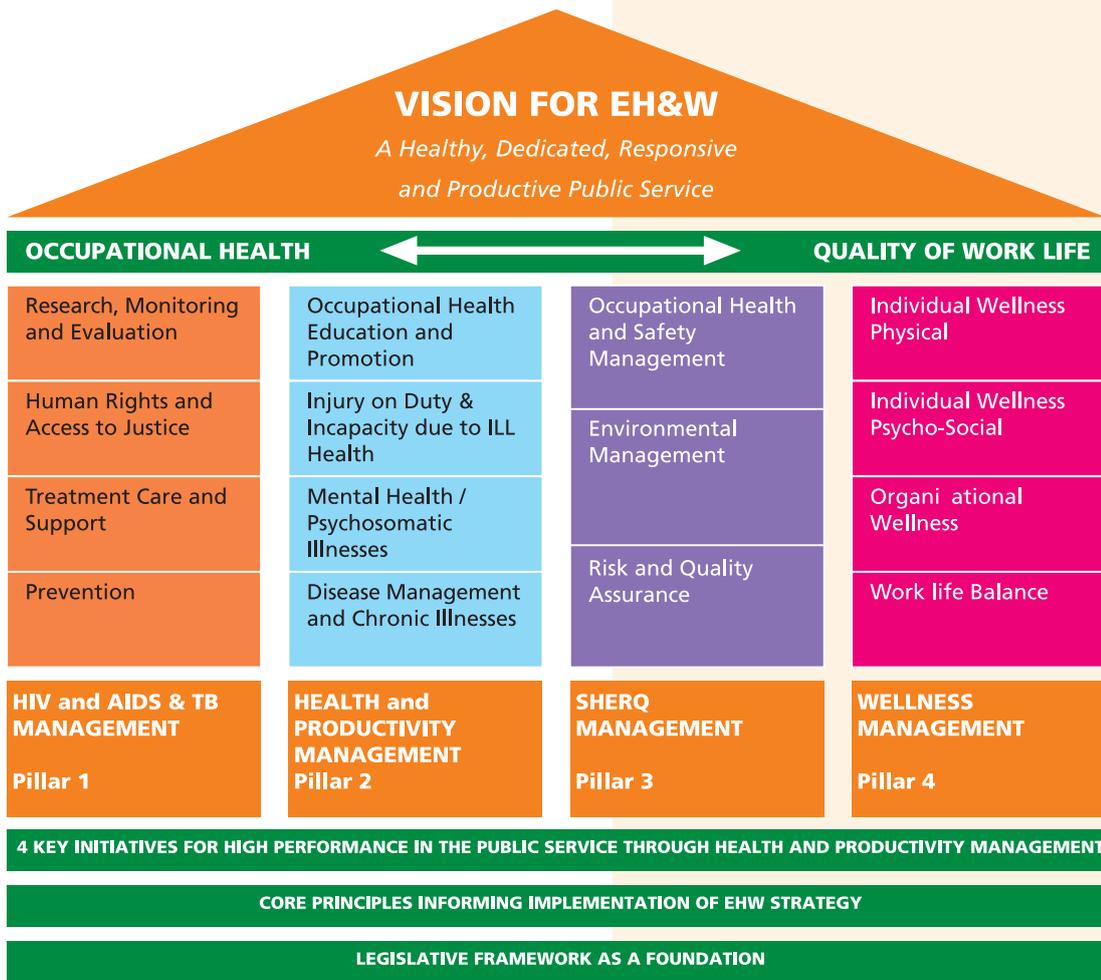


Figure 1: Conceptual Framework for the Employee Health & Wellness (EH&W) in the Public Service

2.2 VISION

The vision for the EH&W Strategic Framework is to provide programmes that can develop and maintain healthy, dedicated, responsive and productive employees within the public service who can add value within public service organisations. This vision is articulated as follows:

“A healthy, dedicated, responsive and productive public service”.



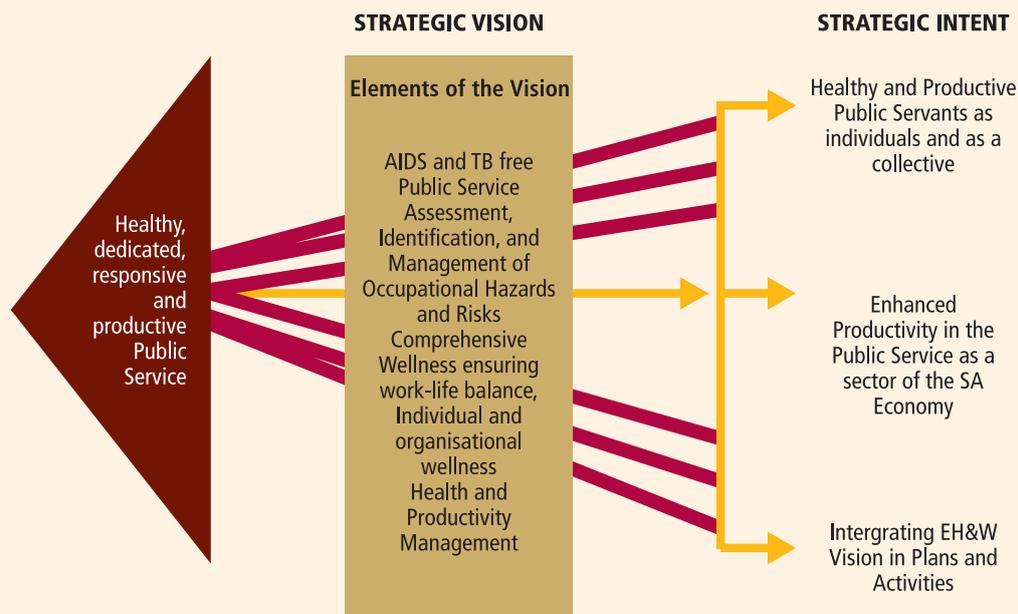


Figure 2: Diagrammatic illustration of the Vision of the EH&W Strategic Framework

3.3 MISSION

The mission of the EH&W strategic framework is to ensure the management of comprehensive health and wellness programmes and services in public service organisations. The mission is:

"To build and maintain a healthy workforce for increased productivity and excellent service delivery for the benefit of employees and their families"

2.4 LEGAL AND POLICY FRAMEWORK

This political commitment to the health and wellbeing of the nation is also enshrined in the South African Constitution, Act 108 of 1996 and its Bill of Rights. It is expressed as "Everyone has the right- to an environment that is not harmful to their health or well-being "and "Everyone has the right to have access to health care services, including reproductive health care"

The Employee Health and Wellness Strategic Framework taking into consideration all international instruments that form part of international law that are relevant to the health and wellbeing of workers for improved Occupational Health and Safety, Gender equality in health, and the human rights bases of health. These includes among others the WHO workers health plan of 2007-2015, the ILO Convention 187 of 2006 which provides for a promotional framework for occupational health and safety. These instruments build on the WHO Global Strategy on Occupational Health for All of 1994 and affirm the need to have a national occupational health related strategy base in what is considered as priorities in that country.



The other international instruments and plans like United Nations Convention on the Rights of People with Disabilities, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), The Beijing Declaration and its Platform for Action, 1995 (+10), United Nations Millennium Declaration and its Development Goals (MDGs), The International Convention on Population Development 1994 (+10) and World Summit on Sustainable Development, Johannesburg 2002 are assert that health and in the context of this document, occupational health in particular, should address needs of people living with disability, gender-based, and should recognise health as a contributing factor to development.

This framework is also a response to various South African legislative requirements that is relevant to occupational health. These provide for policies, systems, programs, compliance measures, monitoring and evaluation of occupational health interventions on prevention, treatment, care and compensation of occupational health diseases and injuries and other diseases like HIV and AIDS, TB and chronic diseases of life style.

Beyond the legislation this EH&WSF responds to the relevant National strategic plans and policies related to employee and wellness that this strategic framework seeks to respond to. This includes but is not limited to the National Strategic Plan on HIV&AIDS 2007-2011, the draft National Strategic Framework on Stigma and Discrimination, the National occupational health policy of 2005.

The last level of the legislative and policy framework responded to through this document are economic and social policy, programmes and strategy including Integrated Development Plans (IDPs), Medium Term Strategic Framework, National Spatial Development Strategies, and annual Presidential pronouncements and Cabinet Makgotla decision.

INTERNATIONAL INSTRUMENTS UNDERPINNING EHW MANAGEMENT

- WHO Global Strategy on Occupational Health for All
- WHO Global Worker's Plan 2008-2017
- ILO Décent Work Agenda 2007-2015
- ILO Promotional Framework for Occupational Safety Convention 2006
- United Nations Convention on the Rights of People with Disabilities
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Beijing Declaration and its Platform for Action, 1995 (+10)
- United Nations Millennium Declaration and its Development Goals (MDGs)
- The International Convention on Population Development 1994 (+10)
- World Summit on Sustainable Development, Johannesburg 2002
- World Economic Forum-Workplace TB and HIV Toolkit
- WHO Global Strategy on Prevention and Control of non communicable diseases (April 2008)
- Recommendations of the Commission on Social determinants of Health (August 2008)



LEGAL FRAMEWORK FOR EHW MANAGEMENT WITHIN THE PUBLIC SERVICE

Constitution of the RSA, Act 108 of 1996	Occupational Health and Safety Act 85 of 1993	Labour Relations Act, 66 of 1995	Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000	Public Service Act, 1994 as Amended & Regulations	The Medical Schemes Act, No. 131 of 1998
Disaster Management Act, No. 57 of 2002 and Basic Conditions of Employment Act 75 of 1997	Employment Equity Act (55 of 1998; 97 of 1998; 9 of 1999)	National Disaster Management Framework		Compensation for Occupational Diseases and Injuries Act, No.130 of 1993	Health Care Act Tobacco Products Control Amendment Act No. 12, 1999

STRATEGIC FRAMEWORKS APPLICABLE TO EH&W WITHIN THE PUBLIC SERVICE

National Strategic Plan on HIV&AIDS 2007-2011	National Strategic Framework on Stigma and Discrimination	National Occupational Health and Safety Policy of 2005
National Strategic Framework on Stigma and Discrimination	National TB Infection Control Guidelines, June 2007	Management of Drug Resistant Tuberculosis in South Africa, Policy Guidelines, June 2007

ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

Presidential Pronouncements and Budget Speech	Integrated Development Plans (IDPs) Occupational Health Policy 2005 (Department of Labour)	Medium Term Strategic Framework	National Spatial Development Strategies	Provincial Growth and Development Strategies
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Table 1: Legal and Policy Framework

The Strategic Framework for Employee Health and Wellness within the Public Service must be aligned with Government's priority areas and national action plan for the various government clusters. The key priority areas are summarised in Table 2 below:

1. *Transforming our country into a genuinely non-sexist society*
2. *Eradicating poverty and underdevelopment, within the context of a thriving and growing first economy and the successful transformation of the second economy*
3. *Securing the safety and security of our people*
4. *The further entrenchment of democracy in our country*
5. *Building a strong and efficient democratic state that truly serves the interests of the people*
6. *Transforming our country into a genuinely non-racial society*
7. *Opening the vistas towards the spiritual and material fulfilment of each and every South African*
8. *Contributing to the victory of the African renaissance and the achievement of the goal of a better life for the people of Africa and the rest of the world*

Table 2: Government's Key Priority Areas



2.5 CORE PRINCIPLES

This set of core principles been derived through a consultative process with relevant stakeholders during the period 2005 – 2007, on a review of available documents and international instruments pertaining to employee health and wellness. The policy priorities of Government were always the focus point of discussions in all consultation sessions as they provided the key strategic point of reference.

The EH&W strategic framework is based on core principles which are value-based to create an understanding and promote unity of focus in guiding our public service employee behaviour, interactions and strategic choices for implementation. The principles are set out in Figure 3 below:

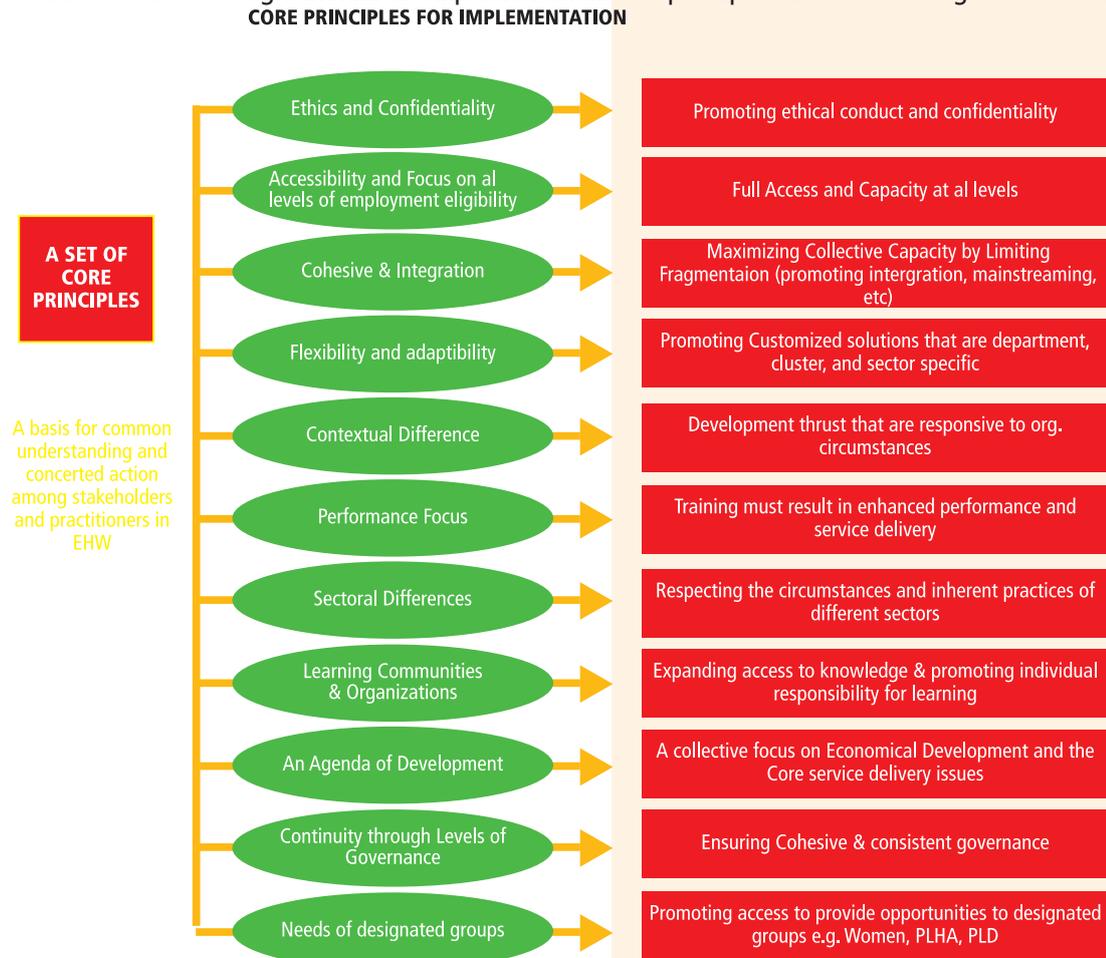


Figure 3: Core Principles for Implementation of the EH&W Strategic Framework

The two principles that are the cornerstone for the EH&W programmes, practices, and services are confidentiality and ethical behaviour.



Confidentiality

Employees utilizing the EH&W programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation. Strict confidential records and information outside the personnel records should be maintained at all times. The Departments will ensure the confidentiality of all medical and personal information of employees. The employees within the Public Service have a constitutional right to confidentiality about their HIV and AIDS status, in particular, should an employee reveal his/her HIV status, this information shall not be disclosed to any other party including other employees, union member or management. Consent for disclosure should be in writing.

Ethical Behaviour

The EH&W units shall ensure professional and ethical behaviour as well as the protection of the client's confidentiality. Only registered professionals will be allowed to provide therapeutic interventions. EH&W/ EAP professionals who are registered with their respective professional bodies will have to adhere to codes of conduct of such bodies as well as the code of conduct of the departments. The EH&W/ EAP professional will therefore be held responsible for the consequences of their actions should they behave in an unethical manner such as breaching confidentiality. As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of policymakers, programme managers, researchers and all professionals working in the field of employee health and wellness.

The rest of the core principles are a set of value-based understandings which guide our behaviour and interactions, and are geared towards an understanding of the achievement of a transformed Public Service. They seek to establish a common set of beliefs and understanding among practitioners and stakeholders, so that programme interventions are not based on different stakeholder assumptions. Realising the established vision and ensuring that all will act to ensure progress is predicated on this common set of principles. The most highly prioritized principles which affect the application of the strategic framework are presented and explained below. These principles are by no means exhaustive. They may, however, represent the foundation of a process through which consensus is derived about additional principles that may be appropriate and relevant for promoting implementation success.

The core principles indicated in Figure 3 are detailed below:

a) Focus on all Levels of employment: Any organization has to operate at maximum performance and fulfil demands that are spread across a wide spectrum of complexity levels. The reach and influence, as well as the time spans of responsibility and consequence differ markedly from level to level. The Framework must be inclusive of all employees in the Public Sector. In this respect, it must focus on senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder. Each employee has a role to play in the enhanced performance and service delivery in their respective departments, and each has a right to opportunities



for development. Consideration of the needs of employees at different levels and in occupational categories has to be emphasized. Competencies and skills commensurate with job descriptions become critical to ensure effective individual performance and ultimately improved overall organizational performance and service delivery.

b) Responding to the needs of designated groups: An important dimension of any diversity development must be the self-reflection and introspection with regard to one's values, beliefs and behaviours related to how one perceives designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS. This awareness is crucial to the manner in which a Public Service official responds to the needs of individuals within designated groups, with particular importance to persons with disabilities and women. Stereotyping, ill-conceived perceptions and negative attitudes become insurmountable barriers to the advancement and development of designated groups, whether as Public Service employees or as the clients of the services of the government departments. The Public Service must endeavour to address disparities in respect of race, gender and background, promote equal opportunity and create a culture that embraces diversity. This is primarily a social-economic imperative to normalise society and achieve sustainable and embedded transformation.

c) Representation of targeted groups: Fundamental to the creation of a non-sexist, non-racist and fully inclusive Public Service is the process of achieving equity, parity, representation and participation of the designated groups in the employ of the Public Service. It is imperative that any strategy that aims to promote and protect human rights and human dignity of all people, must ensure that it first gets the "numbers game" right. Concomitantly, affirmative action measures and special measures to empower women, people with disabilities and blacks are critical in order to increase their participation in all occupational categories and levels. Furthermore it is essential to ensure that processes of policy and programme generation that are aimed at advancing designated groups include participation by members belonging to such groups. Participation in key decision-making that concerns designated groups cannot take place outside of those it concerns and those it seeks to address.

d) Equality and non-discrimination: The principles of equality and non-discrimination are the cornerstones of democracy upon which the South African constitution is based. Any discrimination based on any grounds such as sex, race, ethnicity, language, religion or belief, political or any other opinion, disability, age or sexual orientation contravenes such constitutional imperatives.



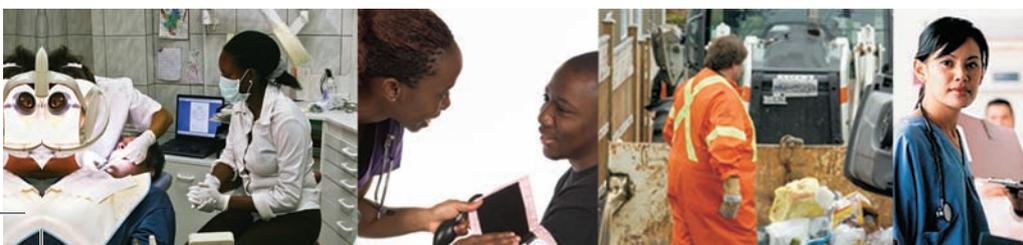
Pivotal to the transformation of the Public Service is the principle of non-discrimination and upholding the value that discrimination on any unfair grounds should be eliminated. While this is the case, it should be remembered that a core principle adopted by government in the promotion of the interests of, and access to opportunities, by women, people with disabilities and blacks, is constituted as “fair discrimination”. The basic notion which belies this thinking is the pressing need to “level the playing fields” and fast track the achievement of both de jure and de facto equality. The Public Service upholds, promotes and disseminates the values and practices underlying the fight against discrimination, including through the use of awareness-raising campaigns and diversity management interventions. Equality and the right to non-discrimination warrant the creation of an environment within which individuals are protected against unreasonable or unacceptable differential treatment.

e) Healthy integration and embracing change: In order to successfully facilitate a healthy integration among employees, the organizational culture needs to be built on honest feedback and should be supported by a system where change is embraced at all levels. Such an approach needs to be supported by means of open and transparent performance and feedback within the context of non-discrimination. Cultural phenomena and traditional value systems, including issues such as race, language, ethnicity and religion, need to be addressed in order to achieve progressive integration that is free of prejudice. Culture change therefore requires a paradigm shift. If the organizational ethos, culture, beliefs and values do not incorporate flexibility and innovation, then it is critical to ensure that it strives to become flexible and innovative in order to survive the challenges of an ever-evolving workplace and competitive global markets. In a highly evolving Public Service, the manner in which organizations are able to adopt change, and adapt to it effectively, will impact on their ability to become high performing learning organizations.

f) Building Government capacity: An effective and efficient Public Service is central to South Africa as a developing State, and therefore the issue of development is always core to its agenda. These developmental imperatives are pressing and demand urgent redress, particularly for those issues that impact directly on the lives and welfare of people. It is therefore always a “call to action” in and for the Public Service. This context therefore merits comprehensive and multi-sectoral approaches and responses that combine both the capacity and unique strengths of all sectors of the Public Service. Any agenda for diversity management in the Public Service must, therefore, always take cognizance of the developmental agenda of the State and must be responsive to the capacity development needs of the State in terms of advancing growth and development.

g) Addressing diversity of needs: A thorough understanding of the ways in which environmental pressures impact on organizational life is essential to the effective management of diversity. In order to improve the organization’s overall effectiveness, it is essential to recognize and acknowledge the different needs of all employees.

h) Human dignity, autonomy, development and empowerment: The implication of human dignity is that every employee



should be acknowledged as an inherently valuable member of the Public Service who brings a unique contribution to the workplace. There is a need to provide space for mutual respect and esteem in order for every individual to be empowered and for them to grow within the organisation.

i) Barrier-free Public Service: There is a need to maintain an inclusive, barrier-free work environment that is accessible to all. Respect for an individual's right to privacy and confidentiality should be maintained at all times. The Public Service is mindful of these factors in terms of the planning and design of work-related events so that events and opportunities are accessible to all employees. Professional barriers (e.g. lack of advancement, mentoring, and training opportunities) and psychological barriers (e.g. issues related to balancing family/work expectations and sexual discrimination/ harassment) that affect the progress and well-being of individuals in the workplace need to be eliminated. The removal of these barriers will, ultimately, result in departments improving their service delivery levels.

j) Collaborative Partnerships: The need for partnerships between the Public Service and organizations like Disabled People's Organizations, the National Gender Machinery and NGOs is becoming increasingly important as needs, trends, and issues are identified. The essential elements that are associated with successful collaborative partnerships are those of networking and visioning. The establishment and sustainability of these collaborative partnerships should ideally be built on mutual strengths and help create innovative services and processes for the Public Service and communities. There should be coherence in policy and programmes between the government departments and sectors.

2.6 PROCESS PILLARS OF ACTION

The four process pillars (operational) of the Strategic Framework for promoting employee health and wellness cut across all functional pillars (which will be discussed in paragraph 2.7 below). It is the basis on which the implementation of the strategic framework is premised. These four key initiatives are the defining pillars on which the Public Service Human Resource Development Strategy is build and to which the EH&W Strategic Framework had been linked. They serve as the underlying basis on which the employee health and wellness must be founded. Each of the four key initiatives is briefly described below:

- *Capacity development Initiatives*
- *Organisational Support System Initiatives*
- *Governance and Institutional Development Initiatives*
- *Economic Growth and Development Initiatives*



(a) Capacity Building Initiatives: Capacity building initiatives are represented in those activities which add value in strengthening our ability to build human capital. Human capital must be built efficiently and effectively, with the infrastructure put in place to promote ease of access. These capacity building initiatives are implementable in order to promote employee health and wellness. The capacity development initiatives are set out below:

- *Promote competence development of EH&W practitioners*
- *Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.) to assist with wellness promotion at an organisational level*
- *Establish e-Health and Wellness information systems*

(b) Organizational Support Initiatives: The success of the Strategy for promoting employee health and wellness in the Public Service depends on the extent to which pertinent organizational support structures and systems in place are properly utilized. The strategy cannot function effectively without proper structures and processes for allocating and managing assigned responsibilities and resources, and without proper operational systems for promoting effectiveness and efficiency. This organizational support is essential to the success of this strategy. These organizational support measures and strategic activities are implementable in order to promote employee health and wellness. These initiatives are set out below:

- Establish an appropriate organisation structure for EH&W
- Ensure Human Resource planning and management
- Develop integrated EH&W information management system
- Provide physical resources and facilities
- Ensure financial planning and budgeting
- Mobilise management support

(c) Governance and Institutional Development Initiatives: Refers to the manner in which the strategy will be promoted, governed and supported in the Public Service. Governance here refers to the manner in which strategic leadership, monitoring and evaluation of policies and programmes, compliance with scientific and ethical guidelines, standards, protocols, will be provided in order to ensure successful implementation of the Strategic Framework. It also entails the interventions that will be made to monitor and evaluate all interventions of functional pillars that in line with the 12 components of an effective the EH&W M&E system. This will be in fulfilment of all oversight structures at national and international level including SADC, AU, WHO, ILO, and other relevant structures. Good governance is included as one aspect in the strategy because health issues in general and EH&W in particular are governance issues in line with the SA legislature, recommendations of international legal instruments, SADC and ILO Codes of Good practice and other strategic documents like WHO's Closing the Gap, Health equity through action on social determinants of health report of the WHO Commission on Social Determinants of Health, the WHO Workers Health



Plan 2008-2017, ILO Decent Work Agenda for Africa 2007-2015, and others indicated in the legal and policy framework. These governance and institutional development measures and strategic activities are implementable in order to promote employee health and wellness and are set out below:

- Establish an EH&W Steering Committee
- Obtain Stakeholder commitment and development
- Develop and implement an ethical framework for EH&W
- Develop the management of wellness care
- Develop and implement management standards for EH&W (ISO standards, SANS, etc)
- Develop and maintain an effective communication system
- Develop and implement a system for monitoring, evaluation, and impact analysis
- Regularly report to Portfolio Committee on Public Service and Administration, Public Service Commission, SADC, AU, ILO, WHO, ECOSOC and other oversight structures

(d) Economic Growth and Development Initiatives: In its overall agenda Government seeks to build an economically vibrant state and simultaneously address the many challenges which affect the welfare of its people, in particular, designated groups. These include: poverty and its consequences; unemployment (especially among rural women and women with disabilities); lack of housing; the impact of HIV and AIDS on individuals, households, communities and the society at large; crime and corruption. Many Government programmes and initiatives are undertaken in skills development in response to driving the development agenda forward, to increase employability and, in turn, increase the chances of economic growth to the country. Government also fosters and forges effective partnerships which the aim of empowering such organizations and providing them with information on services and opportunities that are available. These economic growth and development measures and strategic activities are implementable in order to promote employee health and wellness and are set out below:

- Mitigate the impact of HIV and AIDS and Other Diseases on the economy
- Ensure responsiveness to the Government's Programme of Action
- Ensure Responsiveness to Millennium Development Goals
- Integrating SADC, NEPAD, AU and Global programmes for the economic sector



SECTION 3: BUILDING BLOCKS OF THE FUNCTIONAL PILLARS

The EH&W Strategic Framework is based on four functional pillars, which represent the recommended core functions of the EH&W Units in line departments, and identify a critical set of initiatives to be undertaken by the health and wellness practitioners in carrying out their roles and responsibilities. EH&W initiatives in the Public Service embrace the occupational health of employees and to promote the quality of work life within the Public Service.

These four functional pillars prescribe the minimum standards that needs to be covered as part of the EH&W scope of program focus, for which accounting officers will be accountable, notwithstanding other provisions of South African and International law. They also serve to inform the basis of transactional relations between Public Service organisations and Service Providers. They are the basis for the management of human and material resource demand for an integrated EH&W programme. They don't prescribe a specific profession, but indicate the basic health, safety, and wellness functions that need to be covered in every Government Department.

This component of the conceptual framework is essentially the core of the EH&W strategic framework for the public service. It embodies four (4) pillars of strategic functions and building blocks that represent the content or "the what" of areas of action in implementation and is described below:

- HIV and AIDS and TB Management
- Health and Productivity Management
- SHERQ Management (Safety, Health, Environment, Risk, Quality)
- Wellness Management

3.1 PILLAR 1: HIV AND AIDS and TB MANAGEMENT

The rationale and intended outcome related to HIV and AIDS management and health promotion are the mitigation of the impact of the HIV&AIDS epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society.

The TB epidemic is galloping, significantly driven by the HIV and AIDS epidemic and is a major cause of death. The time bomb of low cure rates, drug resistance and weakened immune systems is exploding.

HIV and AIDS is one of the major challenges facing South Africa today. Some two decades since the introduction of this disease in the general population, the epidemiological situation is still characterized by very large numbers of people living with HIV and a disproportionate effect on particular sectors of society, viz.; young women, the poor, as well as those living in underdeveloped areas in the country. HIV infection and AIDS disease however, affects the lives of all South Africans in many different ways.



Based on the Department of Health's National Strategic Plan for HIV and AIDS and STI 2007-2011, initiatives and interventions in the Public Service embrace four broad objectives:

- prevention to reduce the rate of HIV incidence;
- provision of treatment, care and support to infected employees;
- to protect human rights and access to justice; and
- to have a research agenda in the Public Service and the world of work in South Africa.

The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP) seeks to reduce the number of new HIV infections by 50% and reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV.

The Stop TB National Plan based on International Standards for Tuberculosis Care indicates that TB is preventable and curable. Therefore, Health systems should ensure, as a first priority that individuals suspected of having TB have universal access to rapid diagnosis, appropriate treatment, and adequate support systems to ensure treatment completion. Of particular importance are infection control operations in all settings, to prevent transmission of TB, in line with the National TB Infection control policy, June 2007

This Framework serves as a broad guide for government public service organisations in responding to HIV & AIDS and STIs, and TB in the Public Service world of work.

This pillar consists of the following four sub-objectives:

- Prevention
- Treatment, care and support
- Human and legal rights and access to justice
- Monitoring, research and surveillance.

Each of the above-mentioned sub-objectives consists of constituent components which form the essence of the relevant focus areas and is illustrated in Figure 4. Each sub-objective will have critical success factors and proposed activities which will be included in the Generic Implementation Plan (Annexure A).



Medical Assistance for Treatment and Care of Public Servants Living with HIV AND AIDS is provided by GEMS. As far as possible Government Departments should encourage all government employees to be members of the Government Employee Medical Scheme (GEMS) to access the benefits of health care in relation to treatment Care and Support in all HIV&AIDS interventions. Treatment and Care could also be accessed at Government hospitals and clinics, which have extensive health care programs and services.

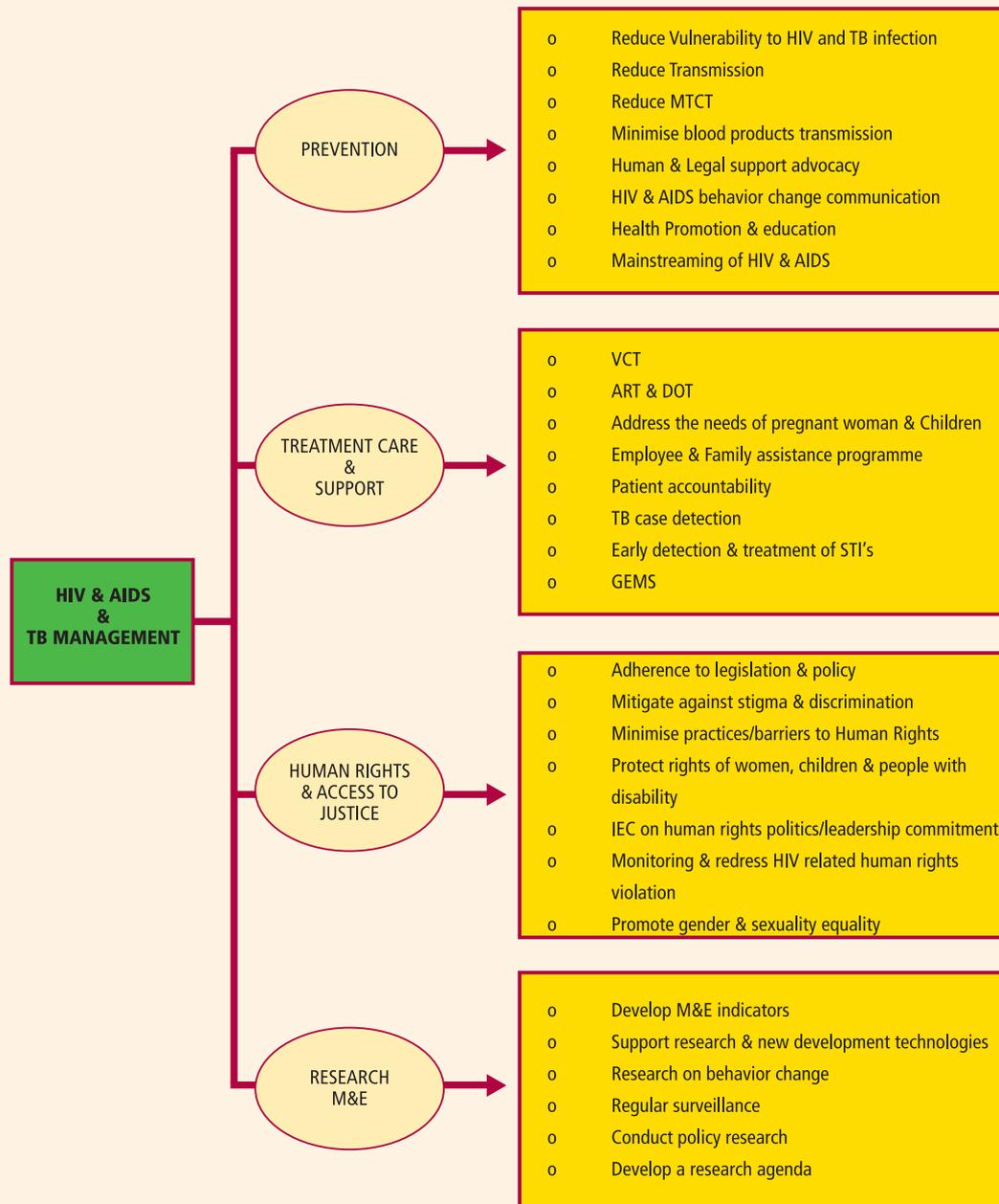
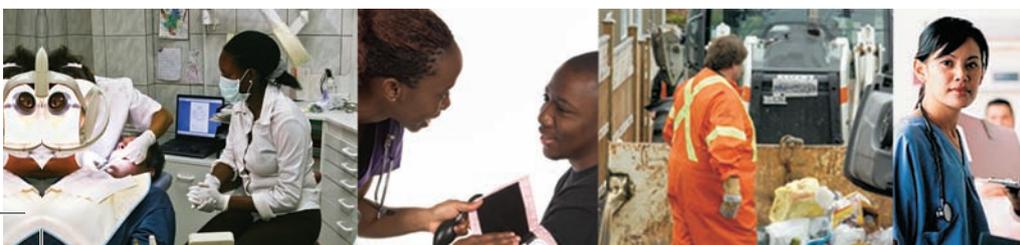


Figure 4: Framework for operationalising PILLAR 1: HIV and AIDS & TB Management



3.2 PILLAR 2: HEALTH AND PRODUCTIVITY MANAGEMENT (HPM)

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. HPM is also meant to strengthen and improve the efficiency of existing services and infrastructure (Occupational Health Services, Occupational Health Education and Promotion). HPM should introduce additional interventions based on recent advances in knowledge in HP (Integrated Health Risk Assessment and Management IT Systems with, classification systems, occupational cancer registry, etc)

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.

Health and Productivity Management is also often known as: Care management, Health and Productivity Management programs, or disease self-management. Health and productivity management integrates data from the domains of health promotion, disease prevention, care management, occupational health, disability management, and organizational dynamics. Health and productivity management offers a process through PILIR to managed healthcare in the work place.

Chronic, or non-communicable diseases, account for three out of five deaths worldwide (WHO Report, 2005). The following effects might be characteristic of employees suffering from chronic conditions (especially if the condition is not well controlled):

- Increased medical costs (hospitalization, medicine usage, and other healthcare costs);
- Increased absenteeism and sick leave utilization;
- Loss of experience due to early retirement and/or premature death due to ill health;
- Diminished performance and/or productivity due to physical incapability; and
- Diminished overall effectiveness of the employee.

Formal disease management programmes driven by the Employee Health and Wellness programme should be in place for the management of all non-communicable and communicable diseases (the latter includes HIV&AIDS) in the workplace.



As already alluded to above this pillar consist of the following four sub-objectives:

- *Disease Management*
- *Mental Health and Productivity Management*
- *Injury On Duty & Incapacity due to Ill-Health*
- *Occupational Health Education and Promotion.*

Each of the above-mentioned sub-objectives consists of constituent components which form the essence of the relevant focus areas and is illustrated in Figure 4. Each sub-objective will have critical success factors and proposed activities which will be included in the Generic Implementation Plan (Annexure A).

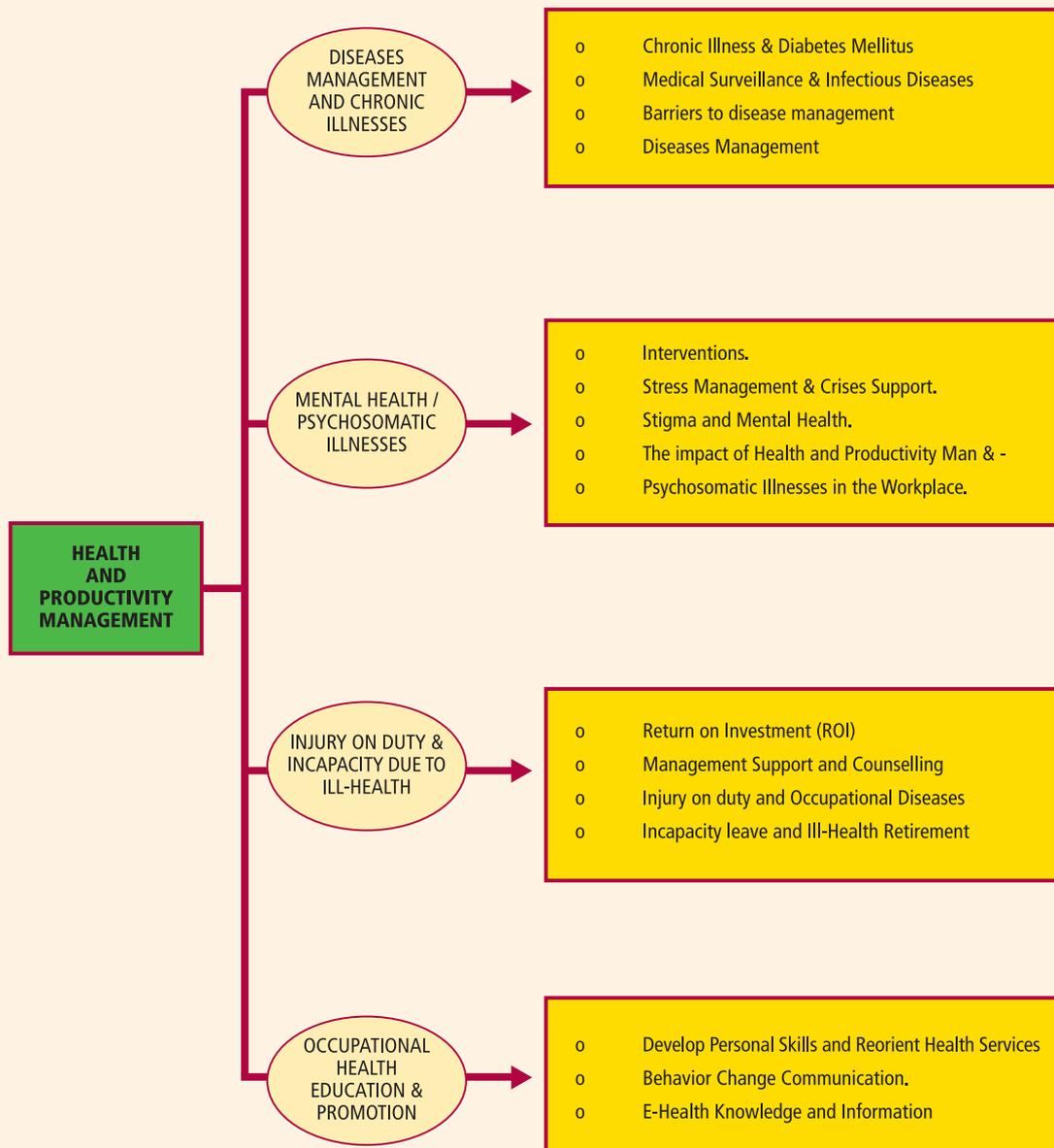


Figure 5: Framework for operationalising PILLAR 2: Health and Productivity Management



3.3 PILLAR 3: SHERQ MANAGEMENT (Safety, Health, Environment, Risk, and Quality)

New developments in Governance indicate that juristic persons like government department and other private sector companies are integral to wellbeing of individuals and their families. There is international consensus that issues of Safety, Health, Environment, Risk and Quality are issues that must be addressed as governance issues. The EH&WSF affirms through this pillar the strategic importance of SHERQ in enhancing governance of government departments in general and improvement of public servants health and wellness in particular.

This SHERQ pillar provides for increased responsibility of political and executive leadership to ensure that government department conduct their affairs in an accountable, responsible, transparent and sustainable manner as decent citizens to promote the health and wellness of their employees and the quality of services delivered to the public, the sustainability of the environment for the long term effects of adding value to economic growth. Implementation of both the intangible and tangible aspects of SHERQ are to be implemented by guided by human rights culture that impacts on health environment and also the practice of quantitative measurements sciences applied in risk and quality management.

The SHERQ has three sub pillars of Occupational Health and Safety Management, Environment Management and Risk Quality Management. These sub pillars are to be implemented in compliance with international instruments, National legislation, National policies and other strategic documents mentioned that form the legal and policy framework for EH&W. The implementation will be in accordance with the standards identified by the international Organisation of Standards OHSAS 18001 for OHS, ISO 14001 for Environmental Management, ISO 9001 for Quality Management.

OHSAS 18001 is an Occupation Health and Safety Assessment Series for health and safety management systems. It is intended to help government departments to control occupational health and safety risks. It was developed in response to widespread demand for a recognized standard against which to be certified and assessed. The sub pillar of occupational health and safety is meant to ensure occupational health and safety, (occupational hygiene included) based on risks and hazards identified, programmes to mitigate against and control of these risks. Its implementation will be through the involvement of health and safety representatives and establishment of health and safety committees and compliance with occupational health and safety standards set by department of labour and other standard organisation and the South African Bauer of Standard (SABS) in line with the principle of tripatisim.



ISO 14001 basically establishes a co-coordinated and formal framework of controls with which to manage environmental protection. It is an internationally accepted standard for an Environmental Management System, specifying requirements for establishing an environmental policy, determining environmental aspects and impacts of products, activities and services. It requires that environmental objectives and measurable targets are planned and that defined programs are implemented to meet the objectives and targets.

With respect to EH&W in particular the environmental pillar seeks to ensure that optimal architectural, special facility designs and internal working environment designs for optimal health, safety and productivity of public servants and safety of citizens. In so far as it is possible natural eco-friendly systems of lighting, ventilation and sanitation should be used to mitigate against environmental hazards and risks related with the use of machinery.

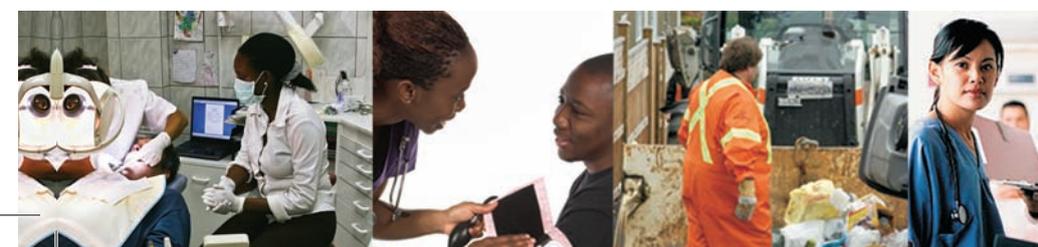
Special facilities for designated groups like women, children and people living with disability should be specifically included in workplace and architectural designs e.g. breast feeding and child care facilities. Other facilities for physical wellness e.g. canteens, gyms and organisational wellness e.g. counselling rooms, boardroom and adequate office space should also be catered for.

The ISO 9001 standard provides a framework around which a quality management system can effectively be implemented and focus on the process model as a system platform with continual improvement being the driving force to enhance customer satisfaction. This standard gives new opportunities for government departments to use the quality management system as a strategic tool which can help them to exceed “compliance to requirements” and move towards public service excellence in general and EH&W in particular.

This sub pillar of SHERQ provides for assessment of risks and attainment of good quality of products and services, and the implementation of processes to manage risks, quality through establish disciplines that include but not limited to disasters management, implementation of emergency preparedness plans and others guided by relevant standards.

In line with all the standards and guideline related to this the SHERQ pillar should be implemented include the provisions of ILO Convention 187 of 2006. This promotional framework provides for:

- the development of national policy on occupational safety and health and the working environment developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155). For EH&W SHERQ pillar this will also include environment risk and quality management.
- The development of national system for occupational safety and health or national system i.e. infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health. For EH&W SHERQ pillar this will also include environment risk and quality management.



- national programme on occupational safety and health or national programme which is a national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress. For EH&W SHERQ pillar this will also include environment risk and quality management.
- a national preventative safety and health culture which is a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority. For EH&W SHERQ pillar this will also include environment risk and quality management.

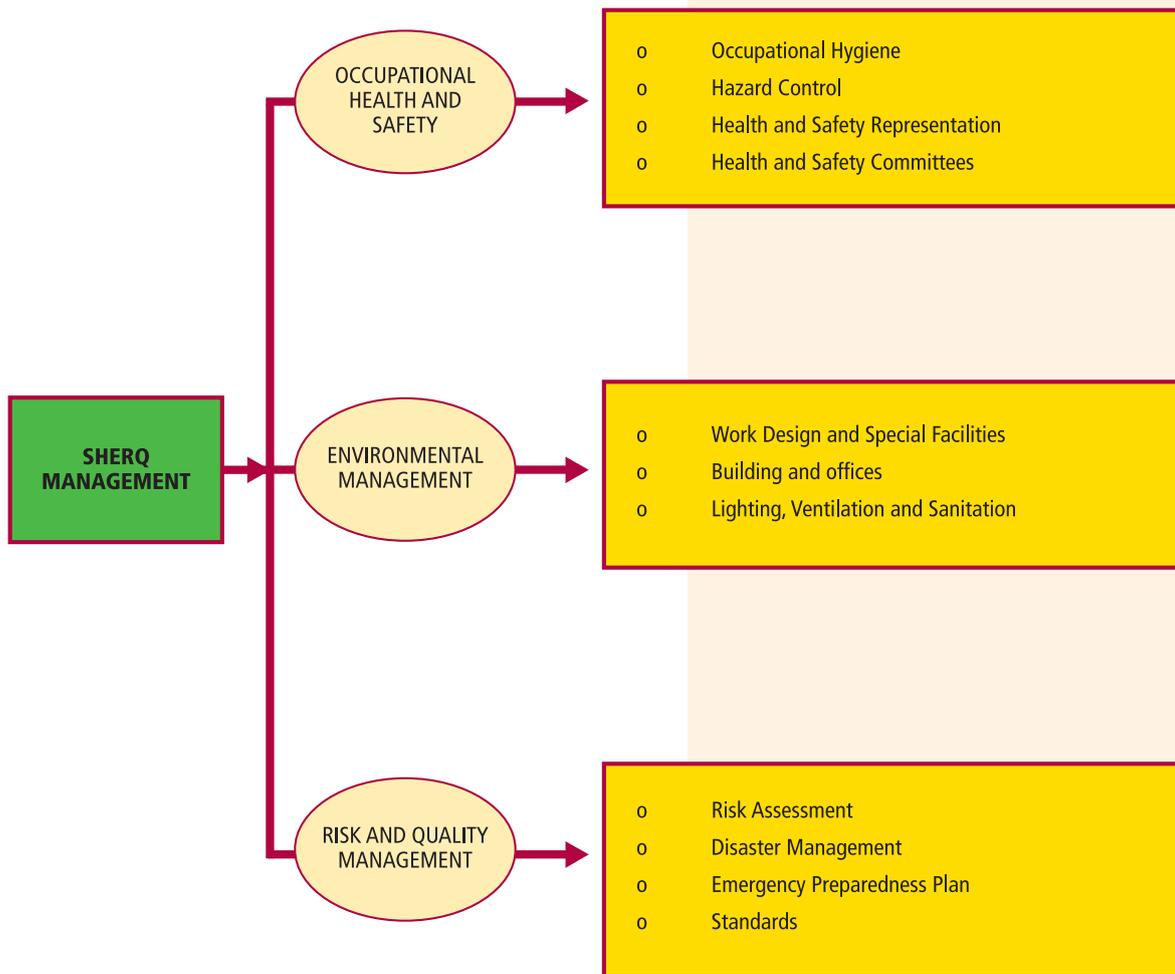


Figure 6: Framework for operationalising PILLAR 3: SHERQ



3.4 PILLAR 4: WELLNESS MANAGEMENT

Individual and organisational wellness is represented by this pillar. Individual wellness is the promotion of the physical, social, emotional, occupational, spiritual, and intellectual wellness of individuals. This is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk. Evidence-based practices could also be used to ensure individual and organizational wellness in the Public Service.

Organisational wellness promotes an organizational culture that is conducive to individual and organizational wellness and work-life balance in order to enhance the effectiveness and efficiency of the Public Service. The intended outcome of wellness management is to maximise and sustain the potential of human capital and an effective and efficient Public Service that is positively responsive to the needs of the public.

Wellness Management emerged as a priority due to increasing recognition that the health, safety and wellness of employees directly impact on the productivity of the entire organization. As employees are the life-blood of the organization it is vital to help them produce at their optimum levels. Both personal and workplace factors influence overall wellness and employee performance.

Wellness is regarded as the optimal state of the health of individuals and groups of individuals with two main focal points of concerns, namely: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings

The Workplace Wellness Management programme grew out of the Employee Assistance Programmes (EAP) and Work-Life Balance Programmes. Historically the EAP mainly supported individual wellness, through counselling and such educational efforts as stress management, managing change, and other wellness promotion strategies. The Work- Life Balance Program promotes flexibility in the workplace to accommodate work, personal and family needs; which can result in benefits to organizations due to higher levels of employee satisfaction and motivation.

Wellness Management strives to meet the health and wellness needs of the Public Servants through preventative and curative measures by customizing those aspects from traditional programmes such as EAP, Work life Balance and, Wellness Management programmes that are most relevant and fit the uniqueness of the Public Service and its mandate.



As already alluded to above, this pillar consists of the following four sub-objectives:

- Individual Wellness(Physical Wellness)
- Individual Wellness (Psycho-Social Issues: Social, Emotional, Spiritual, Intellectual and Financial/ Economical Wellness)
- Organizational Wellness
- Work Life Balance

Each of the above-mentioned sub-objectives consists of constituent components which form the essence of the relevant focus areas and is illustrated in Figure 4. Each sub-objective will have critical success factors and proposed activities which will be included in the Generic Implementation Plan (Annexure A).

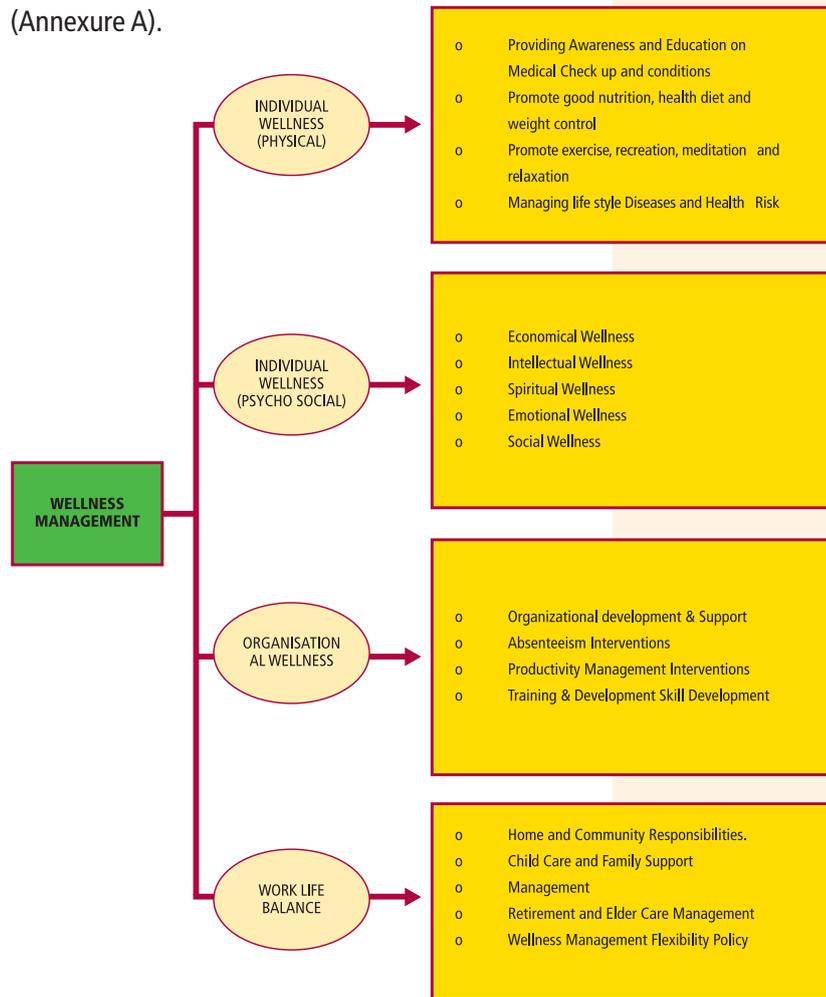


Figure 7: Framework for operationalising PILLAR 4: Wellness Management



SECTION 4: KEY INITIATIVES TO ENSURE IMPLEMENTATION OF THE FRAMEWORK

As the South African Public Sector shifts towards results-based programming, the Framework is a strategic means to incorporate the integration of employee health and wellness perspectives into Government's National Programme of Action. This framework thus advocates that integrating employee health and wellness considerations in the National Plan of Action and the government-wide results-based system are mutually reinforcing processes.

The Implementation of the EH&W Strategic framework will be realised through development and implementation of specific policies, programs, and monitoring and evaluation plans to ensure optimal health and wellness of government employees.

The main tools for the implementation of the Employee Health and Wellness Strategic Framework are as follows:

- Policies
- Generic Implementation Plan
- An Implementation Step-by-step Guide (Policies, Protocols, Standards, Handbooks etc)
- An Annual Implementation Plan (with operational plans for EH&W programmes)
- A Monitoring and Evaluation Framework, plan, and tools to provide public service organisations with the opportunity to report on progress in implementation at the Steering Committee meeting (Meso, Micro, Macro levels)
- An Annual Employee Health and Wellness Indaba (both provincially and nationally) to track Progress on Implementation
- An Annual Performance Progress Report

Implementation Strategy for the EH&W Strategic Framework

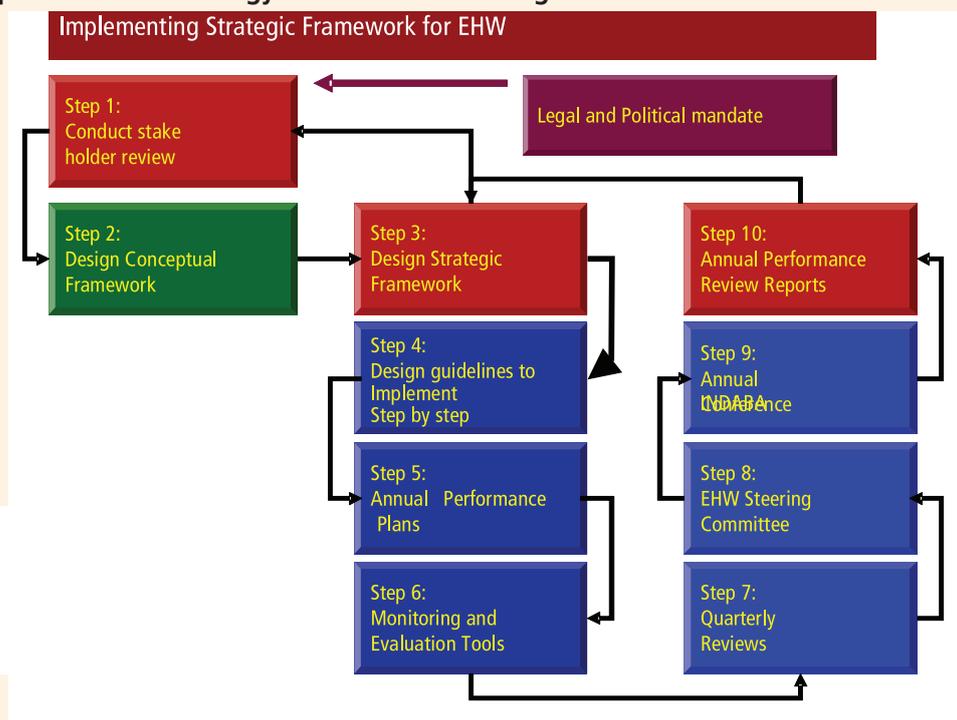
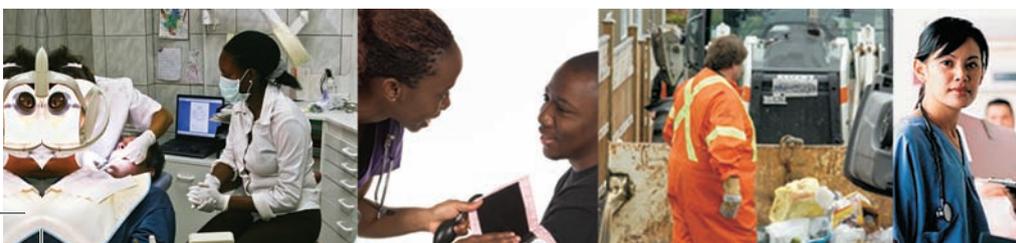


Figure 8: Implementation Strategy for the EH&W Strategic Framework



The above figure represents the steps that need to be taken to implement the EH&W strategy and is further explained below. The approach taken in promoting implementation success is one that seeks to ensure that there is a balanced application of support with the promotion of accountability through monitoring and evaluation. In the end, successful implementation is the reward for good governance at all levels.

4.1 STEPS FOR IMPLEMENTING EH&W STRATEGIC FRAMEWORK

STEP 1: Conduct Stakeholder Review

- Investigation of international and local best practices
- Obtaining inputs from internal and external stakeholders
- Review specific areas of focus
- Alignment with international instruments; legislation and other relevant policies

STEP 2: Design the Conceptual Framework

- Alignment of international instruments; legislation and other relevant policies to the local needs as reflected in surveys, research, situational analysis, reports etc.
- Obtain inputs from a diverse sectors, professions, institutions, stakeholders, practitioners, policymakers, researchers
- The design must be responsive to the environmental needs and follow a logical framework to yield objectives, implementation guides, and M&E tools
- Follow a consultative process with stakeholders and through a review of international and local best practices

STEP 3: Design the Strategic Framework

- Consists of a logical framework with set objectives, success indicators, activities and resources needed for implementation
- Forged partnerships with relevant stakeholders to design an integrated framework.
- Conduct workshops with national and provincial government departments, as well as the private sector and experts in the relevant field to discuss and adapt the framework according to latest developments in the field
- Communication and alignment with best practice and evidence derived from research
- EH&W framework informs formulation of objectives and sub-objectives, which can be used as a basis of planning and strategic action.
- In turn this should be monitored and evaluated to demonstrate effectiveness and evidence of impact through improved individual wellness, organisational wellness and improved service delivery.



STEP 4: Design step-by-step Guidelines for Implementation

Step-by-step guidelines for each of the strategic objectives must be developed. These guidelines will give detailed direction for implementation and will seek to provide background information and references, implementation ideas and best practice suggestions related to each strategic objective of the EH&W framework.

The central theory of implementation is the logical frame of implementation of policies, programmes, projects inherent in the results-based model of management. This implies dividing programme components in manageable short term medium term and long-term stages of implementation.

These components of implementation include: inputs (all resources, human, financial, material, and time) that are necessary to implement all activities and processes that are meant to ensure short term and intermediate effects like outputs and outcomes of programmes. All these are done for the purpose of determining long term effects in the form of changes in the population of interest.

It could be designed as an easy reference handbook, electronic device, Policies, Protocols, Standards, Handbooks etc that will provide the EH&W practitioners with guidelines to successfully implement the framework. The implementation guidelines could also be designed as an activity workbook or workshop manual, which has established interventions and consultative processes for developing and implementing EH&W strategies within the respective departments. This will be designed on an ongoing basis by DPSA in consultation with line departments and other stakeholders based on results-based management model.

STEP 5: Annual Performance Plans

Every EH&W unit has a responsibility to ensure that annual performance plans are developed, which are aligned with the PMDS, which clearly indicates the work that is done in EH&W and the progress made. Such plans must be based on this EH&W Strategic framework, line department's strategic and operational plans, as well as the skills development plans. These must also be expressed in the form of the results based management model. An important element in the feedback loop of organisational management involves monitoring and evaluation outcomes and impact as measured against strategic and operational plans and annual performance plans indicating inputs and processes invested in various EH&W programmes.

STEP 6: Develop a Monitoring and Evaluation Framework

The DPSA EH&W component is responsible for the designing of a Monitoring and Evaluation Framework to measure the progress made with the implementation of the EH&W framework. This also is based on the theoretical base of a results based logical framework for management. The implementation of the M&E framework will be through the



12 components of an effective M&E system for EH&W. Implementation success will be gauged through monitoring and evaluation processes that are linked to continuous feedback, and adds value through support for taking corrective measures and sharing lessons learnt. The key channel of monitoring, inputs, outputs and processes, will be quarterly and annual consultative meetings among stakeholders and with the respective departments to discuss progress and challenges, and to collectively seek solutions that could work. Evaluation will in so far as possible be conducted by outside stakeholders for purposes of measuring outcomes and impact of the EH&W interventions.

STEP 7: Quarterly Reviews

Regular reviews of progress on EH&W programmes should be conducted. These EH&W reviews will be conducted quarterly with all departments. These reviews will inform implementation, monitoring and what future evaluation studies should be conducted for future planning. The quarterly reviews will mostly focus on building an effective M&E system, and those aspects of monitoring related to measurements of data reflecting inputs and related outputs and processes.

STEP 8: EH&W Steering Committee

The dpsa has established Steering Committees for all components of Human Resource Management and Development, including EH&W, which have quarterly meetings. These are at provincial and national levels. The Steering Committee is a vehicle of coordination, communication, collaboration, consultation, which seeks to establish harmonised communication of the EH&W Framework; build commitment for its implementation and create avenues through which collaborative initiatives can be forged. Senior managers and EH&W practitioners are the representatives on the Steering Committees.

Through the Steering Committee the following could be achieved:

- Draw lessons from policy implementation, monitoring and evaluation
- Asses the impact of EH&W on the ongoing transformation of the Public Service
- Consistent measurement of the impact of EH&W on productivity of the Public Service
- The dpsa must be seen as a strategic overall coordinating partner in the efforts of Departments to address strategic and EH&W related issues.
- A communication strategy must be undertaken in Provinces and in the Departments, in Directorates and in Institutions as well as with stakeholders and supporters to ensure that information is cascaded to all levels.

STEP 9: Annual Employee Health and Wellness Indaba (conference)

The annual EH&W Indaba's also serve as forums for coordination, communication, collaboration, consultation on matters of EH&W in the Public Service. Further more it is also a forum where



monitoring and evaluation of the implementation of EH&W policies is deliberated on, policy analysis studies are presented, new developments based on cutting edge research, legislative and policy gaps are assessed and new ways of improving EH&W policies and programmes are addressed annually. It also creates and opportunity for departments and stakeholders to participate and share best practices in the field.

STEP 10: Annual Performance Review Report

An Annual Performance Review Report will be created from reports of the Indaba, Quarterly reviews, Quarterly Steering Committee meetings, Monitoring and Evaluation reports, as well as individual departmental progress reports. The combined EH&W Annual Performance Review Report will form the basis for future planning and implementation. It will also be a vehicle account to oversight structures like Cabinet, Portfolio Committee on Public Service and Administration, Public Service Commission and any other relevant oversight structure regarding issues of EH&W in the Public Service.

4.2 ORGANISATIONAL STRUCTURE FOR IMPLEMENTATION OF EH&W STRATEGIC FRAMEWORK

To further support and streamline the implementation an organisational structure is proposed in Figure 8 for facilitating implementation of the framework. The structure reflects the key pillars of the framework, and outlines the drivers of implementation at the National, Provincial, Departmental and Institutional levels. The key features of the structure are as follows:

- It details the continuity of implementation between different levels of Government
- It depicts the requirements for “top down” and “bottom up” engagements
- It notes the necessity of defining responsibilities and outcomes at each level
- It highlights the need to customise strategic provisions with contextual and organisational circumstances
- It places in its relative institutional role the institutions, programmes and processes which constitute the field of practice for EH&W

Responsibilities and engagements are defined at the macro, Meso and micro levels – or at National, Provincial and Departmental levels. The aim here is to highlight the role at each level and to note the relationship to existing policy frameworks and structures at these respective levels.

Figure 8 essentially maps the core considerations for the effective governance of the implementation process for the EH&W Strategic Framework. Of critical importance here are the responsibilities to be undertaken at each level of Government and the importance of managing implementation within existing policy frameworks and institutional arrangements.



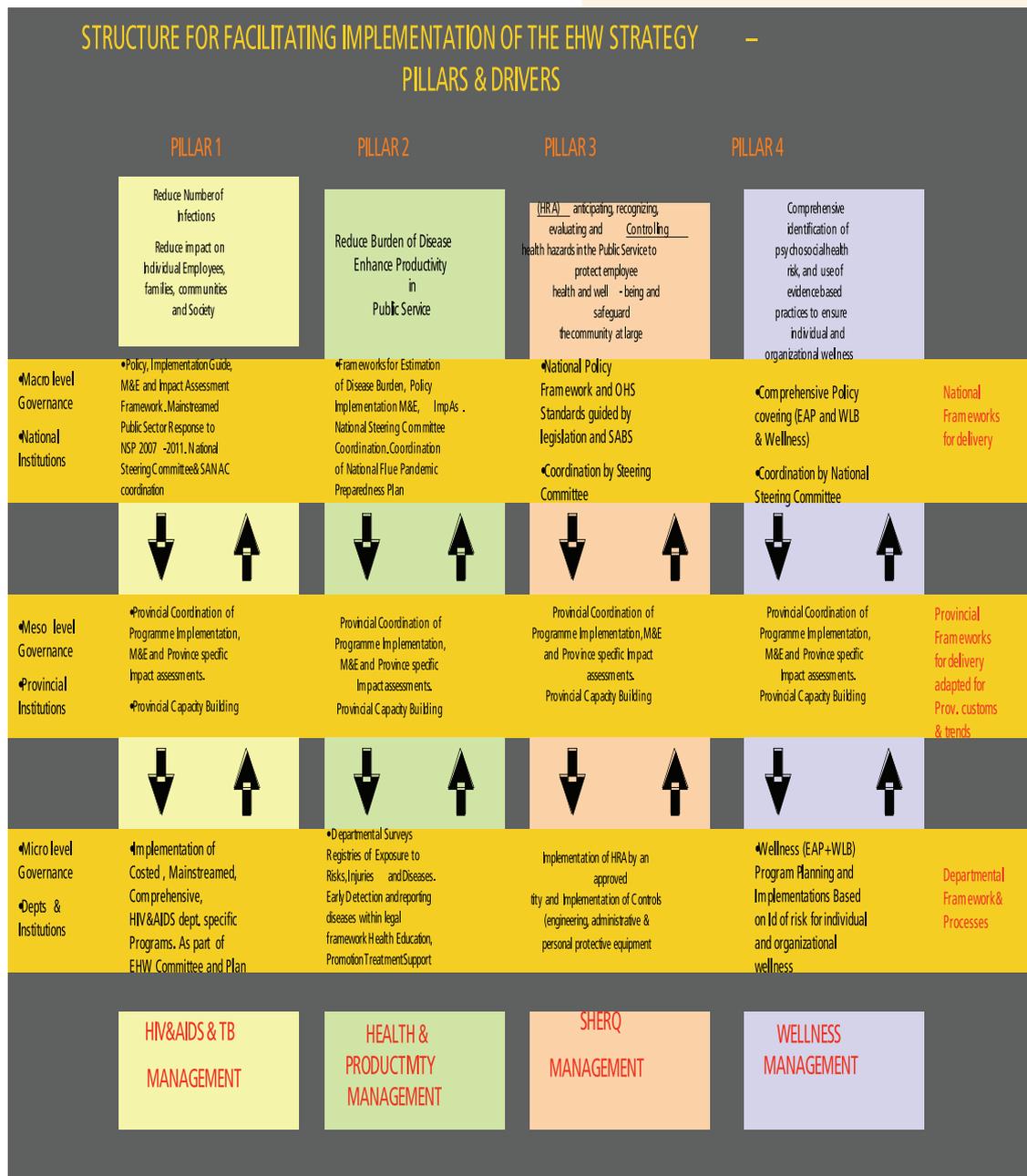


Figure 9: Implementation Structure for EH&W Strategic Framework



SECTION 5: GENERIC IMPLEMENTATION PLAN, RESULT-BASED MODEL & MONITORING AND EVALUATION SYSTEM

The Generic Implementation plan for EH&W is the alignment of the logical framework commonly used in policy, programme and project management (inherent in the result-based model) and the 12 components of an effective M&E system and the organisational structure for implementation of the EH&W as described in paragraph 4.2. An effective, efficient and implementable monitoring and evaluation system is required if this Public Service Strategy is to be successful in measuring achievements of EH&W Strategic Framework objectives. Such a system must align M&E interventions at the micro, meso level of governance as indicated in figure 8. Departments would be expected to develop indicators as appropriate for micro and meso levels of governance. The implementation of this framework will follow the result-base model described in paragraph 5.2. The organisational structure for M&E is the same as the organisational structure for implementation of the EH&W Strategic Framework. M&E data generated at all levels should in so far as possible be used at the level at which it is collected.

Monitoring is viewed as routine, daily assessment of ongoing activities and progress; whilst evaluation is seen as the episodic assessment of overall achievements. Of importance are the core components and identification of indicators. The 12 Components of an effective EH&W M&E System will be operationalised through the Steering Committees at different levels as indicated in Figure 8 above.

In an environment where departments struggle with maintaining commitment to the EH&W programme, reporting, monitoring and evaluation fulfill a more basic function of determining whether EH&W policies and programmes are being implemented at all. Monitoring and evaluation have a significant role to play in any EH&W intervention as it assists in assessing whether a programme is appropriate; cost effective and meeting the set objectives. The basic components that should be included in the EH&W M&E System are indicated in Figure 9 below.



Figure 10: Twelve Components of an effective EH&W M&E System



The outer ring in Figure 9 (12 M&E components) represents the human resources, partnerships and planning to support data collection and data use. It includes individuals, analyzing of data, functions/actions, and the culture that are fundamental to improving and sustaining M&E system performance. The middle ring focuses on the mechanisms through which data are collected, verified, and transformed into useful information. The centre of the diagram represents the central purpose of the M&E system: using data for decision-making. These 12 components are linked to the Generic Implementation Plan and will be operationalised as stated in Table 3 below.

Component levels	Components	Linkages with Generic Implementation Plan (GIP)
People, partnerships and planning	<ol style="list-style-type: none"> 1. Organisational structures with EH&W M&E functions 2. Human capacity for EHW M&E 3. Partnerships to plan, coordinate, and manage the M&E system 4. National multi-sectoral EH&W M&E plan 5. Annual costed national EH&W M&E work plan 6. Advocacy, communications, and culture for EH&W M&E 	Meso, Micro, and Macro levels should work together in a coordinated way to ensure appropriate human capacity, partnerships, annual planning according to the GIP
Collecting, verifying, and Analyzing data	<ol style="list-style-type: none"> 7. Routine EH&W programme monitoring 8. Surveys and surveillance 9. National and sub-national EH&W Databases 10. Supportive supervision and data auditing 11. EH&W evaluation and research 	Stakeholders should ensure that all data processes and practices are in place to produce data that is valid, reliable, has integrity, and is precise
Using data for decision-making	<ol style="list-style-type: none"> 12. Data dissemination and use 	Data collected must inform policy formulation and program operations at different levels. Data should be used at level of generation

Table 3: Operationalising of 12 Components of EH&W M&E System



The 12 components described above are not 12 steps intended to be implemented sequentially; rather, these 12 components all need to be present and work to an acceptable standard for the national M&E system to function effectively. Departments may need to focus on a few of the components at the outset, building the system up over time. Not all components need to be implemented at all levels of the system; what is relevant at the national level, for example, may not be relevant at the service delivery level.

5.2 Results-based Model (RB-M)

The Results-based Model (RB-M) is well known in government departments and is the basis of the implementation of most policies and by implication Strategic Frameworks and M&E Tools. It is a model through which the EH&W M&E System will produce M&E data with specific indicators.

- In developing and implementing a monitoring and evaluation (M&E) framework appropriate indicators should be identified.
- An indicator is a variable that measures one aspect of a program/project
- An appropriate set of indicators includes at least one indicator per significant element of the program or project (input, output/ process, outcome and/or impact). These indicators are identified and categorised in the Generic Implementation Plan (5.3 Annexure A).

Indicators should not just measure inputs and processes but also outcomes and impact. Thus, the Results-based Model (RB-M) could be used to identify indicators as set out below in Figure 10.

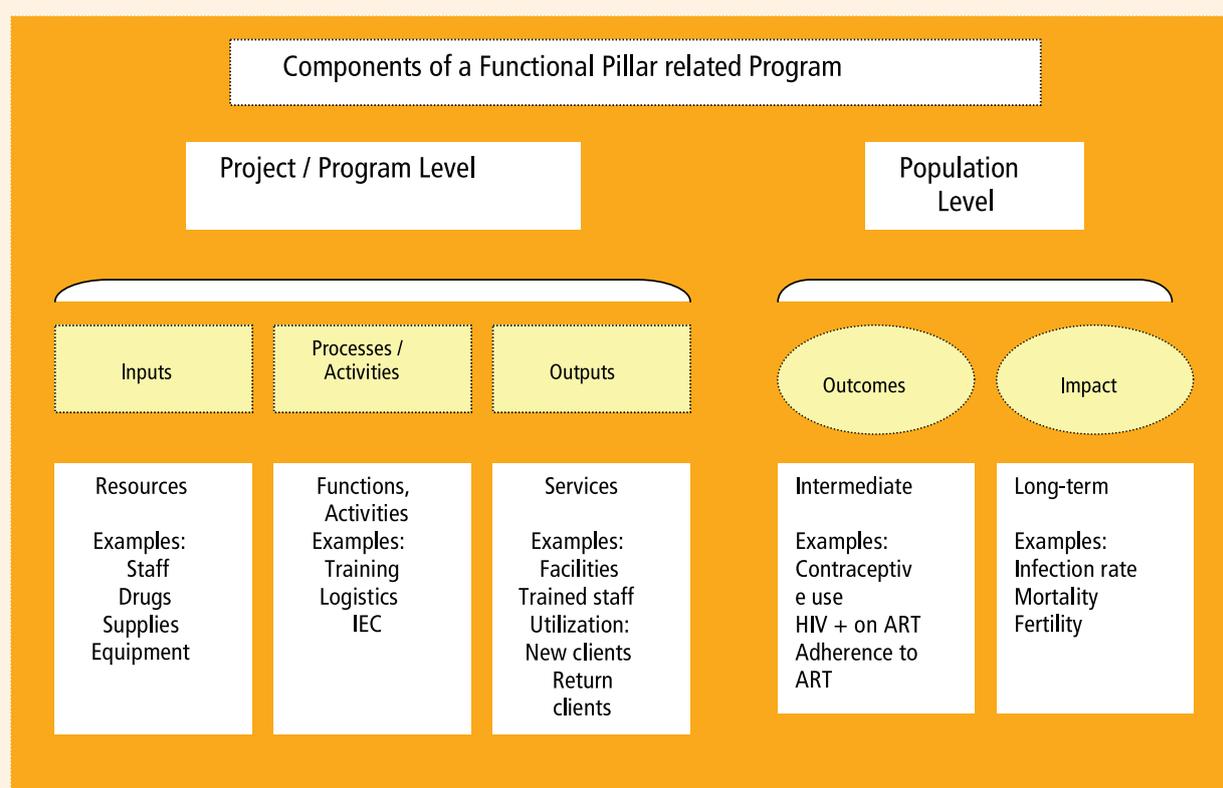
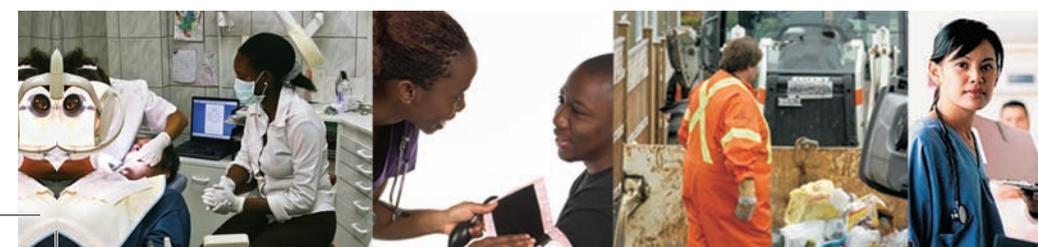


Figure 11: Results-based Model (RB-M)



3.3 GENERIC IMPLEMENTATION PLAN FOR EMPLOYEE HEALTH AND WELLNESS

(ANNEXURE A):

Based on the concepts and principles set forth in the EH&W Strategic Framework, a generic outline of a EH&W Implementation Plan is presented in this section of the document to provide guidance to government departments. However, this implementation plan will be further developed to include all process and functional pillars in a Comprehensive Generic Implementation Plan that will be attached to the EH&W policies. Clear guidelines for implementation will be provided.

AREA OF PRESENTATION	INTENT AND DESCRIPTION
1. Strategic Objective	The strategic objectives are the objectives noted to represent each pillar of the strategy as presented in the conceptual framework diagram. There are four strategic objectives – one to represent each pillar of the strategy. The strategic objective is identified on the outline of each sub-objective. The impact indicators will be measure of attainment of the strategic objectives
2. Sub-objective	Each pillar of the strategy is divided into the interventions or initiatives which are embodied in that pillar. Each intervention or initiative is presented as a sub-objective. These sub-objectives are the focal points of the strategic framework and the basis of the activities to be undertaken. The sub-objectives are analysed and presented to ensure that the practical implications of each is clear. The output indicators will be measures of attainment of the sub-objectives
3. Success Indicators	Success indicators are the performance expectations for each sub-objective. They seek to identify exactly what outcomes are expected as a result of the intervention made. Input indicators are a measure of the resources required for all processes, activities, outcomes, processes envisaged.

Table: 4 Outline of a generic implementation plan



The Strategic Objectives of the EH&W Strategic Framework, with their related sub-objectives and success indicators are outlined in the following matrices:

Strategic Objective 1: HIV and AIDS & TB Management		
To mitigate the impact of the HIV&AIDS and TB epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society (Impact to be measured)		
Strategic Objective 1 To mitigate the impact of the HIV&AIDS and TB epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society.	Sub-Objective 1.1 (Output indicators)	Success Indicators (Outcomes indicators)
	1.1 To provide prevention Programmes.	<ul style="list-style-type: none"> • Reduced Vulnerability to HIV and TB infection • Reduced sexual transmission of HIV and new TB infection cases • Reduced MTCT of HIV • Minimised blood products transmission • Human & Legal support advocacy implemented • Improved HIV & AIDS behavior change communication • Increased Health Promotion & education • Mainstreaming of HIV & AIDS • TB infection control programmes implemented • Early detection and treatment of STI
	Activities for Strategic Objective 1.1 (Basis for process indicators as indicated in R- B Model)	
	1.1.1	Accelerate poverty reduction strategies and strengthen safety nets to mitigate the impact of poverty; Accelerate programmes to empower women and educate men and women, (including the boy and girl child), on human rights in general and women's rights in particular; Develop and implement strategies to address gender based violence; Create an enabling environment for HIV testing; Build and maintain leadership from all sectors of society to promote and support (The NSP goals); Support national efforts to strengthen social cohesion in communities and support the institution of the family; Build AIDS competent communities through tailored competency processes.
	1.1.2	Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV customised for different groups with a focus on those more vulnerable to and at higher risk of HIV infection.
1.1.3	Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant health services; Develop a comprehensive package that promotes male sexual health; develop and integrate interventions for reducing recreational drug use in young people with HIV prevention efforts; increase the accessibility and availability of comprehensive sexual assault care including PEP and p sychosocial support.	



<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Strategic Objective 1</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">To mitigate the impact of the HIV&AIDS and TB epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society.</p>	Sub-Objective 1.2 (Output indicators)	Success Indicators (Outcomes indicators)
	1.2 To provide TREATMENT CARE AND SUPPORT	<ul style="list-style-type: none"> • Increased VCT coverage • Increased ART & DOTS coverage • Addressed needs of pregnant woman & Children • Employee & Family assistance programme implemented • Treatment adherence counselling <ul style="list-style-type: none"> • Patient accountability increased • TB prophylaxis, TB screening, TB and STI case detection and treatment improved and defaulter rate reduced • GEMS disease management Programmes accessed early in the disease process
	Activities for Sub-Objective 1.2 Basis for process indicators as indicated in R- B Model)	
	1.2.1 Create a referral mechanism with VCT providers; Recruit and train peer counselors and ensure confidentiality; Train VCT staff on pre- and post-test counselling. Promote uptake of VCT; Promote on-site or off-site VCT supported by consistent supplies of testing materials and information on test protocols; Provide space for workplace counselling and testing, and ensure that counselling is always provided; Assure privacy and confidentiality.	
	1.2.2 Encourage support for people living with or affected by HIV and AIDS; Encourage early enrolment with GEMS through wellness programmes; Ensure increased number of early enrolment with disease management programmes.	
	1.2.3 Support DOT and treatment adherence; Increase access to VCT through workplaces and trade unions; Investigate community based VCT strategies (outside of health facilities) For continuum of care, special and unmet needs.	
1.2.4 Increase the number of employees who have never had an HIV test with focus on men; Increase the number of employees tested in the last 12 months; Increase the proportion of newly HIV positive diagnosed employees.		



<p>Strategic Objective 1</p> <p>To mitigate the impact of the HIV&AIDS and TB epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society.</p>	Sub-Objective 1.3 (Output indicators)	Success Indicators (Outcomes indicators)
	1.3 To promote HUMAN RIGHTS AND ACCESS TO JUSTICE.	<ul style="list-style-type: none"> • Adherence to legislation & policy • Stigma & discrimination mitigated • Minimised practices/barriers to Human Rights • Protected rights of women, children & people with disability • IEC on human rights politics/leadership commitment demonstrated • Monitoring & redress HIV and TB related human rights violations • Gender & sexuality equality promoted
	<p>Activities for Sub-Objective 1.3 (Basis for process indicators as indicated in R- BModel)</p>	
	<p>1.3.1 Develop a national framework on HIV and AIDS in the Workplace; Revise the DOL Code of Good Practice on HIV and AIDS and Employment; Assist SMEs to implement workplace policies; Ensure protection of rights of casual, contract and/or poorly organised (such as domestic workers); Ensure protection of rights of employees expressly excluded from the ambit of labour legislation; Develop and distribute human rights guidelines and information on: Voluntary HIV testing and disclosure.</p>	
	<p>1.3.2 Develop and disseminate information on HIV prevention, treatment and support that responds to the special needs of: sex workers children and adults with disabilities, Drug users, Prisoners, MSM, gay and lesbian people, Orphans and vulnerable children (including children in self-care) Refugees, undocumented migrants and immigrants Older persons; Monitor HIV-related human rights violations and develop enforcement mechanisms for redress; Establish and offer training programmes to PLWHAs in all districts on HIV treatment and prevention literacy, and on human rights and the law</p>	
<p>1.3.3 Develop mainstreamed HR policies that address barriers to human rights Conduct campaigns to promote human rights; Design and implement competency audits of current HIV and AIDS staff; Protect rights of women, children & people with disability; IEC on human rights politics/leadership commitment; Monitoring & redress HIV related human rights violation; Promote gender & sexuality equality; Mitigate against stigma & discrimination</p>		



Strategic Objective 1
 To mitigate the impact of the HIV&A infections and the impact on individual employees, families, IDS and TB epidemic and improvement of Public Service delivery to reduce the number of communities and society.

1.1	To promote the conduct of RESEARCH, MONITORING AND EVALUATION.	<ul style="list-style-type: none"> • M&E indicators developed and reporting regularly done • Research & new development technologies supported • Research on behavior change conducted • Regular surveillance conducted • Policy research conducted • Developed research agenda • Know Your Epidemic and Mode of Transmission Studies conducted and or reports used to inform prevention programmes
Activities for Sub-Objective 1.4 (Basis for process indicators as indicated in R- B Model)		
1.1.1	Develop an M&E system ; Provide training on M&E system for departmental officials; Develop Intervention strategies to support departments which face challenges; Put in place Mechanisms to share lessons learnt and best practice; Use M&E data to identify the barriers to implementation of the HIV and AIDS framework; Support and monitor research to develop and implement HIV prevention technologies; Keep records of the results of the periodic evaluations; Establish, implement and maintain procedures for dealing with actual and potential nonconformities and for taking corrective action and preventive action.	
1.1.2	The department shall investigate nonconformities, determine their causes and take actions in order to avoid their recurrence; The department shall evaluate the need for actions to prevent nonconformities and implement appropriate actions designed to avoid their occurrence; The department shall record the results of corrective actions and preventive actions taken; Review the effectiveness of corrective actions and preventive actions taken; The department shall ensure that internal audits of the HIV and AIDS management system are conducted at planned intervals in order to determine whether the HIV and AIDS management.	
1.1.3	System conforms to planned procedures for HIV and AIDS management including the requirements of this standard, and has been properly implemented and is maintained.	
1.1.4	The DPSA in consultation with SITA, GEMS, PILIR and external experts investigates the accessibility of relevant data; The DPSA in consultation with relevant internal and external experts develop guidelines and SOPs pertaining to data inputs and collection, the assimilating of information, and reporting mechanisms; DPSA in conjunction with SITA (and external experts) develop guidelines for an integrated operational information management system that includes security directives; DPSA in conjunction with SITA (and external data warehousing experts) develops a suitable data warehousing methodology to assimilate information throughout the HIV and AIDS function, in order to ensure a standardised, updated data warehouse.	
1.1.5	The HIV and AIDS steering committee in departments establishes a sub-committee to oversee and monitor activities related to the information management system. Each department by means of the HIV and AIDS sub-committee and all relevant stakeholders develop a customised implementation plan and action plan for the development of an integrated information system. Action plans should include information management SOPs, and budgets as well as roles and responsibilities of relevant stakeholders Communication to executive management regarding the benefits and reporting schedules of the integrated HIV and AIDS; information management system.	
1.1.6	To develop a research agenda (Support research & new development technologies, Research on behavior change, Conduct policy research).	
1.1.7	To conduct regular surveillance.	



Strategic Objective 2: Health and Productivity Management

To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity (Impact to be measured)

Strategic Objective 2 To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity	Sub-Objective 2.1 (Output indicators)	Success Indicators (Outcomes indicators)
	2.1 To promote diseases and chronic Illnesses management. <ul style="list-style-type: none"> • Chronic Illness & Diabetes Mellitus • Medical Surveillance & Infectious Diseases • Barriers to disease management • Diseases Management 	<ul style="list-style-type: none"> • Departments have conducted awareness programmes and employees use disease management programmes • Departmental Health and Productivity Management policy developed in all departments • Co-operation between specialists, general practitioners and patients are achieved to reduce barriers of disease management at the work place • Structures are established for disease management and behaviour change communication • Chronic Illnesses management is improved and the impact can be seen in employee health; stress levels; turnover; conflict; absenteeism; and organizational culture • Strategies are implemented to prevent the risk of employees contracting infectious diseases • Comprehensive risk assessment which covers prevention, control, protection, monitoring and health surveillance conducted • Awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations conducted
	Activities for Strategic Objective 2.1 (Basis for process indicators as indicated in R-B Model)	
	2.1.1	Development of a Health and Productivity Management Policy; Compile an operational plan for the roll out of comprehensive disease management package in the workplace: Ensure disease management awareness programmes to staff and training of all managers regarding disease management.
	2.1.2	Promote co-operation between general practitioners and patients; Provide funding; education materials and management support.
	2.1.3	Develop programmes for effective communication; knowledge of disease management; attitude and behaviour change; advocacy; reducing of stigma and discrimination; care and support of vulnerable employees.
	2.1.4	Develop programmes for improvement of employee health; reduction of workforce turn over; improving employee decision making ability; reducing organisational conflict and absenteeism.
	2.1.5	Identify, assess and control the risk to employees of infectious diseases in the workplace; provide suitable information and training in the avoidance of risk, including work methods, use of equipment and hygiene; advise members that they are entitled to withdraw their labour in order to protect themselves.
	2.1.6	Assessing workers Health; conduct tests, surveys, other investigations; and monitoring sicknesses; voluntary programmes and inspections



Strategic Objective 2
To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education

Sub-Objective 2.2 (Output indicators)	Success Indicators (Outcomes indicators)
<p>2.2 To promote the management of Mental health and psychosomatic illnesses:</p> <ul style="list-style-type: none"> • Interventions. • Stress Management & Crises Support • Stigma and Mental Health • The impact of Health and Productivity Man & Psychosomatic Illnesses 	<ul style="list-style-type: none"> • A Toolkit is developed and implemented for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health • The impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress are measured • Plans to create a low stress public service are developed and implemented • Increased number of public servants who are not stigmatized and disadvantaged, who will be able to manage their lives effectively and who are able to sustain positive relationships with others • 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
<p>Activities for Sub-Objective 2.2 (Basis for process indicators as indicated in R-B Model)</p>	
2.2.1	Develop programmes which recognise mental health needs; Raise awareness of self and other mental wellbeing; identify and address factors affecting mental health in the workplace; Provide support options which are confidential and non-Stigmatizing.
2.2.2	Develop programmes that reduce depression and anxiety; reduce general mental distress symptoms; deal with post traumatic distress: have a balanced approach to addressing work stress.
2.2.3	Identify the causes of stress and take steps to remove; develop a stress management approach; reduce toxin intake; explore and use relaxation.
2.2.4	Develop programmes that promote a culture of respect and dignity; train staff to be sensitive to mental distress; encourage awareness of mental issues; make employees aware of the danger signs and understand the importance of seeking help early; Make sure that no one is refused employment on the grounds of mental illness.
2.2.5	Take safety precautions: ensuring the safety of self and others; ensuring privacy, but ask one or two individuals to stay for support and safety; calling emergency services immediately if unsure of course of action; Giving background information to police and ambulance services; Involving Security until emergency services arrive.
2.2.6	Alter working conditions so that they are less stressful or more conducive to effective coping; Help individuals with coping strategies for conditions that are impossible or difficult to change; Identify stressful relationships between individual or group and the work setting; Teach coping strategies for individuals who share common coping deficits; Include individual counselling services for employees.



Strategic Objective 2 To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity	Sub-Objective 2.3 (Output indicators)	Success Indicators (Outcomes indicators)
	To manage injury on duty and incapacity due to ill health <ul style="list-style-type: none"> • Injury on duty and Occupational Diseases • Incapacity leave and Ill-Health Retirement • Return on Investment (ROI) • Management Support and Counselling 	<ul style="list-style-type: none"> • A system to manage employee conditional leave and investigate the application with the assistance of a Health Risk Manager, in terms of PILIR is implemented • A process to report any injuries sustained by workers in the workplace is established • Programme to establish a supportive environment is created through a champion to assist departments and to improve productivity, increase morale • Reduction of on the job accidents and injuries and retained employees • Procedures are established for protecting employees, as well as complying with the law • Counselling and support services are established • Return on investment (ROI) best practice is used to develop cost effective health care programmes
	Activities for Sub-Objective 2.3 (Basis for process indicators as indicated in R-B Model)	
	3.3.1	Implement a system to manage injury on duty and incapacity due to ill health; Assist the employee to complete ILL Health retirement specific forms if necessary; Granting injury on duty leave according to COIDA.
	3.3.2	Treat injuries immediately if serious refer to hospital; investigate accidents or exposure and institute remedial measures to prevent similar incidents; Ongoing education on reporting of injuries and illnesses.
	3.3.3	Ensure that targeted employees must attend training on Health Management Programmes and provide support to employees who truly need such support through EH&W programmes.
	3.3.4	Take firm action and disciplinary action where health issues are abused. Have onsite Assistance; counselling; critical incident response; Workshops; seminars; Professional Supervision/Mentoring/Coaching; EAP programmes.
3.3.5	Implement programmes to identify hazards; Decide who might be harmed and how; Evaluate the risk and decide on precautions; Record findings and implement them; review assessments and update if necessary.	



<p>Strategic Objective 2</p> <p>To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity</p>	<p>Sub-Objective 2.4</p> <p>(Output indicators)</p>	<p>Success Indicators</p> <p>(Outcomes indicators)</p>
	<p>To promote occupational health education and promotion</p> <ul style="list-style-type: none"> • Develop Personal Skills and Reorient Health Services • Behavior Change Communication. • E-Health Knowledge and Information Management. 	<ul style="list-style-type: none"> • The impact of health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework is evaluated • Occupational Health standards are developed, and monitored for, to ensure continuous improvement • Technology is used to engage employees in managing their health, accessing quality and pricing information, and changing behaviour • Health education and promotion programmes for employees to exercise more control over their own health and over their environments, and to make choices conducive to health. • Health Services are shared among individuals, community groups, health professionals, health service institutions and governments • Systems are strengthened for workplace learning in health management



<p>Strategic Objective 2</p> <p>To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity</p>	<p>Activities for Sub-Objective 2.4 (Basis for process indicators as indicated in R-B Model)</p>
	2.4.1 Evaluate the impact of health policies and health systems on health Practices; implement and manage public health systems; advocate for policy environmental change
	2.4.2 Apply fundamentals of budgeting and financial management to government health services facilities: carry out leadership and management roles in health services organisations such as public health departments, health care facilities etc.
	2.4.3 Develop strategic management plans for public health and health services organisations that balance competing and conflicting interests as well as factors beyond managerial control
	2.4.4 Understand the legal ethical and cultural environments in which health systems operate and identify and apply the essential components for the provision and management of health services for a defined population
	2.4.5 Apply evidence-based principles of community assessment, mobilization, engagement and advocacy to the management of local health services and Public health organizations.
	2.4.6 Identify risk management and safety priorities at the workplace: develop, and maintain effective and effective and efficient processes for the management, and investigation of serious incidents
	2.4.7 Ensure that there is a consistent approach to reporting and investigating incidents, not forgetting the values, Ethics and Professional Code of Practice; Prepare quarterly and annual Audits for the Department; Manage the budget
	2.4.8 Develop communications department and an employee safety communication strategy; Ensure that all stakeholders are informed of relevant health managing policies planning frameworks and implementation guidelines; Ensure all employees have sufficient knowledge and understanding of the learning networks
	2.4.9 Address the gap between existing and necessary skills and capacity to fulfill identified roles and functions; engage in identifying training needs; build on making effective use of the knowledge and skills that participants bring to the training situation; drive methodologies by both content and outcome that are to be achieved.
	2.4.10 Embracing and expanding mandate which is sensitive and respects cultural needs; support the needs of individuals and communities for healthier life; increasingly in a health promotion direction that is beyond providing for clinical and curative services.
	2.4.11 Improving the quality of health management in the work place; Upgrading national training capabilities in health management and finance ; Providing access to online medical resources and Internet-based tools; develop workshops on leadership development management strategies on issues relating to health care; harmonise all stakeholders for the attainment of objectives of certain developmental imperatives
2.4.11 Improving the quality of health management in the work place; Upgrading national training capabilities in health management and finance ; Providing access to online medical resources and Internet-based tools; develop workshops on leadership development management strategies on issues relating to health care; harmonise all stakeholders for the attainment of objectives of certain developmental imperatives	



Strategic Objective 3: SHERQ Management		
To ensure Public Service to be a healthy and safe work environment (Impact indicator)		
Strategic Objective 3: To ensure Public Service to be a healthy and safe work environment	Sub-Objective 3.1 (Output indicators)	Success Indicators (Outcomes indicators)
	3.1 To provide Occupational Health and Safety management	<ul style="list-style-type: none"> Public Sector anthropometric data base is established Implemented a plan for usage of workplace equipment that is safe Minimized risk rating results and occurrences of accidents in the workplace All EH&W practitioners have the ability to recognise Health Hazards and to elicit actual work procedures, symptoms and discomforts experienced by employees Functional Health and Safety Representatives and Safety Committees are established
	Activities for Strategic Objective 3.1 (Basis for process indicators as indicated in R-B Model)	
	3.1.1 Establish an Occupational Health and Safety team and Engage an agronomist or an equivalent practitioner	
	3.1.2 Develop, maintain and update an anthropometric data base (Maintain South African Standards e.g. SA Military Standards, International Documentation for Standard e.g. International Standard Organization 7250)	
	3.1.3 Design Biomechanics Assessments (Use Ergonomics); Use Biomechanics measurements to determine physical work performance tolerance; Set accommodation and accessibility standards for individuals using mobility aids	
	3.1.4 Ergonomics & Accidents (Conduct regular accident prevalence and incidence Conduct investigations whenever accident prevalence and incidence increases)	



Strategic Objective 3: To ensure Public Service to be a healthy and safe work environment	Sub-Objective 3.2 (Output indicators)	Success Indicators (Outcomes indicators)
	3.2 To provide Environmental Management	<ul style="list-style-type: none"> • A policy for Workplace Design and Special Facilities developed and implemented • Developed appropriate work place design for individual comfort and organisational productivity • Developed and implemented appropriate Ergonomic Program which will yield productivity in the workplace • Improved attention and effective and good quality work is evident in maximised productivity and individual comfort and safety • Promote Work Life Balance and individual wellness programmes are implemented
	Activities for Sub-Objective 3.2 (Basis for process indicators as indicated in R-B Model)	
	3.2.1 Design of Machines, interfaces of control rooms, and Standard Operational Procedures etc (Document the task of the operators of equipment; Fit task to human and not human to task; Workplace strategies should be developed; Effectiveness of the work environment should be constantly monitored)	
	3.2.2 Computerisation and use of visual displays (Use of visual displays for people with visual disability; Conduct ergonomics program for appropriate ergonomic prescriptions for computerised systems)	
	3.2.3 Visual Abilities and optimal acuity (Identify user population; Design for functional comfort and ease; Design appropriate rest pauses during a work period)	
	3.3.4 Worker Capability, Work appropriateness and Balance (Use standards and other verified scientific information and ergonomics data; Building standards and facility planning standards should be developed and maintained; Furniture standards for office, office support and amenity spaces, adapting as needed to site-specific furniture inventory)	
Strategic Objective 3: To ensure Public Service to be a healthy and safe work environment	Sub-Objective 3.3 (Output indicators)	Success Indicators (Outcomes indicators)
	3.3 To provide Risk and Quality Assurance Management	<p>Health risk assessment plan with clear objectives to guide assessment processes is in place</p> <ul style="list-style-type: none"> • Developed interventions for disaster management • Developed Post Disaster Recovery Plan <p>Produce annually a Disaster Management Analysis report. A Disaster Preparedness Plan is accessible and available</p>
	Activities for Sub-Objective 3.3 (Basis for process indicators as indicated in R-B Model)	
	3.3.1 Health Risk Assessment design and planning (Identify the hazards; Determine harm and damage; Evaluate the risks and decide on precaution; Record your findings and implement them; Review your assessment and update if necessary)	
	3.3.2 Hazard Identification (Conduct "Walk through" Survey; Consult with workers; Measure possible hazards; Identify effects of hazards on employees)	
	3.3.3 Hazards Analysis and Evaluation (Analyse health risks; Measure number of exposed employees; Record effects of current control measures and personal protective equipment; Risk rating: To be performed by an occupational Hygienist)	
3.3.4 To control effects of hazards in the workplace (Demarcate enclose and isolate dangerous work areas; Minimise hazardous substances and their source, and Substitute toxic substances with less toxic ones; Improve ventilation and extract fumes and vapours; Modify working environment through engineering, maintenance of machines)		



Strategic Objective 4: Wellness Management

To provide individual wellness and organizational wellness and to improve work life balance
(Impact indicator)

Strategic Objective 4 To provide individual wellness and organizational wellness and to improve work life balance	Sub-objectives (Output indicators)	Success Indicators (Outcomes indicators)
	4.1 To promote Individual Physical Wellness of Employees in order to promote fitness and healthy lifestyle	<ul style="list-style-type: none"> Established and quality assured fitness, exercise, and recreation facilities and programs that shows a high utilisation rate. Increased access to centralised wellness centres as negotiated by different provincial departments Management awareness and education programs are in place for nutrition, weight control, medical check-up, life style and chronic diseases Established database that indicate Public servants with lower stress levels; better focus; less accidents and less absenteeism Systems are in place for dissemination of medical information electronically and in print to all employees
Activities for Strategic Objective 4.1 (Basis for process indicators as indicated in R-B Model)		
	4.1.1 Establish facilities such as communal lounges, canteens, gyms, wellness centres which offers a variety of health and wellness programmes such as aerobic classes, and work-based sport and fitness activities	
	4.1.2 Invite health professionals such as dieticians, nurses, doctors to wellness days to provide Information and education on health and wellness issues	
	4.1.3 Provide education, awareness, and prevention programmes	



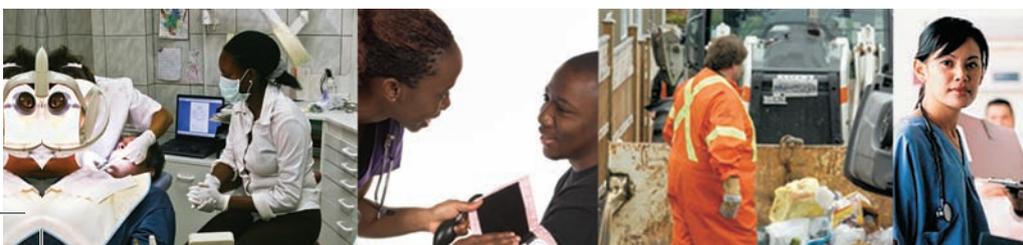
Strategic Objective 4 To provide individual wellness and organizational wellness and to improve work life balance	Sub-Objective 4.2 (Output indicators)	Success Indicators (Outcomes indicators)
	4.2 To promote the management of Individual Psychosocial wellness	<ul style="list-style-type: none"> • Preventative and curative programmes for managing emotional wellness are in place to enhance emotional intelligence, self-esteem, optimism, sense of coherence, and resilience of employees • Programmes are established to promote social, financial, and spiritual wellness • Continuous professional development programmes that encourages studying and reading are developed • Electronic information about learning opportunities and programmes are easily available and accessible • A monitoring system is implemented that shows that debt rate in the Public Service is decreasing
	Activities for Sub-Objective 4.2 (Basis for process indicators as indicated in R-B Model)	
	4.2.1 Develop self-development skills programmes such as effective listening, communication, conflict management, financial and debt management	
	4.2.2 Develop and implement curative programmes such as stress management; grief counselling, trauma defusing and trauma debriefing, fear management skills; depression and anxiety	
	4.2.3 Establish an internal/ outsourced, or combination model counselling service with referral systems and ongoing training	
	4.2.4 Develop and establish crisis management committees, training of marshals, and first aid kit management	
	4.2.5 Develop and implement effective workplace prevention programmes and policies for violence, substance abuse, values and belief systems, professional development	
	4.2.6 Develop and implement effective workplace prevention programmes and policies for violence, substance abuse, values and belief systems, professional development	
	4.2.7 Develop systems and ensure that electronic information about psycho-social wellness are easily available and accessible	



Strategic Objective 4 To provide individual wellness and organizational wellness and to improve work life balance	Sub-Objective 4.3 (Output indicators)	Success Indicators (Outcomes indicators)
	4.3 To promote the organisational culture that is conducive to individual and organisational wellness in order to enhance the effectiveness and efficiency of the Public Service	<ul style="list-style-type: none"> Prevention, education and awareness productivity management and organisational development programmes and policies are in place
	Activities for Sub-Objective 4.3 (Basis for process indicators as indicated in R-B Model)	
	4.3.1 Develop and implement Productivity Management; Absenteeism & Presenteeism Management Programmes	
	4.3.2 Prevention programmes to deal with burnout, stress, discrimination, victimization, harassment, and workplace violence and bullying (Clearly communicate the definition of rights of employees and channels to follow for reporting incidents; Encourage employees to break the silence; Develop complaints procedures; Sensitise managers to the signs of abuse)	
	4.3.3 Develop Organisational Development & Support programmes (working in collaboration with other Functions in the department)	
	4.3.4 Develop and implement programmes to train and develop employees and private sectors on organisational development and other relevant current and cross cutting issues regarding Health and Wellness	



Strategic Objective 4 To provide individual wellness and organizational wellness and to improve work life balance	Sub-Objective 4.4 (Output indicators)	Success Indicators Outcomes indicators)
	To promote work-life balance in order to assist employees in meaningful daily achievement and enjoyment in each of the four life quadrants namely work, family, friends, and self. To motivate employees to make use of their gifts, skills and talents in order to gain purpose, enrichment and happiness in life	<ul style="list-style-type: none"> • Flexible Wellness Management Policies are developed and implemented • Implemented support programmes to assist employees in meaningful daily achievement and enjoyment in their work • Developed support programmes to assist employees in their family, friends and community lives and responsibilities • Developed support programmes to assist employees in self development • Developed a culture of acknowledgement and appreciation for hard work; coping strategies to address work over load; • Created a conducive work environment with a prevention-oriented mission at the top and bottom of the organisation and a marketing strategy that promotes work life balance through newsletters, training, educational seminars, and Web resources
	Activities for Sub-Objective 4.4 (Basis for process indicators as indicated in R-B Model)	
	4.4.1 Coordinate training and monitoring of implementation of policy	
	4.4.2 Conduct diagnostic surveys that measure trends in the Public Service (individual, team and organisation)	
	4.4.3 Implement training and development of managers and supervisors in transformation leadership and engagement management	
	4.4.4 Develop Time Management Skills and provide support to employees to balance the demands of their work and personal life	
	4.4.5 Do life skills training programmes like assertiveness and interpersonal Communication.	
	4.4.6 Ensure the training of all staff and managers regarding Quality of work life management in the workplace	
	4.4.7 Encourage supportive supervisory relationships and supportive co-worker relationships through effective communication and support	



Strategic Objective 4 To provide individual wellness and organizational wellness and to improve work life balance	Sub-Objective 4.4 (Output indicators)	Success Indicators Outcomes indicators)
	To promote work-life balance in order to assist employees in meaningful daily achievement and enjoyment in each of the four life quadrants namely work, family, friends, and self. To motivate employees to make use of their gifts, skills and talents in order to gain purpose, enrichment and happiness in life	<ul style="list-style-type: none"> • Flexible Wellness Management Policies are developed and implemented • Implemented support programmes to assist employees in meaningful daily achievement and enjoyment in their work • Developed support programmes to assist employees in their family, friends and community lives and responsibilities • Developed support programmes to assist employees in self development • Developed a culture of acknowledgement and appreciation for hard work; coping strategies to address work over load; • Created a conducive work environment with a prevention-oriented mission at the top and bottom of the organisation and a marketing strategy that promotes work life balance through newsletters, training, educational seminars, and Web resources
	Activities for Sub-Objective 4.4 (Basis for process indicators as indicated in R-B Model)	
	4.4.1 Coordinate training and monitoring of implementation of policy	
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SECTION 6: CONCLUSION

6.1 SUMMARY STATEMENT

The intended EH&W Strategic Framework for the Public Service as outlined herein is presented as the basis upon which all Health and Wellness practitioners in various roles can promote a common vision and strategic thrust. It is presented here as a platform for a cohesive and concerted effort, and as a call to action for all those whose role may contribute to the transformation of the Public Service through building capability and capacity. Ultimately, the Framework must be effective, not in meeting technical targets, but building more elaborate delivery systems, ensuring enhanced performance and service delivery, which ensures people, are well served with humility, integrity and professionalism, secures the attainment of the welfare of individuals and their communities.

The EH&W Strategic Framework for the Public Service is presented as a statement of the manner in which the DPSA intends to manage and support the continued refinement of EH&W in the Public Service. The framework seeks to build on the gains of the past, confront the issues which currently affect our performance and lay the cornerstones of a new future for EH&W in the Public Service.

The framework offers a menu of EH&W functions, which cover health, safety, and wellness issues for the individual as well as for the organisation. It is challenging and motivates the public service to think in an integrated and pro-active way. It combines already existing thinking, practices, and services and thus urges a change in mindset. It shows that issues of EH&W went through a process of evolution from a narrowly focused support program to a holistic EH&W field.

Notwithstanding, these ideas are the considerations which will take us forward into a more responsive and performance oriented EH&W Public Service. These are the ideas that will add the most value to our current operations and practise in EH&W and these are the ideas which have the highest potential for making the most significant difference in the shortest time. Time is of the essence and demands and expectations are great.

We believe that the framework is responsive to our current circumstances because it was formulated based on latest research and input from stakeholders, and moved from the Management of HIV and AIDS in the workplace 2002-2006 to an Integrated EH&W in 2008 and beyond. We hope that the focus and content of the framework duly reflects the input and priorities expressed by stakeholders and participants in the review process. We hope that practitioners and stakeholders in EH&W see the strategic framework as a mandate that they have crafted to seek their interest as professionals and advance the cause of EH&W in the Public Service as a viable field of practice. The goal, eventually, is healthy, dedicated employees; safe and healthy organisation enhanced performance and improved service delivery. We hope that the strategic framework puts EH&W in the forefront as a measure which will, in the end, ensure the realisation of the Public Service envisioned in the Constitution

6.2 ACKNOWLEDGEMENTS

The design and development of the Strategic Framework for EH&W in the Public Service would not have been possible without the sincere and detailed constitution and comments provided by stakeholders and by members of the EH&W community in the Public Service and in the private sector.

It is not possible to honour here the richness of the ideas shared and the importance of contributions made.

The quality of the contributions made is indicative of a future of accomplishment in EH&W that is truly transformational. We wish to recognize the institutions and individuals who have been part of the process of engagement for the development of the EH&W Strategic Framework.

Because of the number of people and institutions who have participated in the process, we are unable to always provide the names of participants. However, we wish to note that we have thoroughly reviewed your input and your individual contributions have been invaluable.

