



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

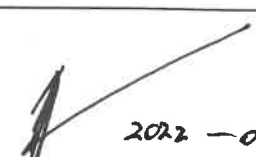
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A. Acronyms

| ACRONYM | DEFINITION |
|-------------------|--|
| 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 |
| RM | Regional Manager |
| CP | College Principal |
| 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 and Wellness Strategic Framework |
| IDP | Integrated Development Plans |
| ILO | International Labor Organisation |
| IR | Industrial Relations |
| ISO | International Standardization Organization |
| HIV | Human Immunodeficiency Virus |
| HOD | Head of Department |
| HPM | Health and Productivity Management |
| HR | Human Resources |
| HRD | Human Resource Development |
| MDG | Millennium Development Goals |
| ROI | Return on Investment |
| WHO | World Health Organisation |

B. Glossary Of Terms

| TERM | DEFINITION |
|---|---|
| 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 programmes to provide incentives, change behavior, reduce risks, improve health, which impact on medical costs and disabilities, improve functionality, which translates into enhanced worker productivity. |
| DISEASE MANAGEMENT | Disease Management has evolved from managed care, speciality 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. |
| 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. |

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| 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. |
| TEMPORARY INCAPACITY LEAVE | Incapacity leave is a leave benefit that can be applied for in the event where normal sick leave has been exhausted in the three-year sick leave cycle. |
| ILL-HEALTH RETIREMENT | When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged or 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. |
| 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). |
| HEALTH EDUCATION AND PROMOTION | 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 catalyse and reinforce behaviour change while intentionally leading to improved individual health and productivity. |

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| 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. |
| MANAGER | Means a manager who is tasked with championing the Health and Productivity Management programme in the workplace. |
| EMPLOYEE | Means a person appointed in terms of the Public Service Act No. 1994. |
| 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). |
| THE HEALTH AND WELLNESS PRACTITIONER | Is an employee tasked with the responsibility to implement EHW programmes, which include HPM programmes. The Health and Wellness practitioner is professionally trained to perform EHWP interventions and will refer cases further if deemed necessary. |

1. BACKGROUND AND INTRODUCTION

1.1 Policy Statement

This Policy serves as a broad guide for the Department in responding to Health and Productivity Management in the workplace. 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.

The HPM programme is underpinned by the WHO Plan of Action on Workers Health. 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 workplace and access to occupational health services.

1.2 Legislative Framework

- 1.2.1 Constitution of the RSA Act, 1996;
- 1.2.2 Disaster Management Act, 2002 (Act No. 57 of 2002);
- 1.2.3 Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997);
- 1.2.4 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);
- 1.2.5 Employment Equity Act, 1998 (Act No. 55 of 1998);
- 1.2.6 Labour Relations Act, 1995 (Act No. 66 of 1995);
- 1.2.7 National Disaster Management Framework;
- 1.2.8 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000);
- 1.2.9 Public Service Act of 1994 as Amended and Regulations;
- 1.2.10 Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993);
- 1.2.11 Mental Health Care Act, 2002 (Act No. 17 of 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), and
 - (d) Mental Health Care Regulations, 2003 (No. 14 of 2003).
- 1.2.12 Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2020–2025;
- 1.2.13 National Strategic Framework on Stigma and Discrimination;
- 1.2.14 National Occupational Health and Safety Policy of 2005, and
- 1.2.15 Employee Health and Wellness Strategic Framework for the Public Service (2019).

2. POLICY PURPOSE, OBJECTIVES AND PRINCIPLES

2.1 Purpose

This Policy serves as a guide to the Department in responding to Health and Productivity Management in the workplace.

2.2 Objectives

The objective of the Policy is to provide guidelines to the Department in order to:

- 2.2.1 Focus on the areas of Disease Management, Mental Health Management, and Injury on Duty and Incapacity due to Ill-health and Occupational Health Education and Promotion;
- 2.2.2 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;
- 2.2.3 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;
- 2.2.4 Reduce absenteeism from work, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational diseases and health risks, and
- 2.2.5 Enhance the knowledge levels of individuals, help catalyse and reinforce behaviour change while intentionally leading to improve health and productivity.

2.3 Principles

- 2.3.1 Cohesiveness;
- 2.3.2 Equality and non-discrimination;
- 2.3.3 Human dignity, autonomy, development and empowerment;
- 2.3.4 Confidentiality and ethical behaviour;
- 2.3.5 Responsiveness, and
- 2.3.6 Transparency.

3. SCOPE OF APPLICATION

This Policy applies to all the employees of the Department of Higher Education and Training.

4. POLICY PROVISIONS

4.1 Policy Implementation/Operationalisation

This Policy shall be operationalised in collaboration with auxiliary functions (OD, HR, LR, Change Management et cetra.)

4.2 Management of Non-Communicable and Communicable Disease

The management of Non-Communicable and Communicable Disease shall be carried out through:

- 4.2.1 Conducting an Integrated Health Risk Assessment and Management to improve Chronic Disease management;
- 4.2.2 Encouraging utilisation of Disease Management Programme, and
- 4.2.3 Conducting Awareness Programmes.

4.3 Mental Health Management

The Management of Mental Health shall be achieved by ensuring the following:

- 4.3.1 Availability of a toolkit for Mental Health Promotion;
- 4.3.2 Reduction of stigma and discrimination, and
- 4.3.3 Establishing mental health support mechanism (e.g. Capacity building, psycho-social interventions et cetera).

4.4 Management of Incapacity Due to Ill-Health and Retirement

The Incapacity Due to Ill-Health and Retirement shall be managed through:

- 4.4.1 Conducting an Integration of Health Risk Assessment and Productivity Management (e.g. PMDS underperformance et cetera);

- 4.4.2 Implementation of PILIR;
- 4.4.3 Provision of counselling and support services, and
- 4.4.4 Developing cost effective health care programmes (ROI).

4.5 Health Education and Promotion

The Health Education and Promotion shall be achieved through:

- 4.5.1 Developing personal skills and re-orientate health services to employees;
- 4.5.2 Communicating behaviour change;
- 4.5.3 Provision of e-health knowledge and information, and
- 4.5.4 Strengthening systems for workplace health management.

5. ROLES AND RESPONSIBILITIES

5.1 Director-General

The Director-General shall be responsible for approving the implementation of the Health and Productivity Management Policy in the workplace.

5.2 Designated Manager, Regional Manager and College Principal shall ensure that:

- 5.2.1 HPM in the workplace encompasses 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 workplace.

- 5.2.2 Mental health in the workplace is addressed by:
- (a) Providing support options which are confidential and non-stigmatised.
 - (b) Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.
- 5.2.3 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).
- 5.2.4 Targeted employees attend training on Health and Productivity Management programs.
- 5.2.5 Systems/Procedures/Delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programs.
- 5.2.6 Support is provided to employees who truly need such support through Health and Wellness Programmes, i.e. to take action where necessary e.g. to adapt an incapacitated employee's work environment when so advised.
- 5.2.7 The management of health programmes is changed to promote both employees' health and enhance service delivery.
- 5.2.8 Capacity building programmes are developed.
- (a) Promoting competence development of practitioners (e.g. on the job training et cetera);
 - (b) Provide capacity building to auxiliary functions (OD, HR, IR, Skills Development, Change Management et cetera), and
 - (c) Promote HPM programmes at an organisational level.
- 5.2.9 Organisational support initiatives are developed.
- (a) Developing integrated HPM information management system;
 - (b) Ensuring financial planning and budgeting, and
 - (c) Mobilising management support.

- 5.2.10 Governance and Institutional Initiatives are developed.
- (a) Establishing HPM Committee;
 - (b) Obtaining Stakeholder commitment and development (e.g. Regional manager, Deputy-principal CS, Legal office, HR, LR, Trade union reps et cetera);
 - (c) Management of wellness care;
 - (d) Developing and implementing management standards for HPM;
 - (e) Developing and maintaining an effective communication system, and
 - (f) Developing and implementing a system for monitoring, evaluation and impact analysis.

5.3 The Employee shall:

- 5.3.1 Ensure that he/she registers early into disease management programmes in order to manage the disease and enhance productivity in the workplace.
- 5.3.2 Participate in care and preventive programmes to minimise the effects of a disease, or chronic condition through integrative care and preventive care.
- 5.3.3 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.
- 5.3.4 If involved in any incident which may affect his/her health or which has caused an injury to him-/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable.
- 5.3.5 Comply with standards as set by legislation, and regulations, and frameworks.

6. MONITORING AND EVALUATION

This Policy shall be monitored by the directorate responsible for Employee Health and Wellness Programmes in the Department.

7. POLICY REVIEW

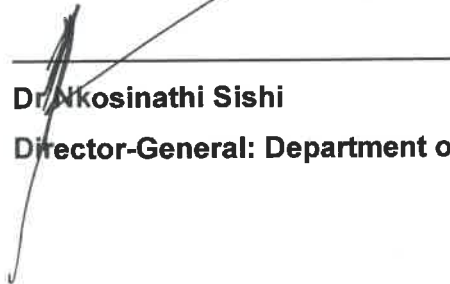
This Policy will be reviewed every three years or as and when a need arises.

8. DISPUTE RESOLUTION

Any dispute arising out of the interpretation and/or application of this Policy shall be dealt following applicable legislations and policies.

9. POLICY APPROVAL SIGNATURE

Signed at Pretoria on this 7th day of May 2022



Dr. Akosinathi Sishi

Director-General: Department of Higher Education and Training