MINISTRY OF LABOUR
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The National Workplace Wellness Policy for the Kingdom of Eswatini

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FOREWORD

The Kingdom of Eswatini (KoE), like most developing countries, is faced with a host of communicable and non-communicable diseases whose net effects constrain the capacity of people to be productive and contribute meaningfully to the country's economic growth and development. The advent of COVID-19 complicated the public health environment even further and not only decimated lives in unprecedented proportions but also strained healthcare expenditure and human resources to their limits. The work force, as the driver of economic regeneration, growth, and development, requires an exclusive policy focus to promote its health and wellness.

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (WHO, 1948) and wellness as "the optimal state of health of individuals and groups". Wellness entails 8 mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental (8 Dimensions of Wellness, (UMD) University of Maryland's Your Guide to Living Well).

Experiences in other parts of the world suggest that workplace wellness programmes positively impact productivity and results in less absenteeism as well as a reduction of long-term health care costs. Workplace health and wellness are therefore inextricably linked to economic efficiency, high productivity and a prosperous healthy nation

The purpose of the Workplace wellness Program is to provide a framework for systematic coordination of the implementation of strategies encompassing the physical, psychological, environmental, social, intellectual, occupational, spiritual, and cultural aspects of a worker.

The policy will also provide for a mechanism to finance wellness programs as well as regular assessment of impact. At the centre of institutional support in the implementation of the policy is partnership and collaboration between employers, workers, government and strategic development partners.

Honorable Phila Buthelezi (MP)

Minister
Ministry of Labour and Social Security

ACRONYMS

AIDS	:	Acquired Immune Deficiency Syndrome
AMICAALL	:	A Community Action on AIDS at the Local Level
ART	:	Anti-Retroviral Treatment
BE	:	Business Eswatini
CMAC	:	Conciliation, Mediation and Arbitration Commission;
CNCDs	:	Chronic Non-Communicable Diseases
COVID-19	:	coronavirus disease of 2019
CVDs	:	Cardiovascular diseases
DM	:	Diabetes Mellitus
EAP	:	Employee Assistance Program
FESBC	:	Federation of Eswatini Business Community
FESWATU	:	Federation of Eswatini Trade Union
HIV	:	Human Immunodeficiency Virus
HIVST	:	HIV Self Testing
HMIS	:	Health Management Information System
HPM	:	Health and Productivity Management
HTC	:	HIV Testing and Counselling
ILO	:	International Labour Organization
LAB	:	Labour Advisory Board
LMIC	:	Low Middle Income Countries
MoH	:	Ministry of Health
MoLSS	:	Ministry of Labour and Social Security
NCDs		Noncommunicable Diseases
NCDIs		Noncommunicable Diseases and Injuries
NERCHA	:	National Emergency Response Council on HIV and AIDS
NGO	:	Non-Governmental Organizations
NSF	:	National Strategic Framework on HIV/AIDS
OPD	:	Out Patient Department
OSH	:	Occupational Safety and Health
PLHIV	:	People Living with HIV
PSHACC	:	Public Sector HIV/AIDS Coordinating Committee
SARS -CoV -2	:	Severe acute respiratory syndrome coronavirus 2
SWASA	:	Swaziland Standards Authority
SWABCHA	:	Swaziland Business Coalition on HIV and AIDS
TB	:	Tuberculosis
TUCOSWA	:	Trade Union Congress of Eswatini
UN	:	United Nations
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
VCT	:	Voluntary Confidential Counselling and Testing
WHO	:	World Health Organisation

DEFINITION OF TERMS

Term	Definition
Affected Persons:	Persons whose lives are changed by HIV and AIDS owing to the broader impact of the pandemic;
AIDS	A condition, which results from advanced stages of HIV infection and is characterized by opportunistic infections or HIV-related cancers, or both;
Confidentiality:	The right of every person, worker, job applicant, jobseekers, interns, apprentices, volunteers and laid-off and suspended workers to have their information, including medical records and HIV status kept private;
Counselling	The process of assisting and guiding clients, especially by a trained person on a professional basis, to resolve especially personal, social, or psychological problems and difficulties
Covid-19	The disease which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
Communicable diseases:	Disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect
Non-communicable diseases	Disease that are not transmissible directly from one person to another; rather, they are a group of conditions that are not mainly caused by an acute infection and result in long-term health consequences.
EAP:	Employee Assistance Programme offered by many employers, which is intended to help workers deal with personal problems that might adversely impact their work performance, health, and well-being;
Employee:	Any person who is employed by, works for, or assists an employer, in or at any workplace or any other premises.
Formal Economy:	Registered, recognized and regulated. Formal economy implies the acknowledgement and protection by law, labour rights, access to medical care, retirement pensions, social protection and representation, in short: decent work.

DEFINITION OF TERMS

Term	Definition
Government	Government of the Kingdom of Eswatini
Health	A state of physical, emotional and spiritual wellbeing but not merely the absence of diseases
HIV Testing and Counselling	A confidential interactive session between a professional and a client aimed to explore and identify the risks of the client to HIV and AIDS for the purposes of testing for HIV.
Health and Productivity Management	"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 in the workplace.
Informal Sector:	A group of production units comprised of unincorporated enterprises owned by households, including informal own-account enterprises and enterprises of informal employers (typically small and non-registered enterprises)..
Informed Consent	A process of obtaining permission from a patient/worker to ensure that the person fully understands the nature, implications and future consequences of the medical test (incl. HIV test) before such person consents to take the test;
Policy	Eswatini National Wellness Policy
Post Exposure Prophylaxis	Antiretroviral, including medicines that are taken after exposure or possible exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring the infection
Pre-Exposure Prophylaxis	The use of medications used to prevent the spread of disease in people who have not yet been exposed to a disease-causing agent, usually a virus
Pandemic	It is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide and affects substantial numbers of persons

Term	Definition
Reasonable Accommodation	Any modification or adjustment to a job or to the working environment that enables an employee or worker to have access, participate or advance in employment;
Social Partners	These are groups that cooperate in working relationships to achieve a mutually agreed upon goal, typically to the benefit of all involved groups. Examples of social partners, either than government include employers, employees, trade unions, civil society, etc.
STIs	Sexually Transmitted Infections, which are spread by the transfer of organism from person to person during sexual contact.
Stigma	The social mark which, when associated with a person, usually causes marginalisation or presents an obstacle to the full enjoyment of social life by the person living with a certain condition that may be stigmatized, including HIV, disability, or selected medical conditions.
TB	An infectious disease characterised by the growth of modules (tubercles) in the tissues, especially the lungs. Tuberculosis is more common in persons with compromised immune system such as HIV and AIDS
Unfair Discrimination	Any distinction, exclusion or preference, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation
Vulnerability	The extent to which an adverse health, social or economic event or the inability to protect oneself from harm or exploitation from an undesirable health, social, cultural, political or economic event adversely impacts on the organization
Wellness	Wellness is an active, lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life. Wellness involves choices about our health, lives and our priorities that determine our lifestyles.
Worker	For the purposes of this policy, the term worker will be used interchangeably with the term employee (see definition of employee);

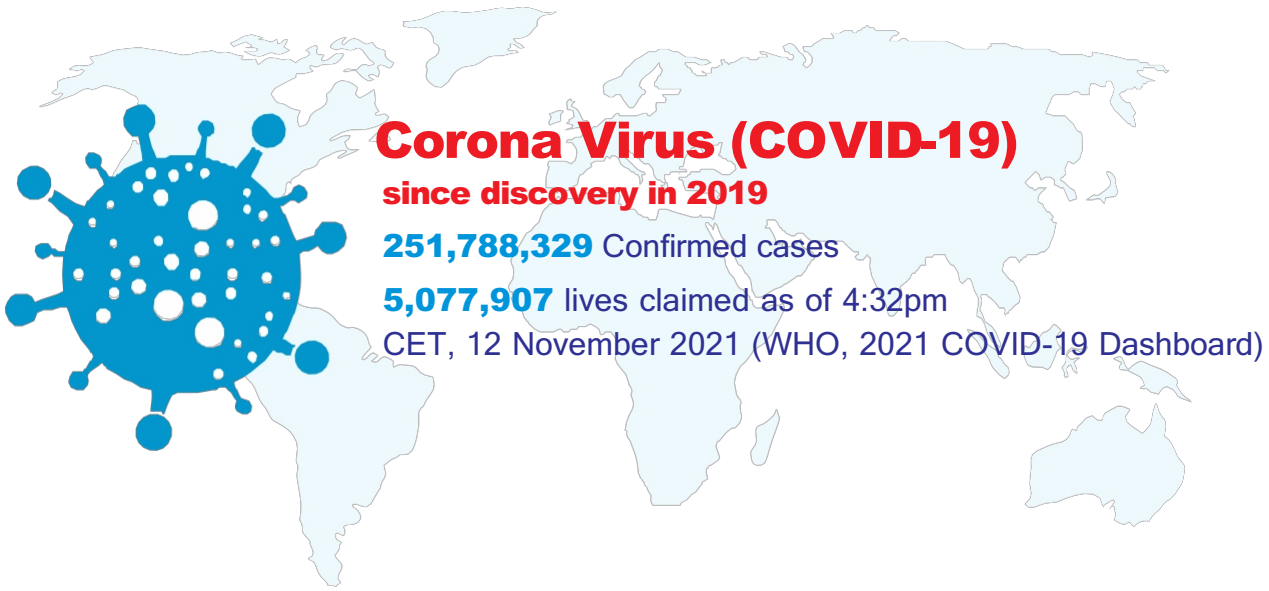
Term	Definition
Workplace	Any premises or place where a person performs work in the course of that person's employment
Workplace Violence and Harassment	The term "violence and harassment" in the world of work refers to a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment
World of Work	A working environment in which persons are in some way or another associated with and also includes persons as reflected in Clause 2.2 of this policy
Tripartite Plus	The term is based on the principle of tripartism used by the ILO referring to dialogue and cooperation between governments, employers, and workers - in the formulation of standards and policies dealing with labour matters. Therefore Tripartite-Plus is when civil society, community or any other interested partner is added to the tripartite.

1. INTRODUCTION

Wellness and health are profound holistic and multidimensional issues with an undisputable effects on productivity. An estimated 41 million people are reported to die yearly across the globe and NDCs account for more than 70% of death occurring in the world (WHO, 2020). Out of the global deaths reported by the World Health Organisation (WHO); 85% come from Low Middle Income Countries (LMIC) where 15 million people die at the ages of 30-69 years (WHO, 2021); implying that those in the world of work are no exception to adverse effects of NCDs.

Communicable diseases are illnesses caused by microorganisms and are transmissible between people through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air (Wang et al., 2019). Communicable diseases are highly endemic, for instance, the number of people living with (PLHIV) globally increased from an estimated 34 million in 2010 to 38 million people in 2020, with a concomitant 15% increase (from 47% to 62%) in the proportion of PLHIV accessing ART. Out of the 38 million PLHIV globally, 21 million come from eastern and southern Africa (UNAIDS, 2020).

The emergence of others in the form of pandemics such as the coronavirus disease of 2019 (COVID-19) worsens the state of wellbeing of people and by extension the workforce as well. The COVID-19 disease which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is an ongoing global health emergency with 251,788,329 confirmed cases which claimed 5,077,907 lives as of 4:32pm CET, 12 November 2021 (WHO, 2021 COVID-19 Dashboard). It is noteworthy, to state that almost 2.8 and 2.4 million workers die from occupational accidents and work-related diseases, respectively on a yearly basis (ILO Safety &Health key facts and figures 2016-2020).



SITUATION IN ESWATINI

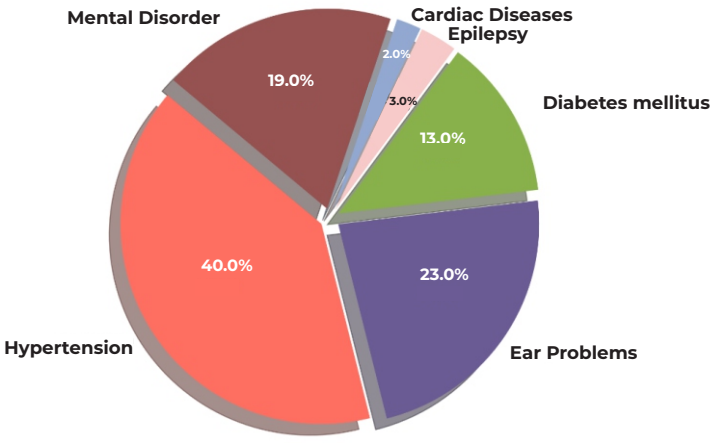
In Eswatini, NCDs are estimated to account for 37 percent of total annual deaths (WHO NCD country profile 2018). According to WHO estimates, Emaswati suffer mainly from diseases of lifestyle such as cardiovascular diseases, type 2 diabetes, cancer and chronic respiratory diseases which in turn may lead to death at 13% for CVDs, 6% for diabetes and cancers and 3% for chronic respiratory diseases.

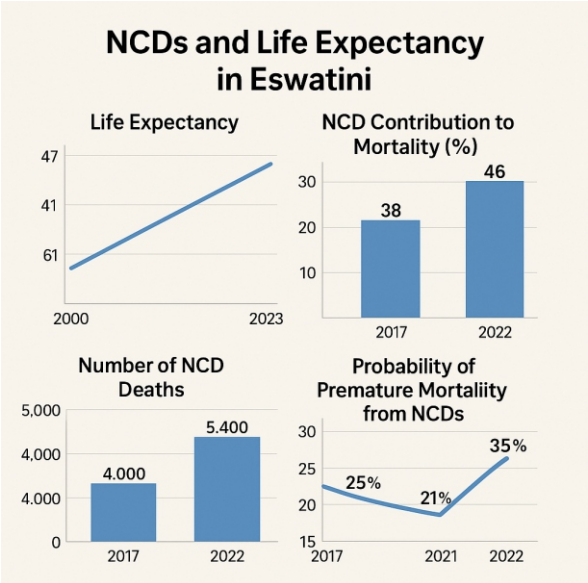
Predictions suggest that NCDs will kill more Emaswati than infectious diseases such as infection with the human immunodeficiency virus (HIV), tuberculosis (TB), Malaria and maternal complications combined by year 2030 (ref). According to NCDs report at OPD in 2015, hypertension had the highest percentage (40%) followed by ear problems (23%) and diabetes mellitus (13%). Other main NCDs like epilepsy, cardiac disease account for 3% and 2% disease burden at OPD respectively.

Mental disorders, oral health and dental carries contribute about 19% of cases at OPD combined (HMIS, 2015). As the treatment success for HIV increases, more people live long to develop NCDs causing a double burden of diseases. By the age of 50 years, almost half of people living with HIV will develop hypertension while almost one in ten will develop diabetes (ICAP Swaziland, 2016).

As with the rest of the continent, NCDIs and mental health are a significant and growing threat to public health in Eswatini. As life expectancy has continued to increase from 47 in 2000 to 61 at the end of 2023, so too has the burden of NCDIs. The contribution of NCDs to mortality has increased significantly from 38% in 2017 to 46% at the end of 2022. It is not surprising that the absolute number of deaths from NCDs have also increased from 4,000 in 2017 to 5,400 by the end of 2022. Eswatini is off course to achieve the SDG target of reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing as the probability of premature mortality from NCDs has continued to grow from 25% in 2017 to 35% at the end of 2022. It is important to note that the probability was 21% when the strategy for the period 2021-2023 was elaborated. Disability-adjusted life years (DALYs) represents the total number of years lost to an illness, disability or premature death within a given population: NCDs are the leading cause of disability in the country, accounting for 37.6% of all DALYs.

NCDs REPORT AT OPD IN 2015





[1] WHO (2020) World Health Organization, Global Health Observatory Data Repository
[2] WHO (2017, 2020, 2022) Global NCD progress monitor data reports
[3] WHO (2020) Global health estimates: Leading causes of DALYs

2. PROBLEM STATEMENT

Lack of a workplace wellness policy impedes the coordination and management of addressing the impact of communicable, NCDs and occupational injuries and diseases for workers. Implications of lack such a policy include inter alia enterprises' ambivalence in dealing with workers' ill health issues resulting in death, resignations and increased absenteeism consequently decreased productivity and economic development.

In attempt to address work place wellness issues the country came up with initiatives such as the Public Sector HIV/AIDS Coordinating Committee (PSHACC) whose mission is to prevent, mitigate, monitor and manage communicable and non-communicable diseases amongst workers in the public sector through an effective and all-encompassing wellness and employee assistance program. . Another similar initiative established for the private sector is the Swaziland Business Coalition on HIV and AIDS (SWABCHA) in 2001; whose mandate is to bring together private sector companies, unions, local governments and development partners to ensure an effective national private sector response to HIV/AIDS. Furthermore the country set up The National Emergency Response Council on HIV and AIDS (NERCHA) to provide leadership in the coordination and facilitation of the multi-sectoral emergency response to HIV and AIDS across all sectors in Eswatini. Within local communities and urban areas, A Community Action on AIDS at the Local Level (AMICAALL) was established to work with local authorities and community HIV/AIDS Action Committees. These initiatives are good but do not provide a systematic comprehensive approach to addressing workplace wellness problems in line with international best practice.

3. PURPOSE OF THE POLICY

The purpose of the policy is to provide the foundation for developing activities and modifying the work environment to support health and well-being of employees and their families as well as guiding decision-making, and streamlining of internal processes.

4. PROCESS OF POLICY DEVELOPMENT

This policy has been developed through a tripartite plus consultation process.

5. POLICY VISION, VALUES, GOAL,OBJECTIVES AND SCOPE OF APPLICATION

5.1 VISION

Attainment of a highly motivated, productive and healthy workforce and communities in Eswatini.

5.2 VALUES

a) ***Holistic***: Wellness is holistic and reflects a multidimensional outlook of the individual in the workplace. A wellness-focused lifestyle includes a balance of a range of constructive health habits, positive attitudes and emotions, productive behaviours and supportive relationships.

b) ***Proactive:*** Guided by the saying that prevention is better than cure it is noted that taking care of one's health and well-being occurs even before the onset of any illness or disease and continues for those who already have the onset of any illness or disease for as long as good health is not restored. Education and incentives play a key role in creating deliberate, proactive individuals who are willing and able to take control of their lifestyles.

c) ***Collaboration:***Individuals and institutions must work together to set wellness goals and pursue initiatives and actions that result in improved wellness and quality of life for the overall society and its various organs.

d) ***Evidence-based:*** The Policy and its objectives are driven by scientific evidence and research emerging from various methodologies and techniques aimed at maintaining validity, reliability and rigor.

e) ***Practical:***Notwithstanding its emphasis on being scientific and evidence-based, the Policy will not manifest as a purely academic document or initiative but would ensure that all objectives and resulting strategies and interventions are both realistic and relevant to the needs of all workers in the Kingdom of Eswatini.

f) ***Results-oriented:*** The Policy is built around a strict monitoring and evaluation framework that aims to provide information on established interventions and strategies to ascertain their efficacy in reaching their objectives and targets.

5.3 GOAL

The Policy seeks to achieve the following overarching goal:

To provide guidance towards an enabling environment that is non-discriminatory, safe and healthy for all persons in the world of work and responds effectively to wellness matters.

5.4 OBJECTIVES

a) To inform processes regarding obtaining baseline and other forms of data regarding wellness.

(Number of surveys conducted on wellness maters in the world of work)

b) To guide the establishment of wellness programs in the world of work and communities

(Number of wellness programs in the world of work)

c) To create awareness and sensitization on wellness programs and healthy lifestyles

(Proportion of workers who are aware and sensitized on wellness programs and lifestyles)

d) To provide a framework for government and social partners to coordinate, monitor, report and evaluate wellness programmes.

5.5 SCOPE AND APPLICATION

The Policy shall be applicable to all organizations and institutions operating in the Kingdom of Eswatini. As per ILO Recommendation, 2010 (No. 200) employees shall include the following groups:

a) persons in any employment or occupation;

b) those in training, including interns and apprentices;

c) volunteers;

d) jobseekers and job applicants;

e) Suspended workers; and

f) Immediate family members of staff.

6. GUIDING PRINCIPLES

The adoption of this Policy implies commitment to the following key principles:

6.1 RECOGNITION OF WELLNESS AND DISEASE MANAGEMENT AS AN IMPORTANT WORKPLACE ISSUE.

Wellness must be recognised as a contributing factor to the realisation of human rights, dignity, fundamental freedoms, responsibility and equality for all, including workers, and their dependents. Communicable and NCDs are an issue for all organizations, not only because of their effects on employees, but also because institutions can play a meaningful and vital role in reducing their effects.

6.2 BROAD LEADERSHIP COMMITMENT

Strong leadership and commitment at all levels are essential for implementing successful wellness Programmes as well as sustained and effective responses in the workplace, this includes Government, the private sector, trade unions and other relevant stakeholders.

6.3 EQUITABLE EMPLOYMENT PRACTICES

Every person whether living with or affected by any health condition has the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits.

6.4 UNFAIR DISCRIMINATION AND REDUCTION OF STIGMA

The principles of equality and non-discrimination are provided for in the Constitution of the Kingdom of Eswatini of 2005. Discrimination therefore based on any grounds such as sex, race, ethnicity, language, religion or belief, political, disability, age or sexual orientation or any other opinion, contravenes such constitutional imperatives. Unfair discrimination and stigmatization inhibit efforts for prevention, treatment, care and support. Organizations shall adopt a proactive approach to avoiding and eliminating stigma and discrimination as part of this Policy.

6.5 CONFIDENTIALITY AND DISCLOSURE

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third party will be treated as confidential. Physical screening and health examinations should comply with the minimum standards related to privacy, confidentiality and disclosure.

6.6 GENDER EQUALITY AND DIVERSITY

Workplace conditions impact on human beings differently because of socio-cultural and economic reasons and women tend to be more vulnerable due to unequal gender relations as such prevalent issues such as sexual harassment in the workplace setting must be addressed. Workplace education Programmes shall address the roles and responsibilities of men in promoting gender equality as well as protecting the rights especially of women. Application of this Policy is designed to take account of these unequal gender relations and enable all employees to benefit equally from it.

6.7 RIGHTS AND RESPONSIBILITIES

Government, employers, employee representatives and other key stakeholders are expected to respect and protect the rights and dignity of all employees, regardless of their health status. Each employee has the right to relevant wellness and factual health information, knowledge and skills. Each employee has the right to access appropriate and affordable workplace wellness services and support. Every employee has the responsibility to protect him or her-self and others against notifiable-communicable diseases, non-communicable diseases.

6.8 CONDUCIVE CARING AND SUPPORTIVE ENVIRONMENT

An employee who has a severe health condition needs empathy, care, treatment and support. Equal access to comprehensive care and affordable health services shall be guaranteed for all employees in poor health. Organizations shall establish or form partnerships with programmes of care and support that guarantee access to treatment and provide for reasonable accommodation, counselling services, healthy living information/education (on nutrition, positive living, and risk-reducing sexual behaviour), including life skills education where relevant and necessary.

6.9 SAFE AND HEALTHY WORK ENVIRONMENT

Safety and health measures to prevent workers' exposure to occupational diseases and other health conditions at work should include standard precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, appropriate personal protective equipment, environmental control measures and post exposure prophylaxis and other safety measures to minimize the risk of contracting these diseases, especially in occupations most at risk, including in the health care sector.

6.10 HEALTH AND PRODUCTIVITY MANAGEMENT

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

6.11 SOCIAL DIALOGUE, PARTNERSHIPS AND NETWORKING

The success of a workplace wellness programme requires cooperation, trust and networking between Government, employers, employee representatives and other relevant stakeholders.

6.12 GREATER INVOLVEMENT OF POPULATIONS IN VULNERABLE SITUATIONS OR CIRCUMSTANCES

The greater and effective involvement of populations in vulnerable situations including persons with disabilities in policy development, programme design and implementation is crucial for an effective response to general employee wellness.

6.13 MAINSTREAMING

All public, private and civil society institutions including the informal economy have to mainstream the workplace wellness programmes into their sectoral planning and programming. In addition, to integrate addressing of communicable and chronic non-communicable diseases into prevention, care, treatment and support services.

7. POLICY STATEMENTS

This policy shall respond to the following issues:

7.1 APPLICATION OF LEGAL FRAMEWORK

Policy Statement: This Policy shall be implemented by all workplaces in accordance with international and regional instruments, national laws, policies, agreements and standards; particularly those related to workplace matters including:

National Law	International Law
Constitution of Eswatini	Universal Declaration of Human Rights, 1948
Workmen's Compensation Act of 1983	Employment Policy Convention, 1964 (No. 122)
Industrial Relations Act No.1 of 2000 as amended	Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144)
Occupational Safety and Health Act No.9 of 2001	United Nations member States at the United Nations Special Session (UNGASS) 2001
The Multi-sectoral HIV and AIDS Policy of 2006	The ILO Code of practice on HIV/AIDS and the world of work, 2001
SZNS SANS 16001:2013 Wellness and disease management systems (including HIV&TB) - requirements.	ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)
Employment Act of 1980 as amended	ILO Convention No.190 concerning Violence and Harassment in the World of work
SZNS ISO 45001:2017 Occupational health & safety management systems-requirements.	ILO Recommendation 206 on Violence and Harassment at Work , 2019
Sexual Offences and Domestic Violence Act No. 18 of 2018	ILO Convention 111: Discrimination (Employment and occupation) Convention

7.2 NON-DISCRIMINATION

Policy Statement: All workplaces shall ensure non-discrimination based on actual or perceived health status, sex, race, ethnicity, gender, language, religion or belief, political, disability, age or sexual orientation or any other opinion. Workplace policies, programmes, structures and environment should ensure observance of human rights and dignity.

Proposed strategies;

a) Employees with health conditions shall not be stigmatized and discriminated against.

b) All employees shall be given the opportunity to participate during working time in a planned workplace wellness programme that addresses their concerns concerning coping strategies with treatment, care, and support.

c) Programmes shall be tailor made to cater for all workers including disabled persons.

d) Employees have the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits.

e) Enforce the rights of all stakeholders (employees and employers) to protect them against discrimination and stigmatization as prescribed by relevant legislation.

7.3 HARASSMENT AND VIOLENCE IN THE WORLD OF WORK

Policy statement: employers shall ensure that the workplace is safe from any form of harassment and instruments are in place to address harassment and violence.

Proposed strategies;

a) Educate employers and employees on all forms of harassment and violence including bullying in the workplace.

b) Provide counselling and support for victims of harassment and violence.

c) Set up anonymous reporting system and investigate all reported cases of harassment and violence.

d) Employers must assess the workplace and put in place policies, procedures and programs to prevent and manage harassment and violence.

e) Employers must maintain records of all matters regarding workplace harassment and violence.

7.4 OCCUPATIONAL SAFETY AND HEALTH

Policy Statement: Employers shall create a safe and healthy work environment that prevents the occurrence of occupational diseases and injuries or any illness, hazards and / or risks in the workplace.

Proposed strategies;

a) The employer shall educate employees on occupational safety measures and health matters.

b) Basic hygiene, first aid procedures and standard precautions, shall be followed in all cases of workplace injuries and infection control.

c) The risk of transmission of infection shall be reduced by identifying and eliminating or controlling hazards.

d) The employer shall establish, maintain and operationalize effective prevention and control measures for communicable and non-communicable conditions.

e) Employees whose work involves the risk of exposure to any health diseases or conditions shall be empowered to become competent on the basis of appropriate education, training and tools.

f) Set up a reporting system and investigate all reported cases of occupational accident/incidences.

g) Employers must maintain records of all matters regarding occupational safety and health including occupational accidents/incidences.

7.5 WELLNESS AND ITS DIMENSIONS

Policy Statement: Employers and Employees shall apply the following dimensions of wellness to guide programme development and implementation of wellness workplace programmes:

a) **Physical Wellness:** This area of wellness includes adopting healthy habits such as routine medical exams, immunizations, safety precautions, sexually transmitted infection screenings, adequate sleep, a balanced diet, regular exercise, and more. It is also about avoiding or minimizing risky behaviors like alcohol, tobacco, and other drugs. Most importantly, physical wellness is about discovering what healthy habits make you feel better and suit your lifestyle and level of mobility and fitness.

b) **Social Wellness:** Social Wellness focuses on connecting with your community and the people around you, which includes being aware of your own social and cultural background as a bridge to understand the diversity and depth present in other backgrounds. This dimension encourages taking an active part in improving your communities, connecting with others, establishing supportive social networks, developing meaningful relationships, and creating safe and inclusive spaces.

c) **Emotional Wellness:** Emotional wellness encompasses optimism, self-esteem, self-acceptance, and the ability to experience and cope with feelings independently and interpersonally. Emotional wellness includes: practicing self-care; fostering inner resources and resiliency; finding unique ways of coping with stressors; creating satisfying relationships; empathizing with others; and being realistic about expectations and time; and knowing when to ask for help.

d) **Intellectual Wellness:** Intellectual wellness encourages participating in mentally stimulating and creative activities. Improving intellectual wellness can happen in

and out of the classroom. It is the ability to think critically, reason objectively, make responsible decisions, and explore new ideas and different points of view. It also emphasizes lifelong learning and inspires curiosity.

e) **Vocational Wellness:** Vocational or Occupational wellness involves preparing for and participating in work that provides personal satisfaction and life enrichment that is consistent with your values, goals, and lifestyle. This dimension includes taking a thoughtful and proactive approach to career planning and assessing personal satisfaction and performance in one's work.

f) **Environmental Wellness:** Environmental wellness inspires us to live a lifestyle that is respectful of our surroundings. It involves understanding the dynamic relationship between the environment and people and recognizing that we are responsible for the quality of the air, water, and earth that surrounds us and in turn, that social, natural, and built environments affect our health and well-being.

Our environment and the way we feel about the environment can play a big role in how we live our lives. Examples of our environment include our social environment (i.e. bullying, fat talk, and racism), our natural environment (i.e. air, nature, and climate), and our built environment (i.e. proximity to resources and living conditions).

g) **Spiritual Wellness:** Spiritual wellness involves seeking and having a meaning and purpose in life, as well as participating in activities that are consistent with one's beliefs and values. It is more than prayer and believing in a higher being. A spiritually well person seeks harmony with the universe, expresses compassion towards others, and practices gratitude and self-reflection. When we integrate practices of spiritual wellness we are able to connect in mind, body, and soul.

h) **Financial Wellness:** Financial Wellness includes our relationship with money, skills to manage resources to live within our means, making informed financial decisions and investments, setting realistic goals, and learning to prepare for short-term and long-term needs or emergencies. Part of this dimension includes an awareness that everyone's financial values, needs, and circumstances are unique.

7.6 PROGRAMME DEVELOPMENT AND IMPLEMENTATION

Policy Statement: Employers shall conduct capacity development and enhancement programmes and implement the minimum standards (Annex A gives detail). The minimum standards for Workplace Wellness Programme are described below as follows:

a) Develop a Workplace Wellness Policy

b) Identify a Wellness Champion and wellness focal person

c) Establish a Workplace Wellness Committee/Group

d) Conduct Workplace Needs Assessment

e) Develop an Action Plan and budgets

f) Communication, training and sensitization on policy and programme

g) Monitoring, Evaluation and Research

8. POLICYIMPLEMENTATION FRAMEWORK

Policy Statement: The Ministry of Labour & Social Security shall provide leadership and coordination for effective implementation of the National Workplace Policy.

Roles and responsibilities

All key players/structures shall ensure full participation, contribution, accountability, transparency and compliance with the National Workplace Wellness Policy, and establish appropriate mechanisms to coordinate, monitor and evaluate workplace wellness programmes.

8.1 ROLE OF GOVERNMENT

a) The Ministry responsible for Labour shall provide guidance, and regulate all organizations and implementing partners that facilitate the establishment of workplace wellness policies and programmes

b) The Ministry responsible for Labour must maintain records of workplace wellness compliance matters.

c) The Ministry responsible for Labour shall monitor, ensure compliance and evaluate the implementation of the Policy.

d) The Ministry responsible for Labour, in consultation with other stakeholders, shall facilitate periodic national policy review processes.

8.2 ROLE OF EMPLOYERS AND THEIR ORGANISATIONS

a) Management shall ensure effective human resource strategies to deal with the impact of communicable and chronic non-communicable diseases and other health conditions in the workplace for purposes of planning, recruitment, deployment and replacement of staff, with particular attention to prevalence and risk, geographical impact, subject shortages, vulnerability and the provision of qualified and skilled employees

b) Establish programmes to prevent the spread and manage the impact of communicable and chronic non-communicable diseases on the organisation and on employees based on occupational needs and capacity.

c) Provide information, training and supportive systems on healthy lifestyles amongst employees and employers including persons with disabilities.

d) Create a positive environment towards persons in situations of vulnerability in order to avoid discrimination and stigmatization.

e) Keep employee's medical condition information protected and confidential.

f) Develop and operationalize mechanisms to accommodate and protect job continuity for employees with chronic medical conditions in the organization.

g) Implement SZNS SANS 16001 Wellness and Disease (Including HIV&TB) Management systems- requirements and SZNS ISO 45001 Occupational Health and Safety Management Systems- requirements.

8.3 ROLE OF WORKERS AND THEIR ORGANISATIONS

Workers shall:

a) Work in collaboration with management in all health and safety issues, including health promotion programmes.

b) Comply with all health and safety instructions and procedures, including those aimed at the management of the impact of CNCDs in the organisation.

c) Shall not discriminate against or stigmatize co-workers who have any medical conditions, including disability or other health conditions so perceived.

d) Voluntarily inform management of their chronic medical conditions for care, treatment and support purposes.

e) Protect themselves and others from infections related to occupationally acquired diseases or conditions.

8.4 WORKERS' ORGANISATIONS SHALL:

a) Observe the rules of confidentiality at all times, reporting any discrimination and non-compliance with legislation to the Ministry responsible for Labour.

b) Advocate for the prevention of communicable and chronic non-communicable diseases and other health conditions, programs and capacity building for their membership in the world of work.

c) Lobby for the implementation of National Workplace Wellness Policy in the world of work.

9. POLICY MANAGEMENT

a) A copy of this Policy is to be kept on display in all organizations at receptions and entrances to the production floor and made available to all employees for reading and implementation.

b) All organizations will amend their policies and procedures manuals and incorporate this Policy in order to make it a binding commitment between organizations and its employees.

c) Appropriate forms of communication to ensure dissemination of information to illiterate or semi-literate employees shall be used.

d) Provisions in the policy shall be discussed at suitable opportunities and translated into time-bound implementation plans, with clearly defined outputs and responsibilities.

10. MONITORING AND EVALUATION

10.1 GOVERNMENT SHALL:

Design and implement a workplace wellness monitoring and evaluation (M&E) system that includes strategies to assess interventions to determine the relevance of strategies addressing the impact of communicable and NCDs and injuries in workspaces;

10.2 EMPLOYERS AND WORKERS INCLUDING THEIR ORGANISATIONS, SHALL:

a) Develop a M&E plan that will outline the processes, tools, timelines for carrying out the M&E function

b) Select and make use of indicators that are specific, measurable, attainable, relevant and time-bound; and

c) Implement the M&E plan and communicate results to facilitate utilization of the same by the relevant stakeholders

10.3 DATA DISAGGREGATION:

Data should be disaggregated in order to prioritise targeted intervention measures.

10.4 MONITORING MECHANISM STRATEGIES:

The monitoring mechanism strategies shall take into account and support the sectoral and national monitoring and evaluation efforts that relates to curbing communicable and chronic non-communicable diseases.

10.5 SMALL BUSINESSES WITHOUT SOPHISTICATED MONITORING AND EVALUATION MECHANISMS IN PLACE:

Small businesses that are not in a position to have sophisticated monitoring and evaluating mechanisms in place shall adopt simple strategies to monitor and evaluate programmes addressing the impact of communicable and chronic non-communicable diseases in order to track implementation and respond to the any epidemic.

11. RESOURCE MOBILIZATION

Central government will provide the necessary support and resources for the implementation of this policy with the assistance of key local and international partners within the sector.

12. POLICY REVIEW

This Policy shall be reviewed on a 3 yearly basis to take into account new developments, experiences and lessons learnt in the management of workplace wellness Programmes. The results of such reviews and changes in the Policy shall be made communicated to all relevant stakeholders.

Annex A: Minimum Package

Minimum-Standards for Workplace Wellness Programme

A.1 Develop a Workplace Wellness Policy

a) Identify the wellness priorities of the organization through consultations and questionnaire led survey of employees where possible.

b) Consultations should be undertaken with employees on the identified wellness priorities and further educate them about the National Wellness Policy and their rights thereat.

c) An organization draft wellness policy in line with the National Wellness Policy. The policy should be circulated among employees for comments and draft is revised and further consultations undertaken for adoption, ownership and support.

A.2 Identify a Wellness Champion

Individuals who understand the importance of promoting health initiatives and the benefits of a healthy lifestyle should be considered with the following qualities:

a) A person with an interest in health issues practices healthy living;

b) A person whose lifestyle demonstrates healthy choices;

c) A natural leader, team player and respected by fellow employees; or

d) A contract out to a wellness expert for one day per week/month or on an as-needed basis.

A.3 Establish a Workplace Wellness Committee/Group

a) Develop terms of reference for the committee or group

b) Set up the wellness (Steering) committee comprised of ;

i. Employer and employee representatives

ii. To be chaired by executive

c) Train and develop capacity for the committee on workplace wellness issues.

d) Develop a Wellness Plan that includes;

i. Vision Statement

ii. Goals and Objectives

iii. Implementation and Timeline

iv. Marketing and Communication Mix *(brochures, newsletters, email, intranet, website - are possible vehicles to disseminate information to your employees)*

v. Itemized Budget

A.4 Conduct Workplace Needs Assessment

Assessing the specific organizational needs and individual interests and analysing the pertinent data is critical to a successful wellness Programme and sources would include;

a) Demographics

b) Health Risk Appraisals

c) Interest Surveys

d) Health Screenings

e) Data from Claims

f) Absenteeism Reports

g) Disability Reports

h) Safety and health Reports

A.5 Develop an Action Plan and budgets

The initiatives included in the action plan should specifically address the concerns and needs identified in the needs assessment phase and a typical plan should include;

a) Goals - specific, measurable, attainable, realistic, timely (SMART)

b) Actions

c) Assign responsibility

d) Timelines

A.6 Communication

Communication is key in the implementation of successful wellness Programmes and the following should be undertaken;

a) Clearly communicate with all employees

b) Promote Programmes and initiatives

c) Receive formal feedback

d) Share successes with employees

e) Newsletters and Bulletin Boards

f) Posters, circulars to employees, meetings, notices of governing bodies, institution assemblies and electronic mail shall be used to make the Policy known and help ensure its application.

A.7 Monitoring, Evaluation and Research

a) Measuring the impact of on-going Programmes is also important and the following is recommended;
   i. Participation in wellness Programmes
   ii. Survey employee satisfaction of Programme
   iii. Costs associated with Programme
   iv. Personal risk assessments
   v. Levels of wellness among employees

b) The Wellness Committee should constantly monitor the implementation and effects of the wellness Programmes and revise it when necessary and questions to be answered will include;
   i. Has the Programme met its stated goals?
   ii. What changes have occurred in the workplace as a result of the wellness Programme?
   iii. What impact have those changes had on the business?
   iv. Can you demonstrate the impact through cost-benefit and cost effectiveness analysis?

c) Gender responsive monitoring and evaluation tools must be developed in line with the planned activities.
d) The organization should integrate the policy and Programme into the overall vision and strategy of the enterprise.

IMPLEMENTATION

The National Workplace Wellness Policy for the Kingdom of Eswatini
Implementation Plan

Objective-5.4(a):
To inform processes regarding obtaining baseline and other forms of data regarding wellness (Number of surveys conducted on w ellness matters in the world of work).

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year-3*	
1.1 Ensure that Employers assess the workplace and put in place policies, procedures and programs to prevent and manage harassment and violence.	1.1.1	Assessment tools developed and used to monitor progress	A.1	Develop assessment tool	MoLSS, TCOSH		■		E 150,000
			A.2	Disseminate assessment tools to workplaces	MoLSS, TCOSH		■	■	E 0.00
			A.3	Generate assessment reports.	MoLSS, TCOSH			■	E 0.00
	1.1.2	Assessment reports generated and submitted	A.1	Collect data on the extent to which workplaces have policies in place	MoLSS, TCOSH	■	■	■	E 150,000
			A.2	Conduct meetings to discuss assessment reports	MoLSS, TCOSH		■		E 10,000
			A.3	Evaluate assessment reports to determine if desired effect is achieved	MoLSS, TCOSH			■	E 0.00
	1.1.3	Management of Records related to violence and harassment are maintained confidentially.	A.1	Devise an electronic system of compiling records	MoLSS, TCOSH			■	E 10,000
			A.2	Come up with backup systems for compiling records	MoLSS, TCOSH			■	E 0.00
			A.3	Develop information sharing platforms	MoLSS, TCOSH			■	E 100,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year-3*	
1.2 Conduct Workplace Needs Assessment	1.2.1	Workplace needs assessment conducted	A.1	Identify and appoint a needs assessment focal person	MoLSS				E 0,00
			A.2	Conduct needs assessment related to workplace wellness at national and workplace levels	MoLSS				E 15,000
			A.3	Prepare a needs assessment report and disseminate it	MoLSS				E 0,00
	1.2.2	Communication, training and sensitization (CTS) strategy developed	A.1	Host workshops with stakeholders to develop the CTS strategy	MoLSS, TCOSH, LAB, & Social Partners				E 80,000
			A.2	Launch the final / adopted strategy	MoLSS				E 10,000
			A.3	Sensitization and training	MoLSS				E 15,000
Sub-Total									**E 540,000**

Objective-5.4(b):

To guide the establishment of wellness programs in the world of work and communities (Number of wellness programs in the world of work).

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.1 International Law, Tools and Instruments are recognized and applied at country level	2.1.1	Implementation and application of International Labour Standards is operationalized, monitored, and reported in line with international and national frameworks	A.1	Engage the Attorney General's office, Cabinet and Parliament in facilitating the recognition of International Labour Standards related to Health Promotion, Wellness and Disease Management.	**MoLSS**, TCOSH, MoJCA, Attorney General's Office, Portfolio Committee, Parliament				E 200,000
			A.2	Conduct awareness raising workshops for government (relevant Ministries, Agencies and Offices), employers and employees on relevant International Labour Standards.	**MoLSS**, TCOSH, MoJCA, Attorney General's Office, Portfolio Committee, Parliament				E 240,000
			A.3	Facilitate sensitisation workshops for Members of Parliament (MPs) in collaboration with the relevant Portfolio Committees on Health and Wellness related frameworks.	MoLSS, TCOSH, MoJCA, Attorney General's Office, Portfolio Committee, Parliament				E 200,000
	2.1.2	International Labour Standards (ILS) and other instruments	A.1	Adaptation and domestication of ILS by TCOSH.	MoLSS, TCOSH				E 200,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
		related to Wellness and Disease Management are ratified.	A.2	Conduct periodic consultations with stakeholders for validation of instruments	MoLSS, TCOSH				E 200,000
			A.3	Parliament acknowledge/recognise and promulgates relevant instruments.	MoLSS, MoJCA, Attorney General's Office, Portfolio Committee, Parliament				E 200,000
	2.1.3	Inter-ministerial committee established and operationalized.	A.1	Engagement meetings between the three Ministries	MoLSS, MoJCA, MoFAIC,				E 200,000
			A.2	Identify other relevant Ministries and continue engagements	MoLSS, MoJCA, MoFAIC,				E 100,000
			A.3	Consultation meetings between Legal Advisor and AG's office	MoLSS, MoJCA, MoFAIC,				E 200,000
			A.4	Prepare reports related to the application of ILS related to Health and Wellness for submission to MLSS.	MoLSS, MoJCA, MoFAIC,				E 0.00
Sub-Total									**E 1 740 000**

Proposed Strategy		Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.2 Implementation and application of National Laws operationalized, monitored and reported.	2.2.1	OSH Act, Workmen's Compensation, Employment Act Industrial Relations Act enforced.	A.1	Facilitate sensitisation meetings for enforcement officers, including Labour, OSH and other inspectors,	MoLSS, TCOSH		■		E 240,000
			A.2	Strengthen the capacity of enforcement officers in terms of frameworks and knowledge management.	MoLSS, TCOSH		■	■	E 120,000
			A.3	Conduct inspections related workplace wellness in the world of work for compliance	MoLSS, TCOSH		■	■	E 200,000
	2.2.2	Awareness created amongst workplace stakeholders	A.1	Conduct periodic and targeted capacity needs assessments to ascertain the needs of employers and employees.	MoLSS, TCOSH	■	■	■	E 150,000
			A.2	Strengthen the capacity of employers, employees and their organisations.	MoLSS, TCOSH		■	■	E 200,000
			A.3	Facilitate formulation of workplace-level policies on wellness	MoLSS, TCOSH		■		E 200,000
			A.4	Ensure availability of wellness support equipment and services.	MoLSS, TCOSH	■	■		E 250,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
	2.2.3	Monitored and reviewed National Laws	A.1	Review of National Laws, and hold periodic meetings to check the effectiveness of National laws and related instruments	MoLSS, TCOSH				E50, 000
			A.2	Compile reports related to monitoring and reviews of National legislation and other instruments.	MoLSS, TCOSH,				E 200,000
					Sub-Total				**E1 610 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.3 All employees shall be given the opportunity to participate during working time in a planned workplace wellness programme that addresses their concerns concerning coping strategies with treatment, care, and support.	2.3.1	Prevention and Response Management	A.1	Develop workplace programmes and activities related to health promotion, wellness and disease management.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 100,000
			A.2	Conduct sensitisation workshops on selected areas related to prevention of unfair discrimination and promotion of equality.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 250,000
			A.3	Promote team buildings sessions for employees in various settings.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 80,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -*	
			A.4	Conduct periodic consultative Meetings.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 150,000
	2.3.2	All-inclusive Wellness Programmes in the world of work established and implemented.	A.1	Conduct periodic wellness campaigns targeting employees in various sectors, including the informal economy.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 150,000
			A.2	Improvement and establishment of Wellness Committees in government, private sector and civil society.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 50,000
			A.3	Facilitate and promote the establishment of modern-day workplace wellness programmes.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 60,000
	2.3.3	Support Groups established and operationalized at workplace level.	A.1	Facilitate consultative meetings towards the establishment of support groups in the workplace.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 30,000
			A.2	Facilitate formulation of Rules of Engagement at the workplace level.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 0.00
			A.3	Facilitate Support Groups at various levels in the world work.					
Sub-Total									**E 870 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.4 Programmes shall be tailor made to cater for all workers including persons with disabilities.	2.4.1	Inclusive Workplace Wellness Programmes functionalized	A.1	Conduct awareness meetings and workshops for Employees and Employers at national, district and workplace levels.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 100,000
			A.2	Formulation of gender-responsive and inclusive work plans, particularly of persons with disabilities in the world of work.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 50,000
			A.3	Facilitate regular consultation meetings with Disabled Persons and their organisations on health and wellness matters that affect them in the workplace.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 65,000
	2.4.2	Wellness programme well resourced	A.1	Conduct and facilitate budget formulation meetings to ensure resourcing of wellness and disease management programmes.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 50,000
			A.2	Develop a Resources Mobilisation Strategy for the implementation of the Wellness Programme in the workplace.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 30,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -*	
			A.3	Establish a Resource Mobilisation Committee for the operationalisation of the strategy and facilitation of meetings	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 25,000
			A.4	Procurement of services and Equipment	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 20,000
	2.4.3	Wellness Programmes reviewed periodically	A.1	Facilitate formulation of Task Groups	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 0.00
			A.2	Facilitation of consultation meetings with stakeholders, including Government and Social Partners.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 50,000
			A3	Communicate reviews and changes with stakeholders through workshops and other public platforms	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 35, 000
Sub-Total									**E 425 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.5 Provide counselling and support for survivors of	2.5.1	Ethics and code of conduct framework developed	A.1	Develop ethics and code of conduct framework	MoLSS, TCOSH				E 150,000
			A.2	Develop communication	MoLSS, TCOSH				E 50,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
harassment and violence.				strategy to all stakeholders					
			A.3	Develop guidelines for identification of victims and protection of information	MoLSS, TCOSH				E 15,000
	2.5.2	Accessible defined pool of expertise in psychotherapy available.	A.1	Identify the professional Psychotherapists	MoLSS, TCOSH				E20,000
			A.2	Develop procedure for easy accessing services	MoLSS, TCOSH				E 50,000
	2.5.3	Structures/Groups providing counselling and support for survivors established.	A.1	Develop guidelines for the support group	MoLSS, TCOSH				E 50,000
			A.2	Develop ToR for the support group	MoLSS, TCOSH				E 20,000
			A.3	Publicize the support structures and groups	MoLSS, TCOSH				E 50,000
					Sub-Total				**E 405 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimate d Budget
						Year -1	*Year -2*	*Year -3*	
2.6 Enforce the rights of all stakeholders (employees and employers) to protect them against discrimination and stigmatization as prescribed by	2.6.1	Stakeholders Engaged	A.1	Identify relevant legislation on the rights of employers and employees in protecting them against discrimination and stigma.	MoLSS, Attorney General, , Employers Federations, Workers Federations				E 15,000
			A.2	Conduct and facilitate awareness workshops on stigma and discrimination, particularly on the rights of stakeholders in the world of work.	MoLSS, Attorney General				E 30,000

Proposed Strategy					Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
relevant legislation.	2.6.2	Workplace Policies Formulated	A.1	Facilitate stakeholder meetings towards the formulation of workplace wellness policies that promote equality and prevent unfair discrimination.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness	■			E 0.00
			A.2	Establish workplace wellness committees for the formulation of workplace wellness policies that promote equality and prevent unfair discrimination	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness	■	■		E 0.00
			A.3	Hold policy formulation meetings with relevant stakeholder.	MoLSS, NERCHA PSHACC, Eswatini Business Health & Wellness,	■			E 25,000
	2.6.3	Legislation and policies Reviewed	A.1	Engagement meetings with relevant stakeholder on the review of legislation and policies related to wellness and disease management in the world of work.	MoLSS, Attorney General, , Employers Federations, Workers Federations	■	■		E50,000
			A.2	Conduct advocacy meetings with the relevant Parliamentary Portfolio Committees	MoLSS, Attorney General, , Employers Federations, Workers Federations	■	■	■	E 0.00
Sub-Total									**E120 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
2.7 Ensure the development of Workplace-Level Wellness Policies	2.7.1	Workplace Wellness Policies Developed by various stakeholders in Government, Private Sector and Non-Governmental Organizations	A.1	Conduct sensitization workshop, on the existence of the National Wellness Policy, for stakeholders	MoLSS, TCOSH NERCHA, PSHACC, Eswatini Business Health & Wellness		■		E 100,000
			A.2	Create a National Workplace Wellness committee	MoLSS, TCOSH NERCHA, PSHACC, Eswatini Business Health & Wellness	■			E 15,000
			A.3	Encourage stakeholders to develop Workplace Wellness Policies	MoLSS, TCOSH NERCHA, PSHACC, Eswatini Business Health & Wellness		■	■	E 0.00
					Sub-total				**E 115 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.8 Advocate for the appointment of Wellness Champions and wellness focal persons	2.8.1	Wellness Champions (WC) and wellness focal persons (WFP) selected	A.1	Develop Terms of Reference for WC/WFP	MoLSS, TCOSH PSHACC, Eswatini Business Health & Wellness	■			E 0.00
			A.2	Wellness Focal-Points facilitate wellness sessions at workplace level	MoLSS, TCOSH PSHACC, Eswatini Business Health & Wellness	■	■	■	E 0.00

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
2.9 Establishment of a National Wellness	2.9.1	National Workplace Wellness Committee comprised of	A.1	Nominate members of the committee/ Establish wellness	MoLSS/TCOSH	■			E 390,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
Management structure		Government, Private Sector and Civil Society, incl. Associations of People With Disabilities established		office in the OSH department					
			A.2	Establish private/public committee on wellness.	MoLSS				E 0.00
			A.3	Develop Terms of Reference	MoLSS/TCOSH				E 0.00
	2.9.2	Workplace-level committees set up	A.1	Nominate members of the committee	Human Resource / Safety Officer (Risk Department)				E 0.00
			A.2	Training and launch of members	Human Resource / Safety Officer (Risk Department MoLSS/TCOSH				E 0.00
			A.3	Develop Terms of Reference	Human Resource / Safety Officer (Risk Department MoLSS/TCOSH				E 0.00
Sub-Total									**E 390,000**

Objective-5.4 (c):
To create awareness and sensitization on wellness programs and healthy lifestyles (Proportion of workers who are aware and se nsitized on wellness programs and lifestyles).

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
3.1 Employees with health conditions shall not be stigmatized and	3.1.1	Awareness created on stigma and discrimination	A.1	Develop and apply the stigma index to determine stigma and discrimination related to health and wellness in the world of work.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 300,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
discriminated against.			A.2	Dissemination of report on stigma and Discrimination in the world of work survey.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 150,000
			A.3	Conduct awareness workshops on stigmatisation and discrimination for employers, employees and their organisations.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 120,000
			A.4	Develop and procure Information, Education and Communication materials related to health, wellness and disease management in the world of work	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 70,000
			A.5	Facilitate formation of support groups at various levels in the world of work.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 0.00
	3.1.2	Workplace policies formulated/reviewed	A.1	Facilitate the establishment of workplace-level committees or coordination mechanisms for formulation and implementation of Workplace Policies.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 100,000
			A.2	Facilitate and promote workplace policy awareness sessions for employers, employees and their organisation.	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 125,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
			A.3	Facilitate t periodic consultation and review meetings	MoLSS, MoH, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 0.00
	3.1.3	Wellness committees established and functional.	A.1	Conduct capacity building workshops on wellness for employees and employers	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 75,000
			A.2	Facilitate establishment and/or review of wellness committees at the workplace	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness ,				E 25,000
			A.3	Facilitate training of HR officers on wellness issues	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness ,				E 0.00
Sub-total									**E 965 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
3.2 Employees have the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits.	3.2.1	Awareness created on fair labour practices	A.1	Develop learning support materials on fair labour practices, particularly in terms of recruitment, appointment and continued enjoyment of employment.	MoLSS				E 20,000
			A.2	Conduct sensitisation meeting on fair labour practices, particularly in terms of recruitment, appointment and continued enjoyment of employment.	MoLSS				E 30,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
	3.2.2	Employees Engaged on fair Labour practices	A.1	Consultation Meetings	MoLSS, Employers Federations, Workers Federations				E 25,000
			A.2	Bargaining Meetings	MoLSS, Employers Federations, Workers Federations				E 25,000
	3.2.3	Workplace policies formulated	A.1	Consultation Meetings	MoLSS, Employers Federations, Workers Federations				E 30,000
			A.2	Policy Formulation Meetings	MoLSS, Employers Federations, Workers Federations				E 20,000
			A.3	Policy approval Meetings	MoLSS, Employers Federations, Workers Federations				E 30,000
Sub-total									**E180,000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
3.3 Prevention of all forms of harassment and violence including bullying in the workplace.	3.3.1	Training and awareness materials developed and implemented	A.1	Facilitate identification of relevant frameworks related to harassment and violence in the world of work for compliance.	MoLSS, TCOSH				E 0.00
			A.2	Facilitate the development learning support materials, including manuals and pamphlets related to	MoLSS				E 120,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
				harassment and violence in the world of work.					
			A.3	Facilitate the development and implementation of programmes that address harassment and violence in the world of work.	MoLSS				E 50,000
	3.3.2	Employers and workers sensitized on harassment and violence including bullying.	A.1	Facilitate sensitisation of employers, employees and other structures/associations on all forms of harassment and violence including bullying in the workplace.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 100,000
			A.2	Build capacity of the workplaces on all forms of harassment and violence including bullying.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 50,000
			A.3	Provide support and guidance on Policy development related to harassment and violence including bullying in the workplace.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 0.00
	3.3.3	National M & E Framework for harassment and violence in the world of work developed and implemented	A.1	Develop monitoring and evaluation framework related to harassment and violence in the world of work.	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 30,000
			A.2	Identify and capacitate competent authorities, Employers and Workers	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 60,000

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
			A.3	Identity focal person and define scope / responsibilities	MoLSS, NERCHA, PSHACC, Eswatini Business Health & Wellness				E 30,000
Sub-Total									**E440,000**

Objective-5.4 (d):
To provide a framework for government and social partners to coordinate, monitor, report and evaluate wellness programmes.

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
4.1 Set up anonymous reporting system and investigate all reported cases of harassment and violence.	4.1.1	Toll free line set up	A.1	Set up toll free number	MoLSS				E 50,000
			A.2	Disseminate information	MoLSS				E 50,000
	4.1.2	Support structure in relation to reporting system and investigation of reported cases.	A.1	Identify and provide adequate human resources	MoLSS				E 450,000
			A.2	Develop reporting & investigation procedures	MoLSS				E 0.00
			A.3	Capacitate personnel	MoLSS				E 20,000
	4.1.3	National Training programmes developed	A.1	Identify training needs	MoLSS				E 0.00
			A.2	Come up with training schedule	MoLSS				E 0.00
			A.3	Conduct Trainings	MoLSS				E 75,000
Sub-total									**E645, 000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year -1	*Year -2*	*Year -3*	
4.2 Ensure workplaces maintain records of all matters regarding workplace harassment and violence.	4.2.1	Guidelines for administering and managing records related to harassment and violence in the workplace developed	A.1	Establish a Task Team to develop the guidelines for administering and managing records related harassment and violence	MoLSS				E 15,000
			A.2	Facilitate the development of guidelines for administering and managing records related harassment and violence in the workplace developed	MoLSS				E 30,000
			A.3	Validate the guidelines for administering and managing records related harassment and violence in the workplace developed	MoLSS				E 40,000
Sub-Total									**E 2,000,000**

Proposed Strategy	No	Output	No	Activity	Responsible Agency and Collaborating Stakeholder/s	Delivery Timeframes			Estimated Budget
						Year 1	*Year -2*	*Year -3*	
4.3 Monitoring, Reporting, Evaluation, and Research	4.3.1	Tools for collecting data related to wellness and disease management developed	A.1	Review existing tools for data collection	(MoLSS	■			E 50,000
			A.2	Modify and finalise data collection tools as per need		■			E5,000
			A.3	Tracking of data flow or data collection			■	■	E 50,000
	4.3.2	Tools for evaluating the implementation of activities developed	A.1	Review existing tools for evaluation	(MoLSS)	■			E 0.00
			A.2	Tracking of implementation progress			■	■	E 10,000
	4.3.3	Research priorities identified	A.1	Systematic analysis of findings	(MoLSS)		■		E 40,000
			A.2	Prepare list of research priorities			■		E 0.00
			A.3	Develop research proposals			■		E 40,000
			A.4	Apply for research grants			■	■	E 0.00
Sub-Total									**E 195,000**

GRAND TOTAL = E 10,640,000-00

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