

KWAZULU-NATAL PROVINCIAL ADMINISTRATION



PROVINCIAL POLICY FRAMEWORK ON  
HEALTH AND PRODUCTIVITY MANAGEMENT (HPM)

This Provincial Policy Framework was approved by the Director-General of the Province of KwaZulu Natal on 15.04.14.

Signed:

Mr NVE Ngidi  
Director-General

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## 1. INTRODUCTION

- 1.1 Health and Productivity Management (HPM) activities are efforts to promote and maintain the general health of employees through prevention, intervention, awareness, education, risk assessment and support in order to mitigate the impact and effect of communicable and non-communicable diseases, injuries and the productivity and quality of life of employees.
- 1.2 The Policy Framework on HPM seeks to strengthen and improve the efficiency of existing services and infrastructure through the implementation of the principles underpinned by the World Health Organisation Plan of Action on Workers Health 2008 -2017. The World Health Organisation Plan of Action on Workers Health 2008 -2017 advocates for:
  - (a) the principles of workers' rights to enjoy the highest attainable standards of physical and mental health and favorable working conditions. The workplace should not be detrimental to health and wellbeing.
  - (b) the priority of primary prevention of occupational health hazards and that all components of the health systems should be involved in an integrated response to the specific health needs of the working population.
  - (c) the recognition of the workplace 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 worker representatives.
  - (d) effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services.
- 1.3 Health and Productivity Management (HPM) also seeks to contribute to the International Labour Organisation (ILO) Decent Work Agenda for Public Servants. The goal is not just the creation of jobs, but the creation of jobs of acceptable quality. This requires the integration of economic and social objectives with measures in the areas of employment promotion, rights at work, social protection and social dialogue.
- 1.4 Departments may adopt this Policy Framework in its current form. If there are, however, unique circumstances within departments that necessitate the modification of the policy, departments may customize the policy to suit those prevailing circumstances but must ensure that they remain within the minimum and maximum provisions of this provincial policy framework and submit such amendments to the KwaZulu-Natal Public Sector Co-ordinating Bargaining Council through the Office of the Premier for ratification.
- 1.5 In implementing this Policy Framework, the provisions of Safety, Health, Environment, Risk and Quality Management (SHERQ) must be taken into consideration to avoid potential duplication and confusion of roles.

## 2. PURPOSE

The purpose of this Policy Framework is to provide a framework that supports effective operationalization of the Employee Health and Wellness Strategic Framework for the Public Service and to provide guidelines to the departments on how to implement Health and Productivity Management programmes in the workplace as part of the overall employee health and wellness initiatives.

## 3. SCOPE OF APPLICATION

This Policy Framework applies to the Office of the Premier, KwaZulu-Natal and all Provincial Departments as contemplated in Schedule 1 and 2 of the Public Service Act, 1994.

## 4. OBJECTIVE

The objective of this Policy Framework is to provide guidance to departments in order to:

- 4.1 managed diseases and chronic illnesses;
- 4.2 manage mental health and psych-somatic illnesses in the workplace
- 4.3 ensure that injury on duty and incapacity due to ill health are well managed; and
- 4.4 provide occupational health education and promotion.

## 5. GUIDING PRINCIPLES

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

- 5.1 Focus on all levels of employment.
- 5.2 Responding to the needs of designated groups such as women, youth, older persons, people with disabilities and people living with HIV, AIDS and TB.
- 5.3 Representation of targeted groups in a non-sexist, non-racist and fully inclusive Public Service.
- 5.4 Cohesiveness with Human Resource Development processes.
- 5.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.
- 5.6 Promotion of healthy integration and embracing change.
- 5.7 Human dignity, autonomy, development and empowerment.
- 5.8 A barrier-free Public Service.
- 5.9 Collaborative Partnerships.
- 5.10 Confidentiality and ethical behaviour.

## 6. AUTHORISATION

This Policy Framework is governed by the following legislation and policy documents:

- 6.1 Application for the Compensation for Occupational Injuries and Diseases Act in the Workplace: A guide for Government Departments: April 2005.
- 6.2 Basic Conditions of Employment Act No. 75 of 1997.
- 6.3 Constitution of the Republic of South Africa Act No. 108 of 1996.
- 6.4 Compensation for Occupational Injuries and Diseases Act No.130 of 1993;
- 6.5 Disaster Management Act No. 57 of 2002;
- 6.6 Employee Health and Wellness Strategic Framework for the Public Service, November 2008.
- 6.7 Employment Equity Act No.55 of 1998.
- 6.8 Labour Relations Act No. 66 of 1995.
- 6.9 Medical Schemes Act No.131 of 1998.
- 6.10 Managing HIV/AIDS in the Workplace, A guide for government departments, July 2002.
- 6.11 Management of Drug Resistant Tuberculosis in South Africa, Policy Guidelines June, 2007
- 6.12 Medical Schemes Act No. 131 of 1998
- 6.13 National Health Care Act No. 61 of 2003
- 6.14 National TB Infection Control Guidelines, June 2007
- 6.15 National Strategic Framework on Stigma and Discrimination.
- 6.16 National Strategic Plan on HIV and AIDS and STIs, 2012-2016.
- 6.17 Occupational Health and Safety Act No. 85 of 1993.
- 6.18 Promotion of Equality and Prevention of Unfair Discrimination Act No.4 of 2000
- 6.19 Promotion of Access to Information Act No. 2 of 2000.
- 6.20 Promotion of Administrative Justice Act No. 3 of 2000.
- 6.21 Public Service Act, 1994 as amended and Public Service Regulations, 2001.
- 6.22 Policy and Procedure on Incapacity Leave and ill-health Retirement (PILIR)
- 6.23 Public Finance Management Act No. 01 of 1999.
- 6.24 Tobacco Products Control Amendment Act No. 12 of 1999.

## 7. DEFINITION OF TERMS

For the purpose of this Policy Framework, unless the context indicates otherwise, the following definitions are set out for the terms indicated:

**“Asymptomatic”** means infected by a disease agent but exhibiting no medical symptoms.

**“Care”** means a broad term referring to the steps taken to promote a person’s well-being through medical, psychological, spiritual and other means.

**“Chronic Illness”** means a group of health conditions that lasts a long 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.

**“Confidentiality”** means the right of every person, employee or job applicant to have his/her medical information, including HIV status kept private.

**“Disease Management”** means the common chronic diseases and the reduction of future complications associated with those diseases. Disease management mitigates 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.

**“Department”** means the Office of the Premier, provincial department or a provincial government component within the KwaZulu-Natal Province.

**“Departmental Health and Productivity Management Committee”** means a committee that initiates, develops, promotes, maintains and reviews measures to ensure the health and productivity management in a department.

**“Employee”** means an employee as defined in the Public Service Act, 1994 and the Employment of Educators Act, 1998 (Act No. 76 of 1998).

**“Employee Health and Wellness Coordinator”** means an employee tasked with the responsibility to coordinate the implementation of Employee Health and Wellness programmes, which includes Health and Productivity Management programmes.

**“Head of Department”** means the incumbent of a post mentioned in column 2 of Schedule 1, 2 or 3 of the Public Service Act, 1994 and includes any employee acting in such post.

**“Health and Productivity Management”** or **“HPM”** means an 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 and Productivity Management value chain designs benefits and programs to provide incentives, change behaviour, reduce risks, improve health, which impacts medical costs and disabilities, improves functionality, which translates to enhanced worker productivity.

**“Health and Safety Representative”** means a representative of workers that each and every employer who has more than 20 employees in its employment at the workplace, shall, within four months after the commencement of the Occupational Health and Safety Act, 1993 or after commencing business, or from such time as the number of employees exceeds 20, as the case may be, designated in writing for a specific period for such workplace, or for different sections thereof.

**“Health Promotion”** means programmes aimed at ensuring the physical and mental health and well-being of employees.

**“Ill-Health Retirement”** means the retirement of an employee who becomes permanently unable to work due to medical reasons, from the employment of the public service on medical grounds.

**“Immediate family”** means an employee’s spouse or life partner, parents, adoptive parents, grandparents, children, adopted children, grandchildren or siblings.

**“Informed Consent”** means the prior consent of an employee to have an HIV test performed, in circumstances where the employee understands the nature and purpose of the test and where the employee has been given verbal counselling by a trained HIV, AIDS and TB counsellor.

**“Injury on Duty”** means a personal injury sustained in an accident occurring during the performance of an employee’s work whilst the employee is on duty.

**“Mental health status”** means the level of mental wellbeing of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis.

**“Mental illness”** means a positive diagnosis of a mental health related illnesses in terms of accepted diagnostic criteria made a mental health care practitioner authorised to make such diagnosis. .

**“Occupational Disease”** means 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 130 of 1993.

**“Occupational Exposure”** means the exposure to blood and other body fluids, which may be HIV infected, during the course of carrying out working duties.

**“Occupational Health Education and Promotion”** means a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of employees to help catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity.

**“Occupational Injury”** means a personal injury sustained as a result of an accident arising out of and in the course of employment.

**“Policy Framework”** means this Provincial Policy Framework on Health and Productivity Management.

**“Provincial Health and Productivity Management Committee”** means a vehicle of coordination, communication, collaboration and consultation, which seeks to establish harmonised communication of the HPM initiatives builds commitment for its implementation and creates avenues through which collaborative initiatives can be forged.

**“Senior Manager responsible for Health and Productivity”** means any member of the Senior Management Service as contemplated in the Public Service Act, 1994, who is tasked with championing the Health and Productivity Management programme within the workplace.

“SHERQ” Management means Safety, Health, Environment, Risk and Quality Management.

“Support” means the services and assistance that may be provided to help a person deal with difficult situations and challenges.

“Temporary Incapacity Leave” means the leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle, as provided for in the Policy on Incapacity Leave and Ill Health Retirement.

“Treatment” means the medical term describing the steps being taken to care for and manage an illness.

“Workplace programme” means an intervention to address a specific issue within the workplace.

## 8. POLICY PROVISIONS

This Policy Framework must be implemented in line with the four main objectives outlined as follows:

### 8.1 Disease and Chronic illness Management

- (a) The aim of this objective is 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 a critical element, classify occupational diseases in the work place and reduce the risk of employees acquiring an infectious disease through their work.
- (b) The following **activities** must be undertaken:
  - (i) Conduct Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity.
  - (ii) Utilise disease management programmes through co-operation between medical practitioners and patients to reduce barriers at the work place.
  - (iii) Implement strategies to reduce the risk of employees contracting communicable and non-communicable diseases and the need for medical interventions.
  - (iv) Conduct awareness programmes on the functions and purpose of health surveillance and the relevant legislative framework.
  - (v) Implement strategies to reduce absenteeism in the workplace, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational diseases and health risks.



## 8.2 Mental Health and Psychosomatic Illness Management

- (a) The aim of this objective is to focus on the 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 and to reduce stigma and discrimination against mental illnesses.
- (b) The following **activities** must be undertaken:
  - (i) Develop and implement a Toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health.
  - (ii) Measure the impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress.
  - (iii) Reduce stigma and discrimination against people living with mental diseases as well as the promotion of human rights and wellness.
  - (iv) Implement interventions that involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psycho-somatic disorders.

## 8.3 Injury on Duty and Incapacity due to Ill Health

- (a) The aim of this objective is to investigate accidents and/or exposures, to institute remedial measures to prevent similar incidents in terms of the Safety, Health, Environment, Risk and Quality Management Provincial Policy Framework, to grant injury on duty leave according to the Compensation for Occupational Injuries and Diseases Act, 1993 (COIDA), and to grant and manage the employee's conditional leave pending the outcome of its investigation into the nature and extent of the employee's incapacity leave in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR).
- (b) The following **activities** must be undertaken:
  - (i) Ensure integration of Health Risk Assessment and Management and Productivity Management processes.
  - (ii) Manage and investigate employees' applications on ill-health retirement, with the assistance of a Health Risk Manager, in terms of PILIR.
  - (iii) Establish a process to report any injuries sustained by workers in the workplace in line with the provisions of SHERQ Management.
  - (iv) Establish procedures for protecting employees, as well as complying with the SHERQ Management Policy.
  - (v) Establish and utilize in-house or external counselling and support services depending on prevailing circumstances.
  - (vi) Develop a system to quantify Return on Investment (ROI) and to develop cost effective health care programmes.

## 8.4 Occupational Health Education and Promotion

- (a) The aim of this objective is the promotion of healthy behavior using educational processes to affect change, to reinforce health practices of employees and their families and to develop effective behaviour change communication programmes, and to achieve and sustain an environment that acknowledges and responds effectively to diversity.
- (b) The following activities must be undertaken:
  - (i) Meet health standards and implement processes to ensure continuous health improvement.
  - (ii) Make options available to employees to exercise more control over their own health and over their environments, and to make choices conducive to good health.
  - (iii) Develop a strategy to share health services and institutions to the benefit of employees and government.
  - (iv) Strengthen systems for workplace learning in health management.
  - (v) Conduct educational sessions and implement processes that can be employed to change the conditions which affect employees' health.
  - (vi) Develop effective behaviour change communication programmes.
  - (vii) Ensure specific training for employees on Health and Productivity Management programmes.
  - (viii) Evaluate the impact of occupational health policies and health systems in the workplace.

## 9. ROLES AND RESPONSIBILITIES

### 9.1 The Head of Department must:

- (a) establish and maintain a safe and healthy environment for employees of the department and ensure effective implementation of and compliance with the policy.
- (b) ensure that the impact of Health and Productivity Management is monitored and steps implemented to mitigate the negative impact on service delivery.
- (c) allocate human and financial resources to ensure successful implementation of this policy and its programmes.
- (d) introduce appropriate measures for the monitoring and evaluation of the impact of Health and Productivity Management programmes in a department.
- (e) Ensure that injury on duty and incapacity due to ill health are managed in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA) and the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- (f) Appoint a designated Senior Manager to champion Health and Productivity Management Programmes in the workplace.

**9.2 The Designated Senior Manager responsible for Health and Productivity Management must:**

- (a) promote capacity development initiatives which include the development of practitioners competence.
- (b) ensure financial planning and budgeting.
- (c) establish a Health and Productivity Management Committee and obtain stakeholder commitment for programme development.
- (d) manage Health and Productivity Management strategies and policies.
- (e) align and interface the Health and Productivity Management policy with other relevant policies and procedures.
- (f) monitor and evaluate the implementation of Health and Productivity Management interventions.

**9.3 The Provincial Health and Productivity Management Committee must:**

- (a) Establish harmonized communication of the HPM Policy Framework in the Province.
- (b) Serve as a vehicle of coordination, communication, collaboration and consultation of issues pertaining to 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 and implementation matters.

**9.4 The Departmental Health and Productivity Management Committee must:**

- (a) Make recommendations to the Head of Department 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 in terms of the SHERQ Policy.
- (c) Keep record of each recommendation made to Head of Department and of any report made to an inspector.
- (d) Involve organized labour.
- (e) Serve as a vehicle of communication to promote wellness initiatives within the workplace.

**9.5 The HPM Coordinator must:**

- (a) Coordinate the implementation of HPM policy, 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) Promote work-life balance for employee.

#### **9.6 Health and Safety Representatives must:**

- (a) Review the effectiveness of health and safety measures.
- (b) 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.
- (c) Make representations to the employer on general matters affecting the health and productivity of the employees at the workplace.
- (d) 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.
- (e) Attend meetings of the health and safety committee of which they are members, in connection with any of the above functions.
- (f) Act as a focal point for the distribution of evidence-based and generic health and productivity management promotional material at the workplace.
- (g) Take the initiative to implement awareness activities and to communicate health and productivity information in the workplace.
- (h) Act as a referral agent for employees to relevant internal or external health and productivity support programmes.
- (i) Be involved with the identification of health risks in the workplace.
- (j) Support staff training with regard to employee health, productivity and wellness.
- (k) Submit monthly reports of activities to the HPM coordinator.

#### **9.7 All Managers and Supervisors must:**

- (a) ensure adherence to the provisions of this policy framework.
- (b) provide an enabling environment with open communication channels concerning Health and Productivity Management.
- (c) attend training sessions on the management of Health and Productivity Management in the workplace, as well as all other activities relating to Health and Productivity Management programmes.
- (d) ensure that financial and human resources are allocated for the management and implementation of the policy and programmes.

#### **9.8 The Employee must:**

- (a) Ensure that he/she registers early for 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 and preventive care.
- (c) Take reasonable care for his/her health and safety and that of other persons who may be affected by his/her acts or omissions.
- (d) Comply with standards as set by relevant legislation.

## **9.9 The Labour Representatives shall:**

- (a) Represent the interests of employees in the workplace.
- (b) Ensure that the employer fulfills the mandates of health and productivity legislation to optimize health and productivity in the workplace.
- (c) Attend departmental health and productivity committee meetings.
- (d) Make representation to the employer on agreed issues affecting the health and productivity of employees in the workplace.

## **10. FINANCIAL IMPLICATIONS**

Heads of Department must ensure that funds are available to implement this Policy Framework.

## **11. POLICY IMPLEMENTATION**

11.1 The implementation of this Policy Framework will require departments to develop their respective implementation plans outlining Health and Productivity Management programme objectives, activities, outputs, indicators, budget, time frames as well as the entities responsible.

11.2 For completeness, the implementation plans must comprise all four objectives of Health and Productivity Management, namely:

- (a) Disease Management and Chronic Illnesses
- (b) Mental Health and Psychosomatic Illnesses
- (c) Injury on Duty and Incapacity Due to Ill-health
- (d) Occupational Health Education and Promotion.

11.3 Departments must develop an efficient and effective monitoring and evaluation system to monitor, evaluate and review progress and the impact of the implementation.

11.4 Departments must submit annual reports to the Office of the Premier based on their operational plans.

## **12. MONITORING, EVALUATION AND REVIEW**

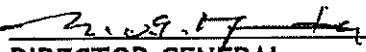
12.1 Monitoring, evaluation and review are crucial elements of this policy framework and must be done on an ongoing basis.

12.2 The Departments and Organised Labour represented should submit any inputs necessary to assist in the review process of this Policy Framework.

12.3 The Directorate: Employee Health and Wellness under Strategic Human Resources Chief Directorate in the Office of the Premier must amend and review this policy framework as and when necessary.

13. IMPLEMENTATION DATE

This policy framework comes into effect on 01 April 2014.

  
DIRECTOR-GENERAL  
MR NVE NGIDI  
DATE: 15.04.14



**cogta**

Department:  
Co-operative Governance and Traditional Affairs  
**PROVINCE OF KWAZULU-NATAL**

**DEPARTMENT OF COOPERATIVE GOVERNANCE  
AND TRADITIONAL AFFAIRS**

**PROVINCIAL HEALTH AND PRODUCTIVITY  
MANAGEMENT POLICY FOR IMPLEMENTATION  
WITHIN THE DEPARTMENT OF COGTA**

A handwritten signature in black ink, appearing to read 'DN Qhobosheane', written over a horizontal line.

**MS DN QHOBOSHEANE  
HEAD OF DEPARTMENT  
CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS**

DATE: 16/7/14