

Reflecting on the Occupational Safety and Health Landscape in the Philippines: A Data-driven Imperative

Occupational safety and health (OSH) is an essential foundation of national development, employment equity, and economic sustainability. In the Philippines, despite legislative developments and increased institutional awareness, the OSH landscape continues to face persistent challenges particularly in coverage, sectoral disparities, and implementation. The study by Conda et al. provides a critical situational analysis that highlights emerging trends, organizational gaps, and opportunities for reform based on the data from the Philippine Statistics Authority's Integrated Survey on Labor and Employment (ISLE) from 2015 to 2019.¹

The study shows that the overall number of occupational injuries and diseases across industries in the country has declined over the years. However, this positive trend is affected by disproportionate increases in various sectors. The Administrative and Support Service Activities sector showed a 248.27% increase in injury cases from 2015 to 2019, followed by Construction (82.98%), Human Health and Social Work Activities (28.67%), and Arts, Entertainment, and Recreation (19.73%).¹ Although not statistically significant, these numbers reveal that while improvements are occurring, these are not evenly distributed which raise questions about the adequacy and inclusivity of OSH programs in emerging occupational contexts.

Work-related musculoskeletal diseases (WMSDs) emerged as the most prevalent occupational health issue, accounting for 61.82% of all diseases reported. Back pain, neck-shoulder pain, and repetitive strain injuries are common among workers in physically demanding or sedentary functions, such as those in manufacturing, business process outsourcing (BPO), and services.^{1,2} In terms of injuries, superficial wounds, dislocations, sprains, and strains as well as fractures topped the list, with superficial injuries alone constituting more than half of all reported cases of injuries.¹

While manufacturing, retail trade, and accommodation services reported the highest number of injuries, sectors like information and communication reported disproportionately high incidences of WMSDs and hypertension suggesting unique occupational health risks.¹ BPO workers experience health problems from night-shift work, extended screen exposure, and psychosocial stress.³ Studies show that this population often experiences sleep disorders, hypertension, and mental health issues, compounded by behavioral risk factors such as smoking and alcohol consumption.^{1,2}

The findings are comparable with previous studies indicating that developing countries, including the Philippines, experience higher incidences of work-related health and safety problems due to hazardous work conditions, inadequate regulation, and weak enforcement mechanisms.^{6,7} It is estimated that only 2.2 million out of the country's 44 million workers benefit from comprehensive OSH protections leaving the vast majority vulnerable including the informal sector which remains largely excluded in terms of OSH policies, programs, and services.⁸

The study also highlights the significant increase in the implementation of OSH policies and programs between 2015 and 2019 after the enactment of Republic Act No. 11058 or OSH Law and its Implementing Rules and Regulations (IRR) in 2018. Notable improvements include increased adoption of fire prevention and control programs, anti-sexual harassment policies, and emergency preparedness protocols. Policies and programs on mental health were instituted in workplaces in line with the Republic Act No. 11036 or the Mental Health Act, and the Department of Labor and Employment (DOLE) Department Order 208-2020 or the Guidelines for the Implementation of Mental Health Workplace Policies and Programs for the Private Sector.^{1,9,10}

Conda et al. recommend revisiting national OSH strategies based on data-driven priorities. Their analysis revealed that a small subset of industries, injury and disease types account for the majority of reported cases, supporting a focused policy approach. These findings are consistent with international best practices which emphasize targeted resource allocation, periodic surveillance, and industry-specific interventions.^{11,12}

Moreover, the study reiterates the systemic issues plaguing OSH governance in the Philippines which include the absence of a dedicated OSH agency, limited awareness of legal mandates among stakeholders, and weak interagency coordination.¹³ While the passage of RA 11058 introduced punitive measures for non-compliance and expanded the responsibilities of employers and employees, organizational and operational challenges persist particularly in enforcement and capacity-building.

The results give way to several policy directions for relevant agencies and stakeholders. First, the development of industry-specific OSH programs particularly for high-growth sectors like BPOs, construction, and logistics must



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be prioritized. These programs should integrate both physical and psychosocial risk management and should be co-created with workers and employers.

Second, the improvement of access to OSH programs and services in the informal sector and among micro, small, and medium enterprises (MSMEs) should be done. This can be achieved through institution of OSH units in local government units (LGUs) and incentivized compliance schemes. The recent issuance of the DOLE Department Order No. 252-25 (s. 2024) or the Revised IRR of RA 11058 is timely as it operationalizes the extension of OSH programs to informal workers and to MSMEs by encouraging clustered OSH services and the use of community-based health and safety models. It emphasizes simplified compliance templates, partnerships with local governments and cooperatives, and prioritization of vulnerable workers such as women, youth, and aging populations.¹⁴

Third, the expansion of health information systems to include OSH metrics is necessary for monitoring progress and generating timely trends and insights for targeted interventions. The coverage should be inclusive to comprise OSH data on the public and informal sectors to strengthen evidence-based OSH interventions across all sectors. The integration of OSH data into national health databases can also facilitate coordinated interventions with the Department of Health (DOH), local health units, and other stakeholders.

Finally, fostering research and innovation on sector or industry-specific studies particularly understudied groups is recommended. Engagement with the academe and professional organizations will facilitate an enabling environment in generating evidence-based data that can support tailored interventions and innovations in OSH practice. Their involvement ensures that reforms are evidence-informed, ethically grounded, and context-sensitive.

The study by Conda et al. reveals both encouraging gains and persistent challenges that must be addressed to ensure that OSH is not a privilege for the few but a human right and standard for all. As working environments continue to evolve with new hazards emerging from climate change, digitalization, and demographic shifts, the need for inclusive, equitable, and data-driven OSH systems becomes even more urgent. Sustained investment, multi-sectoral collaboration, political will, and evidence-based OSH interventions will pave the way for the realization of our vision of a healthy, safe, and productive work for every Filipino.

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