



HEALTH AND PRODUCTIVITY MANAGEMENT POLICY
FOR THE
PUBLIC SERVICE

ANNEXURE A



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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COIDA	Compensation for Occupational Injuries and Diseases Act
DG	Director General
DoH	Department of Health
DOL	Department of Labour
DPSA	Department of Public Service and Administration
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
IDP's	Integrated Development Plans
ILO	International Labor Organisation
IR	Industrial Relations
ISO	International Standardization Organisation
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPM	Health and Productivity Management
HR	Human Resources
HRD	Human Resource Development
MDG's	Millennium Development Goals
M&E	Monitoring and Evaluation
NEPAD	New Partnership for Africa's Development
OD	Organisational Development
PILIR	Policy and Procedure on Incapacity Leave & Ill-Health Retirement
ROI	Return on Investment
SABS	South African Buro of Standards
WHO	World Health Organisation



PART A: GENERAL

1. INTRODUCTION

- 1.1 The rationale and intended outcome related to Health and Productivity Management is an essential programme in the workplace that presents state-of-the-art health and productivity research. The policy provides for Health and Productivity Management 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.
- 1.2 Researchers cover all the major aspects of this new area of research:
 - 1.2.1 Approaches to studying the effects of health on productivity
 - 1.2.2 Ways for employers to estimate the costs of productivity loss
 - 1.2.3 Concrete suggestions for future research developments in the area
 - 1.2.4 Implications of this research for public policy
 - 1.2.5 Health risk assessment
- 1.3 This policy serves as a broad guide for government public service organisations in responding to HPM in the Public Service world of work. Practically the policy seeks to strengthen and improve the efficiency of existing services and infrastructure, e.g. Occupational Health Services and Occupational Health Education and Promotion. It also introduces additional interventions based on recent advances in knowledge, e.g. Integrated Health Risk Assessment and Management IT Systems with classification systems, occupational cancer registry, etc. The policy should be read in conjunction with the EH&W Strategic Framework (2008), related policies and the implementation guidelines.
- 1.4 The HPM programme is underpinned by the WHO Plan of Action on Workers Health 2008-2017. This plan states that workers represent half the world's population and are major contributors to



economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the work place and access to occupational health services.

- 1.5 This plan deals with all aspects of workers' health, including primary prevention, of occupational hazards, promotion and protection of health at work, employment conditions and a better response from health systems to workers health.
- 1.6 It advocates the principles of workers right to enjoy highest attainable standards of physical and mental health and favorable working conditions. The work place should not be detrimental to health and wellbeing. It prescribes that primary prevention of occupational health hazards should be given priority and that all components of the health systems should be involved in an integrated response to the specific health needs of working population.
- 1.7 It calls for the recognition of the work place as a setting for delivery of other essential public health interventions, and for health promotion and that activities related to workers health should be planned, implemented, and evaluated with a view to reducing inequalities in workers health within and between countries by both employers and workers representatives.
- 1.8 HPM seeks to contribute to ILO Decent Work Agenda for Public Servants. The goal is not just the creation of jobs, but the creation of jobs of acceptable quality. The quantity of employment cannot be divorced from its quality. Decent work sums up the aspirations of public servants in their working life. It involves opportunities for work that is productive and delivers a fair income, security in the work place and social protection for families, better prospects for personal development and social integration (cohesion), freedom for people to express concerns, organise and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men.
- 1.9 Decent work calls for the integration of economic and social objectives and for a well-orchestrated combination of measures in the areas of employment promotion, rights at work, social protection and social dialogue. This coherent approach is proving its relevance to a wide-ranging policy agenda, from social dimensions of globalisation to poverty reduction strategies. The focus of the



decent work programmes varies from department to department, reflecting different priorities and conditions.

1.10 ILO Promotional Framework for Occupational Safety Convention No.187 June 2006, (noted for ratification by Cabinet, November 2007) reinforces the following earlier international conventions and declarations:

1.10.1 Declaration of Philadelphia which provided for the ILO to further programs among nations of the world to achieve adequate protection for the life and health of the workers in all occupations.

1.10.2 The ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, 1998; The Occupational Safety and Health Convention, 1981 (No. 155); The Occupational Health and Safety Act 1993 (Act No. 85 of 1993).

1.10.3 Health Recommendation, 1981 (No 164) and other instruments of the ILO relevant to promotional work for occupational safety and health.

1.11. The HPM Policy provides for the creation of a:

1.11.1 National Policy on occupational safety and health and the working environment developed in accordance with principles of Occupational Safety and Health Convention, (No 155) 1981.

1.11.2 National System for Occupational safety and health National Programme on Occupational safety and health National Preventive safety and health culture in which the right to a healthy and safe environment is respected at all levels.

2. SCOPE

This policy shall apply to all National and Provincial Departments.

3. OBJECTIVES

3.1. The objectives of this policy are to:

3.1.1. Focus on the areas of Disease Management, Mental Health Management, Injury on Duty & Incapacity due to Ill-health and Occupational Health Education and Promotion.



- 3.1.2. Reduce healthcare costs and/or improving quality of life for individuals with chronic conditions by preventing or minimising the effects of a disease, or chronic condition and medical surveillance.
- 3.1.3. Help employees manage their lives successfully, and provide them with the emotional and spiritual resilience to allow them to enjoy life and deal with distress and disappointment.
- 3.1.4. Reduce absenteeism from work, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational diseases and health risks.
- 3.1.5. Enhance the knowledge levels of individuals, help catalyze and reinforce behaviour change while intentionally leading to improve health and productivity.

4. MISSION

- 4.1. The mission of this policy is to-
 - 4.1.1. Operationalise EH&WSF for the Public Service.
 - 4.1.2. Promote the general health of employees through awareness, education, risk assessment, and support
 - 4.1.3. Mitigate the impact and effect of communicable and non-communicable diseases on the productivity and quality of life of individuals.

5. PRINCIPLES

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

- 5.1.1 Focus on all Levels of employment, senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder
- 5.1.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS
- 5.1.3 Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service
- 5.1.4 Cohesiveness with HRD processes
- 5.1.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated
- 5.1.6 Promote healthy integration and embracing change



- 5.1.7 Human dignity, autonomy, development and empowerment
- 5.1.8 Barrier-free Public Service
- 5.1.9 Collaborative Partnerships
- 5.1.10 Confidentiality and ethical behavior
- 5.1.11 Policy Coherence in terms of DPSA Policy measures to be aligned with other departments' measures
- 5.1.12 Coherence of models: The service delivery models should offer the same benefits to public servants despite it being in-house, outsourced, or DOH collaboration
- 5.1.13 Programme coherence: the programmes that are offered should not contradict each other in the various departments

6. LEGAL FRAMEWORK

This policy should be read in conjunction with the following instruments:

6.1 INTERNATIONAL INSTRUMENTS UNDERPINNING HP MANAGEMENT

- 6.1.1 WHO Global Strategy on Occupational Health for All
- 6.1.2 WHO Global Worker's Plan 2008-2017
- 6.1.3 ILO Decent Work Agenda 2007-2015
- 6.1.4 ILO Promotional Framework for Occupational Safety Convention 2006
- 6.1.5 United Nations Convention on the Rights of People with Disabilities
- 6.1.6 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- 6.1.7 The Beijing Declaration and its Platform for Action, 1995 (+10)
- 6.1.8 WHO Global Strategy on Prevention and Control of non communicable Diseases (April 2008)
- 6.1.9 Recommendations of the Commission on Social determinants of Health (August 2008)
- 6.1.8 United Nations Millennium Declaration and its Development Goals (MDGs)
- 6.1.9 The International Convention on Population Development 1994 (+10)
- 6.1.10 World Summit on Sustainable Development, Johannesburg 2002
- 6.1.11 WHO Commission on Social Determinants of Health



6.2 LEGAL FRAMEWORK FOR HP MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.2.1 Constitution of the RSA Act, 1996;
- 6.2.2 Disaster Management Act, 2002 (Act No. 57 of 2002);
- 6.2.3 Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997);
- 6.2.4 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);
- 6.2.5 Employment Equity Act, 1998 (Acts No. 55 of 1998; Act No. 97 of 1998; Act No. 9 of 1999);
- 6.2.6 Labour Relations Act, 1995 (Act No. 66 of 1995);
- 6.2.7 National Disaster Management Framework;
- 6.2.8 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000);
- 6.2.9 Public Service Act of 1994 as Amended & Regulations;
- 6.2.10 Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993);
- 6.2.11 Mental Health Care Act, 2002 (Act No. 17, 2002);
 - a) The Medical Schemes Act, 1998 (Act No. 131 of 1998);
 - b) National Health (Care) Act, 2003 (Act No. 60 of 2003);
 - c) Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999);
 - d) Mental Health Care Regulations, 2003 (No. 14 of 2003).

6.3 STRATEGIC FRAMEWORKS APPLICABLE TO HPM WITHIN THE PUBLIC SERVICE

- 6.3.1 National Strategic Plan on HIV&AIDS 2007-2011
- 6.3.2 National Strategic Framework on Stigma and Discrimination
- 6.3.3 National Occupational Health and Safety Policy of 2005

6.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

- 6.4.1 Presidential Pronouncements and Budget Speech
- 6.4.2 Integrated Development Plans (IDPs)



- 6.4.3 Occupational Health Policy 2005 (Department of Labour)
- 6.4.4 Medium Term Strategic Framework
- 6.4.5 National Spatial Development Strategies
- 6.4.6 Provincial Growth and Development Strategies

7. DEFINITIONS

7.1 Health and Productivity Management

Institute of Health and Productivity Management defines Health and Productivity Management (HPM) as integration of data and services related to all aspects of employee health that affect work performance. It includes measuring the impact of targeted interventions on both employee health and productivity. The Health Productivity and Management value chain designs benefits and programs to provide incentives, change behavior, reduce risks, improve health, which impact medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.

7.2 Disease Management

Disease Management has evolved from managed care, specialty capitation, and health service demand management, and refers to the processes and people concerned with improving or maintaining health in large populations. Disease Management is concerned with common chronic illnesses, and the reduction of future complications associated with those diseases. Disease management mitigate the impact of diseases by promoting the objectives of communicable and non-communicable diseases. The idea is to ease the disease path, rather than cure the disease. Improving quality and activities for daily living are first and foremost.

Disease management increases knowledge of diseases and promotes essential attitude change. It creates a demand for information and services, reduces stigma and discrimination against certain illnesses and promotes care and support of vulnerable employees.

7.3 Chronic Illness

A chronic illness is a word used to describe a group of health conditions that lasts a long time. In fact,



the root word of chronic is "chronos," which refers to time. There are many kinds of chronic illnesses - most chronic illnesses are not contagious. Chronic illnesses can be genetic, meaning that parents can pass the tendency to get them on to their children before they are born through genes.

7.4 Mental Health

Mental health is a basic component of positive health and well-being. It is necessary to help management of life successfully, and provide emotional and spiritual resilience to allow enjoyment of life and dealing with distress and disappointment. Mental health can be very positive and worth aiming to have. However, we all go through times in our lives where we may experience mental illness. 'Mental illness' is a shorthand term for a variety of illnesses that affect our mental well-being. It covers a range of symptoms and experiences.

7.5 Temporary Incapacity Leave

Incapacity leave is a leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle. Incapacity Leave is for management purposes categorized into two types:

7.5.1 Short incapacity – this is when the period of incapacity leave that is requested is 29 days or less

7.5.2 Long Incapacity – this is when one applies for 30 or more days of incapacity leave

7.6 Ill-Health Retirement

When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged/retired from the employment of the public service on medical grounds.

Either the employee or the employer could initiate an ill-health retirement should it be suspected that the employee has become permanently unable to work.



The Employer should:

- 7.6.1 If necessary request the employee to complete ill –health retirement specific application forms
- 7.6.2 Manage and investigate the employees application, with the assistance of a Health Risk Manager, in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- 7.6.3 The employer will notify the employee of its findings and take appropriate action according to its findings.

7.7 Injury on Duty and Occupational Diseases

An injury on duty is taken to mean a personal injury sustained in an accident occurring during the performance of an employee's work. An Occupational disease is like any other disease, with the distinction that it was caused solely or principally by factors peculiar to the working environment. It is also described as a disease arising out of and contracted in the course of an employee's employment as listed in Schedule 3 of the Compensation for Occupational Injuries and Disease Act, 1993 (Act No 130 of 1993).

7.8 Occupational Health Education and Promotion

Occupational Health Education and Promotion in the workplace is defined as a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals help catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity.

7.9 DG/HOD

Means head of a national department, the office of the premier, a provincial department, or a head of a national or provincial government component, and includes any employee acting in such post.

7.10 Senior Manager

Means a member of the Senior Management Services (SMS) who is tasked with championing the Wellness Management programme within the Public Service workplace.



7.11 Employee

Means a person appointed in terms of the Public Service Act No. 1994 and the Employment of Educators Act, 1998 (Act No. 76 of 1998)

7.12 Health and Safety Committee

It is a committee that initiates, develops, promotes, maintains and reviews measures to ensure the health and safety of employees at work. The employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committee(s).

7.13 Peer Educator

A peer educator is an employee who is trained in working with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

7.15 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.

7.16 The Health and Wellness Coordinator

Is an employee tasked with the responsibility to coordinate the implementation of EH&W programmes, which include HPM programmes. The Health and Wellness Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.



8. ROLE PLAYERS

8.1 This policy involves the following role players:

8.1.1 The Head of Department shall ensure that:

- a) HPM in the work place will encompass the prevention and management of chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases so as to reduce the burden of disease by early entry into disease management programs in order to enhance productivity in the Public Service;
- b) Mental health in the workplace is addressed by:
 - i) Providing support options which are confidential and non-stigmatization;
 - ii) Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.
- c) Injury on duty and incapacity due to ill health is managed in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- d) Managers ensure that targeted employees must attend training on Health and Productivity Management programmes.
- e) Systems /procedures/ delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programmes.
- f) Support should be provided to employees who truly need such support through Health and Wellness Programmes i.e. to take action where necessary e.g. to adapt an incapacitated employee's work environment when so advised.
- g) The management of health programmes is changed to promote both



employees' health and enhance service delivery.

- h) Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace. Spacing, alignment, numbering

8.1.2 The Designated Senior Manager:

- a) Develop capacity building programmes i.e.
 - (i) Promote competence development of practitioners
 - (ii) Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.)
 - (iii) Assist with HPM promotion at an organisational level

- b) Form organizational support initiatives i.e.
 - (i) Establish an appropriate organisation structure for HPM
 - (ii) Ensure Human Resource planning and management
 - (iii) Develop integrated HPM information management system
 - (iv) Provide physical resources and facilities
 - (v) Ensure financial planning and budgeting
 - (vi) Mobilise Management support

- c) Develop Governance and Institutional Initiatives i.e.
 - (i) Establish an HPM Steering Committee
 - (ii) Obtain Stakeholder commitment and development
 - (iii) Develop and implement an ethical framework for HPM
 - (iv) Develop the management of wellness care
 - (v) Develop and implement management standards for HPM
 - (vi) Develop and maintain an effective communication system
 - (vii) Develop and implement a system for monitoring, evaluation, and impact analysis

- d) Develop Economic Growth and Development Initiatives i.e.
 - (i) Mitigate the impact of Diseases on the economy



- (ii) Ensure responsiveness to the Government's Programme of Action
- (iii) Ensure Responsiveness to Millennium Development Goals
- (iv) Integrating NEPAD, AU and Global programmes for the economic sector.

8.1.3 The Employee should:

- a) Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the Public Service.
- b) Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- c) Take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions;
- d) If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable
- e) Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

8.1.4 Health and Safety Representatives:

- a) Review the effectiveness of health and safety measures
- b) Identify potential causes that influence productivity in the workplace
- c) In collaboration with the employer, examine the causes of incidents at the workplace and investigate complaints by any employee relating to employees' health and productivity at work
- d) Make representations to the employer on general matters affecting the health and productivity of the employees at the workplace
- e) Inspect the workplace, including any article, substance, plant, machinery or health and Safety equipment at the workplace with a view to improve the health and productivity of employees, at such intervals as may be agreed upon with the employer, provided that the employer is notified in advance and may be present during the inspection



- f) Attend meetings of the health and safety committee of which they are members, in connection with any of the above functions
- g) Act as a focal point for the distribution of evidence-based and generic health and Productivity management promotional material at the workplace
- h) Take initiative to implement awareness activities and to communicate health and Productivity information in the workplace
- i) Act as a referral agent for employees to relevant internal or external health and Productivity support programmes.
- j) Be involved with the identification of health risks in the workplace
- k) Support the HIV and AIDS and TB Management programmes in distribution of condoms and femidoms in the workplace
- l) Supporting staff training with regard to employee health, productivity and wellness
- m) Submit monthly reports of activities to the HPM coordinator

8.1.5 The Health and Safety Committee:

- a) Make recommendations to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employees.
- b) Discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, and may in writing report on the incident to an inspector.
- c) Keep record of each recommendation made to an employer and of any report made to an inspector.
- d) Involve Labour Relations movements.
- e) Serve as a vehicle of communication to promote wellness initiatives within the workplace.

8.1.6 The HPM Coordinator:

- a) Coordinate the implementation of HPM, projects and interventions



- b) Plan, monitor and manage HPM according to strategies, policies and budgetary guidelines
- c) Make provision for counselling to individual employees and to their immediate family members
- d) Identify personal development needs for individual employees
- e) Analyse and evaluate data and communicate information, statistics and results to various stakeholders and management
- f) Coordinate activities of Peer Educators
- g) Promote work-life balance for employee.

8.1.7 The HPM Steering Committee:

- a) Establish harmonized communication of the HPM Policy at provincial and national level.
- b) Serve as a vehicle of coordination, communication, collaboration and consultation of issues pertaining employee health and productivity with other stakeholders and Departments.
- c) Create avenues through which collaborative initiatives can be forged.
- d) Meet quarterly to discuss HPM Policy matters.

8.1.7 The Labour Representatives:

- a) Represent employees in the workplace.
- b) Ensure that the employer fulfill the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.
- c) Sit in on health and productivity steering committee meetings.
- d) Make representation to the employer on agreed issues affecting the health and productivity of employees in the workplace.

9. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the individual department's budget.



10. IMPLEMENTATION

The Generic Implementation plan for Wellness Management 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 organizational structure for implementation of the EH&W. Regular monitoring of progress on Wellness Management programmes should be conducted quarterly through reports submitted to the DPSA by all departments. These reports will inform implementation, monitoring and evaluation, and future planning. An effective, efficient and implementable monitoring and evaluation system is required if this Wellness Management Policy is to be successful in measuring achievements of the policy objectives. Departments would be expected to develop indicators as appropriate for micro and meso levels of governance. The implementation of this policy will follow the result base model.

11. MONITORING AND EVALUATION

Monitoring and evaluation has a significant role to play in HPM interventions as it assists in assessing whether the programme is appropriate, cost effective and meeting the set objectives. The 12 components that should be included in the HPM M&E System are indicated below:

- 11.1 Organisational structures with EH&W M&E functions
- 11.2 Human capacity for EHW M&E
- 11.3 Partnerships to plan, coordinate, and manage the M&E system
- 11.4 National multi-sectoral EH&W M&E plan
- 11.5 Annual costed national EH&W M&E work plan
- 11.6 Advocacy, communications, and culture for EH&W M&E
- 11.7 Routine EH&W programme monitoring
- 11.8 Surveys and surveillance
- 11.9 National and sub-national EH&W Databases
- 11.10 Supportive supervision and data auditing
- 11.11 EH&W evaluation and research
- 11.12 Data dissemination and use



12. REVIEW

The policy will be reviewed as and when there are new developments or after every three years.



IMPLEMENTATION OF POLICY OBJECTIVES

The aim of this part of the policy is to provide direction for the implementation of Health and Productivity Management in the Public Service. As indicated in PART A, paragraph 3 of this policy HPM has four objectives for implementation. All these objectives have an Aim, Policy Measures and procedural arrangements

Policy measures are actions developed to address a perceived problem or further government objective. It can include regulatory, fiscal (fiscal means financial matters) or information based tools (Webster).

PART B: IMPLEMENTATION OF POLICY OBJECTIVES: DISEASE AND CHRONIC ILLNESS MANAGEMENT

1. Aim

Disease and Chronic illness Management seeks to mitigate the impact of disease management. Ensure that the reduction of barriers to disease management remains a strategic priority in all departments. Actively involve employees in self care, as it is critical. Classify occupational diseases in the work place and reduce the risk of employees acquiring an infectious disease through their work.

2. Policy Principles:

See Part A, paragraph 5.

3. Policy Measures

3.1 Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity

3.2 Utilisation of disease management programmes through co-operation between medical practitioners and patients to reduce barriers at the work place

3.3 Development of Departmental Health and Productivity Management Policy.

3.4 Implementation of strategies to reduce the risk of employees contracting Communicable and non-communicable diseases and need for medical interventions.

3.5 Conducting of awareness programmes on the functions and purpose of



health surveillance and the relevant laws and regulations

4. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 7.1.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART C: IMPLEMENTATION OF POLICY OBJECTIVES: MENTAL HEALTH AND PSYCHOSOMATIC ILLNESS MANAGEMENT

1. Aim

The aim of Mental Health and Psychosomatic illness Management is to focus on reduction of stress inducing risk factors; to follow a balanced approach to understand work stress; to recognise that employment provides rewards that are both internal and external; to reduce stigma and discrimination against mental diseases.

2. Policy Principles:

See Part A, paragraph 5.

3. Policy Measures

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

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

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

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



4. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 7.1.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART D: IMPLEMENTATION OF POLICY OBJECTIVES: INJURY ON DUTY & INCAPACITY DUE TO ILL HEALTH

1. Aim

The aim of Injury on Duty & Incapacity due to Ill-Health management is to investigate accidents and/or exposures; to institute remedial measures to prevent similar incidents; to grant injury on duty leave according to COIDA; to grant and manage the employee conditional leave pending the outcome of its investigation into the nature and extend of the employee's incapacity leave in terms of PILIR.

Of further importance is the management and investigation of the employee's application on ill-health retirement, with the assistance of a Health Risk manager, in terms of PILIR; the creation of a supportive environment for Health and Productivity Management and DPSA to champion and assist departments, improve productivity, increase morale, to curb abuse and increase service delivery, protect the employees, as well as complying with the law. This will help focus on the risk that really matter in the workplace – the ones with the potential to cause real harm.

2. Policy Principles:

See Part A, paragraph 5.

3. Policy Measures

- 3.1 Integration of Health Risk Assessment and Management and Productivity Management
- 3.2 Establishing of a process to report any injuries sustained by workers in the workplace
- 3.3 Establishing of Procedures for protecting employees, as well as complying with the law
- 3.4 Establishing and utilization of counseling and support services
- 3.5 Quantification of Return on investment (ROI) to develop cost effective health care programmes



4. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 7.1.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART E: IMPLEMENTATION OF POLICY OBJECTIVES: OCCUPATIONAL HEALTH EDUCATION AND PROMOTION

1. Aim

The aim of Occupational Health Education is the promotion of healthy behavior using educational processes to affect change, to reinforce health practices of employees, their families, and government departments. Health Promotion aims to implement processes that can be employed to change the conditions that affect employee health and to focus on increasing the options available to people to exercise more control over their own health and over their environments. It also aims to make choices conducive to health; to promote health services shared among individuals, community groups, health professionals, health service institutions and governments. It further strengthens systems for workplace learning in Health and Productivity Management; to develop effective behaviour change communication programmes; to ensure specific training for Public Service Employees on Health and Productivity Management programmes; and to achieve and sustain an environment that acknowledges and responds effectively to diversity. Try to make these sentences more concise.

2. Policy Principles

See Part A, paragraph 5.

3. Policy Measures

3.1 Evaluation of the impact of occupational health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework

3.2 Meeting of Health standards and putting processes in place to ensure continuous improvement

3.3 Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health

3.4 Sharing of Health Services among individuals, community groups, health professionals, health service institutions and governments



3.5 Strengthening of systems for workplace learning in health management

4. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 7.1.2 of this policy. This policy will be further implemented as according to the Implementation Guide.



HEALTH AND PRODUCTIVITY MANAGEMENT
GENERIC POLICY IMPLEMENTATION GUIDE

FOR THE PUBLIC SERVICE

ANNEXURE B

Introduction:

This serves as a guide to implement the policy measures as outlined in the Health & Productivity Management Policy. The policy measures are translated into success indicators which are performance expectations for each sub-objective. Success indicators seek to identify exactly what outcomes are expected as a result of the intervention made. Each success indicator is further broken down into functional objectives with activities or processes as per the four process pillars of Capacity Building, Organizational Support, Governance and Institutional Development, and Economic Growth and Development Initiatives. Indicators for implementation are described in terms of output, outcome and impact indicators.

STRATEGIC OBJECTIVE: 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)	
Sub-Objective	Success Indicators
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">• Conducting of awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations.• Development of Departmental Health and Productivity Management Policy.• Utilization of disease management programmes through co-operation between medical practitioners and patients to reduce barriers in the workplace.• Integrated Health Risk Assessments and management to improve Chronic Disease Management and the measuring of the impact on employee health and productivity.• Implementation of strategies to reduce the risk of employees contracting Communicable and non-communicable diseases and the need for medical interventions.

1.1 Conducting of awareness and programmes on the functions and purpose of health surveillance and the relevant laws and regulations.

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:			
1.1.1 To compile an operational plan for roll out of comprehensive disease management package in the workplace	HR Finances Comprehensive Disease Management package	Compile a Comprehensive Disease Management package Train the EH&W practitioners and role players in application of package	Ensure accessibility to health care facilities Develop a resource list and information brochures and communicate through out the department	Establish and maintain partnerships with health care practitioners and facilities	Ensure that the Disease management package comply with national and international standards	No. of employees utilizing disease management programmes	% utilization rate of disease management programmes	Decrease in applications for ill health retirement

<p>1.1.2 To ensure disease management awareness programmes to staff and training of all managers regarding disease management.</p>	<p>HR Finances Awareness Programmes and Training programmes</p>	<p>Conduct Disease management awareness programmes for employees Coordinate training programmes for managers</p>	<p>Obtain management support and buy-in Provide additional information by using A variety of communication channels</p>	<p>Establish and maintain partnerships with donors and service providers for conducting training in collaboration with PALAMA and HEI's</p>	<p>Develop awareness and training programmes in collaboration with e.g SADC countries, ILO</p>	<p>No. of employees participated in awareness programmes No. of managers Trained</p>	<p>% of awareness programmes conducted % of Training programmes conducted</p>	<p>Decrease in ill health retirement and absenteeism because of ill health</p>
<p>1.1.3 To conduct ongoing awareness and education programmes on the functions and purpose of health surveillance and the relevant laws and regulations</p>	<p>HR Finances Awareness and education programme material</p>	<p>Conduct awareness and information sessions on of health surveillance and the relevant laws and regulations</p>	<p>Develop marketing material and distribute to all employees</p>	<p>Agreed on training content between senior management, DPSA, legal services and trade unions</p>	<p>Awareness brochures on regional (SADC) priorities to be developed and distributed.</p>	<p>No. of employees trained</p>	<p>% Awareness and education sessions conducted</p>	<p>Increase of understanding and application of laws and regulations</p>

1.2 Development of Departmental Health and Productivity Management Policy.

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:			
1.2.1 To ensure development and implementation of a Health and Productivity Management Policy	HR Finance HPM Policy & Guidelines National Acts & Standards	Develop policy & implementation guidelines Train management and staff	Establish effective Communication channels Distribute the policy & implementation guidelines Obtain management support	Ensure that role players are accountable for implementation of the HPM policy and compliant to the policy through M&E	Align policy with international organization benchmarks to mitigate the impact of Health and Productivity on the economy	No. of managers and employees trained No. of departments complied with implementation of policy guidelines No. of departments with M&E Reports	% of Departments/ Units/ institutions developed & implemented HPM policy	Decrease in absenteeism and use of sick leave Increase in productivity

1.3 Utilization of disease management programmes through co-operation between medical practitioners and patients to reduce barriers in the workplace.

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:			
1.3.1 Promote co-operation between health practitioners/ specialists and patients	HR Finances Protocol for cooperation to reduce barriers of disease management	Develop and train protocol on processes to be followed Develop and implement a program to reduce stigma and discrimination	Use existing communication channels to promote the use of the protocol	Consultation meetings and workshops with various stakeholders and experts Include the management of the protocol in the TOR of the Steering Committee	Ensure responsiveness to MDG's	No. of people trained on protocol	% compliance with protocol % of patients utilized services of health practitioners/ specialists	Decrease in barriers of disease in the workplace Increase of co-operation between parties

1.4 Integrated Health Risk Assessments and management to improve chronic disease management and the measuring of the impact on employee health and productivity.

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
1.4.1 Develop programmes for improvement of employee health and reduction of workforce turnover	HR Finances Health Improvement programmes	Develop programmes and organize health and wellness drives that offer a full package of information and services	Ensure accessibility to health programmes and facilities through advocacy	Formulate partnerships with health and wellness service providers	Departments actively empower staff to respond to the challenges posed by chronic diseases	No. of employees utilizing the health improvement programmes	% Chronic illnesses management is improved No of reduction in staff turnover	Improving employee decision making ability Reducing organisational conflict, absenteeism, and staff turnover

1.5 Implementation of strategies to reduce the risk of employees contracting communicable and non—communicable diseases and the need for medical interventions.

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives			
1.5.1 Identify, assess and control the risk to employees of infectious diseases and other risks in the work place	HR Finances Integrated Risk Assessment Programme Risk assessors	Develop an integrated Risk Assessment programme	Ensure that Risk Assessment Plans are in place and communicated to all staff Assess workers Health and monitoring sicknesses Conduct tests, surveys, other investigations Conduct voluntary programmes	Work in collaboration with health risk organizations and programmes e.g. GEMS, PILIR	Departments accommodate SHERQ programmes in their strategic plans and business priorities as prescribed by the OHS Act	No. of Investigations done and written reports provided No. of tests, surveys, other investigations conducted	% Strategies are implemented to prevent the risk of employees contracting infectious diseases and exposure to other risks	Reduction in risks and incidence and accidents in the workplace

			and inspections					
1.5.2 Provide suitable information and training in the avoidance of risk, including work methods, use of equipment, hygiene, prevention, control, protection, monitoring and health surveillance	HR Finances Integrated Health Risk Training programme	Purchase or develop Integrated Health Risk Programmes and ensure training of staff	Provide additional information via existing communication channels	Establish partnerships with Health Risk organizations that already designed and implemented programmes	Strategic support provided to departments in responding to the goals and objectives of the millennium development goals regarding OHS	No. of staff trained and awareness drives	% Education and training to prevent the risk of employees contracting infectious diseases and exposure to other risks	Increase in knowledge on infectious diseases and exposure to other risks Reduction in risks, incidence and accidents in the workplace

Sub-Objective		Success Indicators						
2 To promote the management of Mental health and psychosomatic illnesses: <ul style="list-style-type: none"> • Interventions. • Stress Management & Crises Support • Stigma and Mental Health The impact of Health and Productivity Management & Psychosomatic Illnesses		<ul style="list-style-type: none"> • Developing and implementing of a toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health • Measuring of the impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress are measured • Reduction of stigma and discrimination against people living with mental diseases as well as the promotion of human rights and wellness • 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 						
2.1 Developing and implementing of a toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health								
Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives			
2.1.1. Develop programmes which recognize, and address	HR Finances Mental Health	Train managers and EH&W coordinators	Provide support options which are confidential and non-	Ensure accessibility to Mental Health	Ensure that All Departments implement a Mental Health	No. of employees utilizing the programmes	% Mental Health awareness programmes is implemented	Increase in mental health promotion and understanding

mental health needs in the work place	Toolkit	in Mental Health Promotion	stigmatizing	facilities and resources	Policy to mitigate the impact on the organization			
2.1.2 Raise awareness of self and other mental wellbeing	HR Finances Advocacy materials	Train managers and EH&W coordinators in Mental Health Promotion Awareness workshops on mental health. Distribute pamphlets on mental health	Plans are in place to create mental health awareness in public service	Departments actively empower staff to respond to the challenges posed by mental illness.	Consultation meetings and workshops with various stakeholders and experts.	No. of employees participated in awareness programmes No. of managers Trained	% of awareness programmes conducted % of Training programmes conducted	Decrease in mental illnesses

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

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives			
2.2.1 Develop programmes that reduce depression and anxiety, and deal with post traumatic distress	HR Finances Advocacy materials	Train managers and EH&W coordinators in programmes that reduce depression and anxiety, and deal with post traumatic distress Awareness workshops on programmes that reduce depression and anxiety,	Use existing communication channels to programmes that reduce depression and anxiety, and deal with post traumatic distress promote	Formulate partnerships with the relevant stake holders	Consultation meetings and workshops with various stakeholders and experts.	No of employees participating in programmes that reduce depression and anxiety, and deal with post traumatic distress	% of employees able to deal with post traumatic distress	Increase of management of depression and anxiety in the work place

		and deal with post traumatic distress programmes that reduce depression and anxiety, and deal with post traumatic distress Distribute pamphlets on						
2.2.2 Have a balanced approach to addressing stress at work and home	HR Finances Advocacy materials	Identify the causes of stress and take steps to remove it Develop a stress management approach Explore and use relaxation techniques	Plans are in place to create a low stress public service	Formulate partnerships with the relevant stake holders	Consultation meetings and workshops with various stakeholders and experts.	No of employees participating in programmes that address stress at work and home	% of employees able to deal with stress at the workplace and home	Increase of management of stress at the workplace and at home

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

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
2.3.1 Develop programmes that promote a culture of respect and dignity	HR Finances Advocacy materials	Train staff to be sensitive to mental distress	Make sure that no one is refused employment on the grounds of mental illness	Ensure that role players are account able for implementati on of the HPM policy and compliant to the policy through M&E	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No employees trained on programmes that promote a culture of respect and dignity	% of Departments that implement programmes that promote a culture of respect and dignity	Increased number of public servants who gained skills to manage their relationships effectively

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

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
2.4.1 Develop a package of interventions	HR Finances Advocacy materials	Teach Coping strategies for individuals who share common coping deficits	Alter working Conditions so that they are less stressful or more conducive to effective coping Include Individual Counseling services for employees	Involving Security until emergency services arrive	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No Departments with guidelines on intervention strategies	% of department implementing intervention strategies	Increase in number of interventions developed and implemented

Sub-Objective	Success Indicators
3 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 Counseling 	<ul style="list-style-type: none"> • Integration of Health Risk Assessments and Management and Productivity Management • Establishing of a process to report any injuries sustained by workers in the workplace • Establishing of procedures for protecting employees, as well as complying with the law • Establishing and utilization of counseling and support services • Quantification of Return on investment (ROI) to develop cost effective health care programmes

3.1 Integration of Health Risk Assessments and Management and Productivity Management

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
3.1.1 Implement a system to manage injury on duty and	HR Finances Advocacy materials	Train management and staff Co-ordinate	Establish effective communication channels	Ensure that role players are accountable for	Align policy with international organization bench marks	No of managers trained on PILIR and COIDA	% of departmental implementation of guidelines on Injuries on Duty	Decreased number of injuries and ill-health retirements in the public service

<p>incapacity due to ill health according to PILIR and COIDA</p>		<p>training programmes for managers and coordinators</p> <p>Develop Policy implementation guidelines on Injuries on Duty and Ill health Retirements align them to COIDA and PILIR</p>	<p>Obtain management support</p>	<p>implementation of PILIR and COIDA are compliant</p>	<p>to mitigate the impact of Health and Productivity on the economy</p>	<p>No of departments with implementation guidelines on Injuries on Duty and Ill health Retirements</p>	<p>and Ill health Retirements</p>	
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3.2 Establishing of a process to report any injuries sustained by workers in the workplace

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
3.2.1 Investigate accidents or exposure and institute remedial measures to prevent similar incidents	HR Finances Advocacy materials	Develop guidelines on procedures to investigate accidents and exposures Develop guidelines for remedial measures to prevent similar incidents	All incidents reported and recorded on official documents as required by OHS standards She reps informed of all incidents All compensation forms correctly completed	Ensure that role players are accountable for investigating accidents and exposures Ensure that role players are accountable for remedial measures to prevent	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of managers trained on accidents or exposures No of departments with implementation guidelines on remedial measures to prevent similar incidents	% of departmental implementation guidelines on remedial measures to prevent similar incidents	Reduced number of accidents or exposures in the work place

			according to COIDA	similar incidents.				
			Prevent re-occurrence of similar incidents					
			Investigation procedure to include recommendations to reduce risks					

3.3 Establishing of procedures for protecting employees, as well as complying with the law

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
3.3.1 Take firm action and disciplinary action where health issues are abused	HR Finances Advocacy materials	Training of coordinators on compliance with legal health issues Conduct Workshops and seminars	Health legal requirements identified Systems established to provide access to relevant current legislation Employees aware of consequences of non-compliances`	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of managers trained on health legal requirements No of departments with guidelines on legal requirements.	% of departmental implementation guidelines on legal requirements	Increase number in legal adherence cases.

			Applicable legal documents valid and available					
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3.4 Establishing and utilization of counseling and support services

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
3.4.1 Make counseling available and accessible	HR Finances Advocacy materials	Conduct Workshops and Seminars on what is counseling	Have onsite Assistance Critical incident response Plan	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of	No of employees who attended counseling sessions	% of departmental implementation guidelines on counseling	Increase in number of employees receiving counseling in the public service.

			EAP programmes available and accessible		Health and Productivity on the economy	No of Departments with counseling guidelines		
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3.5 Quantification of Return on Investment (ROI) to develop cost effective health care programmes

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
3.5.1 Project future health care cost trends	HR Finances Advocacy materials	Conduct Workshops and Seminars on what is counseling	Employees trained on care costs trends	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity	No of employees trained on ROI	% of department trained on health care cost trends	Increase in the number of departments shows Return on investment

					on the economy			
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Sub-Objective	Success Indicators
<p>4 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"> • Evaluation of the impact of occupational health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework • Meeting of Health standards and processes are in place to ensure continuous improvement • Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health. • Sharing of Health Services among individuals, community groups, health professionals, health service institutions and governments • Strengthening systems for workplace learning in health management

4.1 Evaluation of 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

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
4.1.1 Evaluate the impact of health policies and health systems on health Practices	HR Finances Advocacy materials	Conduct Workshops and Seminars on health policies and health system.	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on policies and health systems on health Practices	% of departments trained on policies and health systems on health Practices	Increased number of Departments utilizing health policies and health systems
4.1.2 Advocate for policy environmental change	HR Finances Advocacy materials	Conduct Workshops on policy environmental change	Develop a communication strategy to promote behavior change	Ensure that role players are accountable for Systems established to provide access to	Align policy with international organization bench marks to mitigate the impact of Health and	No of employees trained on policy environmental change	% of department trained on policy environmental change	Increase in number of employees with behavior change due to policy environmental change

				relevant current legislation	Productivity on the economy			
4.2 Meeting of Health standards and processes are in place to ensure continuous improvement								
Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
4.2.1 Apply fundamentals of budgeting and financial management to government health services facilities	HR Finances Advocacy materials	Training on Health and productivity costing	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees budgeting and financial management	% of department with guidelines on budgeting and financial management	Increase in a balanced appropriate budgets

4.3 Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health.

Input	Functional objectives	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
4.3.1 Understand the legal, ethical and cultural environments in which health systems operate	HR Finances Advocacy materials	Training on the legal ethical and cultural environments in which health systems operate	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on legal, ethical and cultural environments in which health systems operate	% of departments train on legal, ethical and cultural environments in which health systems operated	Increased % of employees increase in making choices conducive to health
4.3.2 Identify and apply the essential components for the provision and management of	HR Finances Advocacy materials	Training on Identifying and applying the essential components for the provision and management	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and	No of employees Identifying and applying the essential components for the provision and	% of departments trained on Identifying and applying the essential components for the provision and management of	Increased % of employees in making choices conducive to health

health services for a defined population		of health services for a defined population			Productivity on the economy	management of health services for a defined population	health services for a defined population	
4.3.3 Identify risk management and safety priorities at the work place	HR Finances Advocacy materials	Training on Identifying risk management and safety priorities at the work place	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained in identifying risk management and safety priorities at the work place	% of departments trained on identifying risk management and safety priorities at the work place	% of employees increase in making choices conducive to health

4.4 Sharing of Health Services among individuals, community groups, health professionals, health service institutions and governments

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
4.4.1 Apply evidence-based principles of community assessment, mobilization, engagement and advocacy to the management of local health services and public health organizations	HR Finances Advocacy materials	Training on Applying evidence-based principles of community assessment, Training on assessment, mobilization, engagement and advocacy to the management of local health services	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization benchmarks to mitigate the impact of Health and Productivity on the economy	No of employees trained Applying evidence-based principles of community assessment No of employees trained on assessment, mobilization, engagement and advocacy	% of departments trained Applying evidence-based principles of community assessment % of departments trained on assessment, mobilization, engagement and advocacy to the management of local health services	Increase in the number of departments sharing government resources in the public service

						to the management of local health services		
4.4.2 Ensure that there is an Ethical and Professional Code of Practice	HR Finances Advocacy materials	Training on Ethics and Professional Code of Practice	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on the Ethical and Professional Code of Practice	% of department trained on the Ethical and Professional Code of Practice	Increase in the number of departments providing professional service in the workplace
4.4.3 Prepare quarterly and annual Audits for the Department	HR Finances Advocacy materials	Training on Preparing quarterly and annual Audits	Systems established to provide access to relevant current legislation	Professional Supervision /Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on Preparing quarterly and annual Audits No quarterly and annual Audits done	% of department trained on and Implementing quarterly and annual Audits	Increase number of Audits done in departments

4.5 Strengthening systems for workplace learning in health management

Functional objectives	Input	Processes and Activities				Output	Outcome	Impact
		Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives	Economic Growth and Development Initiatives			
4.5.1 Ensure all employees have sufficient knowledge and understanding of the learning networks	HR Finances Advocacy materials	Conduct Workshops and Seminars	Systems established to provide access to relevant current legislation	Professional Supervision /Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on knowledge and understanding of the learning networks	% of department trained on knowledge and understanding of the learning networks	Increase in number of departments in knowledge of workplace systems and workplace learning in health management.



STEP- BY-STEP GUIDE FOR IMPLEMENTATION OF THE
HEALTH AND PRODUCTIVITY MANAGEMENT POLICY SYSTEM
IN THE PUBLIC SERVICE

ANNEXURE C



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1. INTRODUCTION

The Employee Health and Wellness Strategic Framework (EHWSF) serves as a broad guideline for the implementation of Employee Health and Wellness in the Public Service. Health and Productivity Management (HPM) is one of the four pillars in the EHWSF, of which a policy have been developed. This Step-by-Step Guide is meant to operationalise the implementation of the HPM Policy in a sequential manner. Departments are guided to focus on five key elements for implementation, namely:

- Commitment and HPM Policy
- Planning of the HPM system
- Implementation and operation of the HPM system
- HPM system evaluation, corrective and preventive action
- HPM review

The guide will form the basis for development of the workplace HPM Standard Operating Procedure, against which departmental management systems can be assessed and graded.

2. PURPOSE

This guide is intended for implementation by all Public Service departments to assist them to:

- 2.1 Establish, maintain and improve on HPM systems;
- 2.2 Assure each department of its conformance with its stated HPM policy; and
- 2.3 Demonstrate such conformance to others.

3. TERMS AND DEFINITIONS

For the purpose of this Guide, the following terms and definitions apply.



3.1 Continual improvement

Recurring process of enhancing the HPM system in order to achieve improvements in overall HPM performance consistent with the department's HPM policy and procedures.

3.2 Ill-Health determinant

An activity, process, service or situation with a potential for increasing any person's risk of being un-healthy

3.3 HPM objectives

Overall HPM goals, targets, objectives and success criteria consistent with the HPM policy which the department sets out to achieve

3.4 HPM performance

Measurable results of the department's management of its Ill-Health determinants.

Note: In the context of this guide, results can be measured against the department's HPM policy, HPM targets, objectives and success criteria and other HPM performance requirements.

3.5 HPM system

Part of the department's organizational support system used to develop and implement the HPM policy, and manage its Ill-Health determinants.



Note: A management system is a set of interrelated elements used to establish policy and objectives and achieve those objectives. A management system includes departmental structure, planning activities, responsibilities, practices, procedures, processes and resources.

3.6 HPM targets

Detailed performance requirement, applicable to the department or parts thereof, that arises from the HPM objectives, that needs to be set and met in order for those objectives to be achieved.

3.7 HPM Policy

Overall intention and direction of the department related to its HPM performance as formally expressed by senior management.

4. ELEMENTS OF THE HPM SYSTEM

The Department shall establish and maintain a HPM system. There are a number of elements that make up a successful HPM system. These elements are shown in Figure 1.

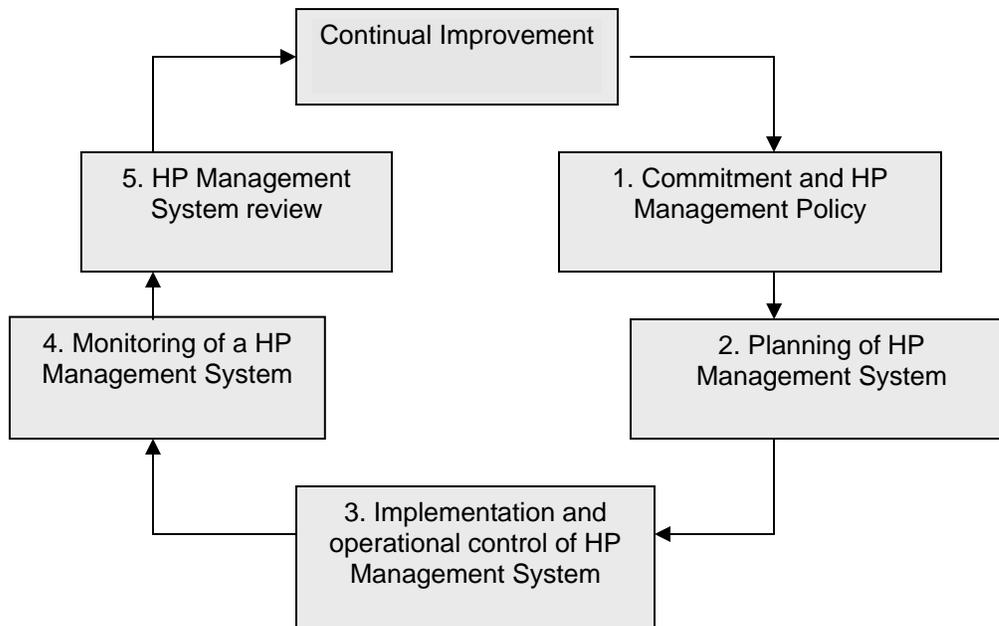


Figure 1: Elements of the HPM System

4.1 Element 1: Commitment and HPM Policy

This element comprises of the following sub-elements or activities:

- 4.1.1 Ill-Health determinant, identification and risk assessment
- 4.1.2 Corporate standards
- 4.1.3 Legal and other requirements
- 4.1.4 Departmental risk management strategy
- 4.1.5 Identification of all role-players and election of a committee

There shall be a HPM policy authorized by the Head of Department (HOD) that clearly states overall HPM objectives and a commitment to improve the health and wellbeing, and productivity of employees.



The policy shall:

- a) Be appropriate to the nature and scale of the organisation's health risks;
- b) Address assistance to employees and their immediate family;
- c) Include a commitment to continual improvement;
- d) Include a commitment to at least comply with current applicable legislation and with other requirements to which the department subscribes;
- e) Include a commitment to prevention of health risk exposures;
- f) Be documented, implemented and maintained;
- g) Be communicated to all employees with the intent that employees are made aware of their individual responsibilities towards wellness;
- h) Be communicated and available to interested parties, employee spouses, life partners, children, orphans, immediate family and other;
- i) Be reviewed periodically to ensure that it remains relevant and appropriate to the Department.

4.2 Element 2: Planning of the HPM System

This element comprises of the following sub-elements and activities:

4.2.1 Identification of Ill-Health determinants and evaluation of related tasks

The department shall establish and maintain procedures for the ongoing identification of factors that subtly promote the possibility of health risk exposure, Ill-Health determinants, the assessment of risks, and the implementation of necessary education measures. The department shall consider all its activities, products and services that may have an impact on the HPM system performance that it can control and over which it is expected to have an influence. These shall include:

- a) Routine and non-routine activities;



- b) Activities of all personnel having access to the workplace (including subcontractors and visitors);
- c) Facilities at the workplace, whether provided by the department or others;
- d) Community and social factors;
- e) The department shall ensure that the results of these assessments and the effects of these controls are considered when setting its HPM objectives. The department shall document this information and keep it up to date;
- f) The department's methodology for III-Health determinant identification and risk assessment shall:
 - i. be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive;
 - ii. provide for the classification of risks and identification of those that are to be eliminated or controlled by measures as defined under performance indicators
 - iii. be consistent with the department's risks and the capabilities of control measures employed;
 - iv. provide input into the determination of facility requirements, identification of education and awareness needs, and/or development of management system controls; and
 - v. provide for the monitoring of required actions to ensure both the effectiveness and timeliness of their implementation.

NOTE: For further guidance III-Health determinant identification, risk assessment and risk control, see HPM System – SOP for Process Monitoring document.



4.2.2 HPM related legal and other requirements

The department shall establish and maintain a procedure for identifying and accessing the legal and other wellness-related requirements that are applicable to it. The department shall keep this information up-to-date. It shall communicate relevant information on legal and other requirements to its employees and other relevant interested parties.

4.2.3 HPM system objectives and targets

The department shall establish and maintain documented HPM objectives, at each relevant function and level within the department. Objectives should be quantified wherever practicable.

When establishing and reviewing its objectives, the department shall consider its legal and other requirements, its HPM-related risks, its technological options, its financial and operational controls and organizational requirements, and the views of interested parties.

The objectives shall be consistent with the HPM policy, including the commitment to continual improvement and prevention of health risk exposures.

4.2.4 HPM system plan(s)

The department shall establish and maintain HPM plans for achieving its objectives and targets. This shall include documentation of:

- a) The designated responsibility and authority for achievement of the objectives and targets at relevant functions and levels of the department;
- b) The means and time-scale by which objectives are to be achieved.



The HPM plan(s) shall be reviewed at regular and planned intervals, among others, for mainstreaming, costing and M&E purposes. Where necessary the HPM plan(s) shall be amended to address changes to the activities, products, services, or operating conditions of the department.

4.3 Element 3: Implementation and Operation of the HPM System

This element comprises of the following sub-elements and activities:

4.3.1 Structure, responsibility and accountability for HPM system

The roles, responsibilities and authorities shall be defined, documented and communicated in order to facilitate effective HPM. Management shall provide resources essential to the implementation and management of the HPM system. Resources include human resources, specialized skills, technology and financial resources. Ultimate responsibility for management of wellness-related risks rests with senior management.

The department shall appoint a member of senior management with particular responsibility for ensuring that the HPM System is properly implemented and performing to requirements in all sections and spheres of operation within the department. The department's management appointee shall have a defined role, responsibility and authority for:

- a) Ensuring that HPM system requirements are established, implemented and maintained in accordance with this Standard specification;
- b) Ensuring that reports on the performance of the HPM system are presented to top management for review and as a basis for improvement of the HPM system; and
- c) Representing the employees in the HPM committee.



All those with management responsibility shall demonstrate their commitment to the continual improvement and prevention health risk exposures.

4.3.2 HPM system awareness, education and competence

Employees shall be competent to perform tasks that may impact on health risk exposures in the workplace, sporting facility or institution. Competence shall be defined in terms of appropriate education and/or experience. The department shall identify Wellness-related awareness and education needs. All employees whose work may create a health risk to performance of the management system should have appropriate awareness and education.

The department shall establish and maintain procedures to ensure that its employees and their immediate families, at each relevant function and level are aware of:

- a) The importance of conformance to the HPM policy and procedures, and to the requirements of the HPM system;
- b) The consequences of health risk exposure;
- c) Their roles and responsibilities in achieving conformance to the HPM policy and procedures and to the requirements of the HPM system, including emergency preparedness and response requirements
- d) The potential consequences of departure from specified operating procedures.
- e) Awareness and education procedures shall take into account differing levels of responsibility, ability and literacy; and risk.



4.3.3 HPM system communication

The department shall establish and maintain procedures for ensuring that pertinent HPM system information is communicated to and from employees and other interested parties including the immediate family. Employee involvement and consultation arrangements shall be documented and interested parties informed.

Procedures are required for:

- a) Internal communication between the various levels and functions of the department;
- b) Receiving, documenting and responding to relevant communication from external interested parties.
- c) The department's consideration for processes for external communication on its HPM-related risks and record its decisions.

Employees shall be:

- a) Involved in the development and review of policies and procedures to manage health risk exposures;
- b) Consulted where there are any changes that affect workplace HPM-related impacts;
- c) Represented on HPM-related occupational health and safety matters; and
- d) Informed as to who are their peer educator(s) and specified management appointee.

4.3.4 HPM system documentation

The department shall establish and maintain information, in a suitable medium such as paper or electronic form, that:



- a) Describes the core elements of the management system and their interaction;
- b) Provides direction to related documentation.

NOTE: It is important that documentation is kept to the minimum required for effectiveness and efficiency.

4.3.5 HPM system document control

The department shall establish and maintain procedures for controlling all documents and data required by the National and International HPM System specifications to ensure that:

- a) They can be located;
- b) They are periodically reviewed, revised as necessary and approved for adequacy by authorized personnel;
- c) Current versions of relevant documents and data are available at all locations where operations essential to the effective functioning of the HPM system are performed;
- d) Obsolete documents and data are promptly removed from all points of issue and points of use or otherwise assured against unintended use; and
- e) Archival documents and data retained for legal or knowledge preservation purposes, or both, are suitably identified.

All documentation shall be legible, dated and readily identifiable, maintained in an orderly manner and retained for a specific period. Procedures and responsibilities shall be established and maintained concerning the creation and modification of the various types of documents.



4.3.6 Operational controls and management of HPM system

The department shall identify those operations and activities that could influence the status of the HPM system and exposure risks where management actions need to be applied. The department shall plan these activities in order to ensure that they are carried out under specified conditions by:

- a) Establishing and maintaining documented procedures to cover situations where their absence could lead to deviations from the HPM policy and objectives thereof;
- b) Stipulating operational controls and/or criteria in the procedures;
- c) Establishing and maintaining procedures related to the identified wellness-related risks due to the departments' activities and communicating relevant procedures and requirements to spouses, immediate family, suppliers and contractors;
- d) Establishing and maintaining procedures for medical and protective equipment, treatment and other specific controls in order to eliminate or reduce health risk exposures.

4.3.7 Emergency response and control of the HPM system

The department shall establish and maintain plans and procedures to identify the potential for, and responses to incidents and occupational emergency situations, and for preventing and mitigating the likely health risk exposure that may be associated with them.

The department shall review its related emergency preparedness and response plans and procedures, in particular after potential health risk exposure. The department shall periodically test such procedures where practicable.



4.4 Element 4: HPM System Evaluation, Corrective and Preventive action

This element comprise of the following sub-elements and activities:

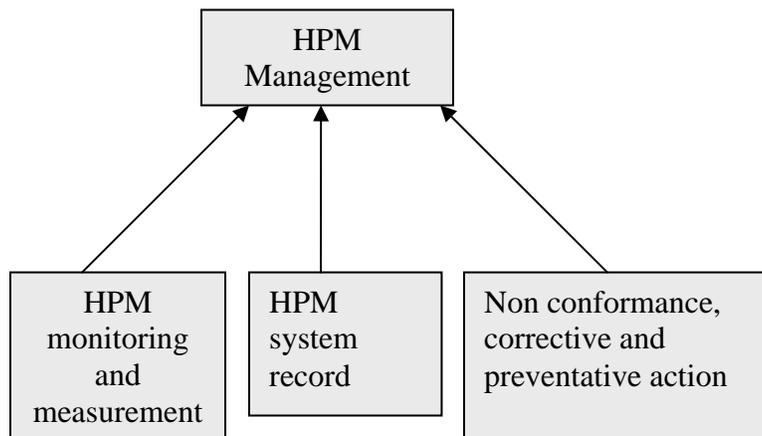


Figure 2: HPM checking and corrective action

4.4.1 HPM system monitoring and measurement

The department shall establish and maintain documented procedures to monitor and measure HPM system performance regularly. These procedures shall provide for:

- a) Both qualitative and quantitative measures, appropriate to the needs of the department;
- b) Monitoring of the extent to which the department's HPM objectives and targets are met;
- c) Proactive measures of performance that monitor compliance with the HPM system, management system controls and applicable legislation and regulatory requirements;



- d) Reactive measures of performance to monitor potential occupational and other exposures such as ill health and other historical evidence of a deficient HPM system;
- e) Recording of data and results of monitoring and measurement sufficient to facilitate subsequent corrective and preventive actions.

If medical and protective equipment is required for performance measurement and monitoring, the department shall establish and maintain procedures for the calibration, maintenance and selection of such equipment. Records of calibration and maintenance issues and selection criteria and related results shall be retained according to the department's procedures. The department shall establish and maintain a documented procedure for periodically evaluating compliance with relevant HPM-related legislation and regulations.

4.4.2 HPM System incidents, non-conformances, corrective and preventive action

The department shall establish and maintain procedures for defining responsibility and authority for the handling and investigation of:

- a) Incidents (occupational and non-occupational exposures) including contact with blood during sport activities, incidental play activities;
- b) Non-conformances e.g. sharing needles, sexual activities, rape cases, assaults or alcohol abuse;
- c) Action taken to mitigate any consequences arising from incidents or non-conformances;
- d) The initiation and completion of corrective and preventive actions;
- e) Confirmation of the effectiveness of corrective and preventive actions taken.



For the purpose of processing employees claim for compensation, each department shall ensure that it is registered with department of labour as an entity. These procedures shall require that all proposed corrective and preventive actions should be reviewed through the risk assessment process prior to implementation. Any corrective or preventive action taken to eliminate the causes of actual and potential non-conformances shall be appropriate to the magnitude of problems and commensurate with the health risk encountered. The department shall implement and record any changes in the documented procedures resulting from corrective and/or preventive action.

4.4.3 HPM system records

The department shall establish and maintain procedures for the identification, maintenance and disposition of HPM-related records, as well as the results of audits and reviews. HPM-related records shall be legible, identifiable and traceable to the activities involved.

HPM-related reports shall be stored and maintained in such a way that they are readily retrievable and protected against damage, deterioration or loss. Their retention times shall be established and recorded. Records shall be maintained, as appropriate to the system and to the department, to demonstrate conformance to the SOP.

4.4.4 HPM system audit

The department shall establish and maintain an audit programme and procedures for periodic HPM system audits to be carried out, in order to:

- a) Determine whether or not the HPM system conforms to planned arrangements for HPM including the:
 - i. requirements of this HPM Standard specification;
 - ii. has been properly implemented and maintained; and



- iii. is effective in meeting the department's policy and objectives;
- b) Review the results of previous audits;
- c) Provide information on the results of audits to management.

The audit programme, including any schedule, shall be based on the results of risk assessments of the department's activities, and the results of previous audits. The audit procedures shall cover the scope, frequency, methodologies and competencies, as well as the responsibilities and requirements for conducting audits and reporting results. Wherever possible, audits shall be conducted by personnel independent of those having direct responsibility for the activity being examined.

NOTE: The word "independent" here does not necessarily mean external to the department.

The wellness committee will be responsible for the moderation of the audit process and audit results. A pre-determined grading system shall be used to grade the department's overall HPM system performance.

4.5 Element 5: HPM System Review

4.5.1 HPM system review

The department's senior management shall, at intervals that it determines, review the HPM system, to ensure its continuing suitability, adequacy and effectiveness. The management review process shall ensure that the necessary information is collected to allow management to carry out this evaluation. This review shall be documented.



The management review shall address the possible need for changes to policy, objectives and other elements of the HPM system, in the light of HPM system audit results, changing circumstances and the commitment to continual improvement.

5. Bibliography

- 5.1 AMS 16001:2003 – Standard for HIV&AIDS Management System – Specification Document
- 5.2 SANS 16001:2007 – South African National Standard: HIV&AIDS Management Systems – General Requirements

