



**arts, culture,  
sports & recreation**

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**HUMAN CAPITAL MANAGEMENT**

POLICY TITLE	: HEALTH AND PRODUCTIVITY MANAGEMENT
POLICY NUMBER	: 07/2015 (4 <sup>th</sup> VERSION)
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## 1. ABBREVIATIONS AND ACRONYMS

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: 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: 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 Bureau of Standards  
WHO: World Health Organisation

## 2. DEFINITION OF CONCEPTS

**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 behaviour, 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, 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.

**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.

**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. Incapacity leave is for management purposes categorized into two types:

**Short incapacity:** this is when the period of incapacity leave that is requested, is 29 days or less;

**Long incapacity:** this is when one applies for 30 or more days of incapacity leave.

**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.

**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 Diseases 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 catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity.

**Director General/Head of Department:** Means head of NWDOACSR and includes any employee acting in such post.

**Senior Manager:** Means a member of the Senior Management Services (SMS) who is tasked with championing the

**Health and Productivity Management:** programme within the NWDOACSR 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).

**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.

**Intra-departmental Committee:** The Intra-departmental Committee is a vehicle of coordination, communication, collaboration and 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.

**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.

### 3. PREAMBLE

3.1 This policy provides as the integrated management of health risks (incidence) and socially determined diseases 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.

3.2 Non-communicable diseases, which are chronic in nature, are increasing at an alarming rate and are responsible for most deaths that occur worldwide. According to the World Health Organization (2015), the leading causes of early

death and disability are currently cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases.

- 3.3 This elevates the challenge of addressing the double burden of infectious and chronic diseases. Non-communicable Disease, which for the purposes of this policy include Cardiovascular diseases, Diabetes, Chronic respiratory conditions, Cancer, Mental disorder, Oral diseases, Eye disease, kidney disease and Muscular-skeletal conditions, are largely preventable through attention to four major risk factors i.e. Tobacco use; Physical inactivity; Unhealthy diets; Harmful use of alcohol.
- 3.4 In addition, Non-Communicable Diseases and mental health disorders are leading causes of mortality, morbidity and disability in South Africa. Although the burden due to communicable disease has decreased since the late 2000s, the NCD mortality rate has increased from 55% in 2015 to 60% in 2018.
- 3.5 According to WHO, Covid-19 caused an enormous impact on human life globally (Nguse & Wassenaar, 2021). In South Africa, the Covid-19 pandemic increased the incidence of mental disorders (Slaven, 2021). Many people with pre-existing mental disorders were worsened due to social distancing, quarantine, lockdown, and other restrictions that were implemented. Furthermore, the subsequent economic and social consequences led to an increase in the burden of mental disorders (Slaven et al, 2021).
- 3.6 Based on the Human Science Research Council (HSRC), during the pandemic 33% of South Africans were depressed, while 45% were fearful, and 29% were experiencing loneliness during the first lockdown period. In addition, COVID-19 led to mental health presentations such as post-traumatic stress disorder, mood disorders, anxiety disorders, phobias, and obsessive-compulsive disorders (Naidu, 2020).
- 3.7 In conclusion, the DPSA Health Risk Manager's reports confirm the following conditions as the top ten diseases/ailments that lead to incapacity in the public service: Musculoskeletal Diseases, Mental Diseases, Respiratory Diseases, Cardiac Disease, Chronic Fatigue Syndrome, HIV, Diabetic Mellitus, Hyperlipidaemia, Neoplasm and Neurological Conditions.

#### **4. SCOPE OF APPLICATION**

- 4.1 This policy is applicable to all employees in the North West Department of Arts, Culture, Sport and Recreation in terms of the Public Service Act, 1994.

#### **5. POLICY STATEMENT**

- 5.1 There is a narrative that suggests that the general performance/productivity of any public or private institution revolves around the general health of its employees; and therefore, ACSR is not immune to the equation.

#### **6. POLICY OBJECTIVES**

- 6.1 The objectives of this policy are to:
- 6.1.1 Management of Non-Communicable Diseases and Communicable Disease (excluding HIV, TB & STIs (Focus on the areas of Disease Management).
  - 6.1.2 Management of Mental Health in the workplace.
  - 6.1.3 Management of Incapacity due to ill Health and Retirement.
  - 6.1.4 Enhance Workplace Health Education & Promotion and Productivity Management.

#### **7. MISSION**

- 7.1 The mission of this policy is to:
- 7.1.1 Promote the general health of employees through awareness, education, risk assessment, and support.
  - 7.1.2 Mitigate the impact and effect of communicable and non-communicable diseases on the productivity and quality of life of individuals.

#### **8. POLICY PRINCIPLES**

- 8.1 The Health and Productivity Management programme is underpinned by the following principles:
- 8.1.1 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.

- 8.1.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.
- 8.1.3 Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service.
- 8.1.4 Cohesiveness with HRD processes.
- 8.1.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.
- 8.1.6 Promote healthy integration and embracing change.
- 8.1.7 Human dignity, autonomy, development and empowerment.
- 8.1.8 Barrier-free Public Service.
- 8.1.9 Collaborative Partnerships.
- 8.1.10 Confidentiality and ethical behaviour.
- 8.1.11 Policy Coherence in terms of DPSA Policy measures to be aligned with other departments' measures.
- 8.1.12 Coherence of models: The service delivery models should offer the same benefits to public servants despite it being in-house, outsourced, or DOH collaboration.
- 8.1.13 Programme coherence: the programmes that are offered should not contradict each other in the various departments.

## **9. POLICY FRAMEWORK**

- 9.1 The policy takes cue from the following legislative frameworks and prescripts that regulate health and productivity in the country.
  - ❖ Constitution of the RSA Act, 1996;
  - ❖ Disaster Management Act, 2002 (Act No. 57 of 2002);
  - ❖ Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997);
  - ❖ Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);
  - ❖ Employment Equity Act, 1998 (Acts No. 55 of 1998; Act No. 97 of 1998; Act No. 9 of 1999);
  - ❖ Labour Relations Act, 1995 (Act No. 66 of 1995);
  - ❖ National Disaster Management Framework.
  - ❖ Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000);
  - ❖ Public Service Act of 1994 as Amended & Regulations;



- ❖ Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
- ❖ Mental Health Care Act, 2002 (Act No. 17, 2002);
- ❖ Medical Schemes Act, 1998 (Act No. 131 of 1998);
- ❖ National Health Act, 2003 (Act No. 61 of 2003);
- ❖ Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999);
- ❖ Mental Health Care Regulations, 2018 (No. 14 of 2018) as amended.

## **9.2 The policy subscribes to the following international instruments underpinning Health and Productivity Management:**

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

## **9.3 Strategic frameworks applicable to Health and Productivity within the public service**

- ❖ National Strategic Plan on HIV, STI and TB 2017-2022;
- ❖ Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2012-2016
- ❖ National Strategic Framework on Stigma and Discrimination;
- ❖ National Occupational Health and Safety Policy of 2005.
- ❖ National Mental Health Policy framework and strategic plan 2013-2020
- ❖ National health promotion policy and strategy 2015-2019
- ❖ Strategy for the prevention and control of obesity in South Africa 2015-2020

## **9.4 Economic and social policy, programmes and strategy**

- ❖ Presidential Pronouncements and Budget Speech;
- ❖ Integrated Development Plans (IDPs);
- ❖ Occupational Health Policy 2005 (Department of Labour);
- ❖ Medium Term Strategic Framework;
- ❖ National Spatial Development Strategies;
- ❖ Provincial Growth and Development Strategies.

## **10.POLICY CONTENT**

### **10.1 IMPLEMENTATION OF POLICY OBJECTIVES: MANAGEMENT OF NON-COMMUNICABLE DISEASES AND COMMUNICABLE DISEASE**

#### **10.1.1 Aim**

- 10.1.1.1 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 the department. Actively involve employees in self-care, as it is critical. Classify occupational diseases in the workplace and reduce the risk of employees acquiring an infectious disease through their work.

#### **10.1.2 Policy principles**

- 10.1.2.1 Refer to Section 8 of this policy.

#### **10.1.3 Policy measures**

- 10.1.3.1 Integrated Health Risk assessment and management to improve chronic Disease management and measuring of the impact on employee health and productivity.
- 10.1.3.2 Utilization of disease management programmes through co-operation between medical practitioners and clients to reduce barriers at the workplace.
- 10.1.3.3 Implementation of strategies to reduce the risk of employees contracting Communicable and non-communicable diseases and need for medical interventions.
- 10.1.3.4 Conducting of awareness programmes on Communicable and non-communicable diseases.

#### **10.1.4 Procedural arrangements**

- 10.1.4.1 All procedural arrangements for implementation will be the same as identified for the role of designate senior manager in Subsection 11.2 of this policy.
- 10.1.4.2 This policy will be further implemented as according to the implementation Guide.

## **10.2 IMPLEMENTATION OF POLICY OBJECTIVES: MENTAL HEALTH MANAGEMENT**

### **10.2.1 Aim**

- 10.2.1.1 The aim of Mental Health Management is to reduce stigma and discrimination against mental diseases.

### **10.2.2 Policy principles**

- 10.2.2.1 Refer to Section 8 of this policy

### **10.2.3 Policy measures**

- 10.2.3.1 Developing and implementing of a Toolkit for Mental Health Promotion in the workplace which looks at practical step for addressing mental health.
- 10.2.3.2 Reduction of stigma and discrimination against people living with mental diseases as well as the promotion of human rights and wellness.
- 10.2.3.3 Establish mental health support mechanism in the workplace.

### **10.2.4 Procedural arrangements**

- 10.2.4.1 All procedural arrangements for implementation will be the same as identified for the role of Designate Senior Manager in Subsection 11.2 of this policy. This policy will be further implemented as according to the implementation Guide.

## **10.3 IMPLEMENTATION OF POLICY OBJECTIVES: MANAGEMENT OF INCAPACITY DUE TO ILL HEALTH AND RETIREMENT**

### **10.3.1 Aim**

- 10.3.1.1 The aim of this objectives is to manage and investigate the employee's application of incapacity due to ill-health retirement, with the assistance of a Health Risk manager, in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR); the creation of a supportive environment for Health and Productivity Management and DPSA to champion and assist department, 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.

### **10.3.2 Policy principles**

10.3.2.1 Refer to Section 8 of this policy.

### **10.3.3 Policy measures**

10.3.3.1 Integration of Health Risk Assessment and Productivity.

10.3.3.2 Assist condition of service unit with the implementation of PILIR.

10.3.3.3 Provide counselling and support services.

10.3.3.4 Develop cost effective health care programmes.

### **10.3.4 Procedural arrangements**

10.3.4.1 All procedural arrangements for implementation will be the same as identified for the role of Designate Senior Manager in Subsection 11.2 of this policy. This policy will be further implemented as according to the implementation Guide.

## **10.4 IMPLEMENTATION OF POLICY OBJECTIVES: HEALTH EDUCATION AND PROMOTION**

### **10.4.1 Aim**

10.4.1.1 The aim of Health Education is the promotion of healthy behaviour using educational processes to affect change and to reinforce health practices of employees and their families.

10.4.1.2 Health Promotion aims to implement processes that can be employed to change the conditions that affect employee health and focus on increasing the options available to people to exercise more control over their own health and over their environment.

10.4.1.3 It also aims to make choices, conducive to health, possible.

10.4.1.4 It further strengthens systems for workplace learning in Health and Productivity Management, develop effective behaviour change communication programmes, and ensure specific training for employees on Health and Productivity Management programmes to achieve and sustain an environment that acknowledges and responds effectively to diversity.

### **10.4.2 Policy principles**

10.4.2.1 Refer to Section 8 of this policy.

### **10.4.3 Policy measures**

- 10.4.3.1 Develop personal skills and re-orientate health service.
- 10.4.3.2 Behaviour change communication.
- 10.4.3.3 Strengthening systems for workplace health management.

#### **10.4.4 Procedural arrangements**

- 10.4.4.1 All procedural arrangements for implementation will be the same as identified for the role of Designate Senior Manager in Subsection 11.2 of this policy. This policy will be further implemented as according to the implementation Guide.

### **11.ROLE AND RESPONSIBILITIES**

#### **11.1 Head of Department shall ensure that:**

- 11.1.1 HPM in the workplace 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 North West Department of Arts, Culture Sport and Recreation.
- 11.1.2 Mental health in the workplace is addressed by:
  - a) Providing support options which are confidential and non-stigmatized.
  - b) Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.
- 11.1.3 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).
- 11.1.4 Managers ensure that targeted employees must attend training on Health and Productivity Management programs.
- 11.1.5 Systems /procedures/ delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programs.
- 11.1.6 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.

11.1.7 The management of health programmes is changed to promote both employees' health and enhance service delivery.

11.1.8 Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

## **11.2 The Designated Senior Manager (Director HR):**

11.2.1 Develop capacity building programmes, i.e.

- a) Promote competence development of practitioners.
- b) Improve capacity development of auxiliary functions (OD, HR, LR, Skills Development, Change Management etc).
- c) Assist with HPM promotion at an organisational level.

11.2.2 Form organizational support initiatives; i.e.

- a) Establish an appropriate organisation structure for HPM;
- b) Ensure Human Resource planning and management;
- c) Develop integrated HPM information management system;
- d) Provide physical resources and facilities;
- e) Ensure financial planning and budgeting; and
- f) Mobilize management support.

11.2.3 Develop Governance and Institutional Initiatives, i.e.

- a) Establish an Intra-departmental Committee;
- b) Obtain Stakeholder commitment and development;
- c) Develop and implement an ethical framework for HPM;
- d) Develop the management of wellness care;
- e) Develop and implement management standards for HPM;
- f) Develop and maintain an effective communication system;
- g) Develop and implement a system for monitoring, evaluation and impact analysis.
- h) Develop Economic Growth and Development Initiatives, i.e.
- i) Mitigate the impact of diseases on the economy.
- j) Ensure responsiveness to the Government's Programme of Action.
- k) Ensure responsiveness to Sustainable Development Goals; and

## **11.3 The Employee should:**

- 11.3.1 Ensure that he/she registers early into disease management programmes to manage the disease and enhance productivity in the NWDOACSR.
- 11.3.2 Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- 11.3.3 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.
- 11.3.4 If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable; and
- 11.3.5 Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

#### **11.4 The HPM Coordinator:**

- 11.4.1 Coordinate the implementation of HPM projects and interventions.
- 11.4.2 Plan, monitor and manage HPM according to strategies, policies and budgetary guidelines.
- 11.4.3 Make provision for counselling to individual employees and to their immediate family members.
- 11.4.4 Identify personal development needs for individual employees.
- 11.4.5 Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management.
- 11.4.6 Coordinate activities of Peer Educators; and
- 11.4.7 Promote work-life balance for employees.
- 11.4.8 Act as a focal point for the distribution of evidence-based and generic health and Productivity management promotional material at the workplace.
- 11.4.9 Identify potential causes that influence productivity in the workplace.
- 11.4.10. Take initiative to implement awareness activities and to communicate health and productivity information in the workplace.
- 11.4.11. Make recommendations to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employees.

- 11.4.12. Supporting staff training with regard to employee health, productivity and wellness.
- 11.4.13. 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.
- 11.4.14. Keep record of each recommendation made to an employer and of any report made to an inspector.
- 11.4.15. Involve Labour Relations movements; and
- 11.4.16. Serve as a vehicle of communication to promote wellness initiatives within the workplace.
- 11.4.17. Submit monthly reports of activities to the HPM coordinator.

### **11.5 The intra-departmental Committee:**

- 11.5.1 Establish harmonized communication of the HPM Policy within the NWDOACSR.
- 11.5.2 Serve as a vehicle of coordination, communication, collaboration and consultation of issues pertaining employee health and productivity with other stakeholders
- 11.5.3 Create avenues through which collaborative initiatives can be forged; and
- 11.5.4 Meet quarterly to discuss HPM Policy matters.

### **11.6 The Labour Representatives:**

- 11.6.1 Represent employees in the workplace.
- 11.6.2 Ensure that the employer fulfil the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.
- 11.6.3 Sit in on health and productivity steering committee meetings; and
- 11.6.4 Make presentations to the employer on agreed issues affecting the health and productivity of employees in the workplace.

## **12. FINANCIAL IMPLICATION**

- 12.1. Finances for implementation of this policy will be sourced out from the Employee Health and Wellness unit budget as per provincial EXCO resolution 6/2011.

## **13. MONITORING AND EVALUATION**

- 13.1 Regular monitoring of progress on Health and Productivity Management programmes should be conducted quarterly through reports submitted to the DPSA by NWDOACSR.



- 13.2 These reports will inform implementation, monitoring and evaluation, and future planning. An effective, efficient and implementable monitoring and evaluation system is required if this Health and Productivity Management Policy is to be successful in measuring achievements of the policy objectives. NWDOACSR would be expected to develop indicators as appropriate governance.

#### **14.POLICY REVIEW**

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

#### **15.APPROVAL AND COMMENCEMENT**

Signed in Mahikeng on this 04 day of April 2025.



**MR ITUMELENG MOGOROSI**  
**HEAD OF DEPARTMENT**

04/04/2025  
**DATE**



**arts, culture,  
sports & recreation**

Department:  
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North West Provincial Government  
REPUBLIC OF SOUTH AFRICA

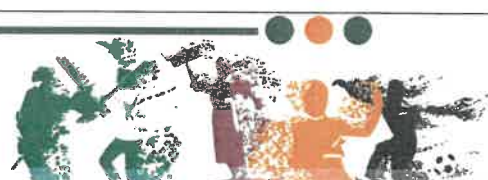
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**STANDARD OPERATING PROCEDURE (SOP)  
FOR HEALTH AND PRODUCTIVITY MANAGEMENT POLICY**

SOP Group		<b>EMPLOYEE HEALTH AND WELLNESS</b>			
Type		Regulation		Policy	
		Guideline		Procedure	✓
Relevant Legislation, Policies, handbook/Manuals					
SOP Reference and version No:		No.1			
Approval Process					
		Delegated authority		Date	
Approval Date		Commencement Date		Review Date	
Revision History:					
Revision Ref no:	Approval/Rescinded	Date	Authority	Resolution number OR Minute Reference	
1.0. Intent:		The purpose of this procedure is to provide guidance to the integrated management of health risks and diseases 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 Department of Arts, Culture Sports and Recreation.			
2.0. Scope:		This procedure is applicable to all employees of the Department of Arts, Culture, Sports and Recreation as			



	contemplated in the Public Service Act 1994 as amended.
3.0. Objective (s) :	<ul style="list-style-type: none"> <li>• Management of Non-Communicable Diseases and Communicable Disease (excluding HIV, TB &amp; STIs (Focus on the areas of Disease Management).</li> <li>• To provide management of Mental Health in the workplace.</li> <li>• To assist management of Incapacity due to ill Health and Retirement.</li> <li>• To enhance Workplace Health Education &amp; Promotion and Productivity Management</li> </ul>
4.0. Legislative and related prescripts:	<p>This procedure takes cue from the following legislative frameworks and prescripts that regulate health and productivity in the country.</p> <ul style="list-style-type: none"> <li>• Constitution of the RSA Act, 1996.</li> <li>• Disaster Management Act, 2002 (Act No. 57 of 2002)</li> <li>• Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)</li> <li>• Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)</li> <li>• Employment Equity Act, 1998 (Acts No. 55 of 1998; Act No. 97 of 1998; Act No. 9 of 1999)</li> <li>• Labour Relations Act, 1995 (Act No. 66 of 1995)</li> <li>• National Disaster Management Framework</li> <li>• Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)</li> <li>• Public Service Act of 1994 as Amended &amp; Regulations</li> </ul>





	<ul style="list-style-type: none"> <li>• Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)</li> <li>• Mental Health Care Act, 2002 (Act No. 17, 2002)</li> <li>• Medical Schemes Act, 1998 (Act No. 131 of 1998)</li> <li>• National Health Act, 2003 (Act No. 61 of 2003)</li> <li>• Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999)</li> <li>• Mental Health Care Regulations, 2018 (No. 14 of 2018) as amended.</li> </ul>
<p>5.0. Definitions:</p>	<p><b>Health and Productivity Management:</b> 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 behaviour, reduce risks, improve health, which impact on medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.</p> <p><b>Disease Management:</b> 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</p>



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.

**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.

**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.

**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. Incapacity leave is for management purposes categorized into two types:

**Short incapacity:** this is when the period of incapacity leave that is requested, is 29 days or less;

**Long incapacity:** this is when one applies for 30 or more days of incapacity leave.



**III-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.

**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 Diseases 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 catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity.

**Director General/Head of Department:** Means head of NWDOACSR and includes any employee acting in such post.

**Senior Manager:** Means a member of the Senior Management Services (SMS) who is tasked with championing the Health and Productivity Management programme within the NWDOACSR 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).

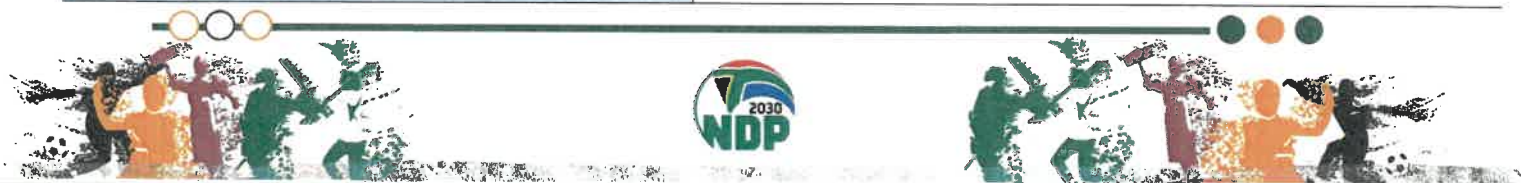
**Peer Educator:** A peer educator is an employee who is trained in working with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

**Intra-departmental Committee:** The Intra-departmental Committee is a vehicle of coordination, communication, collaboration and 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.

**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 intervention.
6.0. Responsibility	<p>Head of Department shall ensure that:</p> <ul style="list-style-type: none"> <li>• HPM in the workplace 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 North West Department of Arts, Culture Sport and Recreation.</li> <li>• Mental health in the workplace is addressed by:</li> <li>• Providing support options which are confidential and non-stigmatized.</li> <li>• Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.</li> <li>• 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).</li> <li>• Managers ensure that targeted employees must attend training on Health and Productivity Management programs.</li> <li>• Systems /procedures/ delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programs.</li> <li>• Support should be provided to employees who truly need such support through Health and Wellness Programmes, i.e. to take action where</li> </ul>





necessary e.g. to adapt an incapacitated employee's work environment when so advised.

- The management of health programmes is changed to promote both employees' health and enhance service delivery.
- Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

**The Designated Senior Manager (Director HR):**

- Develop capacity building programmes, i.e.
- Promote competence development of practitioners.
- Improve capacity development of auxiliary functions (OD, HR, LR, Skills Development, Change Management etc).
- Assist with HPM promotion at an organisational level.
- Form organizational support initiatives; i.e.
- Establish an appropriate organisation structure for HPM;
- Ensure Human Resource planning and management;
- Develop integrated HPM information management system;
- Provide physical resources and facilities;
- Ensure financial planning and budgeting; and
- Mobilize management support.

**The Employee should:**

- Ensure that he/she registers early into disease management programmes to manage the



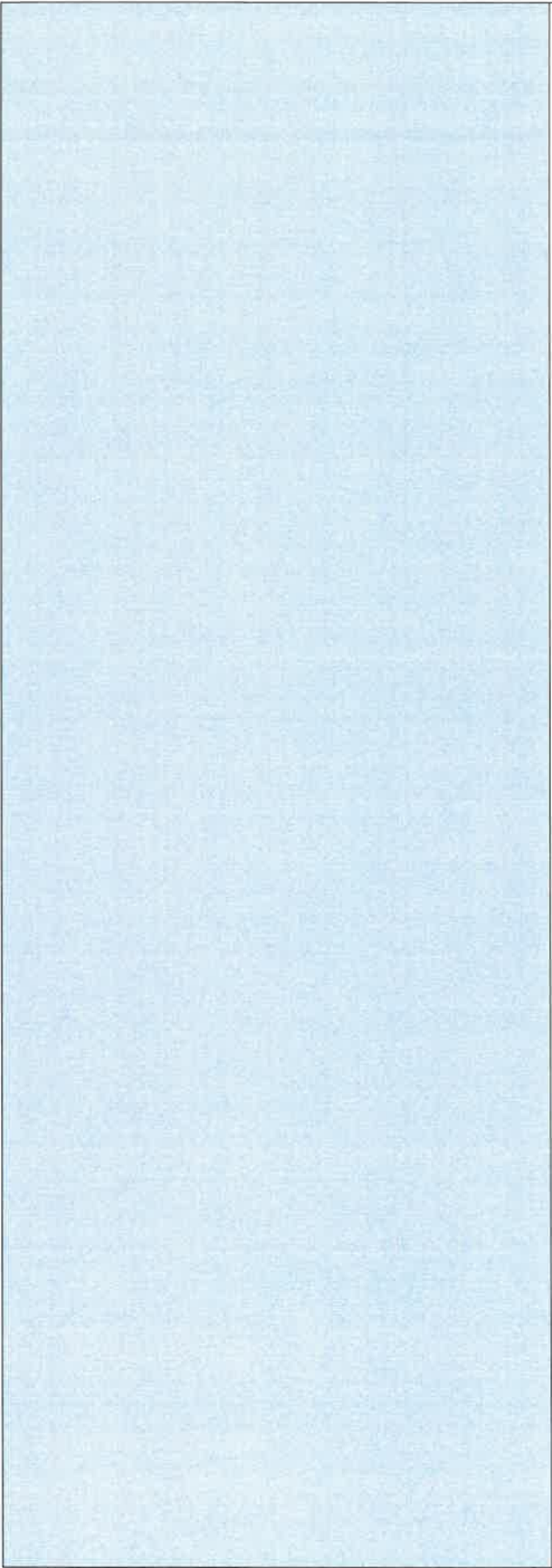
disease and enhance productivity in the NWDOACSR.

- Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- 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.
- 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; and
- Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

**The HPM Coordinator:**

- Coordinate the implementation of HPM projects and interventions.
- Plan, monitor and manage HPM according to strategies, policies and budgetary guidelines.
- Make provision for counselling to individual employees and to their immediate family members.
- Identify personal development needs for individual employees.
- Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management.
- Coordinate activities of Peer Educators; and
- Promote work-life balance for employees.



- 
- Act as a focal point for the distribution of evidence-based and generic health and Productivity management promotional material at the workplace.
  - Identify potential causes that influence productivity in the workplace.
  - Take initiative to implement awareness activities and to communicate health and productivity information in the workplace.
  - Make recommendations to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employees.
  - Supporting staff training with regard to employee health, productivity and wellness.
  - 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.
  - Keep record of each recommendation made to an employer and of any report made to an inspector.
  - Involve Labour Relations movements; and
  - Serve as a vehicle of communication to promote wellness initiatives within the workplace.
  - Submit monthly reports of activities to the HPM coordinator.

**The intra-departmental Committee:**

- Establish harmonized communication of the HPM Policy within the NWDOACSR.





	<ul style="list-style-type: none"> <li>• Serve as a vehicle of coordination, communication, collaboration and consultation of issues pertaining employee health and productivity with other stakeholders</li> <li>• Create avenues through which collaborative initiatives can be forged; and</li> <li>• Meet quarterly to discuss HPM Policy matters.</li> </ul> <p><b>The Labour Representatives:</b></p> <ul style="list-style-type: none"> <li>• Represent employees in the workplace.</li> <li>• Ensure that the employer fulfil the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.</li> <li>• Sit in on health and productivity steering committee meetings; and</li> <li>• Make presentations to the employer on agreed issues affecting the health and productivity of employees in the workplace.</li> </ul>
7.0. Ethical Principles	<ul style="list-style-type: none"> <li>• <b>The Health and Productivity Management programme is underpinned by the following principles:</b></li> <li>• 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.</li> <li>• Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS</li> <li>• Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service.</li> <li>• Cohesiveness with HRD processes.</li> </ul>



	<ul style="list-style-type: none"> <li>• Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.</li> <li>• Promote healthy integration and embracing change.</li> <li>• Human dignity, autonomy, development and empowerment.</li> <li>• Barrier-free Public Service.</li> <li>• Collaborative Partnerships.</li> <li>• Confidentiality and ethical behaviour.</li> <li>• Policy Coherence in terms of DPSA Policy measures to be aligned with other departments' measures.</li> <li>• Coherence of models: The service delivery models should offer the same benefits to public servants despite it being in-house, outsourced, or DOH collaboration.</li> <li>• Programme coherence: the programmes that are offered should not contradict each other in the various departments.</li> </ul>
<b>8.0. Health and Productivity Management Implementation Procedure.</b>	<p><b>MANAGEMENT OF NON-COMMUNICABLE DISEASES AND COMMUNICABLE DISEASE</b></p> <p><b>Aim</b></p> <p>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 the department. Actively involve employees in self-care, as it is critical. Classify occupational diseases in the workplace and reduce the risk of employees acquiring an infectious disease through their work.</p>



## Policy measures

### **Integrated Health Risk assessment and management to improve chronic Disease management and measuring of the impact on employee health and productivity.**

- Conduct analysis of GEMS DPSA stakeholder quarterly reports.
- Analysis of Health Risk Manager report.
- Provide report to Departmental Management Committee (DMC) on the analysis and its impact on employee health and productivity.
- Provide voluntary Quarterly health screening services for employees, including blood pressure, cholesterol, blood sugar and body mass index.

### **Utilization of disease management programmes through co-operation between medical practitioners and clients to reduce barriers at the workplace.**

- Employees who are living with chronic conditions are encouraged to voluntarily disclose to Employee Health and wellness to enable them to receive necessary support.
- Refer employees to register on chronic disease management programme of their medical aid.
- Refer employees who does not belong to any medical aid to their nearest health facility.
- Use of incentives- employer should provide transport as a form of support to all employees who has disclosed and registered under chronic disease management programme under EH&W whenever they go for their medical reviews or treatment within and outside the province.

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





Implement the proposed 90-60-50 cascade for diabetes and hypertension as the first step to improving early detection and treatment of NCDs as follows:

- 90% of all employees should know whether they have raised blood pressure and/or raised blood glucose.
- 60% of employees with raised blood pressure or blood glucose should receive intervention.
- 50% of employees receiving interventions are controlled.

**Implement the following programmes:**

- Advocacy / Health Promotion Programme
- Health Screening and Testing Programme
- Sports and Recreational Programme
- Biomedical Interventions
- Promotion of health or fitness challenges

**Conducting of awareness programmes on Communicable and non-communicable diseases.**

- Conduct employee education:
- Regular health and wellness education sessions on topic such as Cardiovascular diseases, Diabetes, Chronic respiratory conditions, Cancer, Mental disorder, Oral diseases, Eye disease, kidney disease and Muscular-skeletal.
- Awareness on four risk factors i.e. Tobacco use; Physical inactivity; Unhealthy diets; Harmful use of alcohol as major contributing factor to communicable and non-communicable diseases.

## **MENTAL HEALTH MANAGEMENT**

### **Aim**

The aim of Mental Health Management is to reduce stigma and discrimination against mental diseases.



## **Developing and implementing of a Toolkit for Mental Health Promotion in the workplace which looks at practical step for addressing mental health.**

EH&W should develop a toolkit with information material, contains various mental health related topics that can be used by employees in support of Mental Health Awareness activities and beyond.

- The employee can choose key messages and Information, Education and Communication (IEC) material most suited for their setting to:
- Educate fellow employees about mental health to reduce the stigma and discrimination that individuals with mental illness are often subjected to.
- Promote mental health and wellbeing within the workplace.

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

### **How to Prevent and address stigma**

Stigma- is a negative attitude or idea about a mental, physical, or social feature of a person or group that involves social disapproval.

Those suffering from depression for example, are perceived to be weak, or attention seeking.

### **How to break the stigma**

- Talk openly about mental health.
- Learn about mental health recovery and about recognising signs that someone might need help.
- Be conscious of the language you use to address the person, not the illness. Referring to someone who has been diagnosed with mental health as 'a mental case' reduces the person to that label.
- Treat physical and mental health equally.





- Show compassion toward those with mental illnesses by providing support, love, and connection.
- Adhere to HPM policy principles and other prescripts that promotes protection of human rights

#### **Keep physically active.**

- A lack of physical activity is linked with depression, anxiety, stress and poor ageing.
- Do at least 30 minutes of physical activity daily or 150 minute per week such as running, walking, swimming and dancing.
- Regular physical activity can help to relieve stress, improve sleep, lift your mood and gives you more strength and energy.

#### **Establish mental health support mechanism in the workplace.**

##### **How to build mental health support mechanism in the workplace:**

- Establishment and appointment of peer educators support structure.
- Build positive relationships and social support at different levels within families, among peers and across the community, throughout the life course.
- Create protective working environments through policies to mitigate psychosocial risk factors; mental health awareness raising and training to enable employees to provide initial support to colleagues in distress; reasonable work accommodations for individuals with mental health problems and illnesses.
- Mental health support- employees have access to professional and confidential counselling services with a registered EH&W professional within the workplace.



- Employees are also allowed to utilize services of their choice with private medical scheme or GEMS.

## **MANAGEMENT OF INCAPACITY DUE TO ILL HEALTH AND RETIREMENT**

### **Aim**

The aim of this objectives is to manage and investigate the employee's application of incapacity due to ill-health retirement, with the assistance of a Health Risk manager, in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR); the creation of a supportive environment for Health and Productivity Management and DPSA to champion and assist department, 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.

### **Policy measures**

#### **Integration of Health Risk Assessment and Productivity.**

- Quarterly reviews and analysis of health risk assessment, align the report to productivity.
- implement preventative and curative programmes based on health assessment report to promote healthy lifestyles.
- Such programmes may include, but are not limited to; physical fitness, good nutrition, stress management, financial education, and adherence to counselling for those that are on treatment.
- Submit the analysed report to DMC for their consideration and further intervention.

#### **Implementation of PILIR**

- Within the Department of Arts, Culture, Sports and Recreation PILIR function falls under Human Resource Management-Condition of service unit.
- EH&W will continue to provide necessary support towards the implementation of the function.

#### **Provide counselling and support services.**

#### **How to access counselling and support services**



- All employees under PILIR will have access to professional and confidential counselling services with a registered EH&W professional within the workplace.
- Employees who require counselling can access the services through utilizing the following methods:
  - Self-referral- individual initiated
  - Informal referral- referral through word of mouth, i.e colleague, friends or family.
  - Supervisory referral. Supervisor or manager-initiated referral made in writing. Supervisor and employee should sign the referral form prior requesting the services.
  - Condition of service unit referral-referral initiated by condition of service unit for support and intervention.
- Employee utilizing workplace counselling services should sign a professional contract form known as informed consent.
- Self and informal referral does not require any completion of forms.
- Employee will be seen for minimum of four (4) sessions.
- Employer and employee who require comprehensive care from external provider will incur their own cost either through medical aid or cash. Only registered IOD cases payment will be covered by the department.

#### **Develop cost effective health care programmes.**

- Since in the Department we do not have in-house staff clinic, we encourage all employees who are living with chronic condition to voluntarily disclose to Employee Health and wellness in order to receive necessary support.





- Encourage all employees who are living with any chronic disease to register on chronic disease management programme of their medical aid.
- Refer all employees who does not belong to any medical aid to their nearest health facility.
- Encourage all employees to participate in the workplace preventative and curative programmes to promote healthy lifestyles. Such programmes may include but are not limited to; addressing four major risk factors i.e. Tobacco use; Physical inactivity; Unhealthy diets; Harmful use of alcohol.
- Where there is an identified need for hospitalization (e.g emergency related to suicide, trauma or depression), the employees should pay for admission and treatment through their medical aid.
- In instances where the employees do not have the medical aid, admission should be in a public health facility.
- In relation to IOD case admission and treatment will be covered by employer in line with the COIDA Act.
- In case the employee is experiencing any form of addiction or substance dependency problem, the employee will be referred to a clinic specializing with the rehabilitation of addiction of addiction for assessment and treatment. Employees should pay for admission and treatment through their medical aid.
- Employer should support affected employee with transport to admission, Weekend-pass and after discharge.
- In instances where the employees do not have the medical aid, admission should be in a public health facility.
- Absence from work during the rehabilitation should be considered as special leave in line



with the Determination and Directive on Leave of Absence in the Public Service.

## **HEALTH EDUCATION AND PROMOTION**

### **Aim**

The aim of Health Education is the promotion of healthy behaviour using educational processes to affect change and to reinforce health practices of employees and their families.

Health Promotion aims to implement processes that can be employed to change the conditions that affect employee health and focus on increasing the options available to people to exercise more control over their own health and over their environment.

It also aims to make choices, conducive to health, possible.

It further strengthens systems for workplace learning in Health and Productivity Management, develop effective behaviour change communication programmes, and ensure specific training for employees on Health and Productivity Management programmes to achieve and sustain an environment that acknowledges and responds effectively to diversity.

### **Develop personal skills and re-orientate health service.**

- Develop and share key health messages and Information, Education and Communication (IEC) material most suited for their setting to: address four major risk factors i.e. Tobacco use; Physical inactivity; Unhealthy diets; Harmful use of alcohol.

### **Behaviour change communication.**

- Develop and share regular health awareness information with employees.

### **The following methods will be utilized:**

#### **Health focused campaigns:**

- Anti-smoking campaigns using graphic images and testimonials to discourage smoking.



	<ul style="list-style-type: none"> <li>• Campaigns encouraging regular exercise to prevent and manage chronic diseases.</li> <li>• Anti-bullying campaigns promoting positive peer interaction.</li> </ul> <p><b>Strengthening systems for workplace health management.</b></p> <p><b>The following measures will be implemented:</b></p> <ul style="list-style-type: none"> <li>• Regularly reviewing potential workplace health risk.</li> <li>• Conducting thorough risk assessment to prioritise health risk based on severity and likelihood.</li> <li>• Implementing control measures to mitigate identified risks.</li> <li>• Providing regular health and productivity training to all employees at all levels.</li> <li>• Promoting healthy lifestyle choices through nutrition education and fitness.</li> <li>• Offering stress management workshops and mental health support services</li> </ul>				
9.0. Who should know this SOP:	All employees Labour Representatives				
10.0. SOP Implementation Plan:	This procedure will be implemented as whole once it has been approved and the date listed on commencement date has been set.				
11.0. Resources required:	Board rooms for workshops Projector laptop Releasing relevant staff members to attend workshops on SOP Budget				
12.0. Answers to FAQ:	<table border="1"> <thead> <tr> <th data-bbox="743 1671 1023 1727">Questions</th> <th data-bbox="1023 1671 1559 1727">Answers</th> </tr> </thead> <tbody> <tr> <td data-bbox="743 1727 1023 1809"></td> <td data-bbox="1023 1727 1559 1809"></td> </tr> </tbody> </table>	Questions	Answers		
Questions	Answers				
13.0. Annexures (s):	A				

  
**MR. MOGOROSI**  
**HEAD OF DEPARTMENT**

DATE: 04/04/2020

