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Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

EMPLOYEE HEALTH AND WELLNESS STRATEGIC FRAMEWORK FOR THE PUBLIC SERVICE

FEBRUARY 2019

FOREWORD

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

Current approaches to the business as usual approach, where it relates to public servant's health and wellness, including the quality of their working life and the appropriate environments are still based on a model that has become increasingly inexcusable in terms of maintaining employee human dignity. Bridging the gap between these challenges of the past and the complex problems of the immediate future require focused initiatives and interventions. What is required is an innovative solution which the Employee Health and Wellness Strategic Framework attempts to address.

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

The Employee Health and Wellness Strategic Framework was developed and launch in 2008 following the research and benchmarking of international and local best practices and by obtaining inputs from stakeholders from previous Employee Health and Wellness Indabas.

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

Ms. Ayanda Dlodlo, MP
Minister for the Public Service & Administration, MP

Purpose of Document

Title of the Document:

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

Objective of this document:

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

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

Goal of this document:

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

Overview

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

Targeted Audience

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

Structure of this document:

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

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

Consultation Process

There has been an extensive consultative process leading up to the compilation and approval of this document, from 2006-2008. The document was reviewed in 2012 in line with new development in the field of Employee Health and Wellness. This is not a static document it will be reviewed in line with future developments in the EH&W field, which will be communicated through regular EH&W steering committee meetings and the annual EH&W Conferences.

Enquiries:

The Workplace Environment Management Chief Directorate within the Branch Employment Conditions of Services appreciates your contributions to this document.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
AU	African Union
COIDA	Compensation for Occupational Injuries and Diseases Act
COPD	Chronic Obstructive Pulmonary Disease
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
GEMS	Government Employee Medical Scheme
HAART	Highly Active Anti-Retroviral Therapy
HCT	HIV Counseling and Testing
HPM	Health & Productivity Management
HIV	Human Immunodeficiency Virus
HRMD	Human Resource Management Development
HR	Human Resource
IEC	Information Education and Communication
ILO	International Labour Organisation
IR	Industrial Relations
KPA	Key Performance Area
MDGs	Millennium Development Goals
M& E	Monitoring & Evaluation
MMC	Medical Male Circumcision
MTCT	Mother to Child Transmission
NEPAD	New Partnership for Africa's Development
NSP	National Strategic Plan
NEHA	National Employees Health Agenda
OLAP	On line Analytical Processing
OHS	Occupational Hygiene and Safety/Occupational Health and Safety
PMTCT	Prevention of Mother to Child Transmission
PDP	Personal Development Plan

PILIR	Policy and Procedure on Incapacity Leave& Ill-Health Retirement
PSC	Public Service Commission
PSR	Public Service Regulations
QWL	Quality of Work Life
SADC	South African Development Community
SITA	State Information Technology Agency
SMS	Senior Management Service
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TT	Testing and treat
TB	Tuberculosis
UNAIDS	United Nations
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

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SECTION 1: INTRODUCTION

1.1 BACKGROUND

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

This strategy is influenced by but not limited to the World Health Organisation (WHO) Global Plan of Action on Workers Health 2008-2017, the International Labour Organisation's (ILO) Decent Work Agenda in Africa 2007-2015, National Strategic Plan on HIV, STI and TB 2017-2022, Mid-year population estimates 2016, The Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, (SABSSM V) 2017, Decent Work Country programme 2010, National Strategic Plan for Non-Communicable Diseases 2012, SOLVE Guideline for the Public Service 2012, Tobacco Products Control Act,1993 (ACT no 83 of 1993), Gender Sensitive and Rights Based Mainstreaming of HIV&AIDS in the Public Service 2012, Child Care Facilities Guidelines in the Public Service 2012, and the recommendations of the report of the WHO's Commission on Social Determinants of Health released in August 2008. It is based on what is currently considered national priority as guided by current disease burden in the South African Worker Population of which the Public Service constitutes 10%. It is also based on what is considered priority issues to be addressed in so far as employee's health is concerned.

1.2 OBJECTIVES

The fundamental objective of this Strategic Framework is to facilitate the development of strategies, mechanisms and interventions by government departments, government components and provincial administrations for the implementation of HIV, TB and STIs Management, Health and Productivity

Management; Safety, Health, Risk and Quality Management; and Wellness Management in the Public Service.

1.3 SITUATIONAL ANALYSIS

Section 3(1)(e) of the Public Service Act,1994 as amended; Regulations 53-55 of the public Service Regulations 2016 as well as Ministerial Determination and Directives on the Implementation of the Employee Health and Wellness Strategic framework, 2008 and related reporting requirements affirms the principle of improvement of the working environment to ensure efficient service delivery to include among others employees' health, disability, HIV, TB and STIs and other diseases for the benefit of employees, dependants, clients and stakeholders through mainstreaming of HIV & AIDS into core mandate of the department, Occupational Health and Safety, and Descent work agenda.

New developments in the fields of Occupational Health and Safety, HIV, TB and STIs Management, Mental health, Management of Compensation for injuries and diseases in the workplace, Chronic Disease management and productivity management are some of the issues raised covered in this framework. The newer developments in Safety, Health, Environment, Risk, and Quality management are also addressed in this framework. The Wellness Pillar addresses psychosocial stressors in a proactive fashion integrating all aspects of wellness of public servants and their families.

HIV, TB and STIs Management: South Africa continues to be the home to the world's largest population of people living with HIV (PLHIV), after eSwating. Approximately 7.9 million people of all ages (0+ years) were living with HIV (PLHIV) in South Africa in 2017. HIV prevalence among adults aged 15 to 49 years in South Africa is 20.6 percent; 26.3 percent among females and 14.8 percent among males.

HIV annual incidence among adults aged 15 to 49 years in South Africa is 0.79 percent; 0.93 percent among females and 0.69 percent among males. This corresponds to approximately 199,700 people newly infected with HIV aged 15 to 49 years in 2017. Annual incidence in children aged 2 to 14 years is 0.13 (95% CI: 0.03-0.23). Viral load suppression (VLS) prevalence among PLHIV aged 15 to 49 years in South Africa is 61.0 percent: 66.7 percent among females and 50.8 percent among males. Based on point estimates, VLS prevalence is lowest among 0-14 year olds at 51.9 percent.

The overall HIV peak prevalence occurs in 35 to 39 year olds at 31.5 percent (females at 39.4 percent and males at 23.7 percent) but differs by sex, peaking at an older age among males (45 to 49 years) at 24.8 percent compared to females (35 to 39 years). This disparity in HIV prevalence by sex is most pronounced among young adults: HIV prevalence among 20 to 24 year-olds is three times higher among females (15.6 percent) than males (4.8 percent).

The VLS prevalence among PLHIV in South Africa is highest among older adults: 74.6 percent among HIV positive females aged 45 to 49 years and 76.4 percent among HIV-positive males aged 50 years or older. In contrast, VLS prevalence is distinctly lower in younger adults: among PLHIV aged 15-24 years, females are lowest at 47.1 percent (males 49.1 percent), and among PLHIV aged 25-34 years males are lowest at 41.5 percent (females 68.5 percent). It is estimated that there is 270 000 new HIV infections, with 450 000 new TB infections annually. Key will be to improve our efforts in planning and implementation of relevant solutions. It is our responsibility to ensure that we can stop HIV and TB for being a public health threat by 2022.

The UNAIDS set targets (90–90–90) that by 2020, there should be 90 percent of all PLHIV will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90 percent of all people receiving ART will have viral suppression. Progress is being made towards the UNAIDS 90-90-90 targets. By 2017, South Africa had attained 85-71- 86, emphasizing the need to get more PLHIV on treatment.

DIAGNOSED: 84.9 percent of PLHIV aged 15 to 64 years know their HIV status: 88.9 percent of HIV positive females and 78.0 percent of HIV-positive males know their status. ON TREATMENT: Among PLHIV aged 15 to 64 years who know their HIV status, 70.6 percent are on ART: 72.2 percent of HIV-positive females and 67.4 percent of HIV positive males who know their HIV status are on ART. VIRALLY SUPPRESSED: Among PLHIV aged 15 to 64 years currently on ART, 87.5 percent are virally suppressed: 89.9 percent of HIV-positive females and 82.1 percent of HIV-positive males who are on ART are virally suppressed.

South Africa is one of the 22 High Burden Countries that contribute approximately 80% of the total global burden of all TB cases. South Africa is the 15th country after Nigeria with highest estimated numbers of incidents TB cases amongst people living with HIV. There has been a significant declined in TB as a cause of mortality (from 419 904 death in 2013 to 33 063 in 2015 - 21% decline in 2 years), even though TB continues to be the single largest contributor to death in South Africa. Furthermore,

South Africa is amongst the top 20 countries with highest estimated numbers of incidents MDR-TB cases. Generally TB control is facing major challenges. Co-infection with Mycobacterium Tuberculosis and HIV (TB/HIV), and multi-drug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis in all regions, make prevention and control activities more complex and demanding.

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

The greatest challenge is to strengthen the prevention of new infections through symptomatic TB screening, HCT and Medical Male Circumcision (MMC) through Behavior Change Communication (BCC). Accelerate access to treatment for those clinically eligible for treatment, reduce stigma and discrimination, and accurately monitor and evaluate all interventions for both the workplace and the external responses in accordance with the HIV&AIDS and STI National Strategic Plan 2017-2022.
Studies have shown that a person with TB who is coughing without covering his or her mouth poses a greater risk to someone close by than someone sitting across the room. Even so, tiny droplets that could contain infectious bacilli can remain in a room without good ventilation for a very long time. This is a critical aspect to consider in preventive efforts to reduce the TB transmission in the workplace

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

Key populations for the HIV and TB response

Certain groups are more likely to be exposed to HIV and TB, or to transmit these diseases. These groups are known as key populations and special efforts have to be made to reach these groups with services for prevention, treatment and care. There is some overlap in key populations for HIV and TB. Key populations for HIV services include young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school; people

with the lowest socio-economic status; uncircumcised men; people with disabilities; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men; and transgender persons.

Key populations for TB services include people who live in the same homes as confirmed TB cases; healthcare workers; mine workers; correctional services staff and inmates; children and adults living with HIV; diabetics and people who are malnourished; people who abuse substances, including tobacco, drugs and alcohol; mobile, migrant and refugee populations; and people living and working in poorly ventilated and overcrowded environments (including informal settlements).

Key and vulnerable populations

Key populations for HIV and STIs	**Key populations for TB**	**Vulnerable populations for HIV and STIs**
Sex Workers	People living with HIV	Interns and young women
Transgender people	House hold contacts of TB index patients	Mobile (employees)populations
Men who have sex with men	Health care Professional/ workers	People with disabilities
People who use drugs	Pregnant women	Lesbian, gay, bisexual, transgender and Intersex
	Diabetics	Contract employees
	People living in informal settlements	
	Correctional official	

Health and Productivity Management: Non-communicable diseases (NCDs) including Chronic Diseases of lifestyle, occupational injuries and diseases, are increasingly becoming main contributors to high burden of disease in many developed and developing countries. This elevates the challenge of addressing the double burden of infectious and chronic diseases. Non-communicable Disease, which for the purposes of this document 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. However a long and healthy life for all

through prevention and control of non-communicable diseases requires implementation of three major components :(1) Prevention of NCDs and promotion of health and wellness at population, community and individual levels. (2) Improved control of NCDs through health systems strengthening and reform and (3) Monitoring NCDs and their main risk factors and conducting innovative research.

According to WHO (2013), Non-communicable diseases mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are the world's biggest killers. More than 36 million people die annually from NCDs which account for 63% of death globally (Global action plan for the prevention and control of noncom-municable diseases 2013-2020). Furthermore, deaths due to NCDs are projected to increase by 17% over the next ten years, but the greatest increase (24%) is expected in the African region. NCDs also kill at a younger age in low- and middle-income countries, where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries. By 2030 it is estimated that NCDs will contribute 75% of global deaths. NCDs premature deaths from NCDs are particularly high in poorer countries with around 80% of such deaths occurring in low and middle income countries. Around a quarter of deaths from non-communicable diseases occur in people under 60 years of age. According to the World Health Organisation, NCDs accounted for 43% of all deaths in South Africa in 2014, of which 18% it's for cardiovascular disease, 8% for Injuries, 7% for Cancer, 6% for Diabetes, 3% for Respiratory, and 10% for others.

According to WHO (2013), major depression and schizophrenia have a 40% to 60% greater chance of dying prematurely than the general population, owing to physical health problems that are often left unattended [such as cancers, cardiovascular diseases, diabetes and HIV Infection) and suicide. Suicide is the second most common cause of death among young people worldwide. There is also substantial concurrence of mental disorders and substance use disorders. Global mental, neurological and substance use disorders account for 13% of the total burden of disease. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide [11 % of all years lived with disability globally], particularly for women. Recent study estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US$ 16.3 million between 2011 and 2030.

The Health and productivity of employees do impact on other pillars of the framework. Traditional disease management programmes, health education and promotion programmes and productivity improvement and Public Service delivery improvement in particular have been integrated thus far.

This framework puts all these interventions together to form a comprehensive health and productivity management programme to be implemented in the public service.

Safety, Health, Environment, Risk and Quality Management: (SHERQ).

Globally 2.3 million deaths take place due to occupational injuries (318,000 deaths) and work-related diseases (2,022,000 deaths) annually. The biggest killers are work-related cancer (32%); work-related circulatory diseases (23%), cardiovascular and stroke; communicable diseases (17%), in particular. In developing countries and farming, and occupational accidents accounts (18%) of injuries.

In South Africa, Tuberculosis, Noise induced hearing loss, Pneumoconiosis and Silicosis are occupational diseases commonly experienced with the incidence of TB being extremely very high. Cardio respiratory TB was the most prevalence occupational disease at 40.55% followed by Noise Induced hearing loss at 33.36%, Pneumoconiosis 15.37%, Silicosis 14.51% and other occupational diseases 30.46%. The list prevalence diseases was heat related diseases at 0.02%.

According to Department of Labour there is a total of 313 million injuries experienced by workers annually and 860 000 injuries daily. The total cost of fatalities, injuries and occupational diseases it exceeds R2 billion in 2017.

This pillar deals with the intangible and tangible factors of safety, health, environment, risks and quality management for purposes of optimal occupational health and safety of employees, the safety of citizens and also the sustainability of the environment, the management of occupational and general risks and quality of government products and services. It is in response to international instruments, National legislation and generally accepted standards of international Organisation of Standards and other standard generating authorities. This include but not limited to the ISO 45001 for Occupational health and safety, ISO 14001 for Environmental Management, ISO 31000 for Management of Risk (Risk identification, Calculation and Elimination) and ISO 9001 for Quality Management.

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

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

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

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

NCDs are caused to a large extent by four behavioural risk factors. These are tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. Globally, raised blood pressure is responsible for 13% of deaths, tobacco use 9%, raised blood glucose 6%, physical inactivity 6%, overweight and obesity 5% and alcohol 3.8%. The latest data in South Africa on causes of death

showed that diabetes, hypertension and cerebrovascular (which includes stroke) claimed 67 392 lives. Obesity rates in South Africa are increasing rapidly, with 70% of Woman and 40% of man either overweight or obese. Furthermore, South Africa is rated number 14 country in the world with regards to obesity.

According to WHO (2013) approximately 4.5% of the global burden of disease and injury is attributable to alcohol. Alcohol consumption is estimated to cause from 20% to 50% of cirrhosis of the liver, epilepsy, poisonings, road traffic accidents, violence and several types of cancer. It is the third highest risk for disease and disability, after childhood underweight and unsafe sex. Alcohol contributes to traumatic outcomes that kill or disable people at a relatively young age, resulting in the loss of many years of life to death and disability.

Studies in South Africa revealed that alcohol use was reported by 41.5% of the men and 17.1% of women. Urban residents (33.4 %) were more likely than rural dwellers (18.3%) to report current drinking. Risky or hazardous or harmful drinking was reported to be 17% among men and 2.9% among women. In men, risky drinking was associated with the 20-54 year age group. An increase in current, binge drinking and hazardous or harmful drinking prevalence rates was observed from 2005 to 2008 in South Africa. Multilevel interventions are required to target high-risk drinkers and to create awareness in the general population of the problems associated with harmful drinking.

The Wellness Management pillar will be best implemented through the use of **SOLVE** programme. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace. The SOLVE methodology includes a policy and action-oriented educational package that addresses the issues of **Stress, Drugs and Alcohol, Violence, HIV&AIDS, Tobacco, Nutrition, Healthy Sleep, Physical Activity, and Economic Stress** in an integrated way. It is based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace (work organization, working conditions, labour relations).

SECTION 2: OUTLINE OF THE CONCEPTUAL FRAMEWORK

2.1 STRUCTURE OF THE FRAMEWORK

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

a) The vision and mission for the strategy and the manner in which these are communicated, institutionalized and managed

b) The four functional or key pillars for achieving this vision, or the primary arenas of action in implementation for creating a health and safe working environment in the public service, and the four process pillars for implementation:

c) The ten core principles for implementing the strategy, which serve as a set of guidelines to organize and manage interventions for employee health and wellness in the workplace.

The four functional pillars or strategic programmes of action comprise:

<u>Occupational Health</u>

Pillar 1: HIV, TB and STIs Management

Pillar 2: Health and Productivity Management.

<u>Quality of Work Life (QWL)</u>

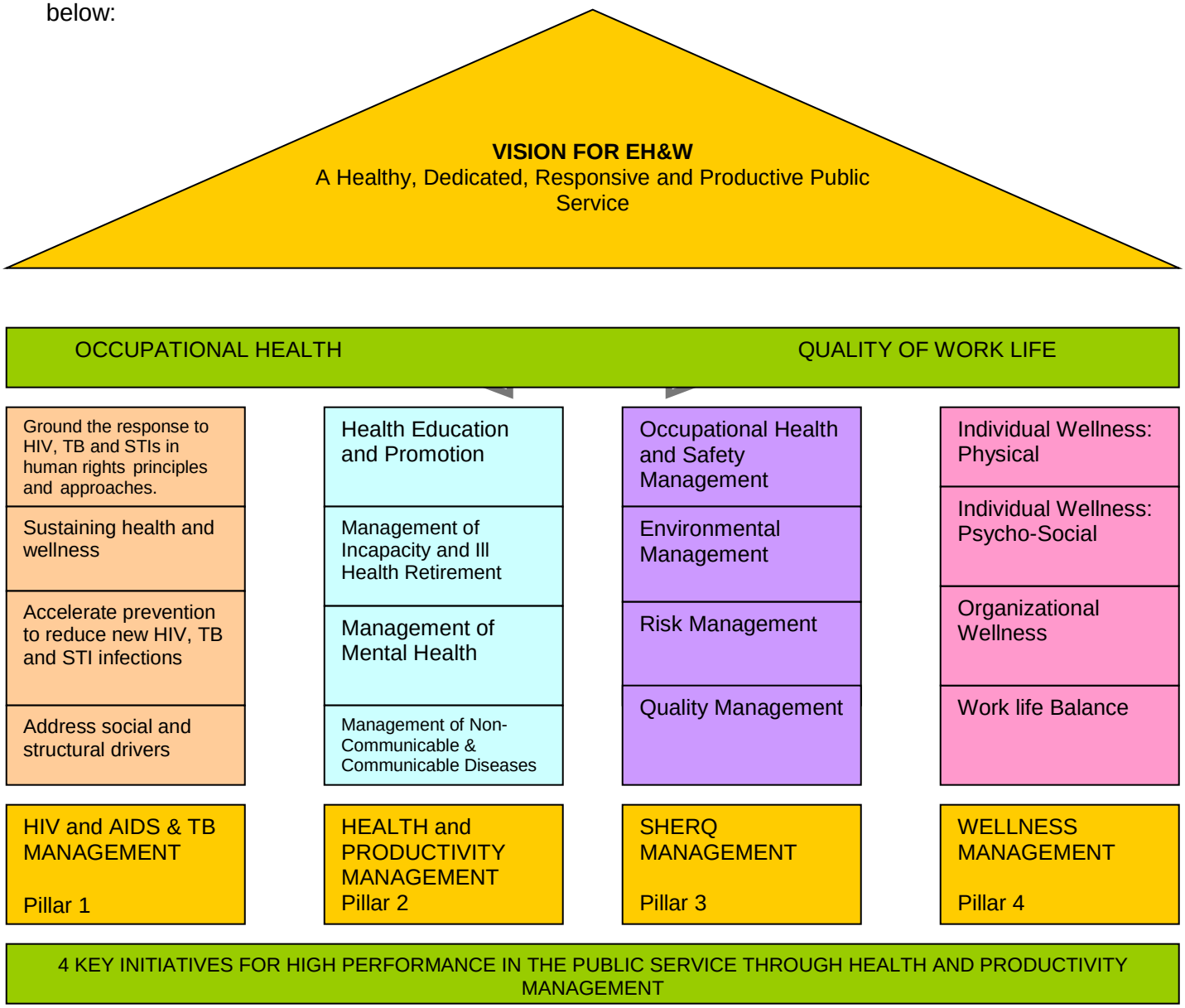
Pillar 3: SHERQ Management

Pillar 4: Wellness Management

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

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

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



CORE PRINCIPLES INFORMING IMPLEMENTATION OF EHW STRATEGY

LEGISLATIVE FRAMEWORK AS A FOUNDATION

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

2.2 VISION

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

"A healthy, dedicated, responsive and productive public service".

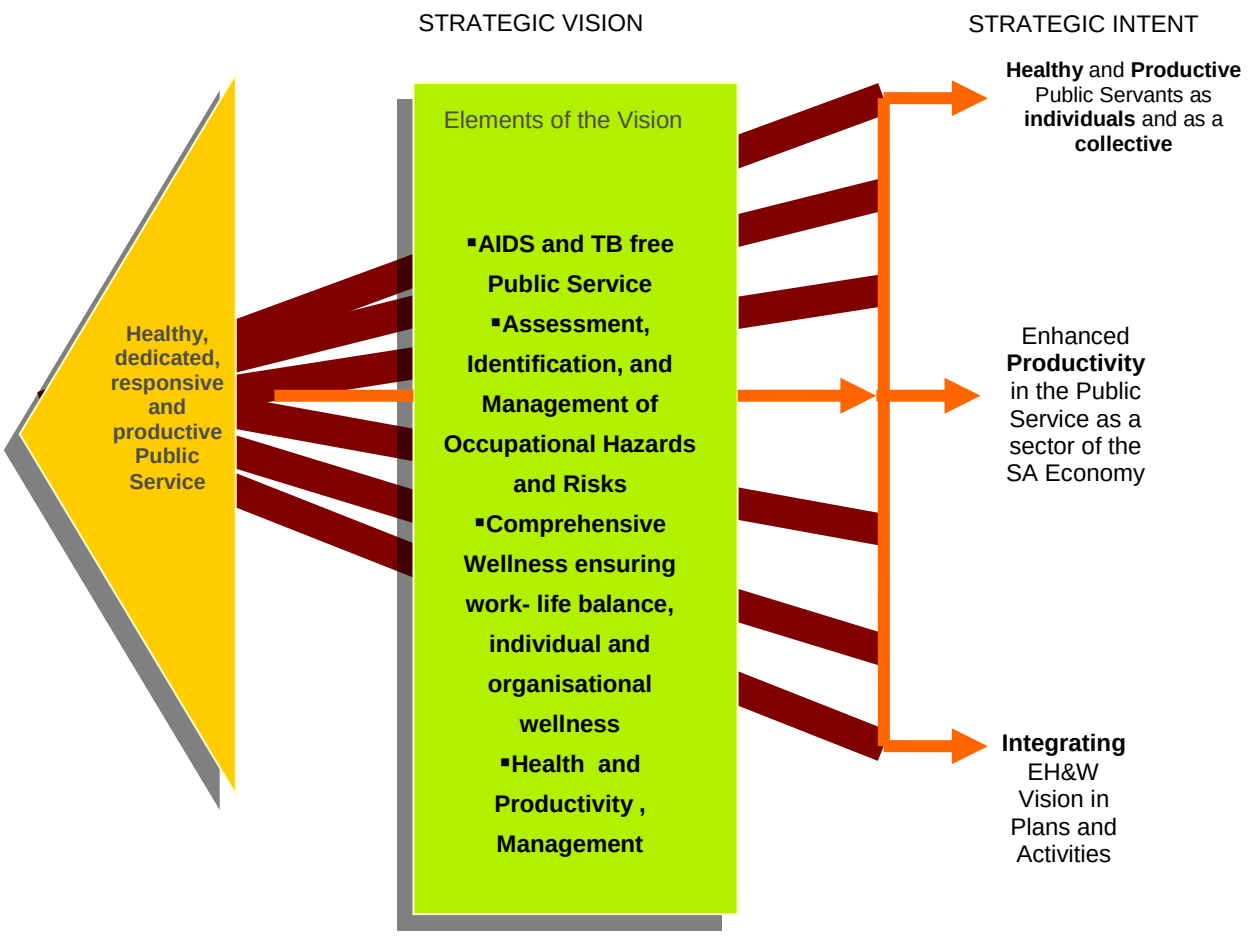


Figure: 2: Diagrammatic illustration of the Vision of the EH&W Strategic Framework

2.3 MISSION

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

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

2.4 LEGAL AND POLICY FRAMEWORK

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

The Employee Health and Wellness Strategic Framework taking into consideration all international instruments that form part of international law that are relevant to the health and wellbeing of workers for improved Occupational Health and Safety, Gender equality in health, and the human rights bases of health. These includes among others the WHO workers health plan of 2007-2015, WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, WHO Mental Health Action Plan 2013-2020, Guidelines on occupational safety and health management systems ILO-OSH 2001 and the ILO Convention 187 of 2006 which provides for a promotional framework for occupational health and safety. These instruments build on the WHO Global Strategy on Occupational Heath for All of 1994, ILO Global Strategy on Occupational Safety and Health 2003, and affirm the need to have a national occupational health related strategy base in what is considered as priorities in that country.

The other international instruments and plans like United Nations Convention on the Rights of People with Disabilities, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), The Beijing Declaration and its Platform for Action, 1995 (+10), United Nations 2030 Agenda for Sustainable Development that includes 17 Sustainable Development Goals (SDGs), The International Convention on Population Development 1994 (+10) and World Summit on Sustainable Development, Johannesburg 2002 are assert that health and in the context of this document,

occupational health in particular, should address needs of people living with disability, gender-based, and should recognise health as a contributing factor to development.

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

Beyond the legislation this EH&WSF responds to the relevant National strategic plans and policies related to employee and wellness that this strategic framework seeks to respond to. This includes but is not limited to the National Strategic Plan on HIV, TB and STIs 2017-2022, the draft National Strategic Framework on Stigma and Discrimination, the National occupational health policy of 2005.

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

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

Constitution of the RSA, Act 108 of 1996 Disaster Management Act, No. 57 of 2002 and Basic Conditions of Employment Act 75 of 1997	Occupational Health and Safety Act 85 of 1993 Employment Equity Act (55 of 1998; 97 of 1998; 9 of 1999)	Labour Relations Act, 66 of 1995 National Disaster Management Framework	Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000	Public Service Act, 1994 as Amended & Regulations Compensation for Occupational Diseases and Injuries Act, No.130 of 1993	*The Medical Schemes Act, No. 131 of 1998* *Health Care Act* *Tobacco Products Control Amendment Act No. 12, 1999*
STRATEGIC FRAMEWORKS APPPLICABLE TO EH&W WITHIN THE PUBLIC SERVICE					
National Strategic Plan on HIV, TB and STIs 2017-2022	National Strategic Framework on Stigma and Discrimination National TB Infection Control Guidelines, June 2007	*National Occupational Health and Safety Policy of 2005* *Management of Drug Resistant Tuberculosis in South Africa, Policy Guidelines, June 2007*			
ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY					
Presidential Pronouncements and Budget Speech	Integrated Development Plans (IDPs) Occupational Health Policy 2005 (Department of Labour)	Medium Term Strategic Framework	*National Spatial Development Strategies*	*Provincial Growth and Development Strategies*	

Table 1: Legal and Policy Framework

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

1. Creating decent jobs
2. Education
3. Health
4. Fighting crime
5. Rural Development

Table 2: Government's Key Priority Areas

2.5 CORE PRINCIPLES

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

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

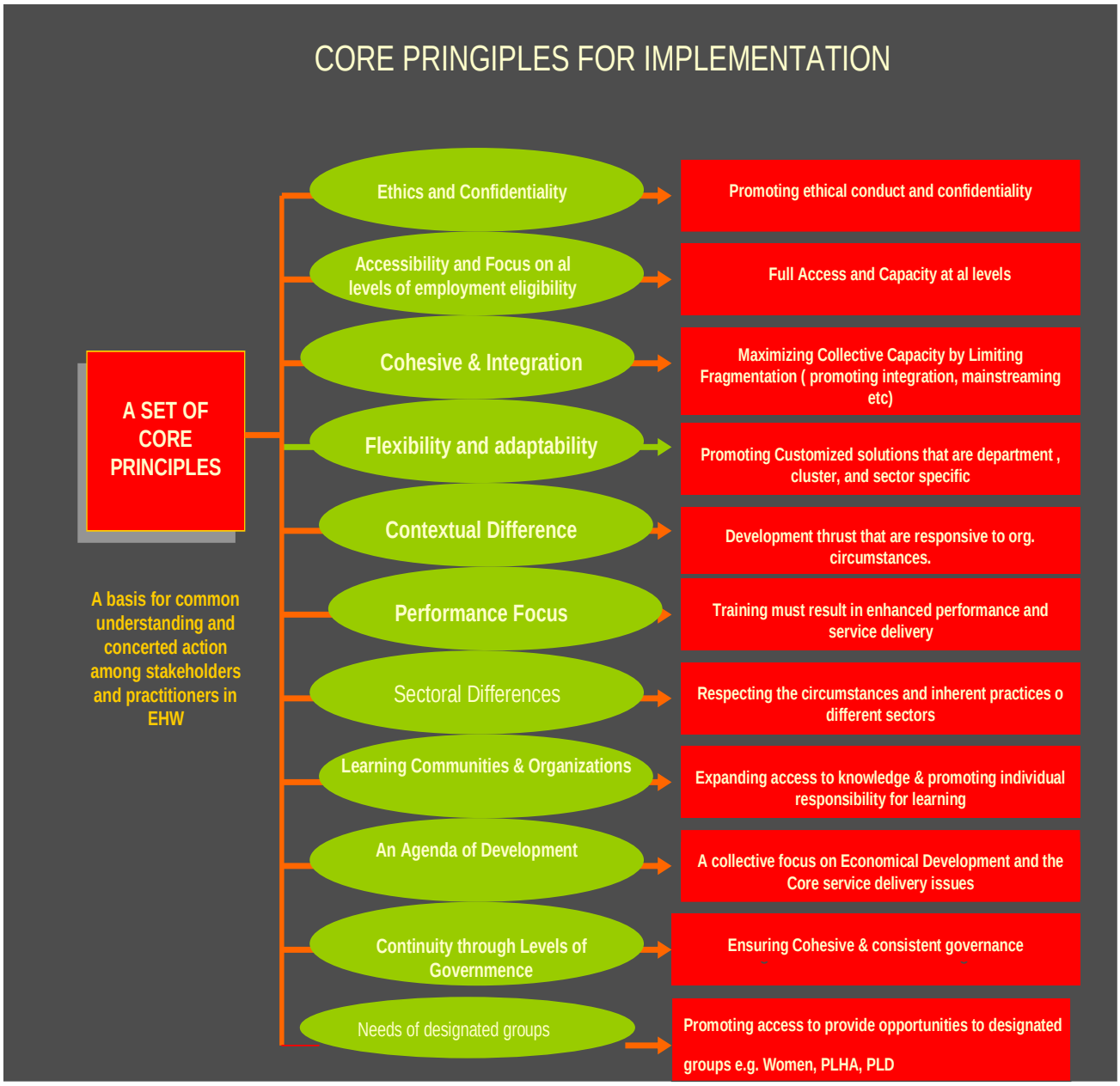


Figure 3: Core Principles for Implementation of the EH&W Strategic Framework

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

Confidentiality

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

Ethical Behaviour

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

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

The core principles indicated in Figure 3 are detailed below:

a) **Focus on all Levels of employment:** Any organization has to operate at maximum performance and fulfil demands that are spread across a wide spectrum of complexity levels. The reach and influence, as well as the time spans of responsibility and consequence differ markedly from level to level. The Framework must be inclusive of all employees in the Public Sector. In this respect, it must focus on senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder. Each employee has a role to play in the enhanced performance and service delivery in their respective departments, and each has a right to opportunities for development. Consideration of the needs of employees at different levels and in occupational categories has to be emphasized. Competencies and skills commensurate with job descriptions become critical to ensure effective individual performance and ultimately improved overall organizational performance and service delivery.

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

c) **Representation of targeted groups:** Fundamental to the creation of a non-sexist, non-racist and fully inclusive Public Service is the process of achieving equity, parity, representation and participation of the designated groups in the employ of the Public Service. It is imperative that any strategy that aims to promote and protect human rights and human dignity of all people, must ensure that it first gets the "numbers game" right. Concomitantly, affirmative action measures and special measures to empower women, people with disabilities and blacks are critical in order to increase their participation in all occupational categories and levels. Furthermore it is essential to

ensure that processes of policy and programme generation that are aimed at advancing designated groups include participation by members belonging to such groups. Participation in key decision-making that concerns designated groups cannot take place outside of those it concerns and those it seeks to address.

d) **Equality and non-discrimination:** The principles of equality and non-discrimination are the cornerstones of democracy upon which the South African constitution is based. Any discrimination based on any grounds such as sex, race, ethnicity, language, religion or belief, political or any other opinion, disability, age or sexual orientation contravenes such constitutional imperatives. Pivotal to the transformation of the Public Service is the principle of non-discrimination and upholding the value that discrimination on any unfair grounds should be eliminated. While this is the case, it should be remembered that a core principle adopted by government in the promotion of the interests of, and access to opportunities, by women, people with disabilities and blacks, is constituted as "fair discrimination". The basic notion which belies this thinking is the pressing need to "level the playing fields" and fast track the achievement of both de jure and de facto equality. The Public Service upholds, promotes and disseminates the values and practices underlying the fight against discrimination, including through the use of awareness-raising campaigns and diversity management interventions. Equality and the right to non-discrimination warrant the creation of an environment within which individuals are protected against unreasonable or unacceptable differential treatment.

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

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

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

h) **Human dignity, autonomy, development and empowerment:** The implication of human dignity is that every employee should be acknowledged as an inherently valuable member of the Public Service who brings a unique contribution to the workplace. There is a need to provide space for mutual respect and esteem in order for every individual to be empowered and for them to grow within the organisation.

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

j) **Collaborative Partnerships:** The need for partnerships between the Public Service and organizations like Disabled People's Organizations, the National Gender Machinery and NGOs is

becoming increasingly important as needs, trends, and issues are identified. The essential elements that are associated with successful collaborative partnerships are those of networking and visioning. The establishment and sustainability of these collaborative partnerships should ideally be built on mutual strengths and help create innovative services and processes for the Public Service and communities. There should be coherence in policy and programmes between the government departments and sectors.

2.6 PROCESS PILLARS OF ACTION

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

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

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

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

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

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

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

action on social determinants of health report of the WHO Commission on Social Determinants of Health, the WHO Workers Health Plan 2008-2017, ILO Decent Work Agenda for Africa 2007-2015, and others indicated in the legal and policy framework. These governance and institutional development measures and strategic activities are implementable in order to promote employee health and wellness and are set out below:

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

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

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

SECTION 3: BUILDING BLOCKS OF THE FUNCTIONAL PILLARS

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

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

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

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

3.1 PILLAR 1: HIV , TB and STIs MANAGEMENT

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

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

exploding. South Africa has the six highest TB Incidence in the world, with more than 450 000new cases diagnosed in 2015, 63% in people living with HIV. There has been a decline in new cases since 2012. Multidrug-resistant TB (MDR-TB) is a growing problem, with the number of MDR-TB cases doubling from 2007 to 2012.

During 2012-2016 South Africa has advance its efforts to address the needs of key and vulnerable populations and continued to address the social and structural drivers of HIV, TB and STIs, enhance human rights and reduce stigma, resource the response and provide effective leadership. However there is still need to do more.

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

The New National Strategic Plan (NSP) for HIV, TB and STIs 2017-2020 introduces more intensified, more strategic efforts at provincial, district, and ward levels. Greater focus will be given on primary prevention and on strategies to address the social and structural drivers of the three infections in a thoroughly multi-sectoral manner. The new “Test and Treat” policy will need to be fast track and strengthen to curb the new triple infections. Priority is given to ensuring that treatment programmes are holistic, addressing each person’s health needs, including co-morbidities.

Based on the National Strategic Plan for HIV, TB and STIs 2017-2022, initiatives and interventions in the Public Service embrace four broad objectives:

- Address social and structural drivers of HIV, TB and STIs and link these efforts to the NDP
- Accelerate prevent to reduce new HIV, TB and STIs infections
- Sustaining health and wellness
- Ground the response to HIV, TB and STIs in human rights principles and approaches.

The HIV & AIDS, STI and TB Strategic Plan for South Africa 2017 - 2022 (NSP) seeks to:

- reduce new HIV infections to less than 100 000 by 2022:
- Initiate at least 2 million of eligible patients on antiretroviral treatment (ART), by 2022

- Reduce TB incidence by at least 30%, from 834/100,000 population in 2015 to less than 584/100,000 by 2022,
- Implement the 90-90-90 strategy for HIV and TB
- Improve STIs detection, diagnosis and treatment
- Increase engagement, collaboration and advocacy of key and vulnerable populations in the development and implementation of social and health support activities
- Implement social and behaviour change programmes to address key drivers of the epidemics and build social cohesions.
- Reduce stigma and discrimination among people living with HIV or TB by 50% by 2022
- Promote an environment that enables and protect human and legal rights and prevents stigma and discrimination

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

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

This pillar consists of the following four sub-objectives:

- Address social and structural drivers of HIV, TB and STIs and link these efforts to the NDP
- Accelerate prevention to reduce new HIV, TB and STIs infections
- Sustaining health and wellness
- Ground the response to HIV, TB and STIs in human rights principles and approaches.

Each of the above-mentioned sub-objectives consists of constituent components which form the essence of the relevant focus areas and is illustrated in Figure 4. Each sub-objective will have critical

success factors and proposed activities which will be included in the Generic Implementation Plan (Annexure A).

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

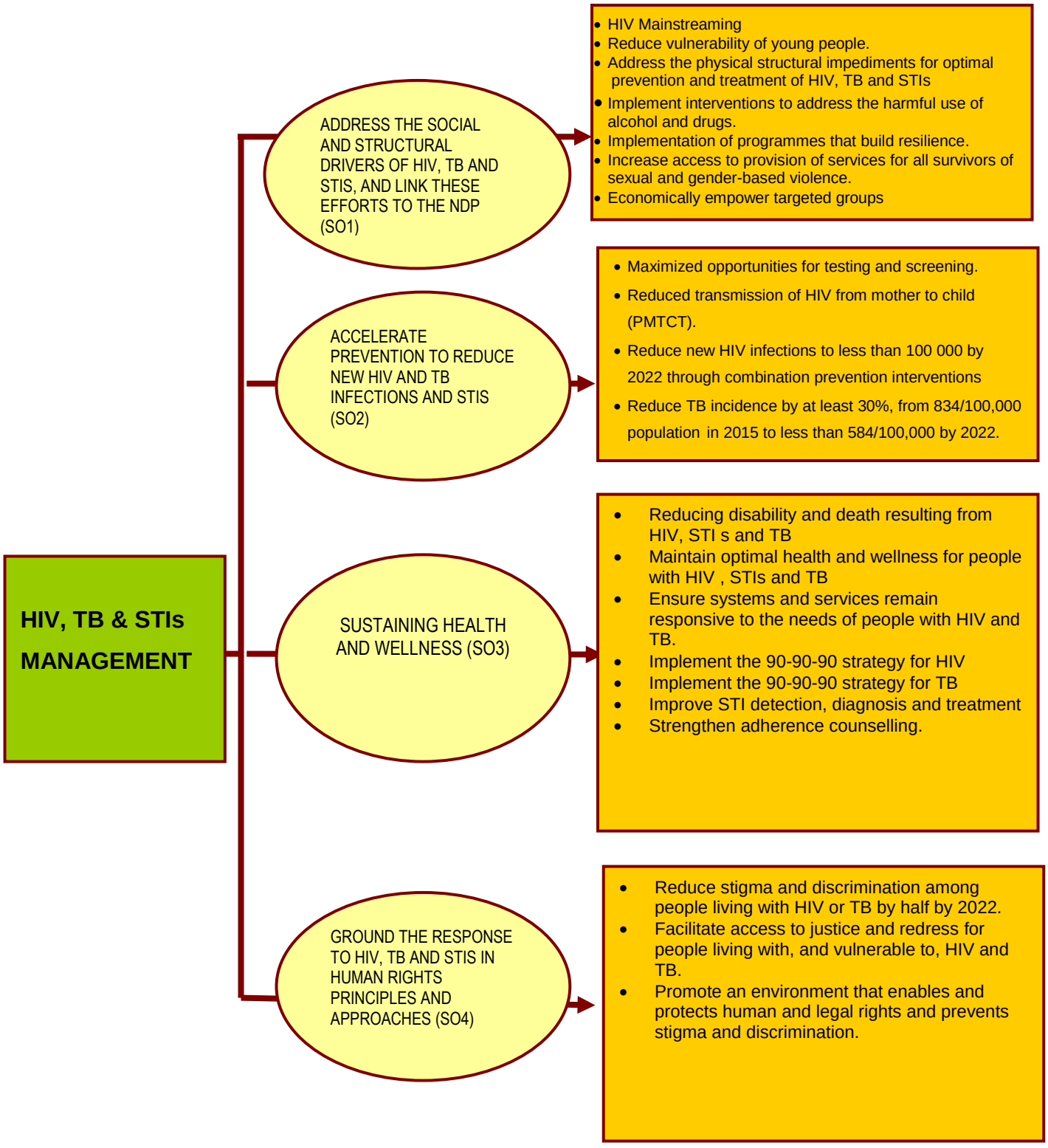


Figure 4: Framework for operationalising PILLAR 1: HIV, TB and STIs Management

3.2 PILLAR 2: HEALTH AND PRODUCTIVITY MANAGEMENT (HPM)

Health and Productivity Management (HPM) in the work place is defined as “the integrated management of health risks for chronic illness, occupational injuries & diseases, mental diseases and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work - also known as "presenteeism" in the Public Service world of work. HPM is also meant to strengthen and improve the efficiency of existing services and infrastructure (Occupational Health Services, Occupational Health Education and Promotion). HPM should introduce additional interventions based on recent advances in knowledge *(Integrated Health Risk Assessment and Management IT Systems with, classification systems, occupational cancer registry, etc).*

Health and Productivity Management activities are convergent efforts to promote and maintain the general health of employees through prevention, intervention, awareness, education, risk assessment, referral and support in order to mitigate the impact and effect of communicable and non-communicable diseases and injuries on the productivity and quality of life of individuals.

Non-communicable Disease, which for the purposes of this document 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. However a long and healthy life for all through prevention and control of non-communicable diseases requires implementation of three major components:-1) Prevention of NCDs and promotion of health and wellness at population, community and individual levels. 2) Improved control of NCDs through health systems strengthening and reform and 3) Monitoring NCDs and their main risk factors and conducting innovative research. (draft NSP NCD 2012-2016)

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

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

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

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

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

- *Enhance Work Place Health Education& Promotion and Productivity Management.*
- *Management of Non Communicable Diseases and Communicable Disease (excluding HIV/AID and TB (Focus on the areas of Disease Management).*
- *Management of Mental Health in the work place.*
- *Management of Incapacity due to ill Health and Retirement:*

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

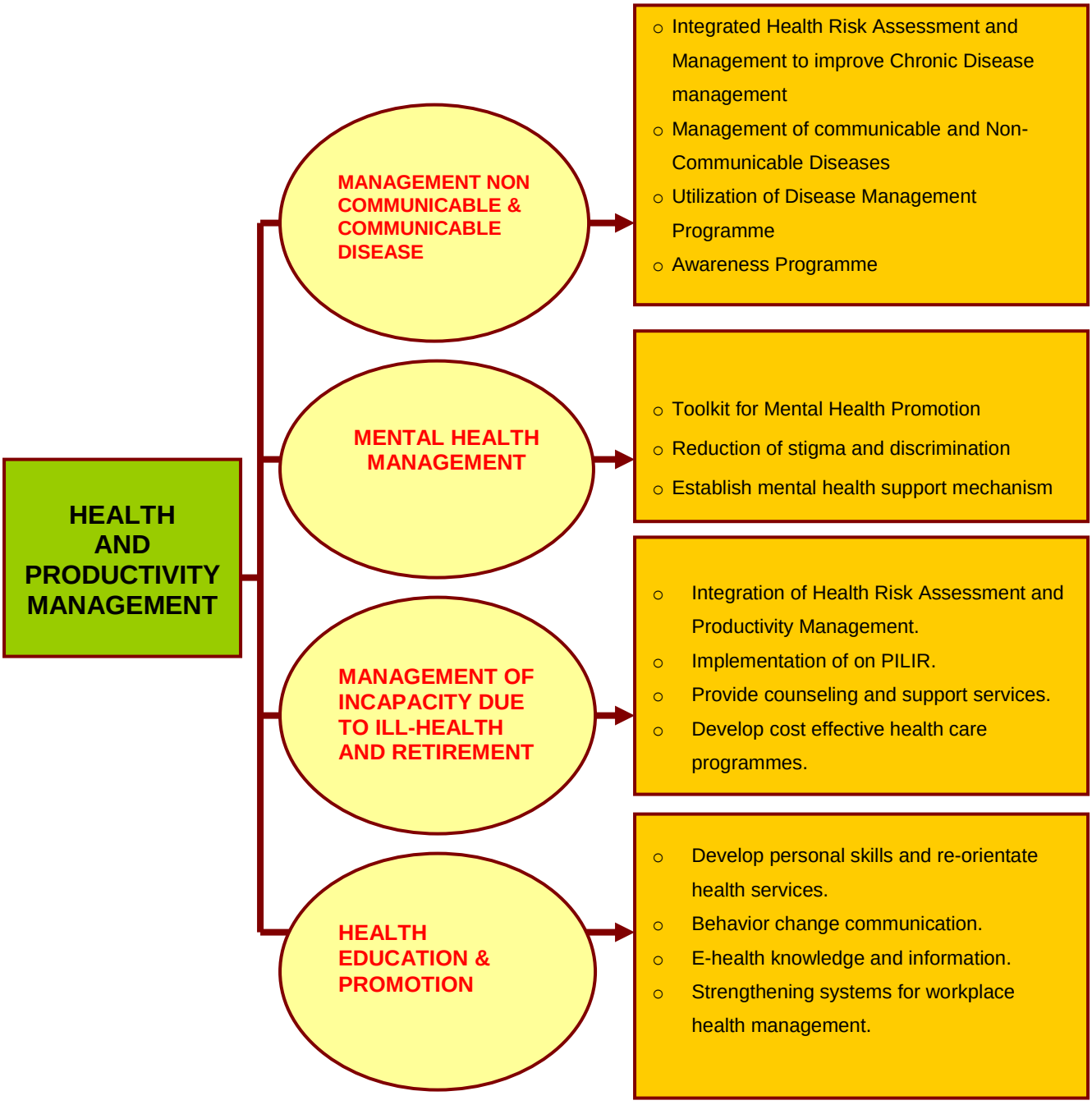

Figure 5: Framework for operationalising PILLAR 2: Health and Productivity Management

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

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

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

The SHERQ has four sub-pillars of Occupational Health and Safety Management, Environment Management, Risk Management and Quality Management. These sub pillars are to be implemented in compliance with international instruments, National legislation, National policies and other strategic documents mentioned that form the legal and policy framework for EH&W. The implementation will be in accordance with the standards identified by the international Organisation of Standards OHSAS 45001 for OHS Management System, ISO 14001 for Environmental Management, ISO 31000 for Risk Management, ISO 9001 for Quality Management.

OHSAS 45001 is an Occupation Health and Safety Assessment Series for health and safety management systems. It is intended to help government departments to control occupational health and safety risks. It was developed in response to widespread demand for a recognized standard against which to be certified and assessed. The sub pillar of occupational health and safety is meant to ensure occupational health and safety, (occupational hygiene included) based on risks and hazards identified, programmes to mitigate against and control of these risks. Its implementation will be through the involvement of health and safety representatives and establishment of health and safety committees and compliance with

occupational health and safety standards set by department of labour and other standard organisation and the South African Bauer of Standard (SABS) in line with the principle of tripatisim.

ISO 14001:2015 basically establishes a co-coordinated and formal framework of controls with which to manage environmental protection. It uses the Plan-Do-Check-Act (PDCA) model. It is an internationally accepted standard for an Environmental Management System, specifying requirements for establishing an environmental policy, determining environmental aspects and impacts of products, activities and services. It requires that environmental objectives and measurable targets are planned and that defined programs are implemented to meet the objectives and targets.

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

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

The ISO 9001:2015 standard provides a framework around which a quality management system can effectively be implemented and focus on the process model as a system platform with continual improvement being the driving force to enhance customer satisfaction. Putting in place the SOP for uniform services .This standard gives new opportunities for government departments to use the quality management system as a strategic tool which can help them to exceed "compliance to requirements" and move towards public service excellence in general and EH&W in particular.

ISO 31000:2018, Management of Risk (Risk identification, Calculation and Elimination). The purpose of risk management is the creation and protection of value. The principles set out in this standard provide guidance on the characteristics of effective and efficient risk management, communicating its value and explaining its intention and purpose. The eight principles are described as follows: **(1)** Framework and processes should be customised and proportionate; **(2)** Appropriate and timely involvement of stakeholders is necessary; **(3)** Structured and comprehensive approach is required; **(4)** Risk management is an integral part of all organisational activities; **(5)** Risk management anticipates, detects, acknowledges and

responds to changes **(6).** Risk management explicitly considers any limitations of available information; (**7)** Human and cultural factors influence all aspects of risk management. (**8)** Risk management is continually improved through learning and experience. The first five principles are concerned with the design and planning of the risk management initiative and these principles are often summarised as proportionate, aligned, comprehensive, embedded and dynamic (PACED). The principles six, seven and eight relate to the operation of the risk management initiative. These latter principles confirm that the best information available should be used; human and cultural factors should be considered; and the risk management arrangements should ensure continual improvement The ISO 31000 guidelines provide a statement of risk management principles.

Principles of risk management (PAECD)

Proportionate	Risk management activities must be proportionate to the level of risk faced by the organisation.
Aligned	Risk management activities need to be aligned with the other activities in the organisation.
Comprehensive	In order to be fully effective, the risk management approach must be comprehensive.
Embedded	Risk management activities need to be embedded within the organisation.
Dynamic	Risk management activities must be dynamic and responsive to emerging and changing risks

ISO 9001:2015 standard provides a framework around which a Quality Management System (QMS). It guide the Public Service to produce quality products and services; to render quality services; and to develop Standard Operating Procedures (SOP) for efficiency, quality output and uniformity of performance

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

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

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

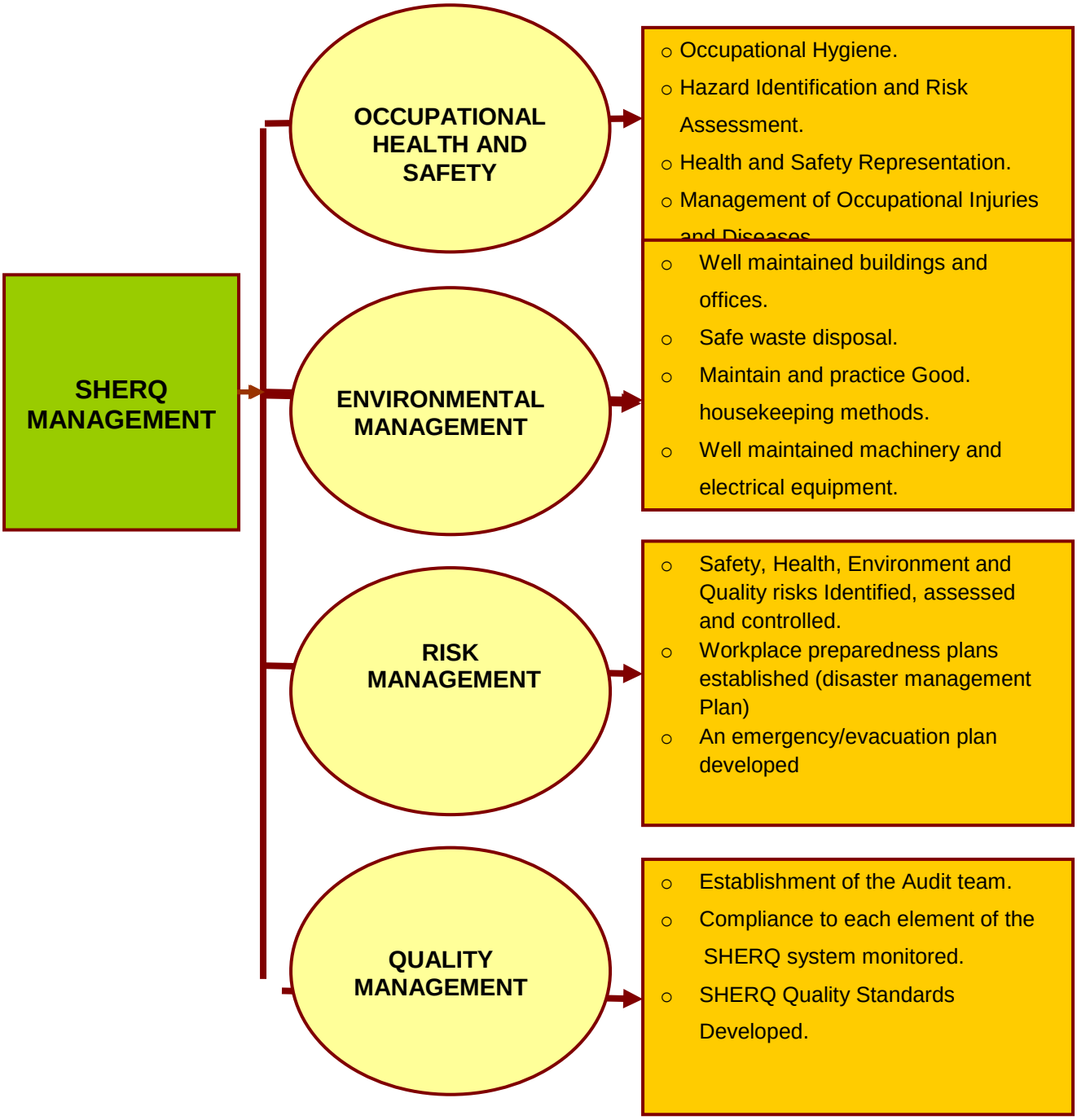

Figure 6: Framework for operationalising PILLAR 3: SHERQ

3.4 PILLAR 4: WELLNESS MANAGEMENT

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

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

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

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

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

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

The Wellness Management pillar will be best implemented through the use of **SOLVE** programme. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace. The SOLVE methodology includes a policy and action-oriented educational package that addresses the issues of **Stress, Drugs and Alcohol, Violence, HIV&AIDS, Tobacco, Nutrition, Healthy Sleep, Physical Activity, and Economic Stress** in an integrated way. It is based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace (work organization, working conditions, labour relations).

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

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

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

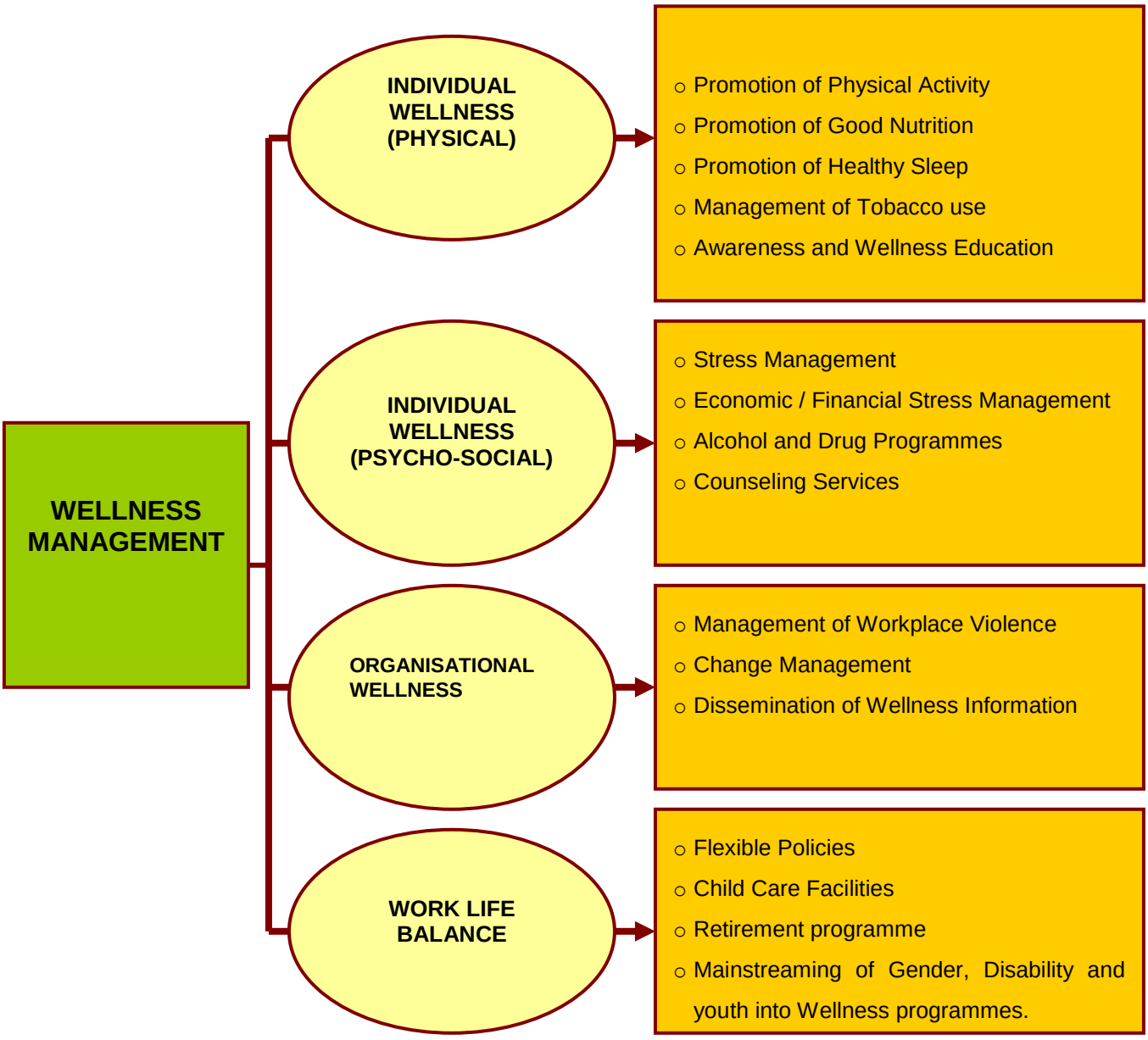

Figure 7: Framework for operationalising PILLAR 4: Wellness Management

SECTION 4: KEY INITIATIVES TO ENSURE MPLEMENTATION OF THE FRAMEWORK

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

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

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

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

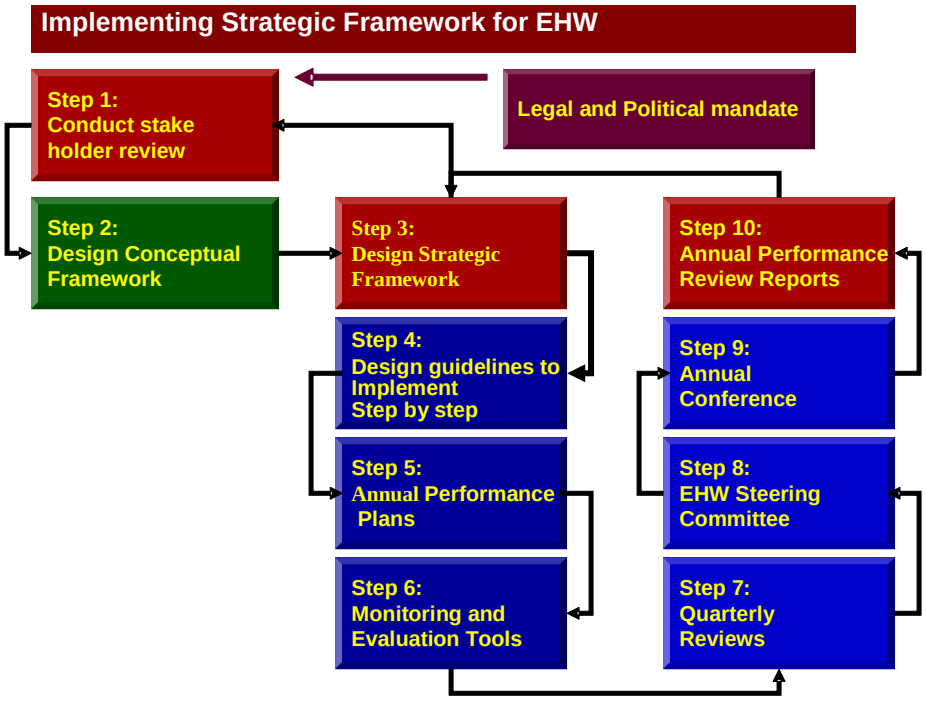

Figure 8: Implementation Strategy for the EH&W Strategic Framework

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

4.1 STEPS FOR IMPLEMENTING EH&W STRATEGIC FRAMEWORK

STEP 1: Conduct Stakeholder Review

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

STEP 2: Design the Conceptual Framework

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

STEP 3: Design the Strategic Framework

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

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

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

The central theory of implementation is the logical frame of implementation of policies, programmes, projects inherent in the results-based model of management. This implies dividing programme components in manageable short term medium term and long-term stages of implementation. These components of implementation include: inputs (all resources, human, financial, material, and time) that are necessary to implement all activities and processes that are meant to ensure short term and intermediate effects like outputs and outcomes of programmes. All these are done for the purpose of determining long term effects in the form of changes in the population of interest.

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

STEP 5: Annual Performance Plans

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

STEP 6: Develop a Monitoring and Evaluation Framework

The DPSA EH&W component is responsible for the designing of a Monitoring and Evaluation Framework to measure the progress made with the implementation of the EH&W framework. This also is based on the theoretical base of a results based logical framework for management. The implementation of the M&E framework will be through the 12 components of an effective M&E system for EH&W. Implementation success will be gauged through monitoring and evaluation processes that are linked to continuous feedback, and adds value through support for taking corrective measures and sharing lessons learnt. The key channel of monitoring, inputs, outputs and processes, will be quarterly and annual consultative meetings among stakeholders and with the respective departments to discuss progress and challenges, and to collectively seek solutions that could work. Evaluation will in so far as possible be conducted by outside stakeholders for purposes of measuring outcomes and impact of the EH&W interventions.

STEP 7: Quarterly Reviews

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

STEP 8: EH&W Steering Committee

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

Through the Steering Committee the following could be achieved:

- Draw lessons from policy implementation, monitoring and evaluation
- Asses the impact of EH&W on the ongoing transformation of the Public Service
- Consistent measurement of the impact of EH&W on productivity of the Public Service

- The **dpsa** must be seen as a strategic overall coordinating partner in the efforts of Departments to address strategic and EH&W related issues.
- A communication strategy must be undertaken in Provinces and in the Departments, in Directorates and in Institutions as well as with stakeholders and supporters to ensure that information is cascaded to all levels.

STEP 9: Annual Conference

The annual conferences also serve as forums for coordination, communication, collaboration, consultation on matters of EH&W in the Public Service. Further more it is also a forum where monitoring and evaluation of the implementation of EH&W policies is deliberated on, policy analysis studies are presented, new developments based on cutting edge research, legislative and policy gaps are assessed and new ways of improving EH&W policies and programmes are addressed annually . It also creates and opportunity for departments and stakeholders to participate and share best practices in the field.

STEP 10: Annual Performance Review Report

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

4.2 ORGANISATIONAL STRUCTURE FOR IMPLEMENTATION OF EH&W STRATEGIC FRAMEWORK

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

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

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

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

Figure 9: Implementation Structure for EH&W Strategic Framework

SECTION 5

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

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

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

5.1 EH&W Monitoring and Evaluation System

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

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

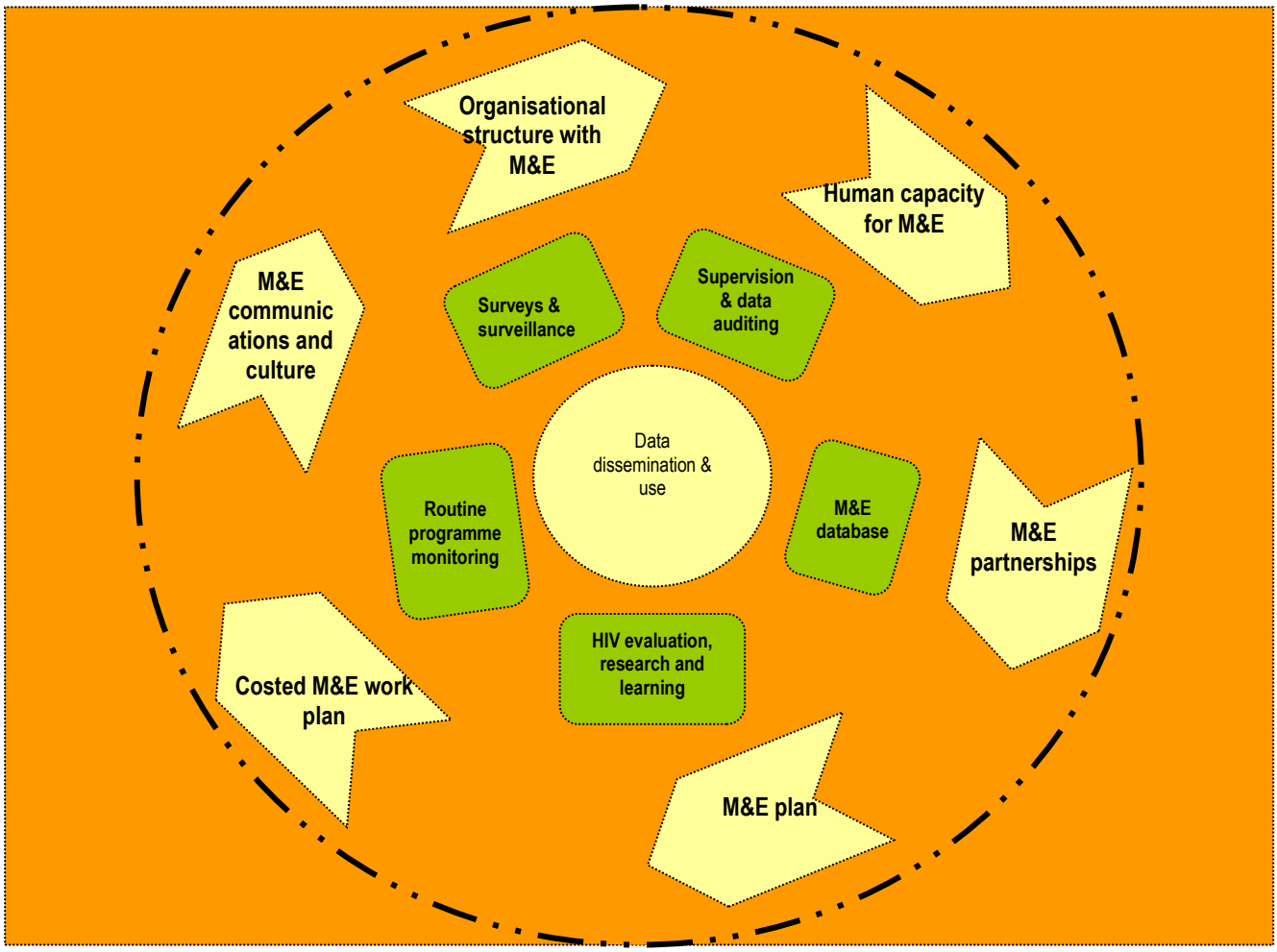

Figure 10: Twelve Components of an effective EH&W M&E System

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

Component levels	Components	Linkages with Generic Implementation Plan (GIP)
People, partnerships and planning	1. Organisational structures with EH&W M&E functions 2. Human capacity for EHW M&E 3. Partnerships to plan, coordinate, and manage the M&E system 4. National multi-sectoral EH&W M&E plan 5. Annual costed national EH&W M&E work plan 6. Advocacy, communications, and culture for EH&W M&E	Meso, Micro, and Macro levels should work together in a coordinated way to ensure appropriate human capacity, partnerships, annual planning according to the GIP
Collecting, verifying, and Analyzing data	7. Routine EH&W programme monitoring 8. Surveys and surveillance 9. National and sub-national EH&W Databases 10. Supportive supervision and data auditing 11. EH&W evaluation and research	Stakeholders should ensure that all data processes and practices are in place to produce data that is valid, reliable, has integrity, and is precise
Using data for decision-making	12. Data dissemination and use	Data collected must inform policy formulation and program operations at different levels. Data should be used at level of generation

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

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

5.2 Results-Based Model (RB-M)

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

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

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

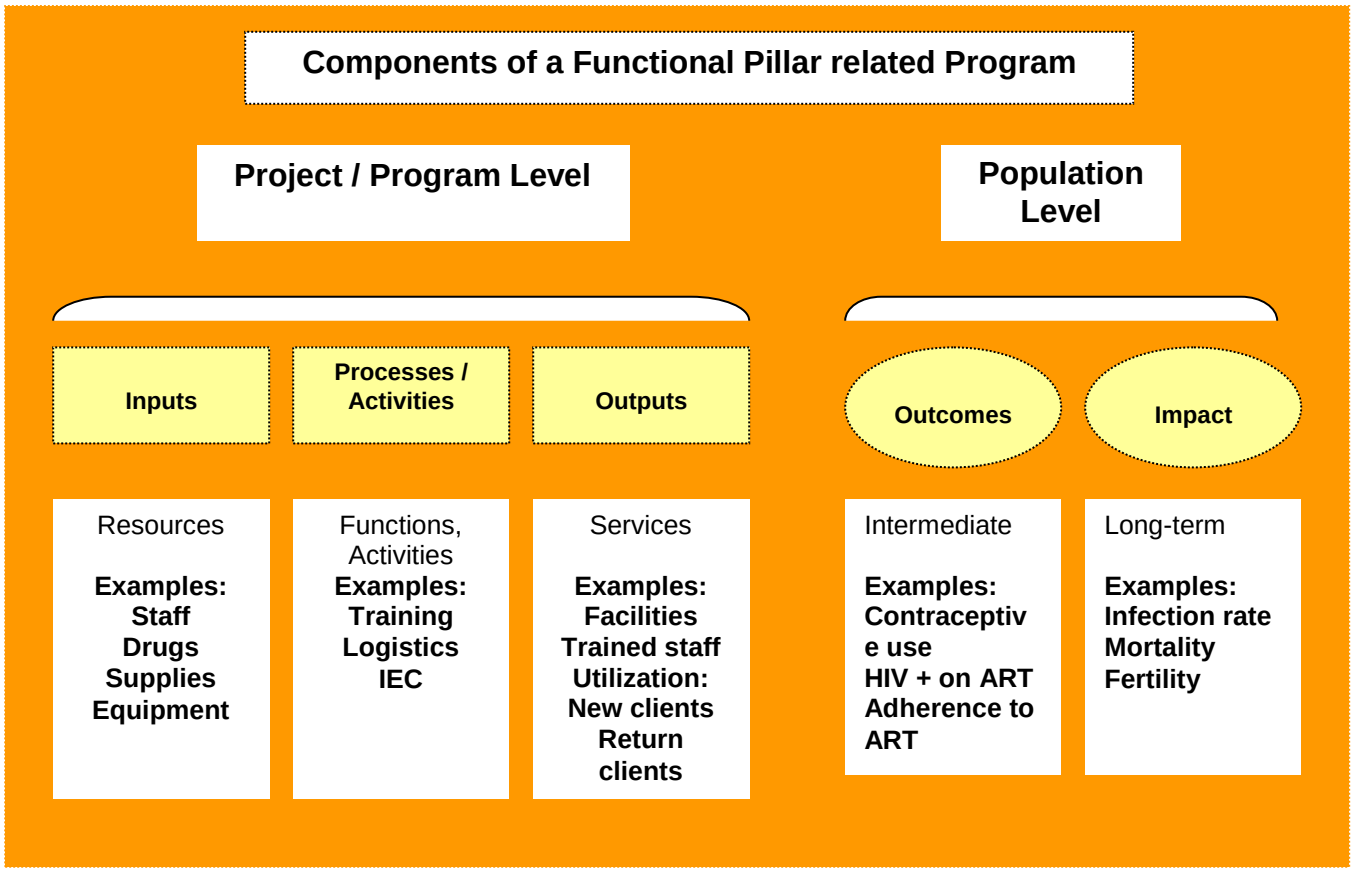

Figure: 11: Results-based Model (RB-M)

5.3 GENERIC IMPLEMENTATION PLAN FOR EMPLOYEE HEALTH AND WELLNESS (ANNEXURE A):

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

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

Table: 4 Outline of a generic implementation plan

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

<table>
<tr><th colspan="3">Pillar 1: HIV & AIDS, STI and TB Management

To mitigate the impact of the HIV&AIDS and TB epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society (Impact to be measured)</th></tr>
<tr><td rowspan="6">Strategic Objective 1
Address the social and structural drivers of HIV, TB and STIs, and link these efforts to the NDP (so1)</td><td>Output indicators for SO1</td><td>Success Indicators
(Sub-Strategic Objectives)</td></tr>
<tr><td>To integrate HIV, STI and TB and related gender- and rights-based dimensions</td><td>1.1. Mainstreamed HIV, TB and STIs and its gender and rights based dimensions,
1.2. Address Social, economic and behavioral drivers of HIV , STI s and TB
1.3. Address gender inequities and gender-based violence
1.4. Mitigate the impact of HIV and TB
1.5. Reduce vulnerability of young people
1.6. Poverty alleviation</td></tr>
<tr><td colspan="2">Activities for Strategic Objective 1
(Basis for process indicators as indicated in R- B Model)</td></tr>
<tr><td colspan="2">1.1. Implement and monitor the GSRB Guidelines; Conduct systematic review for GSRB; Develop mainstreamed costed operational plan; Participate in relevant SADC mainstreaming projects.</td></tr>
<tr><td colspan="2">1.2. Address Informal settlements; focus on rural and hard-to-reach areas (including farms; address issues of migration and mobility, Cross-border issues can be addressed through protecting the rights of migrants in accordance with the Constitution, and the implementation of regional agreements and strategies, such as referral systems and the harmonisation of treatment protocols.; recognising the impact of alcohol and substance abuse,</td></tr>
<tr><td colspan="2">1.3. Accelerate programmes to empower women and educate men and women, (including the boy and girl child), on human rights in general and women’s rights in particular; Develop and implement strategies to address gender based violence; Create an enabling environment for HIV testing; Build and maintain leadership from all sectors of society to promote and support (The NSP goals);</td></tr>
<tr><td colspan="2">1.4. Protect the rights of orphans, vulnerable children and youths, and to reduce their vulnerability and the impact of HIV and TB; mental health services must also be part of the package of services provided to support orphans and vulnerable children.</td></tr>
</table>

	1.5. Ensuring school completion, as well as facilitating re-entry into the school system after dropping out, for whatever reason, is a critical intervention to ensure that learners acquire knowledge and skills to improve employment opportunities, and life skills to negotiate a safe transition into adulthood; Educating parents and caregivers to encourage intergenerational conversations with young people on sex and sexuality will be prioritised. This includes education for learners and parents on gender norms and transformation; implement targeted programmes (e.g. through the Expanded Public Works Programme) for these young people out of school; programmes must also extend to young people attending institutions of higher learning
	1.6. Accelerate poverty reduction strategies and strengthen safety nets to mitigate the impact of poverty; 1.6.1. Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV customised for different groups with a focus on those more vulnerable to and at higher risk of HIV infection.
	1.6.2. Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant health services; Develop a comprehensive package that promotes male sexual health; develop and integrate interventions for reducing recreational drug use in young people with HIV prevention efforts; increase the accessibility and availability of comprehensive sexual assault care including PEP and psychosocial support.
	1.6.3. Expand the existing mother-to-child transmission services to include: contraception fertility services, reducing unwanted pregnancies and involving men, HIV prevention services in uninfected pregnant women; Scale up coverage of PMTCT to reduce MTCT to less than 5%.
	1.6.4. Ensure adherence to existing legislation and policy relating to HIV and AIDS particularly in employment and education; *Challenge attitudes and perceptions;* Promote anti-discriminatory legislation; Ensure protection in all circumstances of human rights, especially in workplaces, schools and health settings; Promote

	awareness on Human and legal rights as well as services for recourse.
	1.6.5. Provide Support to departments on HIV and AIDS HR planning and mainstreaming.
	1.6.6. Provide INH prophylaxis for public servants working in clinical environment and treatment for those infected as secondary prevention of HIV transmission.

Strategic Objective 2 **Accelerate prevention to reduce new HIV and TB infections and STIs (so2)**	**Output indicator for SO2**	**Success Indicators** **(Sub-Strategic Objectives for SO 2)**
	To provide a package of combination prevention which includes structural, biomedical and behavioural approaches,	2.1. Maximized opportunities for testing and screening 2.2. Increased access to a package of sexual and reproductive health (SRH) services 2.3. Reduced transmission of HIV from mother to child (PMTCT) 2.4. national social and behavioral change communication strategy 2.5. innovative, scientifically proven HIV, STI and TB prevention strategies, 2.6. Preventing TB infection and disease 2.7. Improve services for survivors of sexual assault
	Activities for Strategic-Objective 2 **Basis for process indicators as indicated in R- B Model)**	

	2.1.	Provide universal access to HIV counselling and testing and TB screening, as an entry point for diagnosis and HIV and TB treatment, care and support; Provide full package of screening, to be available in all clinical settings, will include: HCT; TB symptomatic screening, linked to TB testing for those with symptoms; as well as screening for diabetes, blood pressure, anaemia, mental illness and alcohol abuse, with referral to psychological and social support. Screening for domestic violence and child abuse should also be part of the package of health and social services. Counselling and mental health services; Testing and screening services must take place at multiple settings to reach all populations, promoting off-site HCT supported by consistent supplies of testing materials and information on test protocols, space for workplace counselling and testing, and assure privacy and confidentiality; Create a referral mechanism with HCT providers; Recruit and train peer counselors and ensure confidentiality; Train HCT staff on pre- and post-test counselling. Promote uptake of HCT;
	2.2.	The delivery of an integrated package of SRH services as part of the PHC approach within the district health system, with a focus on key populations. Maximised coverage of male and female condoms through distribution in non-traditional outlets, including correctional facilities, mines, airports, malls, sheens, hotels and schools23 as part of a broader health package, and tertiary institutions, sex work venues/ locations and clubs; Improved coverage of medical male circumcision as an essential part of a male SRH package; Develop surveillance of STIs in key populations; including resistance monitoring; Strengthening antenatal clinic screening for syphilis to eliminate congenital syphilis through GEMS maternity programme. Integrated school health programme is implemented that includes a package of sexual and reproductive health and rights services, sexuality and TB education appropriate to each school phase.

	2.3.	Ensuring that PMTCT is integrated into sexual and reproductive health and fertility management services, Prevention of HIV transmission from HIV-positive women to their infants through better implementation of national guidelines on ART for pregnant women and ongoing infant feeding counselling and support with a focus on exclusive breastfeeding. Provision of appropriate treatment, care and support to HIV-positive mothers, their infants and family with a focus on establishing appropriate mechanisms for referral and linkages with long-term HIV-care services (including ART, cotrimoxazole prophylaxis, TB screening and treatment, diagnosis of HIV infection in infants) and other child survival services to ensure a continuum of care for women and children; strengthened infant feeding practices with support for exclusive breastfeeding for at least the first six months; ensure ongoing monitoring of PMTCT programme operations and outcomes, including postnatal transmission.
	2.4.	Develop strategic approaches that view BCC not as a collection of different, isolated communication tactics, but as a framework of linked approaches that function as part of an integrated, ongoing process; Health Promotion & education; The strategy must aim to shift attitudes and behaviours related to the reduction of HIV and STI transmission; The strategy must aim to shift attitudes and behaviours related to the reduction of HIV and STI transmission to TB infection and disease. This strategy must take into consideration the special communication needs of people with disabilities, and also target traditional circumcision.
	2.5.	Participate in any studies done on strategies and the feasibility of implementing these prevention strategies as proposed.

	2.6.	Implement combination prevention approach is also necessary for an effective response to TB infection and disease; Develop capacity to implement the TB workplace management , accelerate DOTS, infectious disease control programmes, and facilitated treatment for HIV and TB infected; Intensified TB case finding , TB infection control; Workplace/occupational health policies on TB and HIV; Mminimize the risk of HIV transmission from occupational exposure among health care providers in the formal, informal and traditional settings through the use of infection control procedures; Minimize exposure to infected blood through procedures associated with traditional and complementary practices; investigate the extent of HIV risk from Intravenous Drug Use (IDU's) and develop policy to minimize risk of HIV transmission through injecting drug use and unsafe sexual practices; ensure safe supplies of blood and blood products (HIV screening tests for measuring both virus and antibodies Provide INH prophylaxis for public servants working in clinical environment and treatment for those infected as secondary prevention of HIV transmission The implementation, monitoring and evaluation of IPT must be scaled up for adults and children living with HIV (with clear recommendations for ages 5–15 years), asymptomatic child contacts of people with infectious TB and mine workers. Prevent drug-resistant TB; Reduce TB-related stigma, malnutrition, alcohol consumption and smoking.
	2.7.	Comprehensive package of services is needed to prevent sexual abuse, and to provide comprehensive post-sexual assault care, including PEP, medical care, counselling, access to justice, and protection services for rape survivors; PEP must be available at all healthcare sites for survivors of sexual violence; workers must be trained to explain and administer PEP – with a target of PEP provision to 100% of eligible children and adults.

	2.8. Campaigns targeting adults and children are needed to raise awareness of sexual abuse and exploitation, educate communities about their obligations and procedures for reporting and the importance of immediate reporting in order to ensure access to services, to gather the necessary forensic evidence, and to address the stigma associated with sexual abuse, which may prevent disclosure and hence inhibit access to services.

Strategic Objective 3 **Sustaining health and wellness (SO3)**	**Output indicators for SO3**	**Success Indicators** **(Sub-Strategic Objectives for SO 3)**
	To significantly reduce deaths and disability as a result of HIV and TB infection through universal access to accessible, affordable and good quality diagnosis, treatment and care.	3.1 Reducing disability and death resulting from HIV, STI s and TB 3.2 Maintain optimal health and wellness for people with HIV , STIs and TB 3.3 Ensure systems and services remain responsive to the needs of people with HIV and TB.
	Activities for Strategic-Objective 3 **(Basis for process indicators as indicated in R- BModel)**	
	3.1. Ensuring every person is tested annually for HIV and screened for TB; Increase access to appropriate treatment; Implementing targeted programmes of HIV, STI and TB screening and support for key populations; Improving HIV, STI and TB contact tracing to facilitate early diagnosis, using the PHC approach; Ensuring access to affordable, high-quality drugs to treat HIV, STIs and TB; Ensuring the earliest possible enrolment for and universal access to appropriate treatment for HIV and TB, after screening and diagnosis; Ensuring treatment of children, adolescents and youth; Initiating all HIV-positive TB patients on lifelong ART, irrespective of CD4 count; Implementing a patient-centred pre-ART package for PLHIV not requiring ART; Preventing, screening and treatment for cervical cancer;	
	3.2. Strengthen primary healthcare, with a focus on the provision of medication at PHC facilities and support at the household level; Developing a single patient identifier in the health sector; electronic and Internet systems become more available in all facilities.	

	3.3.	The integration of HIV and TB care with an efficient chronic-care delivery system; implement the guidelines for TB and HIV integration with due care being paid to limiting cross infection; Re-examining delivery models and hours for clinical services will allow for improved access to treatment; All efforts should be made to decrease the recording and reporting burden on health personnel without the loss of health information that is critical to the management of the patient and of the health service.

	Output indicator for SO4	Success Indicators (Sub-Strategic Objectives for SO 4)
Strategic Objective 4 **Ground the response to HIV, TB and STIs in human rights principles and approaches (so4)**	. To ensure the rights of those living with HIV and/or TB – or who are at risk of infection – are respected, protected and promoted	4.1 Prevent and monitor human rights violation 4.2 Reducing HIV and TB discrimination in the workplace 4.3 Reduce unfair discrimination in access to services 4.4 Reduce HIV and TB related stigma 4.5 Develop mainstreamed HR policies that address barriers to human rights;
	Activities for Strategic-Objective 4 (Basis for process indicators as indicated in R- B Model)	
	4.1. Take reasonable measures to guard against rights violations; harness the human and institutional resources of existing constitutional and statutory structures and civil society organisations to advance the NSP's human rights agenda; create a coordinated framework for (1) monitoring human rights abuses that have the potential to undermine the interventions set out in the NSP, and (2) ensuring that rights – where violated – may be vindicated efficiently and effectively. Auditing interventions to identify potential for human rights abuses; Guarding against rights violations as part of policy development and programme planning; Using existing bodies to monitor human rights abuses and increase access to justice; Building capacity within public institutions and civil society to increase access to justice and redress;	

	4.2.	Developing and implementing a national campaign against unfair discrimination; Empowering employees in small and informal workplaces; Implement national framework on HIV and AIDS in the Workplace; revised DOL Code of Good Practice on HIV and AIDS and Employment; Ensure protection of rights of casual, contract and/or poorly organised (such as domestic workers); Ensure protection of rights of employees expressly excluded from the ambit of labour legislation; Develop and distribute human rights guidelines and information
	4.3.	Eliminate a range of grounds on the basis of which people may be denied access to the HIV, STI and TB services set out in the NSP; respecting and protecting people's rights to have access to services, include staff attitudes that discourage people from accessing social services; Ensuring that oversight bodies receive and address complaints; Providing training to prevent unfair discrimination; particular, this intervention seeks to ensure that all public and private bodies providing training in HIV,STIs and/or TB include modules dealing with unfair discrimination, including a focus on the needs of people with disabilities;
	4.4.	Implement interventions to reduce HIV and TB related stigma; investigate nonconformities, determine their causes and take actions in order to avoid their recurrence (SMT);
	4.5.	Develop mainstreamed HR policies that address barriers to human rights; Conduct campaigns to promote human rights; D*esign and implement competency; audits of current* HIV and AIDS *staff;* Protect rights of women, children & people with disability; IEC on human rights politics/leadership commitment; Monitoring & redress HIV related human rights violation; Promote gender & sexuality equality; Mitigate against stigma & discrimination

Pillar 2: Health and Productivity Management ***To manage communicable and non-communicable diseases, mental health , injury on duty and incapacity due to ill health and health education and promotion in order to enhance productivity*** **(Impact to be measured)**		
Strategic Objective 2 ***To manage communicable and non-communicable diseases, mental health, incapacity due to ill health and health education and promotion in order to enhance productivity***	***Sub-Objective 2.1*** **(Output indicators)**	***Success Indicators*** ***(Outcomes* indicators *)***
	2.1 To promote non-communicable and communicable diseases management	• Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity. • Utilization of disease management programmes through co-operation between medical practitioners and patients to reduce barriers at the work place. • Development of Departmental Health and Productivity Management Policy. • Implementation of strategies to reduce the risk of employees contracting Communicable and non-communicable diseases and need for medical interventions. • Conducting of awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations.

	Activities for Strategic Objective 2.1 (Basis for process indicators as indicated in R-B Model)	
	2.1.1	Conduct an Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity
	2.1.2	Promote co-operation between general practitioners and patients; provide funding; education materials and management support.
	2.1.3	Development of a Health and Productivity Management Policy; Compile an operational plan for the roll out of comprehensive disease management package in the workplace: Ensure disease management awareness programmes to staff and training of all managers regarding disease management
	2.1.4	Identify, assess and control the risk to employees of communicable diseases in the workplace; provide suitable information and training in the avoidance of risk, including work methods, use of equipment and hygiene; advise members that they are entitled to withdraw their labour in order to protect themselves.
	2.1.5	Assessing workers Health; conduct tests, surveys, other investigations; and monitoring sicknesses; voluntary programmes and inspections.

Strategic Objective 2 *To manage communicable and non-communicable diseases, mental health, incapacity due to ill health and occupational health education and promotion in order to enhance productivity*	**Sub-Objective 2.2** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	2.2 To promote the management of Mental	• A Toolkit is developed and implemented for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health • Increased number of public servants who are not stigmatized and disadvantaged, who will be able to manage their lives effectively and who are able to sustain positive relationships with others • Interventions are made to involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of mental health disorders
	Activities for Sub-Objective 2.2 **(Basis for process indicators as indicated in R-B Model)**	
	2.2.1 Develop programmes which recognise mental health needs; Raise awareness of self and other mental wellbeing; identify and address factors affecting mental health in the workplace; Provide support options which are confidential and non-Stigmatizing.	
	2.2.2 Develop programmes that promote a culture of respect and dignity; train staff to be sensitive to mental distress; encourage awareness of mental issues; make employees aware of the danger signs and understand the importance of seeking help early; Make sure that no one is refused employment on the grounds of mental illness.	

	2.2.3 Take safety precautions: ensuring the safety of self and others; ensuring privacy, but ask one or two individuals to stay for support and safety; calling emergency services immediately if unsure of course of action; Giving background information to police and ambulance services; Involving Security until emergency services arrive.

Strategic Objective 2 ***To manage communicable and non-communicable diseases, mental health ,incapacity due to ill health and health education and promotion in order to enhance productivity***	**Sub-Objective 2.3** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To manage incapacity due to ill health and retirement	• Integration of Health Risk Assessment and Management and Productivity Management. • Establishing of Procedures for protecting employees, as well as complying with the law. • Establishing and utilization of counseling and support services. • Quantification of return on investment (ROI) to develop cost effective health care programmes.
	Activities for Sub-Objective 2.3 **(Basis for process indicators as indicated in R-B Model)**	
	2.3.1 Implement a system to manage integration of health risk assessment and productivity management; Assist the employee to complete ILL Health retirement specific forms if necessary;	
	2.3.2 Ensure that targeted employees must attend training on Health Management Programmes and provide support to employees who truly need such support through EH&W programmes.	
	2.3.3 Take firm action and disciplinary action where health issues are abused. Have onsite Assistance; counselling; critical incident response; Workshops; seminars; Professional Supervision/Mentoring/Coaching; EHW programmes.	

	2.3.4 Develop the model on return on investment for effective implementation of the EHW programmes.	
Strategic Objective 2 ***To manage communicable and non-communicable diseases, mental health , incapacity due to ill health and health education and promotion in order to enhance productivity***	**Sub-Objective 2.4** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To promote health education and promotion	• The impact of health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework is evaluated • Occupational Health standards are developed, and monitored for, to ensure continuous improvement • Technology is used to engage employees in managing their health, accessing quality and pricing information, and changing behaviour • Health education and promotion programmes for employees to exercise more control over their own health and over their environments, and to make choices conducive to health. • Health Services are shared among individuals, community groups, health professionals, health service institutions and governments • Systems are strengthened for workplace learning in health management

Strategic Objective 2 To manage communicable and non-communicable diseases, mental health, incapacity due to ill health and health education and promotion in order to enhance productivity	**Activities for Sub-Objective 2.4** **(Basis for process indicators as indicated in R-B Model)**
	2.4.1 Evaluate the impact of health policies and health systems on health Practices; implement and manage public health systems; advocate for policy environmental change
	2.4.2 Apply fundamentals of budgeting and financial management to government health services facilities: carry out leadership and management roles in health services organisations such as public health departments, health care facilities etc.
	2.4.3 Develop strategic management plans for public health and health services organisations that balance competing and conflicting interests as well as factors beyond managerial control
	2.4.4 Understand the legal ethical and cultural environments in which health systems operate and identify and apply the essential components for the provision and management of health services for a defined population
	2.4.5 Apply evidence-based principles of community assessment, mobilization, engagement and advocacy to the management of local health services and Public health organizations.
	2.4.6 Identify risk management and safety priorities at the workplace: develop, and maintain effective and effective and efficient processes for the management, and investigation of serious incidents
	2.4.7 Ensure that there is a consistent approach to reporting and investigating incidents, not forgetting the values, Ethics and Professional Code of Practice; Prepare quarterly and annual Audits for the Department; Manage the budget
	2.4.8 Develop communications department and an employee safety communication strategy; Ensure that all stakeholders are informed of relevant health managing policies planning frameworks and implementation guidelines; Ensure all employees have sufficient knowledge and understanding of the learning networks

Pillar 3: SHERQ Management *SHERQ Management* *To ensure Public Service to be a healthy and safe work environment (Impact indicator)*		
Sub - Objecti	**Sub-Objective 1** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	2.4.9 Address the gap between existing and necessary skills and capacity to fulfill identified roles and functions; engage in identifying training needs; build on making effective use of the knowledge and skills that participants bring to the training situation; drive methodologies by both content and outcome that are to be achieved. 2.4.10 Embracing and expanding mandate which is sensitive and respects cultural needs; support the needs of individuals and communities for healthier life; increasingly in a health promotion direction that is beyond providing for clinical and curative services. 2.4.11 Improving the quality of health management in the work place; Upgrading national training capabilities in health management and finance ; Providing access to online medical resources and Internet-based tools; develop workshops on leadership development management strategies on issues relating to health care; harmonise all stakeholders for the attainment of objectives of certain developmental imperatives	

	To provide Occupational Health and Safety management	• Public Sector anthropometric data base is established • Implemented a plan for usage of workplace equipment that is safe • Minimized risk rating results and occurrences of accidents in the workplace • All EH&W practitioners have the ability to recognise Health Hazards and to elicit actual work procedures, symptoms and discomforts experienced by employees • Functional Health and Safety Representatives and Safety Committees are established
	Activities for Sub Objective 1 **(Basis for process indicators as indicated in R-B Model)**	
	3.1.1 Establish an Occupational Health and Safety team and Engage an agronomist or an equivalent practitioner	
	3.1.2 Develop, maintain and update an anthropometric data base (Maintain South African Standards e.g. SA Military Standards, International Documentation for Standard e.g. International Standard Organization 7250)	
	3.1.3 Design Biomechanics Assessments (Use Ergonomics); Use Biomechanics measurements to determine physical work performance tolerance; Set accommodation and accessibility standards for individuals using mobility aids	
	3.1.4 Ergonomics & Accidents (Conduct regular accident prevalence and incidence Conduct investigations whenever accident prevalence and incidence increases)	

Sub - Objective 2 ***Environmental Management***	**Sub-Objective 2** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To provide Environmental Management	• A policy for Workplace Design and Special Facilities developed and implemented • Developed appropriate work place design for individual comfort and organisational productivity • Developed and implemented appropriate Ergonomic Program which will yield productivity in the workplace • Improved attention and effective and good quality work is evident in maximised productivity and individual comfort and safety • Promote Work Life Balance and individual wellness programmes are implemented
	Activities for Sub-Objective 2 **(Basis for process indicators as indicated in R-B Model)**	
	3.2.1 Design of Machines, interfaces of control rooms, and Standard Operational Procedures etc (Document the task of the operators of equipment; Fit task to human and not human to task; Workplace strategies should be developed; Effectiveness of the work environment should be constantly monitored)	
	3.2.2 Computerisation and use of visual displays (Use of visual displays for people with visual disability; Conduct ergonomics program for appropriate ergonomic prescriptions for computerised systems)	
	3.3.3 Visual Abilities and optimal acuity (Identify user population; Design for functional comfort and ease; Design appropriate rest pauses during a work period)	
	3.3.4 Worker Capability, Work appropriateness and Balance (Use standards and other verified scientific information and ergonomics data; Building standards and facility planning standards should be developed and maintained; Furniture standards for office, office support and amenity spaces, adapting as needed to site-specific furniture inventory)	

Sub - Objective 3 ***Risk Management***	**Sub-Objective 3** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To Control and Mitigate the risk	• Health risk assessment plan with clear objectives to guide assessment processes is in place • Developed interventions for disaster management • Developed Post Disaster Recovery Plan Produce annually a Disaster Management Analysis report. A Disaster Preparedness Plan is accessible and available
	Activities for Sub-Objective 3 **(Basis for process indicators as indicated in R-B Model)**	
	3.3.1 Health Risk Assessment design and planning (Identify the hazards; Determine harm and damage; Evaluate the risks and decide on precaution; Record your findings and implement them; Review your assessment and update if necessary)	
	3.3.2 Hazard Identification (Conduct “Walk through” Survey; Consult with workers; Measure possible hazards; Identify effects of hazards on employees)	
	3.3.3 Hazards Analysis and Evaluation (Analyse health risks; Measure number of exposed employees; Record effects of current control measures and personal protective equipment; Risk rating: To be performed by an occupational Hygienist)	
	3.3.4 To control effects of hazards in the workplace (Demarcate enclose and isolate dangerous work areas; Minimise hazardous substances and their source, and Substitute toxic substances with less toxic ones; Improve ventilation and extract fumes and vapours; Modify working environment through engineering, maintenance of machines)	

Sub - Objective 4 Quality Management	**Sub-Objective 4 (Output indicators)**	**Success Indicators (Outcomes indicators)**
	To provide Quality Assurance Management	• Monitor compliance of the SHERQ system. • Internal Self - Audit Assessment. • External Audit Assessment.
	Activities for Sub-Objective 4 (Basis for process indicators as indicated in R-B Model)	
	3.5.1 Establishment of the Audit team (include SHEQ manager, SHERQ Reps, Line Manager, Supervisor and employees.	
	3.5.2 Cover all the elements of the SHEQ system during the audit. Focus on organization risk profile	
	3.5.3 Asses each element of the system and determine the level of compliance.	
	3.5.4 Audit should be done twice a year or yearly.	
	3.5.5. Deviation (findings) report and recommended action plan should be shared with relevant stake holders for corrections.	
	3.5.6 .Follow up to check progress made on the corrective actions-monthly report back should take place at the SHERQ committee meetings	

<table>
<tr><td colspan="3">Pillar 4: Wellness Management

To provide individual wellness (psycho-social and physical) and organizational wellness and to improve work life balance
(Impact indicator)</td></tr>
<tr><td rowspan="4">Sub - Objective 1
Physical Wellness</td><td>Sub-objective 1
(Output indicators)</td><td>Success Indicators
(Outcomes indicators)</td></tr>
<tr><td>To promote Physical Wellness.</td><td>• Physical Activity promoted through establishment of gym facilities and sporting codes.
• Good Nutrition promoted through provision of healthy meals in canteens and work functions.
• Healthy Sleep promoted through management of shift work.
• Tobacco use managed through promotion of tobacco free workplaces.
• Wellness promoted through awareness and education programmes.</td></tr>
<tr><td colspan="2">Activities for Strategic Objective 1
(Carried out through APIME Model)</td></tr>
<tr><td colspan="2">Assessment: Conduct audit/assessment for psychosocial factors (Physical Activity, Good Nutrition, Healthy Sleep and Tobacco).
Planning: Develop a Plan for psychosocial factors.
Implementation: Implement programmes for psychosocial factors.
Monitoring and Evaluation: Develop and implement M&E plan for psychosocial factors.</td></tr>
<tr><td colspan="2">Develop and implement awareness and education programmes for wellness.</td></tr>
</table>

Sub - Objective 2 ***Psycho-Social Wellness***	**Sub-Objective 2** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To promote Psychosocial Wellness.	• Stress is managed through workplace stress Management Programmes. • Economic Stress is managed through workplace Financial Wellness Programmes. • Abuse of Alcohol and Drugs is managed through workplace Alcohol and Drug Programmes. • Counseling services are available and accessible to all employees.
	Activities for Sub-Objective 2 **(Carried out through APIME Model)**	
	Assessment: Conduct audit/assessment for psychosocial factors (Stress, Economic Stress, Alcohol and Drugs). **Planning:** Develop a Plan for psychosocial factors. **Implementation:** Implement programmes for psychosocial factors. **Monitoring and Evaluation:** Develop and implement M&E plan for psychosocial factors.	
Sub - Objective 3 ***Organizational Wellness***	**Sub-Objective 3** **(Output indicators)**	**Success Indicators** **(Outcomes indicators)**
	To promote organizational Wellness.	• Workplace violence is managed through workplace violence programme. • Change in the organization is managed through change management programme. • A system for dissemination of wellness information is in place.

	Activities for Sub-Objective 4 **(Carried out through APIME Model)**
	Assessment: Conduct audit/assessment for violence in the workplace. **Planning:** Develop a Plan for managing violence in the workplace. **Implementation:** Implement programmes for managing violence. **Monitoring and Evaluation:** Develop and implement M&E plan for violence programme.
	Involvement of EH&W practitioners in change management processes of the organization through counseling services.
	Develop a communication strategy for dissemination of wellness information within the organization.

Sub - Objective 4 ***Work Life Balance***	**Sub-Objective 4** **(Output indicators)**	**Success Indicators** **Outcomes indicators)**
	To promote work-life balance.	• Flexible Policies are developed and implemented in the workplace. • Child Care Facilities are established to support working parents. • Retirement programmes are developed to prepare employees pre-retirement. • Gender, disability and youth are mainstreamed into wellness programmes.
	Activities for Sub-Objective 4 **(Carried out through APIME Model)**	
	Alignment of Wellness Programmes with HR policies to support employees to balance work and personal life.	

	Assessment: Conduct needs analysis for Child Care Facilities. **Planning:** Develop a Plan for establishment of Child Care Facilities in the workplace. **Implementation:** Implement services for Child Care. **Monitoring and Evaluation:** Develop M&E plan for Child Care Facilities.
	Develop and implement retirement programmes for employees who are about to retire.
	Ensure that different needs of men/women, people with disabilities and youth are taken into consideration when developing and implementing wellness programmes.

SECTION 6: CONCLUSION

6.1 SUMMARY STATEMENT

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

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

The framework offers a menu of EH&W functions, which cover health, safety, and wellness issues for the individual as well as for the organisation. It is challenging and motivates the public service to think

in an integrated and pro-active way. It combines already existing thinking, practices, and services and thus urges a change in mindset. It shows that issues of EH&W went through a process of evolution from a narrowly focused support program to a holistic EH&W field.

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

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

6.2 ACKNOWLEDGEMENTS

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

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

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

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