A Study on the State of Occupational Safety and Health in the Philippines

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ABSTRACT

Objectives. This study looked into the state of occupational health and safety in the country. Specifically, the objectives were 1) to show the current condition of workers, both local and migrant, in terms of their workplace conditions and hazard exposures; and 2) to present occupational diseases and illnesses in various industries and occupational groupings in the Philippines.

Methods. Data were gathered using documentary research targeting agencies that deal with occupational safety and health in the Philippines. Analysis of data was done through a critical appraisal of the current status of occupational and health safety in the Philippines in terms of occupational diseases, injuries, and accidents, and existing occupational health and safety policies.

Results. The study revealed occupational hazards and health and safety conditions in various industries, occupational settings, and job groupings such as in the industrial sector, manufacturing, mining, agriculture, fishing, and cement manufacturing. It also looked into small-scale and informal industries such as tanning, laundry work, and pyrotechnics manufacture. Special segments of the labor force including women workers, child laborers and migrant workers were also covered.

Conclusion and Recommendation. In all these sectors and industries, the study found attendant occupational diseases and injuries arising from occupational hazards. In general, OSH in the Philippines requires further improvements in data collection, coverage of industries and occupational sectors, and dissemination to both public and private sectors.

Key Words: Occupational Safety and Health, OSH in the Philippines, occupational diseases, occupational injuries, occupational hazards

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GLOSSARY OF TERMS

Occupational Safety and Health (OSH) – *"Defined as the a) promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; b) prevention among its workers of any departures from health caused by their working conditions; c) protection among workers in their employment from risks usually from factors adverse to health and d) placing and maintenance of the worker in an occupational environment adapted to his/her physiological ability."*[1]

Occupational Hazards - *"Refers to various environmental factors or stresses that can cause sickness, impaired health, or significant discomfort in workers and can be classified as chemical, physical, biological or ergonomic."*[1]

Occupational Health- *"The discipline which aims to promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations by preventing them from getting sick, controlling health and safety hazards at work and by placing them in tasks adapted to their ability."*[1]

Occupational Disease- *"Abnormal condition or disorder caused by exposure over a period of time to work-related risk factors such as inhalation of dusts, exposure to certain chemicals, carrying out repetitive movements and contact with some pathogens."* [2]

Introduction

Occupational Safety and Health (OSH) in the Philippines was implemented by virtue of Executive Order 307. It aims to serve and protect workers from untoward risks and hazards that can adversely affect their health, welfare, safety, and well-being.[3] With EO 307, the national system for occupational safety and health referred to as the Philippine National OSH system was created to provide national policies and programs for occupational safety and health in the Philippines. Its key players are the Department of Labor and Employment (DOLE), employers and workers' organizations, and other government agencies. [3]

The declared policies under this executive order are 1) "to upgrade the capability of Government to prevent, eliminate or reduce work-related injuries, illnesses and deaths in order to contain economic losses in terms of man-hours, destruction of property and expenditure for employee's compensation, as well as social cost related to the suffering of victims of industrial accidents or outbreaks

of occupational diseases and their families; 2) to implement effectively occupational health and safety programs that will promote the health, efficiency and general well-being of the Filipino workers through the improvement of the quality of working life that will enhance significantly the productivity of industries and business all being critical factors in the attainment of national development goals; and 3) to maintain an expert intelligence and training center for industrial disease and occupational safety that will provide the operational framework and mechanisms for the achievement of the objectives set forth in E.O. 307, the Labor Code of the Philippines as amended, and other related legislations." [4]

In the Philippines, the legal provisions addressing occupational health are the Philippine Constitution of 1987, the Philippine Labor Code of Book IV, and Occupational Health and Safety Standards of 1978.[3] The Bureau of Working Conditions (BWC) under the Department of Labor and Employment (DOLE) collects and compiles the Work Accident Injuries Report (WAIR) and the Annual Medical Report (AMR) from establishments yearly as well as monitors industries with regards to their compliance to OSH standards. The Bureau of Labor and Employment Statistics (BLES) of DOLE conducts the annual BLES Integrated Survey (BITS). The Occupational Safety and Health Center (OSHC) keeps a database of *Approved Cases of Occupational Injuries and Diseases* under the Employees' Compensation Program. The other agencies that contribute to the strengthening occupational safety and health in the Philippines are the Department of Health, other government agencies, the private sector, professional organizations such as the Philippine College of Occupational Medicine, the Occupational Health Nurses' Association of the Philippines, and non-governmental organizations (NGOs) such as the Safety Organization of the Philippines, Inc., Trade Union Congress of the Philippines, and the NGO Health Alternatives for Total Human Development Institute. The University of the Philippines, on the other hand, offers undergraduate and graduate level training in occupational health.[1] Short courses in hygiene and safe work practices are also offered directly to employees. The OSHC also offers similar training for workers and employers. In addition, the UP School of Labor and Industrial Relation offers training programs on industrial relations and occupational safety.[3]

This study provides significant motivation for promoting safety in the workplace. Generally, the study aimed to show the current state of occupational safety and health in the country. Specifically, the objectives were 1) to show the current condition of workers, both local and migrant workers, in terms of their workplace condition and hazard exposures; and 2) to present occupational diseases and illnesses in the Philippines.

Methods

A comprehensive analysis of records and statistics on occupational safety and health and related variables from the Bureau of Labor and Employment Statistics (BLES) of the Department of Labor and Employment (DOLE), the Labor Force Survey of National Statistics Office, the Overseas Employment Statistics (OES) of the Philippine Overseas Employment Administration (POEA), and the International Labor Organization (ILO), the University of the Philippines, and non-government organizations was conducted. Data was also gathered from a review of literature, including related research studies, and documentary research at the Occupational Safety and Health Center (OSHC). Data was analyzed through critical appraisal of OSH in the Philippines in terms of occupational diseases, injuries and accidents, and existing occupational safety and health policies.

Results

1.0 Cases of Occupational Hazards and Diseases

According to the World Health Organization (WHO) and the International Labor Organization (ILO), 1.1 million people die annually due to unsafe and unhealthy work environments. An estimated 160 million new cases of occupationally related diseases occur in the world yearly. Among these are respiratory and cardiovascular diseases, cancers, hearing loss, musculoskeletal and reproductive disorders, mental and neurological illnesses, among others.[5] The number of fatalities caused by hazardous and toxic chemicals alone was estimated at 651,000.[2,6] Occupational diseases, injuries and fatalities have socioeconomic cost. A study on the socioeconomic cost of road accidents in the Philippines, specifically in Metro Manila, revealed that about P3.5M is lost per fatal road accident. Social cost is estimated to be about P506,450 per fatal accident.[7]

2.0 Occupational Hazards and Diseases among Marginalized/Unprotected Workers

The Informal Sector

The informal sector is defined by the Department of Labor and Employment as the own-account workers and unpaid family workers.[8,9] Workers in the sector are defined as "self-employed without any employee; employer in own farm or business; a domestic helper, family driver and other household helper who assist in the family-operated business, regardless of time spent in this activity; a person who worked with pay on own family-operated farm or business."[8]

Waste/garbage Pickers

Waste/garbage pickers are exposed to an unsanitary work environment. They suffer cuts from broken glass,

exposure to methane gas from leachates and decomposing garbage, tetanus from contaminated objects, and hazards from medical wastes.[10]

Child Labor

Child labor has been a serious problem in the Philippines. Sixteen percent of the 830,000 children in the Philippines are engaged in child labor employment according to the National Statistic Office and the United Nations Children's Emergency Fund survey.[11] Of these, 670,000 were children attending both school and work as child laborers.[11,12] Child laborers are commonly employed in small scale industries, in street vending, prostitution, muro-ami fishing and in agriculture. In Mindanao, children working in plantations are involved in trimming and fertilizing plants, and clearing irrigation ditches. It was also documented that children involved in fishing in Mindanao were engaged in the docks of Mindanao and Visayan ports or as divers in coral reef fishing.[7] Even in home-based jobs, child labor is often involved (work in the mining and quarrying industry). [3] In the study of Lu in Metro Manila, child laborers were subjected to heavy lifting in certain works.[13]

Table 1 lists child labor employment by age group and sex in the years 2008 and 2009. There were more males than females engaged in child labor. There was a decrease in the number of employed children from 2,153 in 2008 to 2,027 in 2009.[12]

Table 1. Child Labor Employment by Age Group and Sex, 2008 and 2009 (in thousands)

Age Group	2008			2009		
	Male	Female	Total	Male	Female	Total
5-9	49	36	85	36	28	64
10-14	401	241	642	377	209	586
15-17	915	510	1,425	892	485	1,377
Total	1,365	788	2,153	1,305	722	2,027

Source: National Statistics Office, Labor Force Survey, 2010 (NSO, 2010) [12]

Gender Issues

Women's participation in the labor force is another issue of unprotected workers. Edralin[14] and Estrella-Gust[15] studied the feminization of the workforce in industries, specifically the garment industry, in the shoe, microchip, computer manufacturing and electronics industries, operating inside export processing zones in the Philippines. The reported occupational risks to women in these industries were low salaries, exposure to toxic substances, respiratory diseases, and musculoskeletal problems.[3]

Both women and men informal workers experience occupational hazards, but women are more vulnerable to them. Women migrant workers are more typically subjected to sexual and physical abuses and maltreatment by their employers.[16] Women informal workers carry a double burden from their occupation and household work. They are exposed to stress brought about by the physical environment, tedious work, fast-paced production, aggravated by the burden of household work.[17] In another study, women workers in the electronics and garment industries were subjected to time pressure to produce quotas, nightshift work, and exposure to various other occupational hazards.[18] As a result of exposure to these occupational hazards, women informal workers mostly experience health-related problems such as changes in blood pressure and heart rate, ulcers, migraines, and menstrual irregularities.[1,9]

On the other hand, Estrella-Gust [3] noted in her study that women workers in informal economy such as pili processing, bamboo craft manufacturing including bag and picture frame making, sea grass or gas processing, slippers and bags production from sea grass, and crab paste processing experienced joint pains, headaches, and finger cuts due to sharp tools. [15]

3.0 Specific Research and Studies on Occupational Risk Factors per Industry

According to the Employee Compensation (EC) records, laborers/maintenance workers (18%) followed by professional/technical workers (16.5%) and teachers (14%) are the groups that experience prevalent occupational hazards, diseases, and accidents. Cardiovascular disease is the leading occupational disease, followed by cerebrovascular accidents and pulmonary tuberculosis.[19] In the health services sector, workers commonly experience mental stress in meeting deadlines. Those in the postal services report heat, noise and chemicals as the most common occupational hazards. For maritime workers, extreme temperatures, chemicals and frequent travel are the common occupational concerns. The prevalence of occupational diseases and injuries in the private sector can be ascertained by the number of approved work-related illnesses and injuries by the Social Security System (SSS). Records show a total of 1,729 (91%) approved cases of occupational accidents/injuries and 1,070 or 9% work-related illnesses by the Social Security System.[20]

Agricultural and Fishing Sectors

The study conducted in Buguias, Benguet and Bauco, Mountain Province, revealed that farmers frequently experienced muscle cramps, weakness and respiratory tract irritation.[21] This was reiterated in the study of Lu in 2009 wherein she reported that vegetable farmers in Benguet province are exposed to organophosphates, carbamates, organochlorines, and pyrethroids.[22] Further, the pesticide residues found in the vegetables and soil revealed use of banned and restricted pesticides.[23] In the study of Cheng (1994) in Benguet province, 2,000 vegetable farmers were diagnosed to have allergic reactions both in the skin and the eyes, and suffered from abdominal pain, dizziness, chest pain, headache and nose bleeding due to exposure to pesticides.[24]

In another study conducted in Southern Cebu, Central Visayas, and Palawan, results revealed that fishermen who were involved in deep sea fishing, also known as the "pa-aling" method, manifested diarrhea, dermatitis, and cough due to poor sanitation and poor working environment aboard the fishing boats. There were also chronic health complaints from the fishermen such as musculoskeletal discomfort/pain, sleep disorders, easy fatigability, dizziness and poor appetite. Majority of the fishermen in the study had abnormal laboratory findings and hearing impairment.[25]

Industrial Sector

In the study conducted in nine cement plants in the Philippines, workers were noted to be exposed to hazards such as heat, noise and dust (Occupational Health and Safety Fact Funding Survey).[26]

In the electronics sector, about 57 Filipino women were afflicted by Stevens–Johnson Syndrome (SJS) in two electronic factories in Taiwan.[27] Another study of 399 female workers in a semiconductor manufacturing industry reported abnormal health effects of hazard exposure such as abortion, ectopic pregnancy, or stillbirth.[28] The women workers in semiconductor and microelectronic industries in the Philippines showed symptoms related to central nervous and irritative symptoms referring to the respiratory tract and the skin.[28] These women workers were also exposed to work stress, overtime work, stress,[29] and experienced musculoskeletal disorders and carpal tunnel syndrome.[30]

In another study conducted in four textile establishments in the Philippines showed high concentration of cotton dust, high level of noise in the weaving areas, and toxic chemicals in bleaching, dyeing, printing and finishing processes.[31] Also, women in the garment industry were found to be exposed to extreme heat, dust from textile fibers, and ergonomic hazards.[31]

In a study conducted in major leather tanneries in the Philippines, results showed that tanneries were unhygienic, damp, with pungent odor, had poor housekeeping, and practiced improper disposal of chemicals. Workers were not given personal protective equipment even when handling toxic chemicals such as sulfuric and formic acids, ammonia, and chromium.[32] The International Agency for Research on Cancer and the US Toxicology Program, categorizes chromium as a pulmonary carcinogen.[32]

In a pyrotechnic industry, child workers were noted to be exposed to explosion and fire risks, intestinal parasitism and primary tuberculosis infection.[33]

Services Industry

In call/contact centers in the Philippines, workers usually work at night to coincide with the regular business hours of their clients in North America or Europe. This type of work scheduling causes sleep disorders, eating disturbances, and gastrointestinal diseases, mental disorders, and cardiovascular diseases.[3]

In 2007, a stress-induced death of a call center agent was reported in the media. In 2008, the Ecumenical Institute for Labor Education and Research, Inc. (EILER) conducted a study on call centers and revealed that there are various occupational health risks in this type of job such as graveyard shifts, long working hours, low temperatures, psychological insults from clients, and high work stress. Consequently, many call center workers reported experiencing sleeping problems, eye strain, overall fatigue, headaches, chest and back pains, voice problems and mental stress.[34]

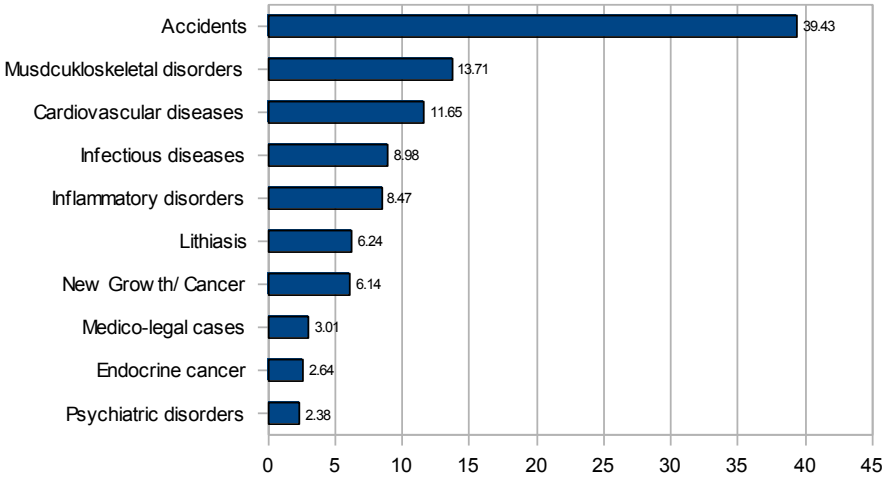
In small-scale laundry shops and dry cleaning establishments, occupational hazards noted in a study were chemical exposures in the laundry process, dust from clothes and powder detergents, noise, heat, poor ventilation of the workplace, and ergonomic hazards such as prolonged standing and repetitive work. The most common complaints reported by the workers were musculoskeletal diseases.[35]

Among migrant workers, accidents and musculoskeletal diseases top the list of causes of morbidity, followed by cardiovascular diseases and inflammatory diseases. Cases of infection were mostly tuberculosis. Cases of accidents included fractures and crushing injuries and burns. Among the types of occupations, the domestic helpers had the highest number of complaints particularly those in the Middle Eastern countries.[36] About 40% of workers experienced depression and five workers were diagnosed with AIDS (Figure 1).

Mining Sector

Mining is considered by ILO[37] as one of the most unsafe human activities. In the study of the Institute for Occupational Health and Safety and Development (IOHSAD) in 1997, the reported leading types of accident in the mines were being hit by falling objects, suffocation from chemical fumes, and crushing injuries.[38] Other occupational health hazards in mining include exposure to intense heat, poor ventilation, vibration, dust, fumes, repetitive stress injury (RSI), intense noise, manual handling (e.g., lifting) of heavy machinery, and biological and chemical hazards. In underground mining, poor ventilation causes respiratory failure that may lead to brain malfunction or even death in underground mining operations.[38]

Cyanide, used by most Philippine gold mines, is known to block the transfer of oxygen from the blood to the body tissues. Symptoms of poisoning due to cyanide include rapid breathing, gasping, tremors, convulsions, headaches, dizziness and thyroid enlargement and eventually death.[39] In the recent study by Lu, 102 water samples from various sources including water drinking, irrigation, and surface water (rivers and creeks) showed levels of mercury and cyanide in water.[40]



Source: DOLE-Overseas Comprehensive Social Services Package for OFWs[36]

Figure 1. Percentage Distribution of Common Causes of Morbidity of OFWs (2003)

In a study conducted in small-scale mines in Camarines Norte, children ages 17 years old and below experienced cough, wheezing, shortness of breath. Three children had pneumonitis and two with pulmonary tuberculosis. About 65% of the total number of children had lead levels above 10 μg/dl with the highest value at 25 μg/dl.[41]

In a small-scale mining in Western Mindanao, workers were found to be exposed to high levels of mercury. Gastrointestinal complaints of the workers were significantly associated with elevated hair methylmercury levels. Moreover, the study showed a relationship between elevated diastolic blood pressure and gastrointestinal complaint.[42]

In 1997, a study conducted in Itogon-Suyoc Mine Incorporated showed various symptoms of occupationally related health risks among mine workers such as cough and breathing difficulty being abnormally high among exposed workers. Other prevalent health symptoms among the exposed workers were excessive sweating, hypertension and constant muskuloskeletal pain.[39]

In the Cordilleras, a heavy equipment operator in Philex was suffocated when the ore gave in on the huge load-haul-and-dump machine he was operating.[43] Another worker was crushed to the wall by large equipment. In 2003, many miners suffered from hearing defects due to blasting operations in underground tunnels.[44] In addition, the underground mine workers were exposed to extreme heat, loud noise, vibration of equipment, dust and fumes, among others because of the use of cyanide and mercury, and heavy equipment and tractors that emit fumes underground.[44]

Discussion

The study shows the prevalence of occupational hazards and occupational diseases in the Philippines. This is a major concern among workers. The study showed that workers in the informal sector of the Philippines consisting of farmers, fisherfolk, construction workers, and waste/garbage pickers were exposed to various hazards. Similarly in Zimbabwe, workers in rural and urban informal sectors were reported to be exposed to poor working conditions, lack of hygiene, and various ergonomic and chemical hazards. Musculoskeletal and respiratory disorders were found prevalent among these workers.[45]

The study also showed that waste/garbage pickers are exposed to unsanitary work environments. Dorevitch and Marder noted that solid waste workers are highly exposed to a variety of toxic materials and bioaerosols.[46] The authors also noted that waste/garbage pickers had higher risk of fatal occupational injuries than the general workforce. Non-fatal injuries in this group included musculoskeletal disorders, fractures, ocular trauma, bites and skin and gastrointestinal diseases. These groups of workers are also exposed to ergonomic hazards such as repetitive heavy physical activities (e.g., lifting, carrying, pulling, and pushing).[47]

In the study of Yang et al.[48] among Taiwanese waste collectors, health problems associated with the job included respiratory symptoms such as cough, wheezing and conditions such as chronic bronchitis, as well as musculoskeletal symptoms and injuries. In Florida, municipal solid waste collectors were reported to experience musculoskeletal disorders and dermal injuries. They also experienced other injuries such as strains and sprains, contusions, fractures, and lacerations.[1]

In the Philippines, child labor is prevalent. Graitcer et al.[49] noted that occupational injury and mortality in children exceed those of adult workers worldwide. Also, about six million ccupational injuries occur among child laborers that translate into 2.5 million disabilities and 32,000 fatalities each year. In India, child labor is also prevalent. In a study in India among child workers in foot-wear manufacture,

children were exposed to various physical hazards such as poor illumination, noise, poor ventilation, and chemical hazards such as leather dust, benzene found in glues and other chemicals used as adhesives. Consequently, these children suffered from respiratory diseases, skin infections, nasal cancer, and even neurotoxicity.[50]

Gender Issues

The participation of women in the labor force is another issue of unprotected workers. Edralin[14] and Estrella-Gust[15] both studied the feminization of the workforce, specifically in the garment industry, in shoe, microchip, and computer manufacture and the electronics industry, operating inside export processing zones in the Philippines. The reported occupational risks to women were low salaries, exposure to toxic substances, respiratory diseases, and musculoskeletal problems.[3]

Both women and men informal workers experience occupational hazards but women are more vulnerable to occupational hazards. Women migrant workers are more typically subjected to sexual and physical abuses and maltreatment from their employers.[16] Women informal workers typically face a dual hazard, having both informal and household work, and are thus doubly vulnerable to occupational illnesses. They are exposed to stress brought about by the physical environment, tedious fine work, fast-paced production, aggravated by the burden of their reproductive biology.[14] Women workers in the electronics and garment industries were also subjected to extended and intensified work manifested in both work intensification and work extensification, time pressure to achieve quotas, nightshift work, and exposure to various occupational hazards.[51] Women informal workers mostly experience changes in blood pressure and heart rate, ulcers, migraines, and menstrual irregularities.[3,9]

Women workers remain a vulnerable segment of the working population due to the nature of their work and the associated hazards that they are exposed to. Recent statistics in the Philippines revealed that female workers in 2010 accounted for 15.0 million of the labor force in the country. In the study of Fisher and Gunnison,[52] women were found more at risk of experiencing violence in the workplace than males in all types of jobs. Women who are employed in teaching institutions and law enforcement and retail and transportation are vulnerable to robbery and assault. In agriculture, a study showed that Hispanic women agricultural workers were at a higher risk than males in sustaining sprains, strains and lacerations.[53]

In another study, women workers were found more at risk of developing occupational skin diseases than men in any occupational group. The incidence of hand eczema, in particular, was found higher in women compared to men engaged in various jobs based on the study of Diepgen and Kanerva.[46]

Cement plants are also hazardous. A study conducted in nine cement plants in the Philippines showed that workers in these industries were exposed to hazards such as heat, noise and dust. Okoye and Umeh[54] found eye injuries being abnormally high among industrial workers in Southern Nigeria working in cement factories, coal mines, saw mills, and iron and steelworks. Eye injuries were noted to be caused by exposure to cement dust, metal chips, wood fragments, coal stones, and welder's arc rays. The study by Aydin et al.[55] found that cement workers were exposed to oxidative stress. The study of Neghab and Choobineh[56] among Iranian cement workers showed that symptoms like cough, wheezing and shortness of breath were significantly associated with exposure to cement dust. Chest abnormalities were also found among cement workers due to exposure to cement dust.[56]

In a study conducted in major leather tanneries in the Philippines, results showed that tanneries were unhygienic, damp, with pungent odor, poor housekeeping, and improper disposal of chemicals. This is further confirmed by the study by Stern,[57] wherein workers involved in tanning and finishing were found to be highly exposed to various carcinogens. A study conducted among tannery workers in Istanbul showed that workers commonly complained of gastrointestinal symptoms, bronchitis, and asthma. Cases of respiratory obstruction of about 40% of the respondents were detected using spirometry.[58]

In the pyrotechnics industry in the Philippines, workers were exposed to possible explosion and fire risks, intestinal parasitism and primary tuberculosis infection among exposed children.[33] In the study of Johnson and Johnson,[59] the most prevalent upper extremity musculoskeletal disorders in different occupational sectors were recorded among the workers, followed by matchstick makers. Skin lesions such as contact dermatitis of the hands were also found among workers involved in fireworks and matchstick making.

Occupational hazards were documented to exist in call centers in the Philippines, recently growing as an industry in the country. In the study by Halford and Cohen,[60] call center workers complained of musculoskeletal disorders. This is supported by the study of Sprigg et al.[61] among call center agents, where the authors found a correlation between job-related strain and upper body and lower back musculoskeletal disorders. In a study among call center workers in Taiwan, the most common health complaints were eye strain, painful throat, and musculoskeletal symptoms.[62]

Migrant workers are another significant sector in the Philippines. Today, it is estimated that about 8 million Filipinos are working abroad.[12] From 1990 to 1994, the remittances of migrant Filipinos amounted to $4.8 billion. In 2009 alone (latest data), the remittances of overseas Filipino workers to the Philippines amounted to P17.3 million. The

significance of this contribution to the Philippine economy is no small thing and the government recognizes it by hailing migrant workers as "new economic heroes". However, protection for the migrant workforce has not been given by the government. They pay considerable fees in order to be employed overseas, but of the 8 million Filipinos working abroad, only 45 labor attachés are available to attend to their needs. Despite being hailed "heroes" in their home country, these Filipinos experience abuse and exploitation that range from contract violations, termination without cause, rape, sexual harassment, and even death. In Spain, migrant/foreign workers were reported to have an increased risk of non-fatal and fatal occupational injuries compared with native Spanish workers.[63]

This study has shown that occupational hazards are a major concern of the labor force. This is of greater concern when occupational hazards lead to illnesses and diseases.

Conclusion

The study attempted to present comprehensive data on occupational safety and health in the Philippines considering that there is insufficient collection of OSH data by government agencies. This study considered various data sources and statistical records in order to show the current state of occupational safety and health in the Philippines. The study revealed that various occupational groupings and industry types are faced with hazards that endanger the health, safety and well-being of their workers.

In many countries, there is insufficient statistical information on occupational diseases due to inaccurate diagnosis or the lack of acknowledgement of work-relatedness of these illnesses. In general, the current state of occupational safety and health in the Philippines needs further improvement, especially in terms of data collection, coverage of industries and occupational sectors, and dissemination to both public and private sectors. Establishments should more readily comply with regulations on occupational safety and health enforcement in the workplace. The sanctions for non-compliance should be reviewed and strictly implemented.

The limited number of labor inspectors in the Philippines (280 in all) makes it virtually impossible to monitor the compliance of over 800,000 companies all over the country. This is not considering the small enterprises, which make up 90% of the total number of companies and are not given priority. The record keeping by government agencies is also insufficient.

Occupational safety and health provisions are necessary tools in achieving economic productivity through productive and healthy workers.

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