

**NATIONAL PROFILE ON
OCCUPATIONAL SAFETY AND HEALTH
(PHILIPPINES)**

**Occupational Safety and Health Center (OSHC)
Manila, September 2006**

Foreword

The National OSH Profile is an up-to-date account of the OSH state of the art in the Philippines. It discusses options for the development of policies and a strengthening of institutions and networks that hold great promise for the creation of an effective internally consistent program on safety and health in the Philippines.

The Profile starts from the premise that OSH is a basic workers' right: compliance with OSH standards is at the same time beneficial to workers and their families and makes good business for employers. More specifically the Profile is meant to

- serve as source and reference book for safety and health implementers and others interested in the science and practice of safety and health;
- serve as background for the national consultations on the development of a comprehensive and integrated OSH plan and programs (2007-2010);
- facilitate coordinated action by all stakeholders in implementing the national OSH plan in the wider context of a national development strategy and, finally,
- provide a benchmark for monitoring and evaluation of OSH programs and activities.

The National Profile is the outcome of extensive consultations among numerous partners in the private and public sectors. This includes, in particular, DOLE and other concerned government agencies, employers' and workers' organizations, academe, professional and nongovernmental organizations.

There is general agreement on focusing on preventive programs in the context of a national OSH Plan. Potentially, prevention through concerted initiatives, has considerable economic and social returns: expected tangible results include a reduction of work-related illnesses, injuries and deaths as well as related costs.

The National Profile, and the proposed National OSH Plan, reflect ILO policies and standards, that advocate the creation of a national system of prevention and its implementation through close cooperation among tripartite partners and other stakeholders.

Dr. Dulce P. Estrella-Gust
Executive Director
OSHC, September 2006

Table of Contents

	Page No.
Foreword	
Executive Summary	
Part 1: OSH Trends	1-10
OSH defined	
OSH from an international perspective	
OSH Facts and Figures	
Occupational accidents, injuries and illnesses	
Scope for improving OSH statistics	
Part 2: Legal Framework on Occupational Safety and Health	11-17
The Philippine Constitution, 1987	
Laws and Regulations under DOLE Jurisdiction	
Laws and regulations under Jurisdiction of agencies other than DOLE	
International OSH Conventions	
Philippine Labor Code, Book IV	
OSH Standards of 1978	
Guidelines on Drug-Free workplaces	
Guidelines on Construction Safety	
National Implementation of OSH laws and regulations	
Consolidation of Legal Framework	
Part 3: National OSH System and Network	18-31
National OSH system defined	
The stakeholders	
DOLE	
Other Government agencies	
Workers' organizations	
Employers' Confederation of the Philippines	
Academic Programs	
Recognised/Accredited training providers	
Linkages with International Organisations	
Part 4: National Action and Achievements	32-43
OSH Programs	
Zero Accident Program (ZAP)	
Research	
Technical Assistance and Services	
Training	

	Page No.
Clearing House of Information Best Practices Focus on regions	
Part 5: Emerging OSH Concerns	44-47
Chemical Hazards International Responses to Chemical Management National Responses to Chemical Management Biological Hazards Ergonomic Hazards	
Part 6: Special categories of vulnerable workers	48-60
OFWs Young workers Child labor Older workers Gender issues Informal sector	
Part 7: Medium Term OSH Challenges	61-64
capability building on OSH through training, advocacy, networking and resource mobilization; data collection, analysis and dissemination; chemical safety management; including the perennially excluded groups of workers; OSH concerns of migrant workers; linkages between OSH, productivity and economic growth; monitoring and evaluation; governance of preventive OSH at national, regional and establishment levels; and national policy on “Decent Work and OSH for All.”	
Part 8: Comprehensive Medium Term OSH Plan	65-67
Focus on Prevention Clarification of Mandates and Processes Resource Allocation Improvement of Data Collection Professionalization Framework of Action	
Conclusions and Outlook	68

Annexes

- Annex 1. ILO Conventions Ratified by the Philippines including those Directly or Indirectly related to OSH
- Annex 2. Strategic Plan 1998 – 2004
- Annex 3. Preparatory Consultations on OSH Plan, 2006-2010
- Annex 4. Training Courses of OSHC
- Annex 5. OSHC Researches 1998-2005

Boxes

- Box 1. Case Study – OSH Concerns of Vegetable Farmers
- Box 2. Stevens Johnson Syndrome Affecting Young Filipina Female Workers in Taiwan
- Box 3. Studies on OSH of Women Workers
- Box 4. OSH of Women in Semiconductor Industry
- Box 5. OSHC's Work on Child Labor
- Box 6. Network of Health Services for Working Children

Figures

- Figure 1. Employed Persons by Age Group: 2004 – January 2006
- Figure 2. Employed Persons by Sex: 2004 – January 2006
- Figure 3. Cases of Occupational Injuries with and without Workdays Lost: 2000-2003
- Figure 4. National OSH System and Network
- Figure 5. Chemical Hazards 2005 (Non-Compliance) n=1309
- Figure 6. Training Activities, OSHC (1999-2005)
- Figure 7. Information Materials
- Figure 8. GKK Framework

Figure 9. Call Centers 2000 – 2005

Figure 10. Ten Commonest causes of Fatalities of OFWs, 2003

Figure 11. Ten Leading Causes of Morbidity of OFWs, 2003

Figure 12. Distribution of Young Workers in the Philippine Labor Force 2005

Figure 13. Stages of Transition of Young People

Figure 14. Linkages between OSH, Productivity, Economic Viability and Employment Security

Figure 15. Framework of Action for an Integrated and Comprehensive National OSH Plan (2006-2010)

Acronyms

ADB	Asian Development Bank
AESSEP	Assn. of Electronics & Semiconductor for Safety & Environmental Protection
AMR	Annual Medical Report
ASEAN-OSHNET	ASEAN Occupational Safety and Health Network
ASPI	Association of Safety Practitioners, Inc.
BCRN	Biological, Chemical and Radionuclear Hazards
BITS	BLES Integrated Survey
BLES	Bureau of Labor Employment Statistics
BRW	Bureau of Rural Workers
BWC	Bureau of Working Conditions
BWYW	Bureau of Women and Young Workers
CCOs	Chemical Control Order
DA	Department of Agriculture
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DLSU	De La Salle University
DOE	Department of Energy
DOH	Department of Health
DOLE	Department of Labor and Employment
DOLE TCLM	DOLE - Technical Committee on Legislative Matters
DOST	Department of Science and Technology
DOT	Department of Tourism
DOTC	Department of Transportation and Communication]
DSWD	Department of Social Work and Development
DTI	Department of Trade and Industry
ECC	Employees Compensation Commission
ECOP	Employers Confederation of the Philippines
FES	Friedrich Ebert Stiftung
FFW	Federation of Free Workers
GEF	Global Environment Facility
GHS	Globally Harmonized System
GKK	Gawad Kaligtasan Kalusugan
GSIS	Government Social Insurance Service
IACEH	Inter-Agency Committee on Environmental Health
IHAP	Industrial Hygiene Association of the Philippines
ILAPI	ILO Association of the Philippines
ILAS	Institute of Labor Affairs Service
ILC	International Labor Conference
ILO	International Labour Organization
ILS	Institute of Labor Studies
IOHSAD	Institute of Occupational Health and Safety and Development
JICA	Japan International Cooperation Agency
LGU	Local Government Unit

MDG	Millennium Development Goals
MFMP	Multilateral Fund for the Implementation of the Montreal Protocol
MTC	Maritime Training Council
MTPDP	Medium Term Philippine Development Plan
NAPC	National Anti-Poverty Commission
NEDA	National Economic Development Authority
NLEF	New Labor Enforcement Framework
NMP	National Maritime Polytechnic
NOSH Congress	National Occupational Safety and Health Congress
NSO	National Statistics Office
OHNAP	Occupational Health Nurses Association of the Philippines
OIS	Occupational Injuries Survey
OSHC	Occupational Safety and Health Center
OSHS	Occupational Safety and Health Standards
OWWA	Overseas Workers' Welfare Association
PCHRD	Philippine Council for Health Research and Development
PCOM	Philippine College of Occupational Medicine
PDEA	Philippine Drug Enforcement Agency
PGEA	Philippine Government Employees Association
PIRS	Phil. Industrial Relations Society
PLM	Pamantasan ng Lungsod ng Maynila
POEA	Philippine Overseas Employment Service
POPS	Persistent Organic Pollutants
PSHOA	Private School Health Officers Association
SAICM	Strategic Approach to International Chemical Management Safety and Health Association of the Philippines
SHAPES	Energy Sector, Inc.
SOPI	Safety Organizations of the Philippines Samahan sa Pilipinas ng mga Industriyang Kemikal or Chemical Association of the Philippines
SPIK	
SSS	Social Security System
STOs	Safety Training Organizations
TESDA	Technical Education and Skills Development Authority
TIPC	Tripartite Industrial Peace Council
TUCP	Trade Union Congress of the Philippines
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNITAR	United Nations Institute for Training and Research
UP	University of the Philippines
UP CPH	UP College of Public Health
UP SOLAIR	UP School of Labor and Industrial Relations
WAIR	Work Accident/Illness Report
ZAP	Zero Accident Program

ACKNOWLEDGEMENT

We wish to acknowledge the contribution and support given by the following organizations and people in preparing this report:

- The Governing Board of the ECC-OSHC
- Members of the Tripartite Industrial Peace Council
- ILO Sub-Regional Office in Manila
- DOLE Agencies and Bureaus
- The participants in the consultations held between 2004 to 2005
 - representing the unions (TUCP, FFW, TUPAS, PGEA, PSLINK; employers (ECOP, PMAP);
 - Other government agencies (DOH, DILG, DENR, DA, DepEd, DTI, DDB, NEDA, PPA)
 - Congress
 - NGOs and professional organizations (PCOM, OHNAP, SOPI)
 - Academe (UP, DLSU)
 - The Regional Directors and their focal persons of their Zero Accident Programs
 - Media
 - The ASEAN-OSHNET

To key OSHC staff and secretarial support.

Last, but certainly not the least, to Dr. Gert A. Gust, President of the ILO Association of the Philippines for volunteering to edit and (re-edit) this document.

And to the numerous partners who have helped us all along the way, we say thank you and may we all have many safe and healthy returns.

EXECUTIVE SUMMARY

In line with the principles in the new ILO Convention and Recommendation on a promotional framework for OSH, the present National OSH Profile provides an up-date on OSH conditions in the Philippines and highlights progress towards achieving a healthy and safe working environment. Accordingly the National OSH Profile makes a strong case for a strengthening of the existing national OSH system and network through concerted efforts at capacity and capability building. This would involve the formulation of a national policy and its implementation through a comprehensive national Plan or program.

Part 1 highlights OSH trends against the background of available statistics and the national and international debate and action to strengthen OSH services. OSH is being generally accepted as a basic workers' right that calls for concerted action by all stakeholders, including governments, employers' and workers' organizations and civil society at large.

Survey findings provide the bare minimum of data because many injuries and illnesses escape reporting. Moreover, time-based comparison has so far been inconclusive, not the least because of occasional changes in reporting criteria. The present National OSH Profile makes proposals to fill gaps in data collection on existing hazards as well as on emerging hazards and risks related to new technologies and chemicals.

Part 2 deals with the legal framework. Under the Philippine Constitution of 1987, workers' safety and health is an integral part of "just and humane terms and conditions of work" and thus part and parcel of the national agenda on Decent Work for All. The Philippine Labor Code devotes an entire book to prevention, enforcement of OSH standards and compensation of work-related injuries and illnesses. Over the past three decades a body of national OSH Standards has been developed including policies, hazard-specific laws and programs.

Available data show the current coverage by OSH services of the Philippine labor force. At present some 2.2 million workers in the formal sector of medium and large enterprises enjoy effective OSH protection and services. This is less than 10% of total employment. The other 90% of the Philippine workforce, mostly located in the small enterprises, the informal economy and agriculture are yet to be reached to enjoy such favorable working conditions.

Since 1948, the Philippines has ratified 31 ILO Conventions, including OSH-related Conventions, such as ILO Conventions (138 and 182) on the Elimination of Child Labor. Initiatives are under way to consider ratification by the Senate of ILO Convention 155 on Occupational Safety and Health and Working Environment and ILO Convention 161 on Occupational Health Services. Ratification of ILO Convention No 155 as well as the new ILO Convention on the promotional framework for OSH would give a great boost to OSH practices in the Philippines.

Part 3 describes the Philippine OSH system and network. Over time the Philippines has developed a wide range of responses to OSH challenges in the private and public sectors. This includes extensive legislation and practices combined with mechanisms and systems by different stakeholders for prevention, enforcement, compensation and rehabilitation to protect workers from work-related injuries, illnesses and death. With DOLE taking the lead, a wide range of OSH providers make up the national system and network including various government agencies, LGUs, employers' and workers organizations and civil society at large.

The creation of the Occupational Safety and Health Center (OSHC) in 1987 reflects a consensus of the social partners to join efforts in making the workplaces safer, healthier and more productive. Thus, Executive Order 307 mandates it as an attached DOLE agency within the Employees' Compensation Commission (ECC) with primary responsibilities for initiating and coordinating nationwide preventive action through training, research, technical advisory services, information dissemination and networking, and to act as clearing house of information on all OSH matters.

OSHC cooperates closely with other key players in the OSH field in the implementation of the Zero Accident program (ZAP). The DOLE-BWC formulates policies, standards, rules and guidelines on OSH, hours of work and general work conditions. The Employees' Compensation and State Insurance Fund (ECSIF), administered by the ECC provides for medical, disability, death and income benefits. DOLE Regional Offices, in addition to their traditional responsibilities for inspection, are closely involved in the implementation of the Zero Accident Program and the National Labor Standards Enforcement Framework. To meet the challenges of the future, the OSH system is going rationalization or considering streamlining of functions and procedures and adjustments in resource allocation.

Part 4 reviews progress under the OSHC Strategic Plan of 1998 to 2004 implemented through the activities of OSHC, other government agencies and partners in the public and private sectors. A five-fold increase in programs, activities and coverage of clients was recorded for the period under review. Wider coverage was matched with greater relevance and efficiency of activities and programs in the areas of training, information dissemination, technical services and policy formulation.

The Gawad Kaligtasan and Kalusugan Awards (GKK) has evolved as a high-profile national award to promote and achieve ZERO ACCIDENT in all workplaces. It recognizes outstanding achievements of establishments and individuals in terms of responding to the safety and health needs of workers, workplaces and community. The GKK framework of DOLE includes polices and programs on occupational safety, industrial hygiene and safety; establishments must give evidence of real OSH improvements beneficial to both workers and workplaces. Other award-giving bodies include DOH's Healthy Workplace program. The National Congresses on Occupational Safety and Health, organized and held biennially by OSHC, present and review the latest research, interventions and technical developments in the field of OSH.

Part 5 discusses emerging and re-emerging illnesses; these tend to go hand in hand with rapidly changing technologies and work processes, with the international movement of labor, the rise in female employment and the flexibilization of work. Details are given on exposure to toxic substances and materials and the national and international response to the group of chemicals known as Persistent Organic Pollutants (POPS) and to the Globally Harmonized System (GHS) of labeling chemicals. Also addressed are biological hazards, like TB; ergonomic hazards are being associated with frequent OSH problems and complaints in manufacturing and agriculture. Emerging OSH hazards in new service industries, like contact centers are also discussed.

Part 6 discusses OSH concerns of special vulnerable groups of workers and the gaps in policies and program coverage. This includes in particular young workers, women and older workers, migrants, the disabled and, generally, workers in the informal sector.

The scope for extending OSH services to about 20 million underserved workers in micro-businesses and livelihood activities in the informal sector is regarded a matter of urgency. Based on pilot initiatives, the Occupational Safety and Health Center (OSHC) should promote the replication of best practices in cooperation with LGUs, SSS, PhilHealth, informal sector associations and other stakeholders. Accordingly, the proposed medium-term National OSH plan for 2006-2010 should make provision for expanding services to the informal sector.

Part 7 discusses the medium-term challenges to the formulation and implementation of an integrated and comprehensive OSH Plan such as:

- Intensifying the capability building on OSH through training, advocacy, networking and resource mobilization;
- Improving data collection, analysis and dissemination;
- Putting in place a strong chemical safety management;
- including the perennially excluded groups of workers;
- addressing OSH concerns of migrant workers;
- establishing unequivocal linkages between OSH, productivity and economic growth through research and practice;
- improving the governance of OSH at national, regional and establishment levels;
- strengthening the national policy on “OSH for All” and
- monitoring and evaluation;

Part 8 makes a strong case for a Medium-Term OSH Plan 2006-2010. A graph gives an overview of the goals, strategies and proposed programs of the Plan and highlights a coherent system and network of implementation. Details on the Plan are given in a separate document.

A product of close consultations among the social partners, the draft Plan has been designed as an integral part of national development policies embodied in the Medium Term Philippine Development Plan for 2005-2010 and the National Program of Action for Decent Work. At the same time, it reflects the principles of ILO’s

Global Strategy on OSH that puts emphasis on preventive approaches and a safety culture covering all workers in both the formal and informal sectors.

More specifically the Medium-Term OSH Plan is meant to achieve tangible results through improved multi-sectoral cooperation in the areas of prevention, compliance with occupational safety and health standards (OSHS); data collection, of compensation and rehabilitation as well as continuous updating of OSHS and related policies.

In Conclusions and Outlook, a strong case is being made for capacity and capability building to expand the coverage of workers and establishments and to strengthen the network. This would mean mapping out all preventive programs, harmonizing them, strengthening concerned institutions and organizations and thus creating a strong and integrated network and system of OSH action.

Part One: OSH Trends

Occupational Safety and Health (OSH) Defined

Occupational Safety and Health (OSH) is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; it calls for the prevention of any impairment in the health and well-being of workers caused by their working conditions or work environment; OSH stands for the protection of workers from risks and hazards that could adversely affect their health and well-being and for their placement in an occupational environment adapted to his/her physiological ability¹.

Under the Philippine Constitution of 1987, OSH is a constitutional objective described as “just and humane terms and conditions of work”. Accordingly the Philippine Labor Code devotes an entire book to prevention, enforcement of OSH standards and compensation of work-related injuries and illnesses. Under the leadership of the Department of Labor and Employment (DOLE) a body of OSH Standards has been developed including policies, hazard-specific laws and programs together with provisions on their enforcement, monitoring and evaluation. Mechanisms are in place to ensure cooperation between stakeholders in the private and public sectors.

OSH is a human and workers right; the neglect or denial of OSH amounts to an infringement of workers’ rights to Decent Work. Thus the drive is for a state of economic and social well-being and conditions where all work is carried out in a safe, healthy environment and in conditions of freedom, equality, security and human dignity.

OSH from an international perspective

The ILO estimates that 2.2 million work-related deaths occur annually. This figure reflects an increase of 10% over the past five years. Non-fatal work-related diseases are estimated to reach a staggering 160 million annually, for an estimated global work force of 2.8 billion. Occupational exposures to hazardous substances, processes, and working conditions tend to increase the risk of workers to develop work-related illnesses such as cancer, cardiovascular diseases, nervous disorders, renal and chronic respiratory diseases, pneumoconiosis and asthma. Work-related cancer and heart diseases account for over half of all occupational fatalities. While these trends reflect, to a large extent, the experience in the Philippines, available data will be discussed to provide a clearer picture of the situation in the country.

ILO is the global lead agency on OSH through standard setting, research, exchange of information and the provision of technical advisory services. Internationally agreed policies and standards on OSH are embodied in 16 Conventions and two Protocols as well as in 21 Recommendations. A recent highlight in international OSH policy formulation is the adoption at the International Labor Conference (ILC) in 2006 of a Convention and Recommendation on the promotional framework for OSH. These new international instruments call for the formulation of national OSH policies and related

programs, to be formulated and implemented through concerted effort of the tripartite social partners.

Facts and Figures on OSH in the Philippines

Employment Scenario: Broadly speaking, Filipino workers are in their majority young males working in smaller workplaces in agriculture or in the services sector. In 2006, total employment of 33.0 million workers was distributed between agriculture, fisheries and forestry (11.8 million), industry (4.9 million) and services (15.7 million); while agriculture and services recorded an increase of 4.2% and 2.4% respectively compared with 2005, employment in industry recorded a decrease during the same period. Employed male and female workers account for 20.0 and 12.4 million respectively. The age groups between 15 and 44 years total 22.6 million employed workers while older workers between 45 and 65 plus number 9.8. million. About half of all employed workers are located in only five regions including NCR (4.1 million), RO IV A&B (4.9 million), RO III (3.1 million), RO VI (2.7 million), and RO VII (2.4 million).²

Of a total of 800,000 establishments, about 3000 firms employ more than 200 workers, while some 70,000 medium and small establishments employ between 10 and 199 workers. Some 750,000 firms employ less than 10 workers but account for the bulk of own-account workers as well as employees and family members with low skills working under precarious employment conditions. While some of these micro-enterprises fulfill the criteria of the formal sector, most of them would qualify as livelihood activities of the informal sector.

Figure 1. Employed Persons by Age Group: 2004 – January 2006

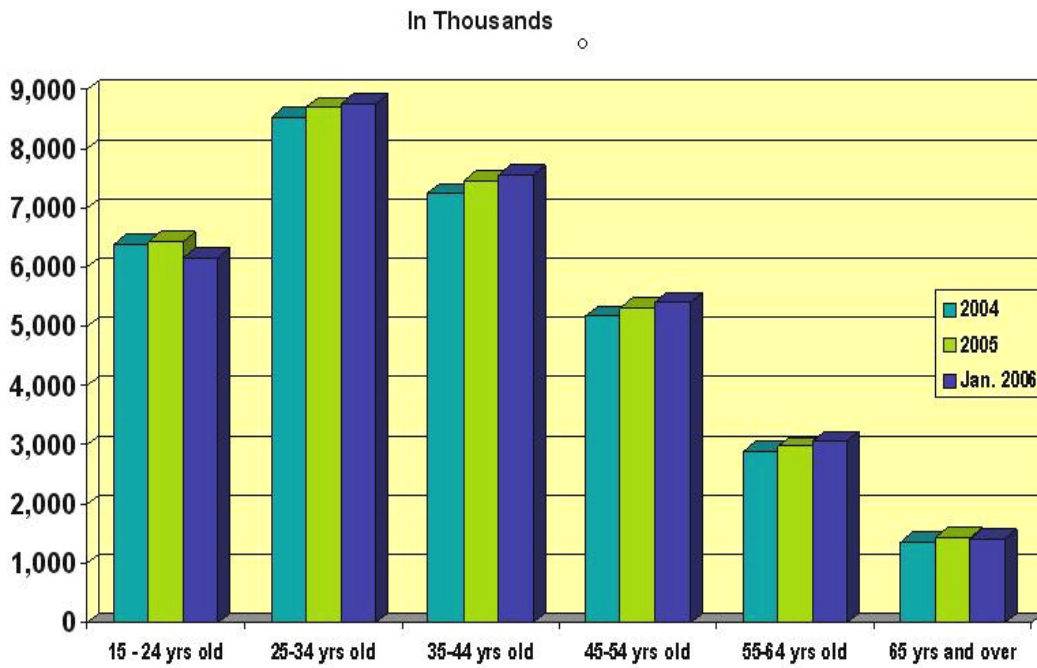
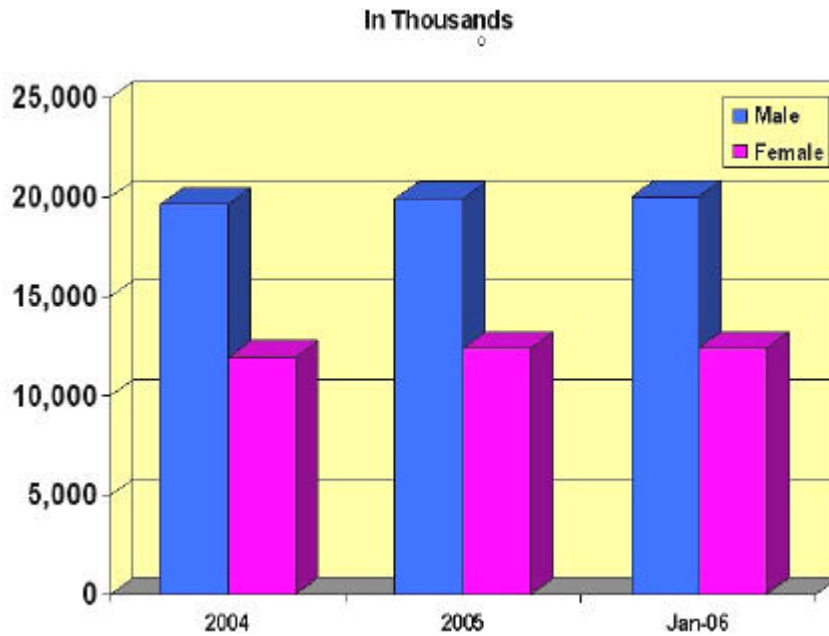


Figure 2. Employed Persons by Sex: 2004 – January 2006^a



^aLabor Force Survey, National Statistics Office 2004 -2006

OSH scenario

Assuming total employment of 32.4 million workers in 2006, only some 2.2 million workers in medium and large enterprises enjoy effective OSH protection and services. This is less than 10% of total employment. The workers in medium and large establishments are in fact the beneficiaries of much progress in recent years of OSH services. Good OSH makes good business. Improved OSH services account for much of the efficiency and productivity gains in medium and large corporations such as partners and beneficiaries of the Zero Accident Program (ZAP), and the awardees of the Gawad Kaligtasan Kalusugan (GKK).

About 90% of the Philippine workforce does not enjoy such favorable working conditions. Several studies by OSHC confirm that OSH conditions in micro-firms and the informal sector in metal and woodworking, garment and footwear, small-scale mining and Pa-aling fishing continue to be saddled with a host of risks and hazards. These range from exposure to chemicals and substandard equipment and tools to unhygienic working environment.

Why is it, one may ask, that OSH protection has so far been limited to a relative small but privileged labor force in the formal sector? There is no clear-cut answer but several reasons are worth mentioning:

- For long, it was economic commonplace that the Informal Sector would disappear with rapid growth and development; it would be formalized, so to say. As we now realize, these hopes were not fulfilled and the Informal sector has been growing everywhere.
- In the euphoria in the nineties about the end of the Cold War and the emergence of a globalizing economy, social concerns were often overlooked and sometimes put on the backburner.
- Largely unnoticed, the gap between the included and the excluded has been widening; in the formal sector workers have become better protected and better served through legislation and enforcement, through company clinics, Safety and Health Committees, medicare, PPE, compensation or rehabilitation.
- The employers and workers in the informal sector remain largely outside effective OSH legislation, enforcement and promotional drives; they are preoccupied with making ends meet and are often unaware about OSH hazards and risks.

Fortunately, attitudes can be changed through advocacy and commitment. Details will be given in later chapters on action taken or planned by the stakeholders.

Occupational Accidents, Injuries and Illnesses

The Department of Labor and Employment (DOLE) generates and disseminates OSH statistics serving as inputs for the formulation and implementation of work accident prevention policies and programs:

- OSHC undertakes analyses of claims from GSIS, SSS and ECC as well as research studies on medical surveillance of work-related diseases and on specific safety and health conditions and their effect on workers' health.
- BWC produces the Work Accident/Illness Report (WAIR), the Annual Medical Report (AMR), based on work accident reports submitted by the regional DOLE offices which in turn comes from individual establishments covering work-related injuries in both the farming and non-farming formal sectors; BWC is also responsible for the monitoring of the implementation of the National Labor Standards Enforcement Framework (NLSEF);
- BLES carries out Integrated Surveys (BITS-OIS) covering non-farming establishments, based on Household Surveys;

Based on the findings of the above reports, the following highlights provide a broad picture of OSH trends. The most common types of accidents reported were:

- being struck by hand tools, machines or falling, rolling or flying objects
- caught by moving equipment/objects
- exposed to toxic substances
- falls

Work injuries included injury or illness suffered by a person in the course of their employment.

Accidents and injuries

In 2000, a total of 4,585 work accident cases reported under WAIR involved an almost equal share of disabling injuries (54 %) and work-related illnesses (46%). Non-farming sources of disabling cases were in construction, wholesale, retail, repair of vehicles and transportation, storage and communication. Two of five (5) reported work accident cases resulted in death. The most frequent sources of fatal cases were in construction; mining and quarrying; manufacturing and electricity, gas and water with corresponding high severity rates. "Other Community, Social, Personal Services Sectors" reported the highest severity rate across all industries. Health and Social Work had the best safety performance for the period under review while the Agriculture Industry performed worst.

The last five years have witnessed a decrease of work accident cases in industry, agriculture, fishing, mining, quarrying, electricity, construction, transportation. It is

however an open question, to what extent this positive development reflects a real decrease, or is attributable to a decrease in the number of establishments in these sectors. On the other hand, an increase in accidents were reported from the hotels and restaurants.

Occupational Diseases

These included, in descending order of frequency:

- infections
- bronchial asthma
- skin diseases
- cardiovascular diseases
- heat stroke, cramps, exhaustion
- cataract, deafness
- acute poisoning

Occupational Health workers

Physicians, nurses, first aid workers, dentists, industrial hygienists provided occupational health services in reporting establishments. While a total of 6,713 health personnel were reported to be engaged or employed during the period under review, only about 15% had acquired adequate skills training in Occupational Safety and Health.

Medical Examinations. Periodic Medical Examinations were the most common type of examinations done (47%), followed by Pre-employment Examinations (39.63%). Return to Work examinations were accomplished by only 12.5% of reporting establishments. The Manufacturing Industry accounted for the highest number of Pre-employment and Periodic Medical Examinations (68.42%) followed by Wholesale and Retail industries. The number of Return to Work Examinations was highest in Wholesale and Retail followed by Electricity, Gas and Water.

Occupational complaints and grievances. Exposure to ergonomic hazards made up the bulk of reported occupational complaints, in particular occupational grievances attributable in descending order to prolonged standing up in manufacturing processes, to chemical hazard exposure and exposure to physical hazards.

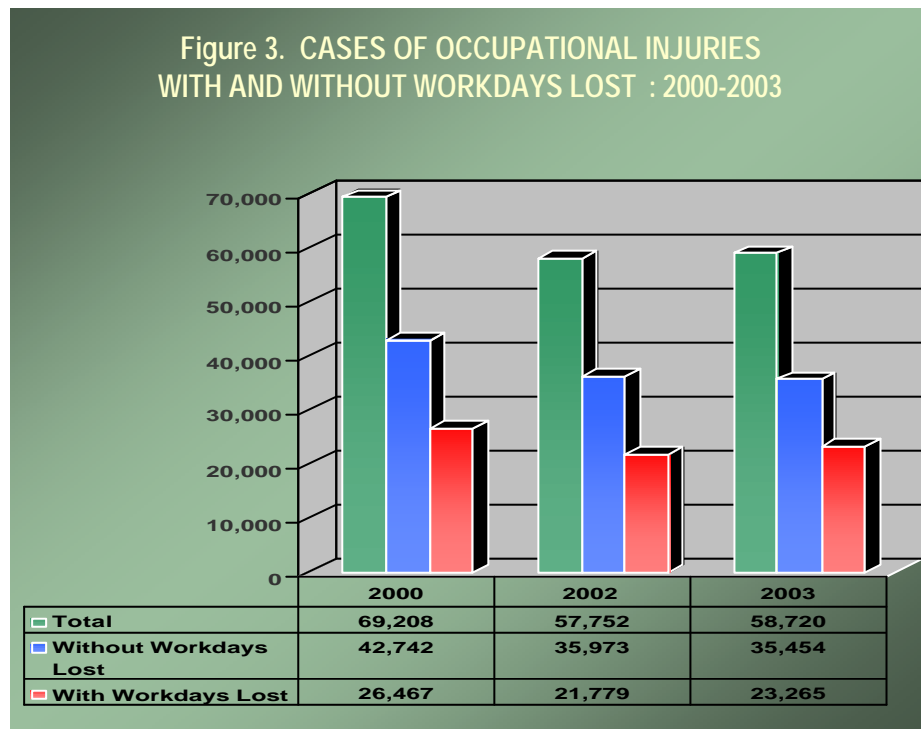
Occupational injuries with and without workdays lost

According to BLES' Integrated Survey (BITS) 58,720 cases in 2003 of occupational injuries were slightly higher than the 57,752 cases in 2002, but 968 below 2000 levels. There was however a 6.8 percent increase in cases with lost workdays in 2003 (23,265) from 20,407 in Y2000 (Figure 3).

Manufacturing accounted for almost 70 % of injuries with or without days lost. Though more than half of injury cases with lost workdays have affected establishments employing 200 or more workers, the number has declined by 3.5 % from 2002 to 2003.

In contrast, in establishments employing less than 200 workers, injury cases increased by 26.2 % over the same period.

Considerably fewer fatalities (or a decline by 43.7% from 302 to 170) and fewer permanent incapacity cases (or a 59.2 decline from 321 to 131 cases) were reported. An increase in injuries with lost workdays resulted in a slightly higher frequency rate (relative to hours of work). Temporary incapacity cases which comprised the majority at around 98.7 % (22,964 cases) of injuries with lost workdays were notably less serious in 2003: records show a 27.31 severity rate (relative to hours of work) in 2003 as against a 51.16 severity rate in 2002. This was also complemented by a shorter duration in average days lost at 6.79 per injury in 2003 vis-a-vis 15.06 workdays lost for every injury the year before.



Illnesses/sickness claimed for compensation: The OSHC continuously updates the claims for benefits with the SSS, GSIS, and ECC, focusing on proven work-related accidents and illnesses filed by workers with the Social Security System from 1997-2000. For occupational accidents/injuries, there were 11,729 (91%) approved cases while work-related illnesses comprised 1,070 or 9 %. Records showed that claimants were in their early 40s and were mostly trade workers, professional employees and laborers.

The top three diseases claimed for in descending order were: diseases of the genito-urinary system, circulatory system and skin and subcutaneous tissue. The most prevalent among the diseases of the genito-urinary system was renal failure; for the

circulatory system: hypertensive heart disease and stroke; and for skin and subcutaneous tissue, allergic and irritant type of contact dermatitis. This data however show that the more expensive the medical interventions are like dialysis, the more pressed are the workers to file their claims in order to avoid personal outlays.

Of the 11,729 approved cases for compensation benefits due to work-related accidents, most injuries were to the wrist and hands, followed by the ankle and foot and to the head. The top three industry sectors where most of the injuries/accidents occurred were: manufacturing, 6,709 or 57%; construction, 1,675 or 14%; and agriculture with 862 cases or 7%. The type of occupation where most of the accidents/injuries occurred involved trade workers (55%), operators (17.5%) and laborers (16%).

Scope for improving OSH statistics

Generally, statistics on occupational accidents in the country have to be used with circumspection. As a large number of accidents, injuries or illnesses escape reporting, information gaps combine with limited comparability of data collected by different government agencies. Time series may show overall trends, but available statistics rarely provide an accurate and complete base for policy and program development. Data limitations often impair effective monitoring and the assessment of progress under the prevention programs of DOLE and its partners in the private and public sectors.

An overall review of existing systems for recording, notification and reporting of injuries and illnesses is urgently needed in order to establish a coherent and effective data collection system while eliminating redundant data and procedures. In the long run, this would work towards developing a common basis for nationally and internationally comparative data.

The scope for improvements in data collection, analysis and dissemination is enormous and, hopefully, concerted efforts on the following issues will bring significant improvements in the years to come.

Compliance

Establishments could more readily comply with their statutory obligation and submit regularly accurate and full reports. This would require a change in a reserved or lukewarm attitude towards reporting by many employers. Provisions on sanction for non-compliance should be reviewed and strictly applied. There is a need for raising the awareness and commitment of Safety and Health Committees and for increasing the numbers and the up-grading of the skills of in-house safety and health personnel and practitioners and of outside providers of OSH services.

DOLE Regional Offices. The role of the Regional Offices cannot be overestimated in making clients understand the need for accurate and complete information on workplace accidents. To strengthen their roles, DOLE's Zero Accident Program and the National Labor Standards Framework (NLSEF) need to be firmly established in the regions. While

enhancing the capacity of DOLE's Regional Offices to enforce compliance with standards and promote prevention of work-related accidents and illnesses these programs would also facilitate data collection, analysis and dissemination

Inspection. The present limited number of inspectors (192) make it virtually impossible to effectively cover/monitor compliance of over 800,000 firms and to generate meaningful OSH data. The new NLEF is being implemented in response to existing shortcomings; while labor inspection will concentrate on medium-sized firms, larger ones will be committed to "self-assessments" on compliance with OSH standards, including reporting. The small enterprises which make up 90% of the total companies are being given time and technical assistance to develop their capability to respond to the requirements of OSH Standards. A recent review of this new enforcement program has called for adjustments in the content of the checklists and improvements in capability building of inspection services.

Coverage/Quality of Data/Definitions. Data collection must achieve much wider coverage than present concentration on medium-sized and large enterprises in the industrial sectors, and reach out to the agricultural sector and to the small enterprises. Collection of OSH for the informal sector must go beyond present anecdotal recording. There is much room for improving the quality of data to be collected. At present, many reports submitted by establishments contain rather limited information which in turn affects the preparation of quality evaluation reports. Efforts should be made in clarifying definitions and in harmonizing the interpretation of definitions or terms used in data collection and dissemination by different agencies.

Fragmented OSH Administration. As the administration of OSH laws and policies involves a number of agencies/institutions, there is a tendency towards overlapping of functions and monitoring as well as in the generation and dissemination OSH data. For instance, the National OSH Standards administered by DOLE do not cover establishments engaged in land, sea and air transport. Thus, the Philippine Ports Authority (PPA), enforces their specific rules and regulations and controls data on dock work safety and health standards. Accidents in mines are reported to the Director of Mines, or the Mayor of the Municipality where the works. The DOLE only obtains an annual report from the regional offices which it integrates into the database.

Content and format of reports. A strong case has been made for re-examining the type of information to be collected for and presented in DOLE's Annual Medical Reports (AMRs). Ideally, the AMR would show and analyse trends on work-related injuries and illnesses rather than continue reporting on such medical complaints as common cold, tension, headache and diarrhea. No doubt, there is much room for raising the quality of OSH data by improving and recasting the AMR format. AMR, and other data collection mechanisms should give increasing attention to emerging hazards and risks related to new technologies and chemicals. In addition, compliance with and violations of OSH Standards and laws affecting working women, young workers and children should be given the attention, they deserve.

Periodic Medical Examination. There is a need to strengthen the regularity, nature and quality of periodic medical examinations by or on behalf of individual firms. Here, compliance with established criteria and procedures must be enforced to plan and implement preventive measures, ensure early detection of work-related diseases and to undertake adequate corrective medical, organizational or ergonomic measures. Algorithms for adequate diagnostic methods and examinations could be developed further to improve the services of medical evaluators and other medical practitioners as well as the generation of information to be gleaned from physical examinations. Capability building on work-related diseases and injuries should be further strengthened not only for GSIS, SSS, and ECC evaluators but also for all health practitioners involved in occupational health. In the absence of in-house occupational health providers, outside sources should be tapped to render correct OSH related diagnostics and treatment.

Ergonomics. In the light of frequently observed and reported ergonomic concerns and complaints it is necessary to raise the number and quality of experts in ergonomics for services in areas and establishments most in need of advice or intervention. Priority should be given to the manufacturing industry because of the high reported incidence of exposures to ergonomic hazards and complaints. Also, increased and focused attention should be given to the safe/unsafe use of chemicals.

Standard Classification. While the International Classification of Diseases (ICD) is now being applied to claims submitted by SSS for benefits arising from disabilities and work-related illnesses, this is not yet the case with regard to GSIS claims. To harmonize application and diagnostic reporting, the OSHC should step up training programs on ICD 10 and work-relatedness for medical officers of both SSS and GSIS.

Part 2. Legal Framework on Occupational Safety and Health

Workplace safety and health in the Philippine is regulated by a wide range of laws, policies and programs, in particular:

1. The Philippine Constitution of 1987 stipulates that “labour shall be entitled to humane conditions of work” which in turns translates to social and economic benefits. ³.
2. The Philippine Labor Code devotes Book IV on prevention and compensation of work-related injuries and illnesses.
3. The Occupational Safety and Health Standards (OSHS) was developed in 1978 as a set of specific rules on OSH.

DOLE and other government agencies have issued hazard-specific guidelines, departmental orders and implementing rules. Employers and workers’ organizations have developed OSH guidelines for their respective membership. Individual firms have made their specific OSH programs an integral part of their respective health programs. ILO Conventions provide general guidelines on OSH policy

The following paragraphs give further details on the legal framework on occupational safety and health.

The Philippine Constitution of 1987

Under the Philippine Constitution of 1987, OSH is a constitutional objective described as just and humane terms and conditions of work. “The State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare.” ⁴

Laws and Regulations under DOLE Jurisdiction

The DOLE is the lead agency in implementing and enforcing OSH policies and practices and it possesses enforcement and rule-making powers in particular with regard to the following laws and standard:

- Philippine Labor Code on prevention, compensation
- The Administrative Code on Enforcement of Safety and Health standards
- The Occupational Safety and Health Standards (OSHS)
- Executive Order 307 creating the Occupational Safety and Health Center under the Employees Compensation Commission
- Presidential Decree 626 Employees Compensation and State Insurance Fund
- Hazard-specific laws regarding
- anti-sexual harassment
- RA 9165 Comprehensive Drugs Act of 2002
- RA 8504 National HIV/AIDS Law of 1998

Laws and Regulations Under Jurisdiction of GOs other than DOLE:

- DOH: Sanitation Code
- DA: Fertilizer and Pesticides Act
- DENR: RA 6969, Ratification of Stockholm Convention, Chemical Control Order, Mining Law (small scale and large) etc.
- RA 9185 Comprehensive Dangerous Drugs Act of 2002
- RA 6541 National Building Code of the Philippines
- RA 6969 Toxic Substances Act
- RA 9231 Special protection of Children against Child Abuse, Exploitation and Discrimination Act.

International OSH Conventions

Since the Philippines became a member of the International Labor Organization (ILO) in 1948, it has ratified 31 ILO Conventions including some related to safety and health. (Annex 1). Initiatives are on the way to consider for ratification ILO Convention 155 on Occupational Health Services as well as the new ILO Convention on Agriculture. Adopted at the 95th ILO Conference, a Promotional Framework Convention on Occupational Safety and Health and its accompanying Recommendation promote the development of a “preventative safety and health culture”.

The Philippine Labor Code

Book IV on Health, Safety and Social Welfare Benefits

The Philippine Labor Code devotes an entire book to prevention and compensation of work-related injuries and illnesses.

Title 1 of Book IV Medical, Dental and Occupational Safety

Medical, Dental Services

Title 1 broadly defines what medical and dental services should an employer provide to employees, for example: a hospital should be within five kilometers from the workplace or is accessible within 25 minutes travel; and that the employer must provide the transport in emergency cases.

Occupational Health and Safety

This Chapter describes the health and safety standards, and who should be responsible for defining and enforcing the standards. All employers are covered whether operating for profit or not, including the Government and any of its political subdivisions and government-owned or controlled corporations, which employ in any workplace one or more workers.

As a rule, every employer shall keep and maintain his workplace free from hazards that are causing or likely to cause physical harm to the workers or damage to property.

Title II of Book IV Employees' Compensation and State Insurance Fund

Chapter I Policy

“The State shall promote and develop a tax-exempt employees’ compensation program whereby employees and their dependents, in the event of work-connected disability or death, may promptly secure adequate income benefits, and medical or related benefits.”

Contributions

Employers from both private and public sector contribute to the State Insurance Fund, which in turn pays the benefits to covered employees.

Administration of Benefits

The Employees’ Compensation Commission (ECC) initiates, rationalizes and coordinates the policies of the EC program, chaired by the Secretary of Labor and Employment. The Commission has a status of a government corporation.

Medical Benefits

Employees who contract sickness or sustain injuries shall be provided by the System during the period of disability with, as well as cash income benefit or pension.

The Occupational Safety and Health Standards (OSHS) of 1978.⁵ under Article 162 of the Philippine Labor Code, the OSHS was promulgated for the guidance and compliance of those covered. The DOLE administers and enforces the provisions of the Standards. Safety and Health rules may be promulgated, modified or revoked covering 26 rules and 144 subrules, among which are on:

- training of personnel in OSH
- setting up of safety and health committee
- notification and keeping of records of accidents and/or occupational illnesses
- occupational health and environmental control
- personal protective equipment and devices
- hazardous materials
- materials handling and storage
- underfired pressure vessels
- machine guarding
- fire protection and control
- pesticides and fertilizers
- occupational health services

**Guidelines for the Implementation of a Drug-free workplace
Policies and Programs for the Private Sector: Department Order No. 53-03**

It is mandatory for all private establishments employing ten (10) or more workers to formulate and implement drug abuse prevention and control programs in the workplace, including the formulation and adoption of company policies against dangerous drug use. Establishments with less than ten (10) workers are also encouraged to formulate and adopt drug-free policies and programs in the workplace.

The workplace policies and programs shall be prepared jointly by management and labor representatives and shall be made an integral part of the company's occupational safety and health and related workplace programs.

Workplace policies and programs on drug abuse prevention and control to be adopted by companies shall include, among others, the following components:

a) Advocacy, Education and Training

Training on prevention, clinical assessment, and counseling of workers and other related activities shall be given to occupational safety and health personnel, the human resources manager and the employers and workers representatives. These trained personnel shall form part of an Assessment Team which shall address all aspects of drug abuse prevention, treatment and rehabilitation.

b) Drug Testing Program for Officers and Employees

Employers shall require their officials and employees to undergo a random drug test for both screening and confirmatory tests. A drug test is valid for one year; however, additional drug testing may be required for just cause.

c) The drug prevention and control program includes treatment, rehabilitation and referral procedure to be provided by the company staff or by an external provider.

d) A trained Assessment Team shall determine whether or not an officer or employee found positive for drugs would need referral for treatment and/or rehabilitation in a DOH accredited center.

e) Following rehabilitation, the Assessment Team, in consultation with the head of the rehabilitation center, evaluates the status of the drug dependent employee and recommends to the employer the resumption of the employee's job if he/she poses no serious danger to his/her co-employees and/or the workplace.

Guidelines Governing Occupational Safety and Health in the Construction Industry Department Order No. 13, Series of 1998

The guidelines covers all operations and undertakings in the construction industry and its subdivisions, namely, general building construction, general engineering construction and specialty trade construction to companies and entities involved in demolition works; and to those falling within the construction industry.

Construction Safety and Health Program

Every construction project shall have a suitable Construction Safety and Health Program, which must be in accordance with these rules, and other orders and issuances issued by the DOLE. The Program includes the following:

- composition of the Construction Safety and Health Committee,
- specific safety policies which the General Constructor undertakes to observe and maintain in its construction site, including the frequency of and persons responsible for conducting toolbox and gang meetings;
- penalties and sanctions for violations of the Construction Safety and Health Program;
- The cost of implementing the Construction Safety and Health Program shall be integrated into the project's construction cost, provided, that said cost shall be a separate pay item, duly quantified and stated in the project's tender documents and construction contract documents.
- Safety and Health Information
- The DOLE in collaboration with constructors shall promote programs for the implementation of these awareness seminars for construction workers.
- Construction Safety and Health Training

The basic construction safety and health training shall be a forty (40)-hour training course. All safety personnel involved in a construction project shall be required to complete such basic training course.

All construction workers in critical operations shall undergo mandatory skills testing for certification from TESDA

An occupation shall be considered critical -

- a) when the performance of the job may compromise the safety, health and environmental concerns within the immediate vicinity of the construction site.

Cost of Construction Safety and Health Program

The total cost of implementing a Construction Safety and Health Program shall be a mandatory integral part of the project's construction cost as a separate pay item, duly quantified and reflected in the Project's Tender Documents and likewise reflected in the Project's Construction Contract Documents.

Violations and Penalties

The DOLE shall refer to the Philippine Contractors Accreditation Board (PCAB) its findings, after due process, on any act or omission committed by construction contractors in violation of labor standards, safety rules and regulations and other pertinent policies.

In cases of imminent danger situations, the DOLE Regional Director shall issue a stoppage order, in conformance with the guidelines specified under Rule 1012.02 of the OSHS and other pertinent issuances.

Defining the Structure of Implementation of OSH Programs

- a. Executive Order 307 (Creating the Occupational Safety and Health under the Employees Compensation Commission (ECC) – by the Governing Board
- b. Presidential Decree 626 ECC – by the same Governing Board as (a): Employers and workers are represented in the OSHC and ECC Boards
- c. Administrative Code on enforcement of safety and health standards

International Conventions

Since the Philippines became a member of the International Labor Organization (ILO) in 1948, it has ratified 31 ILO Conventions, including those on OSH and related Conventions the latest of which are the two ILO Conventions on Child Labor (Annex 1).

Current initiatives are on the way to study ILO Convention 155 on Occupational Safety and Health and Working Environment and ILO Convention 161 on Occupational Health Services, as well as the new ILO Convention on Agriculture. Regular consultations on policy and program matters are held with labor, management, professional associations and partners and stakeholders.

The DOLE through the Technical Committee on Legislative Matters (TCLM) reviews the legislative agenda on labor and employment such as ILO Conventions or draft bills. Prior to this, draft Bills which have bearing on ECC and OSHC work are first presented to the Governing Board of the ECC and OSHC. Following extensive consultations with its partners and stakeholders the DOLE may take the lead in proposing specific legislative action by Congress. With regard to the ratification of ILO Conventions, DOLE would directly submit its proposal to the Philippine Senate which holds sole responsibility in approving for application in the Philippines of international instruments, like ILO Conventions.

Consolidation of Legal Framework

Over time, with DOLE taking the lead, the Philippines has developed a wide range of responses to OSH challenges in the private and public sectors through appropriate legislative agenda. Stakeholders though, are in general agreement that the time has come to integrate the challenges and recommendations into a coherent national OSH Plan which have just been completed.

Part 3. National OSH System and Networks

National OSH system defined

According to the new ILO Convention on the promotional framework for OSH, the term “national system for occupational safety and health” refers to “the infrastructure which provides the main framework for implementing national policy and national programs of occupational safety and health”; the related ILO Recommendation gives further details on the purpose and content of national systems⁶.

Along these lines, the Philippine **national OSH system** consists of internally consistent and mutually reinforcing laws, regulations, practices and cooperative arrangements among key players, in particular DOLE, employers and workers’ organizations and other governmental agencies. They are close partners in policy and program formulation and implementation, for example through joint decision making at the national level of the Tripartite Industrial Peace Council (TIPC) and at agency level in the tripartite Governing Boards of OSHC and ECC.

With the national OSH system at the core of preventive OSH, a wider **network of partners and clients** has evolved for cooperation on various aspects of advocacy, services or research. These include various government agencies, academic institutions, training providers or professional associations. Details on areas on emphasis and the constituents of the network are given in Figure 4.

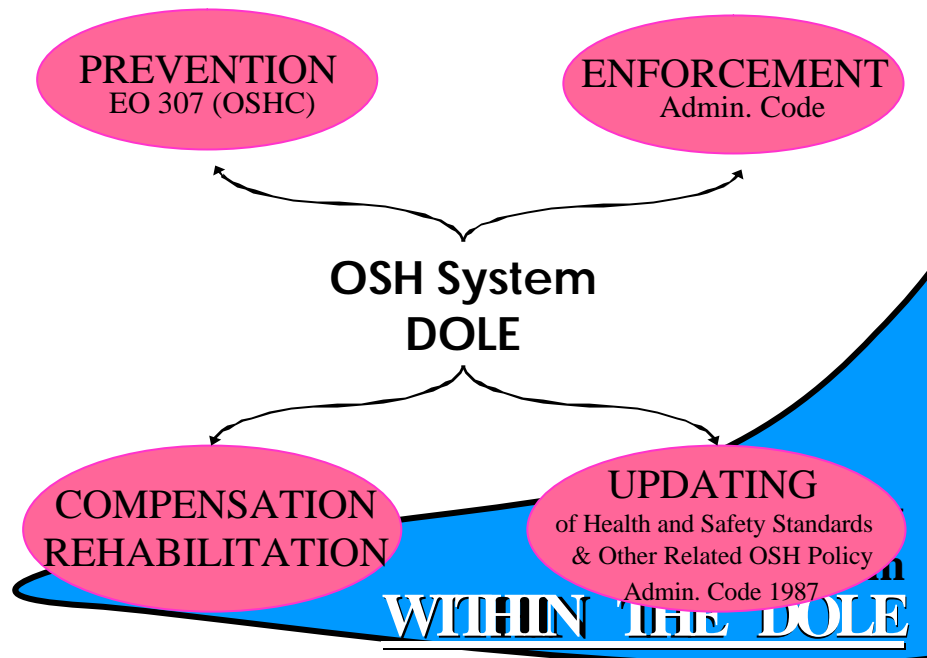
With DOLE’s leadership, the national OSH system and network has evolved over the years catering for a wider range of programs on prevention, compliance with occupational safety and health standards (OSHS); on compensation and rehabilitation and continuous updating of OSHS and related policies. National efforts and activities are closely attuned to internationally accepted standards like relevant ILO Conventions and supported by international organizations, like ILO, UNDP or WHO or by institutions at the regional level such as ADB and the ASEAN OSHnet.

The national OSH system and network can take pride in tangible achievements described in Part Three; still, gaps and limitations exist in terms of its capacity and capability, outreach and quality of services which are being discussed in Parts 4 to 6.

Part 8 describes the framework for corrective measures under a National Medium-term OSH Plan 2007-2010 designed at:

- ❖ creating a coherent national OSH system and network that provides the framework for mutually supportive action by all partners;
- ❖ making safety and health services accessible to a larger segment of the working population including vulnerable groups;
- ❖ improving services by increasing substantially the number of practitioners and skills development; and
- ❖ mobilizing additional resources for preventive programs.

Figure 4. National OSH System and Network



The Stakeholders

The stakeholders include a large number of organizations mandated and primarily concerned with OSH matters, in particular the tripartite social partners in government, employers and workers’ organizations; these tripartite social partners are the key players in preventive OSH. They are expected to ensure compliance with OSH standards and practices and provides efficient OSH services to their constituents. They play an important role in policy formulation and implementation and in advocacy for raising awareness for OSH among a wider public.

DOLE: As lead government agency on OSH, several DOLE units and agencies deal with different aspects of OSH in particular prevention, enforcement, rehabilitation and compensation. (Figure 4)

The Occupational Safety and Health Center (OSHC), as mandated by Executive Order 307 and its Implementing Rules and Regulations, serves as the authority on Occupational Safety and Health in the areas of research, training and information dissemination and technical services. It is centrally located in Quezon City and operates the national Zero Accident Program (ZAP), a flagship DOLE program through partnership with the DOLE regional offices.

The OSHC or the “Center” is mandated to upgrade the capability of Government to prevent, eliminate or reduce work-related injuries, illnesses and deaths; implement effectively occupational health and safety programs that will promote the health, efficiency and general well-being of the Filipino workers; and maintain an expert intelligence and training center for industrial diseases and occupational safety.

Established with assistance from JICA the Center is equipped with state of the art instruments, equipment, laboratories and technical know-how; it has the capacity for advocacy, training, technical advisory services and public information activities.

Prevention of work-related accidents, injuries, illnesses and deaths is the primary goal of all OSH interventions including capability building, training, research and the provision of technical services. Clear mandates of the main players and rationalization of efforts can lead to synergy and complementarity of action. In 2006, DOLE’s Change Management Team has recommended that the BWC of DOLE’s contribution to preventive programs would be to focus on enforcement of Standards and related laws and policies. The OSHC would be mandated for reaching as many institutional and individual establishments as well as workers in the private and public sectors through training, information, technical advisory services and research.

Meanwhile, Bills filed in the 13th Congress are addressing various aspects of rationalizing OSH policies and programs.

Employers’ Confederation of the Philippines (ECOP)

Established in 1974, the ECOP is the officially recognized representative of employers in the field of labor relations and associated areas including labor and social policy. ECOP has over 500 corporate members and is representing Philippine Employers vis-à-vis ILO and other multilateral bodies.

Specific programs on occupational safety and health are embodied in codes of conduct of ECOP members. The garments and textiles sector, for example has stepped up efforts in social protection particularly with regard to safety and health, gender and child labor. The pressures of consumer markets as well as local and international unions have encouraged companies to develop, maintain and enforce policies and programs on OSH.

Active in advocacy and capability building on OSH for its members, ECOP has concluded a Memorandum of Agreement with the OSHC to implement nationwide Zero Accident Programs.

To facilitate compliance with “core” labor and OSH standards, ECOP in cooperation with GTZ, the European Chamber of Commerce, DOLE and other stakeholders are assisting exporters and other companies in awareness raising on and capability building in social accountability and good governance through: advocacy, education and communication, enterprise level assistance / intervention and Round Table policy dialogues.

Following a series of successful fora on social accountability throughout the country (Subic, Laguna, Davao and Cebu) an agreement was reached by the stakeholders to continue the practice in the future.

Health and safety were identified as the most important priorities in a recent survey on social accountability among ECOP's membership and key informants from civil society, the government and trade unions. The importance of OSH was further revealed in social compliance assessments and safety and health audits carried out by the OSHC in selected member companies of ECOP.

Workers' Organisations

Trade Union Congress of the Philippines (TUCP). TUCP is composed of 27 trade union federations. Membership includes unions from the private and public sectors as well as organizations and groups from the informal sector, the urban poor youth, cooperatives, alliances and coalitions with other civil society groups. Active in advocacy and training, the Trade Union Congress of the Philippines organizes joint programs and OSH campaigns in cooperation with partners in government and employers. The TUCP implements a reproductive health program including prevention of STD/HIV/AIDS, drugs and violence in the workplace. They are also involved in the POSITIVE program which stands for Participation Oriented Safety Improvements by Trade Union Initiatives. Apart from OSH work in the formal sector, TUCP involves itself in informal sector work and in advocacy for programs to eliminate child labor. It is also a partner in environmental health and chemical safety management programs.

Some 30 members of TUCP have been trained in Basic OSH and other courses like SOLVE, drugs, AIDS and construction safety by the OSHC from 1999 to 2004. Recently a MOA was signed between ALU-TUCP and OSHC to sustain the advocacy and capability campaign on safety and health in Region 7.

Philippine Government Employees Association (PGEA). Over the past few years PGEA has promoted policies covering a wide range of OSH issues such as: health and sanitation, working hours, recognition of physical and psychosocial hazards, leave privileges in case of accidents/rehabilitation/ hospitalization, security and safety. These policies also included drug-free workplaces, anti-sexual harassment, and no-smoking.

From a recent survey carried out by PGEA, they observed that generally, the intensity and quality of OSH programs vary among different government agencies; many offices provide only basic, some even marginal OSH protection. There were very few OSH committees. Unlike the private sector, the public sector did not follow any system of reporting, recording and notification of work accidents and illnesses.

There is general agreement among the members of PGEA that the Decent Work Agenda should be practiced in the sector, i.e., that work should be carried out in a safe and healthy environment in conditions of freedom, equity, security and dignity. In particular to:

- establish benchmark OSH standards;
- define responsibilities and accountabilities for the civil service, the agency management, unions and employees;
- strengthen OSH capacities of the civil service through partnership between the OSHC and joint advocacy, information sharing and capability building;
- conduct dialogues / consultation to enlist executives and workers in support of OSH program; and
- develop and implement a system of reporting, recording and notification of accidents.

As part of its advocacy and awareness program, PGEA has embarked on a regular program on social health insurance and occupational safety and health in several regions, the latter in cooperation with the OSHC through a Memorandum of Agreement.

Public Services Labor Independent Confederation of the Philippines (PSLINK). PSLINK is a confederation of government employees and their unions and associations. It has 80,000 members, many coming from the education sector. Consultation between PSLINK and the OSHC was carried out in December 2005. The output was a resolve to strengthen the OSH infrastructure and program. It had also initiated a survey on OSH of respondent establishments.

Through a MOA with OSHC, it has initiated collaborative work with the Civil Service Commission, holds regular for a on basic OSH with its key leaders which they in turn echo to their membership. Two specific sectors have now integrated OSH in their regular programs, namely the education and health sectors.

Alliance of Asian Trade Unions of International Financial Institutions. In November 2005, a consultation was carried out between OSHC and the members of the Alliance of Asian Trade Unions of International Financial Institutions. Attended by participants from different unions and federations the meeting^b focused on the on-going process of developing a national OSH Plan. The discussions centered on OSH Policy, mechanisms for policy implementation; operational programs, research, OSH clauses in CBAs and CNAs.

All groups made a strong case for a National OSH Policy, a harmonized program on OSH Prevention, Enforcement, Compensation, Rehabilitation; for capability building; for a network to implement programs; and for a system of monitoring and evaluation based on appropriate indicators.

To ensure primary prevention, the participants saw the need for all organized workplaces to install a joint labor- management safety committee; that prevention could be promoted by including OSH subjects in the medical curricula of PCOM, medical schools and selected engineering schools. The participants also expressed the view that better resources could be mobilized for prevention.

^b Philippine Federation of Labor-TUCP , ALU-TUCP, PGEA, SCBEU-NUBE, FFW.

Federation of Free Workers (FFW). For FFW, OSH must be a primary concern of unions in connection with CBA negotiation and program implementation at plant levels. FFW proposes strong advocacy of OSH in the context of the National Program on Decent Work. Following appropriate training on basic safety and SOLVE by the OSHC, selected FFW members are expected to serve as advocates (OSHAs) for the propagation of safety and health policies and programs among union leaders and members at federation and firm levels, including the establishment of safety and health Committees and the organization of training, research or information dissemination.

Other Government Agencies

There are several government agencies, each of whom has their respective OSH mandates, policies, programs as well as modes of implementation and enforcement:

Civil Service Commission (CSC). The Civil Service Commission is the central personnel agency of the Philippine government and an independent constitutional commission with adjudicative responsibility in the national government structure. On working conditions it has issued the following Memorandum Circulars:

- ❖ Memorandum Circular No. 30 Series of 1994 – Checklist of Reasonable Working Conditions in the Public Sector.
- ❖ Memorandum Circular No. 33 Series of 1997 – Policy on Working Conditions at the Workplace.
- ❖ Memorandum Circular No. 34 Series of 1997 – Requirement for Pre-Employment Mental Physical Medical Examinations.

As of 2002, the following safety and health concerns were contained in policy statements for the public sector:

Working Conditions

- Health and sanitation
- Working hours
- Recognition of physical hazards
- Recognition of Psycho physical hazards

Principles of balance and holistic environment

- Importance of office team building
- Importance of physical exercises

Physical environment

- Situation of office (degree of lighting, degree of comfort in an office, the noise, and other factors contributing to the
- Facilities for the disabled
- Clean and Green, No Smoking area

Work schedule

- Flexible work time and place, and compensatory day-off

Leave privileges including:

- Accident / Rehabilitation / Hospitalization Privileges
- Psychosocial aspect
- Funeral and mourning leave

Security and safety

- Fire Prevention measures
- Calamity Task Force
- Safety devices and outfits

Psychosocial Concerns

- Policies on Drug Free Workplace
- Anti-sexual harassment among others

On collective negotiations agreements with public sector unions, the CSC states that employees can negotiate OSH working conditions with their specific agencies. As CSC is an oversight agency, the agencies themselves are responsible for their own working conditions.

Consultations between and among CSC, OSHC and public sector unions are being carried out in order to strengthen CSC's existing programs. In particular, the need to look at the practices of the private sector so that these can be replicated i.e., safety and health committees in every government office establishing a system of recording, reporting and notification of work-related diseases and accidents, and strengthening of health and safety services in each agency.

The Department of Local Government (DILG). The DILG has 3,000 sanitary inspectors nationwide who are under the supervision of the Local Government Units (LGUs). The DILG has building officials or municipal engineers who conduct inspection by virtue of the National Building Code. The Bureau of Fire and Protection through Presidential Decree No. 1185 (Fire Code of the Philippines) provides safety standards on fire prevention, protection and control/suppression which includes the incorporation of fire safety construction and provision of protective and safety devices in buildings and structures.

A Memorandum of Agreement was signed in 2004 between DOLE and DILG⁷. Specific topics are subject to further implementing details, for e.g. on drug-free workplaces, ZAP, among others. A joint work between DOLE (OSHC) and DILG addresses demand reduction of drugs within the context of the Dangerous Drugs Board and the Drug-free workplace training and information programs. The DILG is an active partner in the fight against HIV under the umbrella of the Philippine National AIDS Council.

Presidential Decree No. 856 (Code on Sanitation of the Philippines)⁸, Chapter VII on Industrial Hygiene and its Implementing Rules and Regulations (AO No. 111 s. 1991) provide for the protection of health of workers in all industrial establishments, including:

- environmental provisions for control of atmospheric contaminants,
- control of infectious agents and physical hazards like noise, poor ventilation and illumination (Section 48)
- requisites for Personal Protective Equipment (Section 49)
- provisions of medical services to all employees (Section 50)

Department of Health (DOH). The DOH leads the interagency on Environmental Health (IACEH)⁹. The aim of this network is to protect individuals, families, workers and communities from exposure to occupational and environmental hazards, disease agents or stressors that could affect their health, through public health and environmental interventions.

The members include DILG, DOLE, DENR, DA, DOST, DOE, DOTC. There are many subcommittees, one of which is on Occupational Health chaired by OSHC-DOLE. The OSH concerns in the interagency work is to reduce exposure to environmental pollution coming from day-to-day operations in industry.

Key health workers (provincial health officers, city health officers, municipal health officers, rural health physicians and public health nurses) will be trained on the prevention, recognition and management of OH-related diseases, in coordination with the Occupational Safety and Health Center and the DOH. The OSHC has given training on Basic Occupational Safety and Health as well as on Work-relatedness of diseases to Medical Officers from the Regional Offices of DOH in the Mindanao areas. This will be followed by training in other regions in the next five years.

Department of Agriculture (DA). The DA through the Republic Act (RA) No. 7607 or the Magna Carta for Farmers and through the Fertilizers and Pesticides Authority (FPA) and the Bureau of Plant Industry (BPI), is directed to formulate policies on judicious use of pesticides and fertilizers and the promotion of the use of organic fertilizer and integrated pest management. All appropriate agencies under DA are tasked to monitor levels of chemical residues of agricultural products and recommend policies for the safety of farmers/users of pesticides, among others.¹⁰ The review of the DA's actions relating to workers' protection is yet to be established.

In another law, the Republic Act No. 1199 (Agricultural Tenancy Act) provides for the enjoyment of agricultural labor of right to work for not more than eight hours and enjoyment of damages for death and injuries sustained while at work.¹¹

The DA is an active partner of OSHC in Chemical safety management programs such as on Persistent Organic Pollutants, and the implementation of the Globally Harmonized System of Labelling Chemicals (GHS).

Department of Environment and Natural Resources (DENR). The DENR is the focal agency for the implementation of the Stockholm Convention on Persistent Organic Pollutants (POPS),¹² as well as for the Chemical Control Order¹³ reviews. The OSHC works in partnership with DENR in these areas as well as in other aspects of environmental health, for example in controlling environmental pollution generated by day-to-day operations of industries and in managing disasters originating from workplaces.

Republic Act No. 7942 (Philippine Mining Act of 1995),¹⁴ Chapter X1 (Safety and environmental Protection) provides for:

- Strict compliance with all mines safety rules and regulations “concerning the safe and sanitary upkeep of the mining operations...” (Section 63)
- Prohibition of employment “any person under sixteen year of in any phase of mining operations” and any person under 18 years of age in underground mines (Section 64)
- Report of any incident causing or creating the danger of loss of life or physical injuries to the nearest regional office (Section 68)

The Philippines ratified the ILO Convention 176 on Mine Safety in 1997. The Philippine National Framework and Guidelines for Environmental Health Impact Assessment (EHIA) stresses the importance of establishing a reliable set of baseline data describing the health condition of the community prior to company operations. Necessary information regarding the specific health outcomes based on nature of environmental exposure is also stressed. Section 3 provides the general Framework for Environmental Health Impact Assessment (EHIA).

Philippine Ports Authority (PPA). Presidential Decree No. 857 (Revised Charter of PPA) and the Dock Safety and Health Standards (amended 1985) prescribe rules and regulations, procedures and guidelines governing the establishment, construction, maintenance and operation of all ports including private ports in the country. The Standards parallel those of the Department’s OSHS in terms of safety, health and environmental control requisites. Features include Article XVII (Dangerous Goods) which provides for classification of dangerous goods, general requirements for security, storage, loading and unloading of dangerous goods, handling of explosives, handling/storage of flammable and combustible liquids and poisonous substances, corrosive substances, radioactive materials and safety of dockworkers on board vessel (Article VIII), among others.

The PPA and the OSHC have carried out a series of joint training on basic occupational safety and health for supervisors and safety and health officers of the PPA nationwide. A total of 90 participants were trained from 1999 to 2001.

Department of National Defense

Presidential Decree No. 1566 (Strengthening the Philippine Disaster Control Capability and Establishing the National Program on Community Disaster Preparedness) which provides a revitalized system to enhance the survival capability and economic stability of the country against all types of disaster. Following a WHO/DOH sponsored training on unintended use of biological, chemical and radionuclear hazards (BCRN) and Avian Flu, the OSHC was invited to become a member of the interagency dealing with BCRN^c.

Local Government Units (LGUs). Partnerships of OSHC with selected LGUs have been on capability building for OSH in the informal sector for 17 LGUs of Metro Manila, Tacloban, and Marinduque. All mentioned LGUs have received basic and appreciation training on workplace safety and health from Y 2003 to present. Joint work is also being undertaken with LGUs in tackling drug supply and drug demand reduction in local communities through the DDB and the PDEA, as well as on workplace HIV/AIDS prevention and control program. LGU participation was very strong in the First Mindanao Summit on OSH held in May 2006.

Maritime Industry Authority

The Maritime Industry Authority (MARINA) was created on 01 June 1974 with the issuance of Presidential Decree No. 474 to integrate the development, promotion and regulation of the maritime industry in the country. By virtue of Executive Order No. 546 it was attached to the DOTC for policy and program coordination on 23 July 1979.

The regulatory function of the MARINA was increased with issuance of EO No. 1011 which abolished the Board of Transportation and transferred the quasi-judicial functions pertaining to water transportation to the MARINA.

Two of the five identified missions of the Maritime Industry Authority which have bearing on workplace safety and health are:

- To develop a human resource program that will match the maritime industry requirements;
- To project the country as a responsible member of the international maritime community and foster support and confidence of our multilateral/bilateral partners;

The authority deals with four major maritime sectors:

- Domestic Shipping
- Overseas shipping
- Shipbuilding & Shiprepair; and
- Maritime Manpower

^c Training Program on Unintentional Use of Biological, Chemical and Radionuclear Hazards (BCRN), by WHO and Department of Health, February 2005.

Included in its plans as:

1. Shipbuilding/Shiprepair

- a. Upgrading the capability of the local shipyards
- b. Promotion of the local shipyards
- c. Niche marketing

2. Maritime Manpower

- a. increase of share in employment of Filipino seafarers onboard world fleet
- b. compliance with STCW '95

The Informal Sector Coalition and the National Anti-Poverty Commission (NAPC-WIS)

In their sectoral agenda, NAPC is emphasizing advocacy on OSH for the benefit of informal sector workers through the development of OSH programs, mass media communication campaigns, integration of OSH in the yearly LGU Health Development Plans; assisting in creating OSH Committees in LGUs, and training trainers in awareness raising/preventive measures.

Academic Programs

U.P. College of Public Health' Academic programs

- Postgraduate on Occupational Health and Safety:

This course provides postgraduate students with the basic concepts, principles and current trends on occupational health and safety. It also provides the participant the opportunity to administer specific preventive, control and maintenance programs necessary for the health and safety of the worker.

- Master of Occupational Health (MOH)

The MOH program is intended to prepare students for careers or responsibilities dealing with health and safety problems in the workplace. It is designed for professionals with diverse academic backgrounds. Emphasis is on principles and methods of occupational health and safety and their application in the provision of health care to workers in all occupations or workplaces. The curriculum is also designed to provide in-depth knowledge and skills in specific areas of work in occupational health and public health relevant to the student's career goals. Figure 15 demonstrates the urgency of the HR problem on Occupational health as articulated by UP College of Public Health. As of today, there are no more than 165 graduates of MOH (1976 to 2004), none enrolled in the regular course, with eight in the elective mode.

University of the Philippines, School of Labor and Industrial Relations (UP-SOLAIR). UP-SOLAIR offered special courses on OSH in Industrial Relations from 2000 to 2003 for graduate students taking up their Master's degrees in Industrial relations, most of whom were human resources practitioners, or labor leaders. The Course tackled occupational safety and health in the context of the global economy through 14 modular training programs. Factory visits were made twice during the semester, and case reports were assigned to students either as individual or group work. At the end of the semester, each student was expected to understand the basics of OSH and relate this to industrial relations practices. The students submitted reports on topics given to them related to each module. A final examination was given at the end of each course. This highly appreciated elective course had to be cut short because of financial limitations of the Faculty.

Recognized Accredited Training Providers (2006)

A survey is underway on current training programs and training providers on health and safety to generate information on the coverage of all concerned institutions in terms of type of training, frequency, duration of training, frequency, and training strengths; as well as to identify the training needs of various sectors and stakeholders. This survey is being carried out in connection with the ASEAN OSHNET training needs analysis for OSH in the region as well as for mapping out local capacity on OSH. In addition to the recognized institutions the following are training organizations accredited by the BWC – DOLE.

- 1) Philippine College of Occupational Medicine (PCOM), membership over 2,200 nationwide
- 2) Occupational Health Nurses Association of the Philippines (OHNAP), membership over 3000 nationwide
- 3) Safety Organizations of the Philippines have an estimated membership of about 369 institutions and 868 individuals
- 4) Association of Safety Practitioners (ASPI), membership of 510
- 5) Institute of Occupational Health and Safety and Development (IOHSAD)
- 6) Safety and Health Association of the Philippines Energy Sector, Inc. (SHAPES) 200 individual members and over 50 institutions
- 7) Construction Industry Tripartite Council (a Memorandum of Agreement was signed in April 2003 by the representatives of DOLE, Construction Industry Authority of the Phils.- DTI, DILG, DPWH, workers and unions)
- 8) Industrial Hygiene Association of the Philippines (IHAP) (with 85 members)
- 9) Samahan sa Pilipinas ng mga Industriyang Kemikal or Chemical Association of the Philippines (SPIK), with 43 members

The Philippine College of Occupational Medicine (PCOM). The PCOM is a professional organization of company physicians established in the 1970s to provide medical treatment and care for workers. It provides training courses for physicians, such as, basic course in occupational medicine as a requirement of the Department of Labor and Employment for practice in workplaces, as well as advanced courses which update the

knowledge and skills of the PCOM members on prevention and management of health hazards in workplaces.

The association is a recognized specialty society by the Philippine Medical Association (PMA) with 14 chapters nationwide, and currently with 2166 members. They have Chapters in many provinces and cities, foremost of which are in the National capital Region, Cebu, Negros, Iloilo, Cavite and Southern Mindanao.

Safety Officers of the Philippines (SOPI). SOPI is an accredited organization on safety training. Their training programs include Basic Occupational Safety and Health Seminars, Loss Control Management, Industrial Fire Brigade, Fire Code of the Philippines, Forklift Safety, Crane Safety and Safety Audit.

Samahan sa Pilipinas ng mga Industriyang Kimika (SPIK) / (Chemical Industries Association of the Philippines). Responsible care is the chemical industry's global voluntary initiative under which companies work together to improve their health, safety and environmental performance, and communicate with stakeholders about their products and processes in the manufacture and supply of safe and affordable goods that bring benefits to society. One of their major programs is Product stewardship, which is a product-centered approach to environmental protection. It calls on those in the product life cycle such as manufacturers, retailers, users, and disposers to share responsibility for reducing the environmental impacts of products.

The Philippine Construction Authority (PCA). The Philippine Constructors Association (PCA), at 53 years, is the oldest trade organization in the country. The PCA has been at the forefront for the continued development of the construction industry, domestic and overseas. Construction output as measured by the Gross Value Added (GVA) in construction, registered a remarkable increase of 8.9% in 2004 as compared to 2003. A total of 4,993 licenses were issued to new and renewing contractors for CFY 2004-2005. The Philippine Constructors Association (PCA) estimated that around 10,000 construction safety officers would need to be trained in order to address the safety and health needs in the construction industry. To meet the demand, the OSHC has been stepping up joint training programs on Construction Safety Training in partnership with Philippine Constructors Association (PCA).

Aware that benefits awarded in cases of disabilities have so far amounted to billions, while only a minute share was available for prevention, there is a strong clamor from stakeholders that resources invested in preventive programs would generate higher returns by reducing human suffering through reduction of accidents and illnesses, lower costs for compensation and rehabilitation, and ensuring higher productivity of firms.

Linkages with international organizations

Over the years the Philippines has been strengthening its cooperation at policy and technical levels with institutions and organizations active in OSH at national,

regional or global levels; cooperation ranges from joint projects and international conferences to training or exchange programs. Close contacts exist with OSH counterparts in Europe, Asia, Africa, Latin America as well as with international organizations like the ILO, UNICEF and ADB. Bilateral partners include Japan (JICA), Finland through FINNIDA and the Finnish Institute of Occupational Health and the Republic of Korea. Cooperation is well established with regional networks like the ASEAN Occupational Health and Safety Network (ASEAN-OSHNet) and the Asia Pacific Occupational Safety and Health Organization (APOSHO).

The ILO/ADB RETA agreement of November 2000 provided the framework for enhancing the role of labor standards in selected developing member countries (DMCs) in the areas of child labor, gender and occupational safety and health. Inputs by the OSHC helped to develop guidelines on OSH standards for consideration in the design and implementation of ADB-assisted projects and development interventions.¹⁵

ILO Support. As part of their worldwide advocacy campaign on OSH, the ILO has supported the participation of the agencies like OSHC and Regional Offices, trade unions, employers and NGOs in international training for example. In OSH-MS SOLVE, It has also supported the national OSH congresses on occupational safety and health, as well as preparation of this National Profile and of the draft National OSH Plan (2006 – 2010).

Since 1991 the OSHC has served as the National CIS Center for the Philippines on OSH information, generated and disseminated under the auspices of the ILO/CIS Center in Geneva. In its capacity as the national focal point the OSHC has facilitated and improved the collection and dissemination of OSH information by its partners in the public and private sectors.

ASEAN-OSHNET. The ASEAN OSHNET is a regional network in the field of occupational safety and health. Established in 2000 on the basis of a Memorandum of Understanding (MOU) signed by ten high ranking officials of ASEAN Governments, the network continues to be active in:

- promoting cooperation and solidarity among the National Occupational Safety and Health (OSH) centers of the ASEAN countries;
- enhancing the capability of National Occupational Safety and Health centers in OSH promotion, training, research and in standards;
- facilitating and promoting the exchange of the relevant OSH information and the sharing of training expertise; and
- facilitating and promoting the development and harmonization of the ASEAN-OSH standard and guidelines.

As the coordinator for ASEAN in the area of training, the Philippines has facilitated the review the OSH training needs and assisted in the implementation of training programs benefiting members of the ASEAN OSH Network.

JICA Support to the Third Country Training Program (TCTP) on OSH for SMEs. The TCTP has been conducted annually by OSHC for selected ASEAN and Asia-Pacific countries from 1997. Intended for OSH practitioners from government, employers or workers organizations, participants originated from different Asian countries especially Bangladesh, China, Indonesia, Malaysia, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam. Since 2001, the Course was expanded to include participants from other ASEAN countries such as Brunei, Myanmar, Lao PDR, and Cambodia. An extension of the project to 2006-2010 is under consideration.

Part 4. National Action and Achievements: 1998-2006

OSH is everybody's concern. Over the past years, DOLE in cooperation with workers and employers organizations has been the driving force at the policy levels and in connection with operational programs.

OSH Programs

Prevention programs are the primary concern of the DOLE through the Occupational Safety and Health Center (OSHC), in collaboration with the Regional Offices, the Employees' Compensation Commission (ECC) and the Bureau of Working Conditions (BWC). They closely cooperate with employers and workers organizations. Many other government agencies operate occupational safety and health as discussed in the previous chapter. Further details are given below.

The Strategic Plan of 1998-2004 of the Occupational Safety and Health Center (OSHC) has provided the framework for concerted action and preventive occupational safety and health initiatives by stakeholders, in particular government, employers' and workers' organization. The product of multisectoral consultations, the plan was designed to promote healthy and safe working environment through responsive and sustainable OSH programs and policies; effective delivery of quality OSH services; client-focused responses; cost-effective management of resources; and mutually beneficial linkages.

The target groups included workers, companies, public or private offices, trade unions and workers' organizations or any organizations/communities requiring technical assistance; with the OSHC taking the lead the plan was implemented through a partnership among various bureaus and agencies of the government, LGUs, employers and workers' organizations, non-government organizations, professional organizations and the academe; international agencies like ILO as well as bilateral agencies like JICA were welcome partners providing support, at various stages of plan development and implementation.

Annex 2 provides details on the OSHC strategic plan 1998-2004 specifying the objectives, strategies, achievements/outputs, and performance indicators. It bears testimony to the close cooperation between OSHC and the social partners in promoting OSH services in the public and private sectors. Broadly classified as research, training, technical assistance, and information dissemination these activities, outputs and achievements under the OSHC Strategic Plan 1998-2004 are briefly highlighted and reviewed below.

"Zero Accident Program" - ZAP

The Zero Accident Program is at the center of national efforts to bring OSH to more and more workplaces and workers. It is a flagship program of the government and part of the agenda of "Decent Work and OSH for All." It is a long-term strategy to

promote safety and health of workers through advocacy, capability building, compliance, network/linkages and productivity promotion.

The OSHC coordinates the implementation of ZAP nation-wide. In the regions, focal persons have been trained to manage the programs in cooperation with their respective constituents. Through DOLE Memorandum No. 679 of November 2004, ZAP' regional activities have been further strengthened.

Research

Studies and research provide deeper insight into OSH issues and serve as a basis for policy formulation and the design of programs as well as for the solution of specific problems. Over the past years, OSHC has carried out some 90 studies with focus on:

- prevention and reduction of occupational and work-related injuries and illnesses in workplaces or with regard to categories of workers;
- continuous review, support and updating of the list of occupational illnesses as prescribed in PD 626, the Employees' Compensation and State Insurance Fund; and
- to aid standard setting and enforcement of Standards

To this should be added the regular updating of the database on compensation claims as well as case studies of occupational safety and health conditions, the development of low cost equipment, and the evaluation of workplace policies, programs and laws. A list of major studies and researches is attached as Annex 5.

The agency has undertaken studies on the safety and health conditions of workers in both government and private sectors, in construction, manufacturing, agriculture and service sector. It has also paid particular attention to vulnerable sectors, including exposure studies on informal sector workers,¹⁶ a series of case studies on child labor in different hazardous settings, and on young workers¹⁷. Box 1 provides details on how research by various stakeholders on OSH concerns in small scale agriculture has led to initiative to eliminate the use of toxic fertilizer in their locality.

Often undertaken through inter-agency cooperation research and studies are being designed to generate primary data on the nature and quantification of specific hazards, exposures, and risks; on knowledge, attitudes and practices and on "best practices" of establishments. In order to obtain a better picture of the distribution, occurrence of work-related injuries and illnesses in the general population, a surveillance program for work-related illnesses and injuries is being carried out in partnership with the Philippine College of Occupational Medicine (PCOM).

Research and studies help to fill the wide gap that exists between the need for solid data for policy formulation and operational programs on one hand and a scarcity of hard facts and figures, pointed out in Part One. Dissemination of information to all concerned is a major aspect of OSHC clearing house function. To this effect, research

findings are systematically being communicated to interested establishments or individuals for appropriate follow-up.

The biennial National OSH Congresses and other scientific fora, including the programs of the DOLE Research and DOLE Statistical Committees provide for the presentation of research finding and for mapping out areas for future study. Research findings are also integrated in policies, training and information activities as well as in the technical services of the Center and of other stakeholders. Primary and secondary research data provide inputs to Technical Guidelines advising establishments on compliance with related laws and policies as in the case of toxic substances in the case study, in Box 7, on OSH concerns of vegetable farmers.

Box 1: CASE STUDY - OSH CONCERNS OF VEGETABLE FARMERS

Northern Luzon accounts for a large share of the country's total supply of vegetables, including broccoli, cabbage, lettuce, potatoes and different varieties of pechay. As early as 1960, vegetable farmers, many of them belonging to ICCs in the Cordillera Region, have been trying to control several pests, such as the diamond back moth, through extensive use of pesticides.

The harmful effects of pesticides did not go unnoticed by farmers, researchers and by regulatory organizations. Signs of acute and chronic exposures have been reported from time to time by farmers and/or by health personnel. Complaints of headaches, blurring of vision, stomachaches and diarrhea were observed; the latter also involving numbness and tingling of the fingers and hands, arms and lower extremities.

Since the 1980s Philippine stakeholders have been making a strong case for banning or at least severely restricting the use of pesticides belonging to the highly toxic group as per WHO classification and the recent Stockholm Convention on "persistent organic pollutants (POPs)". A ban has been decreed for: Aldrin in 1989, Dieldrin in 1989 and Endrin in 1983. The Philippines ratified the Stockholm Convention in 2004.

The banning of toxic pesticides has been only partially effective, and farmers' access to preventive and curative health service remains inadequate. As a result, the use of pesticides and corresponding health problems have to a large extent persisted to this day.

The Philippines ratified the Stockholm Convention on Persistent Organic Pollutants (POPs) in 2004. A recently concluded plan on POPs provides for inter-agency action including nationwide information campaigns, capability building and risk assessments.

The OSHC study carried out in Y 2002 concludes that the time is ripe, and conditions seem favorable for concerted initiatives to implement the existing Plan of Action to contain, if not eliminate, the use and misuse of toxic fertilizers. ¹⁸

Technical Assistance and Services

Technical assistance and services refer to occupational safety and health are designed to help in the solution of imminent and urgent OSH problems, like the outbreak of SJS described in Box 2 or advice on medium-term solutions to workers' safety and health such as training programs.

BOX 2. Stevens Johnson Syndrome Affecting Young Filipina Female Workers in Taiwan

Stevens Johnson syndrome (SJS) and its worst form, toxic epidermal necrolysis, made the headlines in the late 1990s. The first case study was done in 1997 by Filipino health experts among 57 Filipino workers, mostly young women, the majority of whom were working in an electronics plant of a well-known multinational company in Taiwan. The 57 workers showed multiple symptoms and signs of skin and mucosal involvement resembling third-degree burns as well as blindness, hepatitis fever and general depression of the immune system. Four female workers died within the year.

A Filipino medical mission to Taiwan concluded that the women were all suffering from SJS that had likely been caused by exposure to chemicals, e.g. solvents.

OSHC, 1999

Due to its state of the art laboratory equipment and expertise the OSH provides a range of technical assistance and services related to

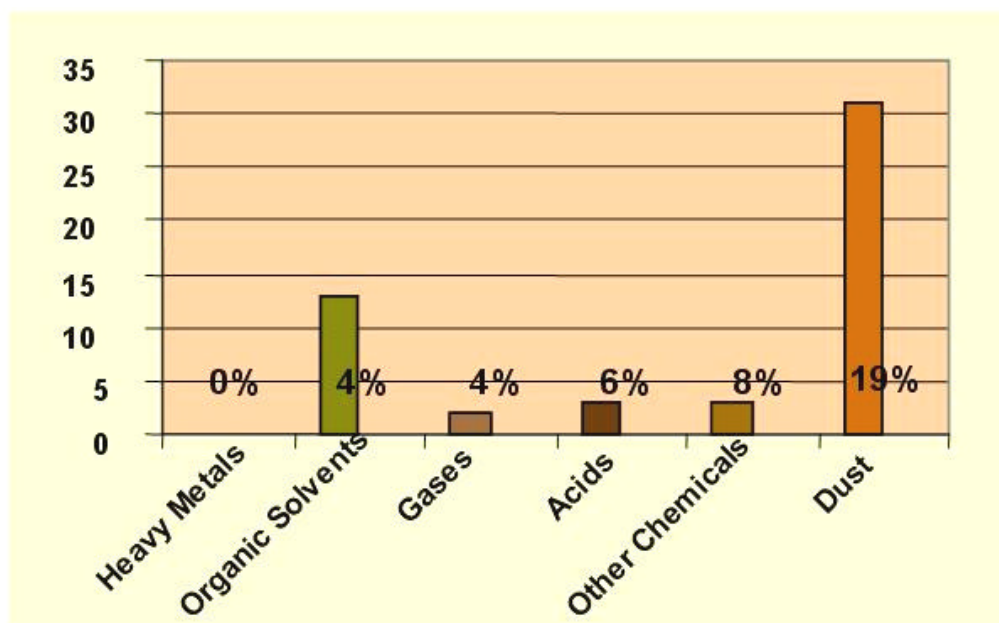
- occupational health examinations,
- safety audits,
- work environment measurements,
- testing of personal protective equipment, laboratory examinations of toxic chemicals and heavy metals

Technical Services are given to clients in order to provide a range of diagnostic examinations both for workers as well as for their working environment to assess and quantify workplace hazards and risks, and to recommend engineering, administrative and PPE controls, wherever appropriate. Development and issuance of technical guidelines and assistance in the formulation of policies and programs on OSH are also given for example on drugs, HIV/AIDS and TB prevention and control programs.

The agency renders technical assistance and advice as requested by clients in connection with specific OSH concerns. The services are extended to DOLE offices, organizations and establishments in both public and private sectors, trade unions and other workers' organizations, employers', other government and non-governmental institutions, and legislators and policy makers. It also provides assistance in cooperation with the labor inspectors in cases of imminent danger and accidents affecting both workers and the community; as well as take part in national disaster undertakings particularly when the disaster arises from the workplace, for e.g. chemical and/or oil spills.

In Y 2005, from selected work environment analyzed demonstrated that the majority were chemicals followed by physical agents. A large majority of chemicals assessed as above TLVs were solvents, while physical agents were mostly non-compliant on ventilation, illumination and noise.

Figure 5. Chemical Hazards 2005 (Non-Compliance) n=1309



Dust includes silica, asbestos, nuisance, TSP, etc.; Organic solvents include alcohols, toluene, MEK, MIBK, etc.; Heavy metals include lead, mercury, aluminum, etc.; Gases include carbon monoxide, oxygen, sulfur dioxide, etc.; Acids include hydrochloric, sulfuric, nitric, etc.; Other chemical substances include ammonia, chlorine, formaldehyde, etc.

The Center coordinates with appropriate Regional Offices when technical assistance is rendered to companies outside of the Center's office premises. It delivers its findings, recommendations, and services to the authorized requesting clients within the shortest possible time and for imminent danger, results are given immediately to requesting parties.

The Center provides expertise to the Bureau of Working Conditions and the Employees' Compensation Commission (ECC) by assisting them in the review and formulation of its policies and programs, technical input to the updating of OSHS and new OSH policies, and in the continuing review and updating of the list of compensable diseases. It also undertakes studies and researches, especially those that relate to the establishment of causal connection between diseases and occupations, and the development of medical criteria in determining the nature and extent of impairment or diminution of health, functional capacity or life expectancy of Filipino workers as a result of their work and working conditions.

There are five laboratories on occupational health, industrial hygiene and testing of Personal Protective equipment. At present, the OSHC has 90 staff members composed of occupational health physicians, safety engineers, industrial hygienists, laboratory technologists, radiologist, information technology assistants, training and information officers, audio - visual and support staff.

Training

There are many valid reasons to train on work safety and health. Training adds value to business by preventing injuries and illnesses, decreasing workers' compensation costs, re-training, absenteeism. It also enhances productivity and profits, workers' morale, and sound labor relations. Lives are saved every time workers are informed and trained on the importance and values of raising awareness on occupational safety and health (OSH).

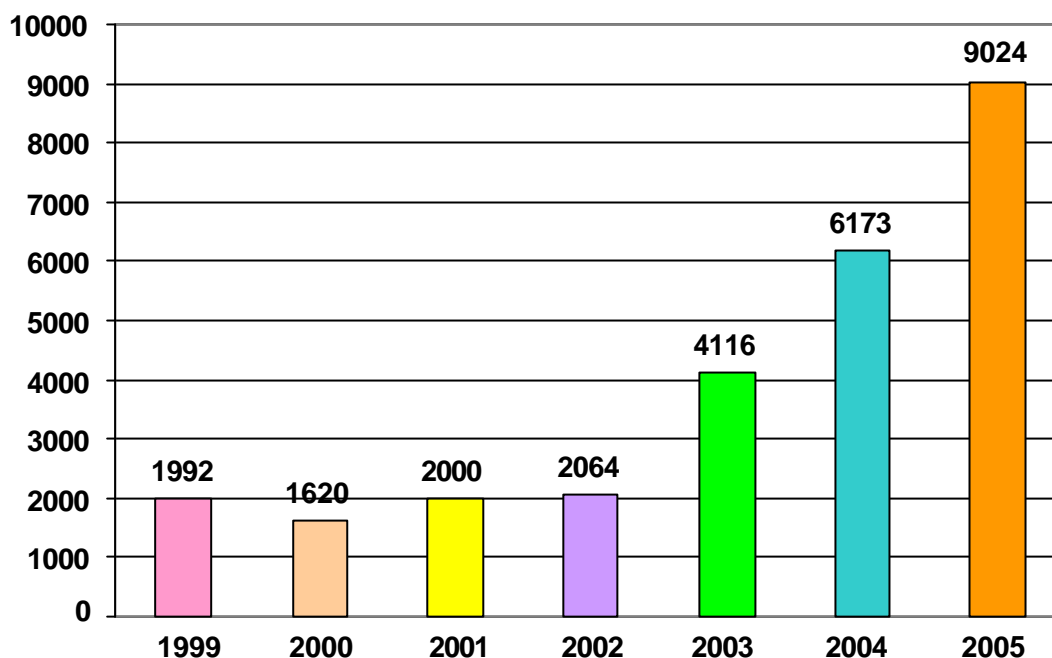
Much has been achieved in the area of OSH training in the private and public sectors especially requesting large and medium sized firms. Some 28,000 potential safety officers and members of safety and health committees, and workers have been trained by the Center by end of 2005.. Much still remains to be done with regards to workers in small enterprises and addressing the needs of the young and women workers as well as the OFWs.

With 24 training courses and regular learning sessions training by the OSHC and private training agencies has increased exponentially in the past five years. (Figure 6). However, a fast expanding demand for OSH services has outpaced the availability of expertise. Despite considerable efforts in training and skills up-grading the numbers of accredited OSH practitioners, trainers and training providers has remained relative small, as shown in the following statistics; ¹⁹

- 856 OSH Practitioners
- 34 OSH Consultants
- 18 Active Safety Training Organizations
- 4 Testing Organizations for Construction Heavy Equipment

Due to the limited number of trainers on safety and health, the coverage of OSH training is still far from the ideal both in terms of numbers of trainees and coverage of the working population.

Figure 6. TRAINING ACTIVITIES, OSHC (1999-2005)



In response to increasing demand by the public and private sectors, including SMEs, training by the OSHC and private training agencies has however increased exponentially in the past five years. To increase the outreach of OSH services, OSHC has developed partnerships with local as well as international networks – ranging from tripartite partners and academe to such international partners as the ILO, FES, JICA, UNEP, UNAIDS, and others.^d

Pursuing as a primary goal capability building of its partners, OSHC has trained trainers from the TUCP and FFW, developed a strong partnership with ECOP on ZAP, HIV/AIDS in the workplace, Drug-Free workplace program, work-relatedness and others; with academe, as well as with the private and public sectors. It has a close working relationship with the Philippine Government Employees' Association, and the Workers in the Informal Sector within the National Anti-Poverty Program.

Need for Safety Officers. According to estimates of the Philippine Construction Association, at least 12,000 safety officers would be needed for the next five years in this industry alone. Moreover, similarly large numbers of specialists are needed with technical expertise in emerging hazards and exposures such as chemical safety management, ergonomics and control of biological hazards and those which are sector specific as found in the production of energy. Employment opportunities are excellent

^d International Labor Organization (ILO); Fiedrih-Ebert Stifting (FES); United Nations Environmental Program (UNEP), United Nations Training and Research (UNITAR); japan International Cooperation Agency (JICA).

(here and abroad) for safety officers, safety practitioners and safety consultants on occupational safety and health.

OSHC is stepping up its training services through low cost but state of the art approaches including Distance Learning program and Tele-Conferencing. Partnerships in training are also being strengthened through training of trainers and forging of memoranda of agreements, among other strategies, for obtaining sustainability in capability building.

The training assistance provided by the OSHC is based upon a pool of capable trainers on OSH nationwide in partnership with stakeholders. The OSHC takes the lead in developing a training agenda in consultation with its partners and stakeholders. The trainers are trained locally and internationally. The linkages with international organizations help the Center to be updated in the most recent issues on work safety and health and to resolve these concerns through capability-building and other strategies. The Center has also been recognized as the coordinator in the training area by the ASEAN-OSHNET and provides training to Third countries through JICA support.²⁰

Training facilities consist of an auditorium that could sit 500 people, a large training room for 100-50, and 2 small training rooms for 30 people, and a dormitory with 20 rooms that could accommodate 80 people. Supporting the trainings are five laboratories on safety, health, chemicals, ventilation, and testing of Personal protective equipment (PPEs). The use of an information system modernizes the delivery of the training programs. Audio-visual presentations, workshops, demonstrations, plant visits, are only some of the support materials. Interested training participants may visit the website at www.oshc.dole.gov.ph for the schedule and any updates.

Courses given. At present OSHC gives five types of mandatory training, and 19 special topic courses. Certificates are given for every completed course. The Basic Occupational Safety and Health Course as well as the Construction Safety courses consists of 40 hours, needed for a general safety officer or a construction safety officer. The DOLE Department Orders' 53 – 03 on drug-free workplace, DO 13-00 on Construction Safety, and 73-05 on TB Prevention and Control at the workplace all require establishments to develop jointly with workers and employers, policy and programs on all three topics.

As response to chemical safety management, the OSHC offers programs specifically focused on chemicals:

- ❖ Fundamentals of Industrial Hygiene
- ❖ Work Environment Measurement
- ❖ Ventilation
- ❖ Chemical Safety
- ❖ Globally Harmonized System of Labelling Chemicals (GHS)²¹

Clearing House of Information

The OSHC serves as the clearing house of information and innovative methods, techniques and approaches in dealing with OSH problems. The goal is to reach the maximum numbers of workers and establishments with technically correct, appropriate, and updated information on matters concerning OSH. It studies its audience and produces appropriate messages for major target groups.

Mechanisms have been developed for information dissemination and exchange among workers, employees, the public, and the stakeholders through mass media, electronic media, publications, conferences, or consultations. A communication plan is developed each year where the nature and the purposes of communication are identified, and integrated in the overall plan of the Department of Labor and Employment. These are then translated into communication materials for different target groups. Databases on clients are available and used for systematic dissemination. In addition it has the following facilities: Library, Internet and a system of responding to technical OSH problems. Both small foras and mass media are used for a wider dissemination of information. There is a self-contained studio where filming and basic editing facilities can be done. It has basic print shop and photographic facilities.

With the agency's intensified information activities, the mass media has given much attention to OSH issues in the country and has resulted in a substantial increase in requests for training, information materials, and all forms of technical services. From print to broadcast, its programs are largely covered by radio and TV stations, as well as by broadsheets and tabloids. It has regular discussion programs on Radio Veritas. Popular national and provincial broadsheets and broadcast feature OSHC activities regularly without any cost. Examples of information and training support materials are given in Figure 7 on Drug-free workplaces and HIV/AIDS prevention. A wide range of training materials are available for request by clients. These are in form of manuals, computer-based distance learning, posters, brochures, audio-visual materials such as TV documentaries, TV and radio talk show and radio dramas.

These information products are also used as support to training courses

Figure 7: Information Materials



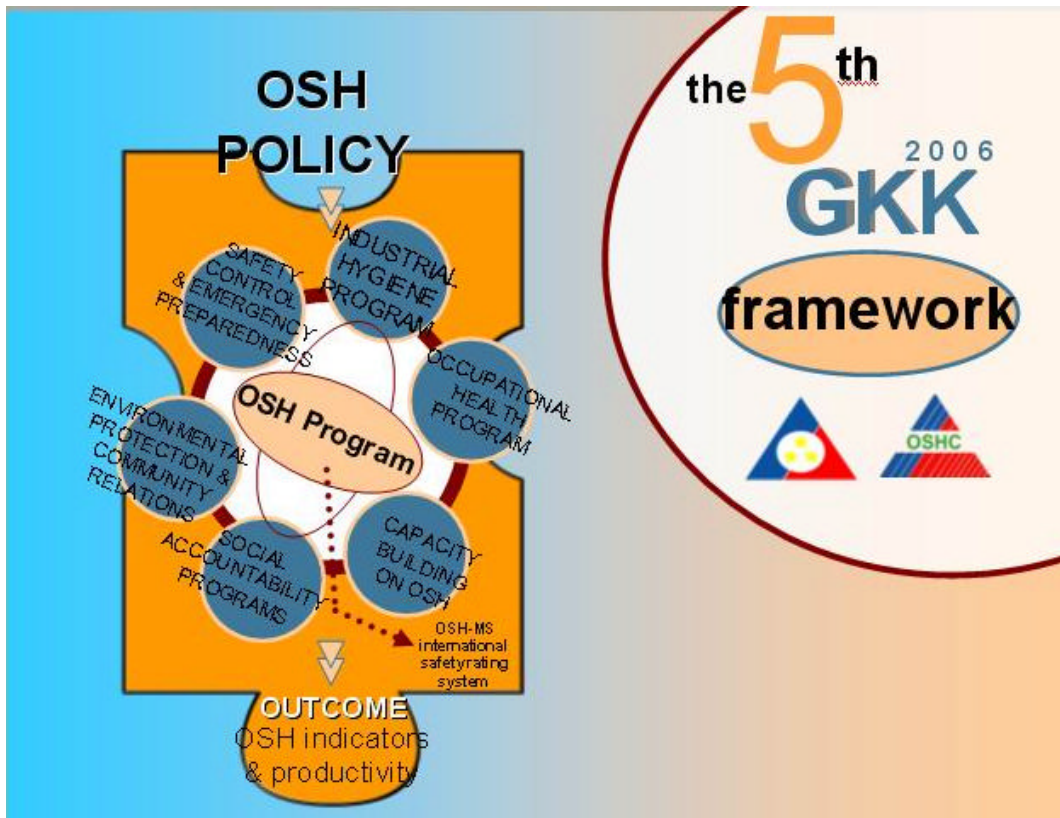
Best Practices

The multiplier effect of “Best Practices” cannot be overestimated because it offers unique opportunities to adapt “lessons learned” in one work environment to other similar conditions. For that reason the high-profile national recognition of Best Practitioners in Occupational Safety and Health through the Gawad Kaligtasan and Kalusugan Awards. (GKK) has become a central element on the promotion of preventive OSH.

The GKK described in Figure 8 is a national award given by the DOLE in recognition of outstanding achievement of establishments and individuals in terms of responding to the safety and health needs of workers, of workplaces and community. It is a component of the Zero Accident Program (ZAP) and one of the flagship programs of the DOLE. The awards include the Presidential Award, a Labor Secretary’s Award and a Training Support Materials.

The goal is to achieve ZERO ACCIDENT in the workplace. *Figure 8* contains the GKK framework which includes polices and programs on occupational safety, industrial hygiene and safety, and should show evidence of positive outcome to both workers and workplaces.

Figure 8 – GKK Framework



Focus on Regions :

Located in Quezon City, the OSHC has no sub-Centers; to ensure a wider outreach, OSHC operates in partnership with DOLE's the regional offices and local networks of workers and employers' groups, other GOs, local government and NGOs. With the Zero Accident Program (ZAP) providing the operational framework activities focus is being given to capability building through training, information, and on the provision of technical services.^e

Integrated regional activities have been reaping success. The year 2005 saw a proliferation of harmonized activities in the regions. The Luzon, Visayas and Mindanao clusters of the DOLE held their ZAP planning workshops in preparation for the development of the National OSH Plan. An OSH Summit in Mindanao in 2006 attracted some 350 participants. The regions in Luzon provided the most number of regular clients to the Center. During regional outings of OSHC experts, ZAP information campaigns were combined with training programs on Basic Occupational Safety program (BOSH), construction safety, work environment measurements, chemical safety, among others. Memoranda of Agreements (MOAs) were signed with a wide range of partners.

^e The specific programs of partners will be described in detail in succeeding pages

Part 5. Emerging OSH Concerns

The Filipino workers, here and abroad, are facing complex occupational risks and hazards due to emerging and re-emerging illnesses. These are related to a rapidly changing world of work characterized by exposure to new toxic substances and materials, changing technologies, increases in the international movement of labor, rises in female employment and flexibilisation at work.

This section reviews national and international responses to the group of chemicals called Persistent Organic Pollutants (POPS) and to the Globally Harmonized System (GHS) of labeling chemicals. The harmful potential of biological hazards like TB and avian flu will be discussed and information will be given on how these hazards could be addressed and managed at the workplace through prevention and control measures. It also tackles ergonomic hazards, which are receiving increasing attention in the expanding services sector such as call centers and the tourism industries.

Chemical Hazards

The recently concluded report on the national profile of chemicals provides a list of 33,000 chemicals, many of which can be considered acutely and persistently toxic chemicals, for example pesticides, PCBs and dioxins, pesticides. Exposure to chemicals is widespread in Philippine workplaces, in particular in agriculture and manufacturing. Awareness of workers and management of the hazards and risks involved can go a long way in containing if not eliminating the incidence of illness, injury or death.

Chemicals are omnipresent. Companies in the Philippines deal with chemicals, under ten classifications including, agrichemicals and fertilizers, chemical service providers, industrial gases, inorganic chemicals, oleochemicals and surfactants, petrochemicals, petroleum, plastics, specialty chemicals, surface coatings. Chemical products can be classified as: consumer chemicals such as drugs, pharmaceuticals, cosmetics, soaps and detergents, paints, ink, rubber products and alcoholic beverages. They can be industrial chemicals. The chemical industry is an intermediate activity with much downstream and upstream links with other workplaces including agriculture, mining, manufacturing especially electronics, construction, metals and engineering, packaging, health care, textile, food processing, and in national defense.

The undeniable benefits of chemicals to the economy and the population must be matched by calculable and containable hazards and risks of workers, employers or consumers. There is general agreement, nationally and internationally, that chemicals have to be used and managed soundly. Efforts are underway, to develop and implement systems that harmonize the use and management of chemicals; this should go hand with capacity building, training and massive information campaigns to prepare workers, employers and stakeholders for a responsible use and management of chemicals in all workplaces.

International Response to Chemical Managements

In November 2003 the representatives to the Fourth International Forum on Chemical Safety (IFCS) held in Bangkok, Thailand included for the first time in the regular agenda the topic on occupational safety and health. Following this conference, countries were expected to tackle the following agenda at national levels:

- Occupational safety and health
- Children and chemicals
- Hazard data generation and availability
- Capacity building assistance
- Globally Harmonized System (GHS) for classification and labeling of chemicals Action Plan

Strategic Approach to International Chemicals Management (SAICM) came out with a Global Strategy and Plan of Action agreed upon by 179 countries during the First International Chemical Management Conference held in Dubai in February 2006. The Strategy calls for mainstreaming environment into the development agenda under the auspices of the Millennium Development Goals.

The World Bank assists developing countries through two environmental financial mechanisms: the Global Environment Facility (GEF) and the Multilateral Fund for the Implementation of the Montreal Protocol (MFMP).

National Response to Chemical Management

The country's strategic approach to chemical management is being addressed through the development of a program on chemical safety linked to national development planning; this would reflect international guidance from the Stockholm Convention, the Montreal Protocol and the Rotterdam Convention and entail the development of a program to implement POPs, Rotterdam, and the RA 6969, Chemical Control Order (CCOs) and the OSHS.

The Philippines has ratified the Stockholm Convention on Persistent Organic Pollutants (POPs) in February 2004, along with 146 other countries. The Convention includes nine pesticides and three chemicals in industry. These chemicals are highly toxic substances and tend to persist in the human body and in the environment. POPs have been proven to cause cancers, to depress the immune system and/or to produce serious birth defects. The national data on occupational safety and health, point to the agricultural sector as the most frequent source of injuries and illnesses. Pesticides are widely used and reports reveal that the use of moderately and severely toxic pesticides are not uncommon.

A Medium Term Plan to implement the Stockholm Convention was concluded in 2004, based on consultations led by the Environment Department with concerned governmental agencies such as the DOLE, DOH, DA and DOST as well as with unions, employers and nongovernmental organizations. All parties agreed to support chemical

safety in their respective areas of concern and responsibility. Moreover, initiatives are underway, to ratify the Rotterdam Convention and to include all types of asbestos in the list of priority chemicals, the movement of which would need “prior informed consent” or PICS by sending and receiving countries.

As a commitment to IFCS and the SAICM, partnerships of public and private organizations completed a situationer on a Globally Harmonized System (GHS) in four sectors: industry, labor, consumers and agriculture²². Awareness raising and capacity building campaigns on implementing the GHS by 2008 are being assisted by UNDP and the UNITAR. Achieving the 2008 targets would require an extensive legislative and capacity building agenda, and its integration into the regular programs of partner agencies. For its part, the OSHC is taking the lead in capability building on GHS in Philippine workplaces.

Biological Hazards

Emerging biological hazards tend to increase workers risks of illness, injury, disability or death, such as the emergence, in 2004, of SARS; the scare for a potential outbreak of Avian Flu has affected not only Asian countries but heightened world-wide concern and alert. While the Philippines had responded appropriately and efficiently to the SARS threat it is making preventive arrangements with regard to a potential avian flu outbreak.

Tuberculosis has been a perennial problem facing many workers and their families. The Philippines takes 8th place, world-wide, in the ranking of TB prevalence. TB remains among the top ten causes of illnesses and deaths in the country. However since 2003, a highly active program, supported by Executive Order No 187, has institutionalized the Comprehensive and Unified Policy on TB, harmonizing all TB efforts and adopting the Directly Observed Treatment Strategy (DOTS). Along these lines DOLE’s Department Order (D.O.) 73-05 of March 2005 contains Guidelines for the Implementation of Policy and programs on TB Prevention and Control in Workplaces. A comprehensive approach, it covers prevention, treatment and rehabilitation, compensation and social policies such as non-discrimination and return- to-work medical support.

Endorsed by the Tripartite Executive Council as an important preventive program for workers and establishments, the guidelines cover all workplaces. Although treatment remains a key component of the Guidelines, the need to comply with the Occupational Safety and Health Standards is being recognized through the promotion of good working conditions to reduce risk of disease transmission. The DO also clarifies the medical and health benefits as well as social policies on non-discrimination of TB infected workers, on reasonable working arrangements and the return to work.

Ergonomic Hazards

Exposure to ergonomic hazards made up the bulk of reported occupational complaints, in particular occupational grievances attributable to prolonged standing up in manufacturing processes, comprising 35.51% of all exposures.

However, a relatively new sector, the contact or call centers are known to have serious ergonomic exposures of workers. The recent labor force survey saw an increase in the services sector, an example of which is in the call center industry as described in Figure 9. There are about 100 call center companies operating in the country with an estimated of at least 112,000 employees. The call centers are expected to generate 150,000 jobs within the next five years. Though offering high salaries and employment security, the sector has recorded a very high attrition rate of 40% to 50%. There are three main reasons: safety and health, a difficult work schedule, and workers seeking better opportunities. The range of hazards in the call center industry include ergonomics, long working hours, and psychosocial reasons. The more enlightened management of call centers are now implementing systematically ergonomic and other OSH interventions. The recent international conferences on Contact centers have pushed the agenda for both employment, training and social protection of workers in the contact center business²³.

Figure 9. Call Centers 2000 – 2005

Year	No of call centers in the Philippines	Estimated no. of seats	Estimated no. of employees	Estimated revenue (US \$) in millions
2000	4	1,500	2,400	24
2001	13	3,500	5,600	56
2002	31	7,500	12,000	120
2003	60	20,000	33,000	320
2004	72	45,000	67,000	800
2005	100+	70,000	112,000	1,400

Data provided by the Contact Center Association of the Philippines

Part 6. Special Categories of Vulnerable Workers: OFWs, Young workers, child laborers, women, informal sector

Migrant Workers (OFWs)

For good reasons the Philippines, are being considered the champion and main player in international labor migration. Eight million, or ten percent of the Philippine population lives abroad as permanent immigrants or temporary Overseas Foreign workers (OFWs). In 2005, 733,970 land based and 247,707 sea-based were deployed or processed for employment abroad. Filipino seamen make up about 1/3 of the world's seafaring population. Filipino workers are located on some 190 countries, the top ten locations including Saudi Arabia, Japan, Taiwan, Hong Kong, Kuwait, Italy, United Kingdom, Qatar, UAE, Singapore. Estimated remittances are estimated to reach \$13 billion annually.

In the Philippines the OFWs are often hailed as modern-day heroes because of their sacrifice of going abroad and because of the social costs of leaving their families behind. The general public in the Philippines has been very sensitive to actual and perceived forms of discrimination of OFWs. This applies in particular to Filipino women, who account for more than half of OFWs. In certain countries, women workers were particularly vulnerable to discrimination and abuse, including maltreatment, delay or non-payment of salaries, poor working conditions, and sexual harassment among others. World Health Organization (WHO) studies have also shown that female migrant workers experience disproportionately higher rates of occupational accidents and disability than men.

Less visible and hardly quantifiable social costs to migrant workers arise from discrimination experienced abroad.^f A fairly substantial number return for mental health reasons, suffering from depression, psychosis, anxieties and phobias.²⁴

Policy Environment for OFWs. Republic Act 8042, otherwise known as the Migrant Workers and Overseas Filipinos Act of 1995 or the Magna Carta of OFWs, consists of policies for overseas employment and establishes a higher standard of protection and promotion of the welfare of migrant workers, their families and overseas Filipinos in distress. This Act embodies the rights, freedom and privileges of migrant workers. It includes the various services, legal assistance and mechanisms for reintegration into the mainstream of the society and grievance systems for airing and resolving work related conflicts.

The DFA is responsible for protecting the rights of migrant workers and other overseas Filipinos including the repatriation of distressed or beleaguered migrant workers through proper representation with the concerned foreign authority. The DFA's attached Commission on Filipinos Overseas (CFO) handles the Filipino emigrants. The Philippine embassies and consulates are mandated to serve and protect Filipino nationals abroad.

^f Dulce Estrella-Gust, "Vulnerable and Underserved Groups in Globalization" (Manila, 2001).

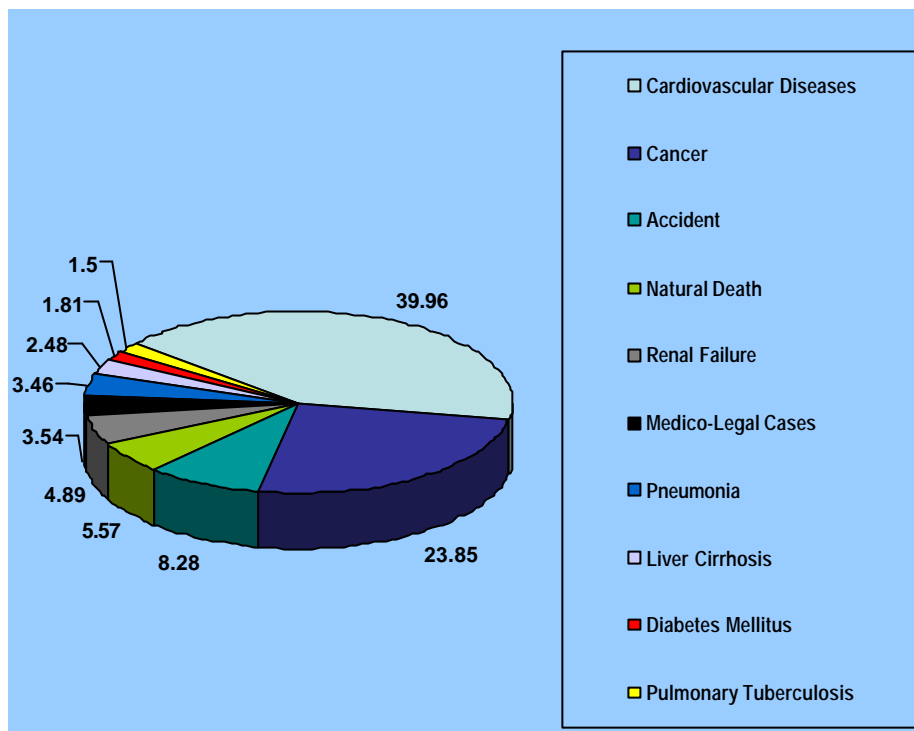
The DOLE on the other hand sees to it that labor and social welfare laws in the foreign countries are fairly applied to migrant workers including legal assistance and referral to proper medical centers or hospitals. There are two agencies within DOLE, the Philippine Overseas Employment Administration (POEA) and the Overseas Workers Welfare Administration (OWWA), which are directly concerned with overseas Filipinos. POEA regulates private sector participation in the recruitment and overseas placement of workers by setting up a licensing and registration system. OWWA on the other hand is responsible for enforcing contractual obligations by employment and manning agencies and their employers.

Pre-Departure Orientation Seminars. This is a five-hour seminar conducted by POEA or an accredited NGO for departing OFWs. The seminar aims to provide OFWs with information on matters relevant to their new status as overseas workers. The curriculum is divided into five modules that cover such areas as: Realities and Coping Up, Rights and Obligations in the Employment Contract, Institutional Support System, HIV/AIDS Education and other relevant topics as airport procedures and travel tips and existing government projects and programs for OFWs.

In 2003 DOLE piloted the Overseas Comprehensive Social Services Package for OFWs Project for a period of one year. This project involved deploying doctors in selected countries to provide basic medical and counseling services and other assistance. The doctors were limited to the conduct of "consultation" and counseling and largely relied on referral to host country's health service providers and facilities for the provision of direct medical intervention. They noted the lack of "preparation" of OFWs prior to deployment for them to easily adapt to their country of assignment and noted the need to strengthen the on-site health education among OFWs. Given the various experiences shared by the OFWs, the initial group of doctors recommended a review of existing guidelines and policies on OFW deployment.

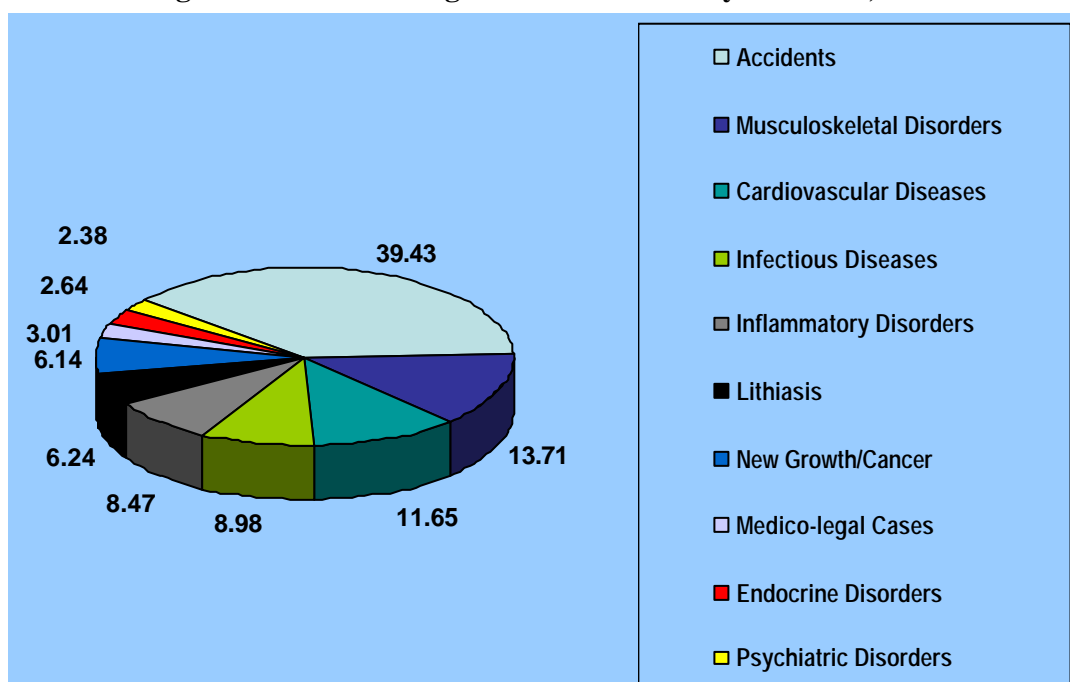
Mortality data of OFWs. The top three causes of fatalities among OFWs are cardiovascular diseases, cancers and accidents. There was no data linking the work-relatedness of recorded fatalities. (Figure 10)

Figure 10: Ten Commonest causes of Fatalities of OFWs, 2003



Morbidity Data of OFWs. Accidents and musculo-skeletal diseases top the list of causes of morbidity, followed by cardiovascular diseases and inflammatory diseases.

Figure 11: Ten Leading Causes of Morbidity of OFWs, 2003



About 65 % of the morbidity causes were considered work-related; close to 14% involved musculo-skeletal complaints and 8.5 % inflammatory causes. The most number of infections were due to Tuberculosis. The accidents consisted of fractures and crushing injuries and burns. Among the types of occupations, the domestic helpers had the highest number of complaints particular in Middle Eastern countries. Four in ten workers experienced depression, some went into full-blown psychosis. There were five workers diagnosed with AIDS. (Figure 11)

Benefits provided by the OWWA for health (whether work-related or not) include Insurance and Health Care (Life Insurance, Disability and Dismemberment Benefits, Total Disability Benefits, Burial Benefits). It also provides for Social Services and Family Welfare Assistance (Repatriation and Reintegration Programs). Workers Assistance and On-Site Services include: locating the OFW, providing information and guidance, developing materials of the PDOS, conducting psychosocial counseling, conciliation services, medical and legal assistance, and outreach missions. A comprehensive Philippine Health insurance for OFWs and dependents are prescribed except for those with existing GSIS and SSS voluntary membership.²⁵

POLOS. There are labor attaches and welfare officers (POLOs) in 35 countries. Labor Attaches undertake operation of the OWWA Center with the assistance of the Department of Foreign Affairs (DFA) to ensure a continuous network. The opportunity to include occupational safety and health services could be developed further in order to protect the rights of workers to safe and healthy working conditions, legal assistance on OSH related problems. They can also include OSH in money claims and other labor relations issue

Bilateral Agreement between Korea and the Philippines. The OSHC is mandated to protect all Filipinos from work-related injuries and illnesses, wherever they are. Countries such as Korea are now exacting OSH training for all OFWs prior to departure through a bilateral agreement with the Philippines. 2,000 OFWs left for Korea in 2004, with another 12,000 for years 2005-2006. A Department Order tasked OSHC along with TESDA and POEA to provide skills building and orientation on respective expertise prior to departure of the short-listed applicants. This means providing a two-day training for basic occupational safety and health for the applicants ²⁶.

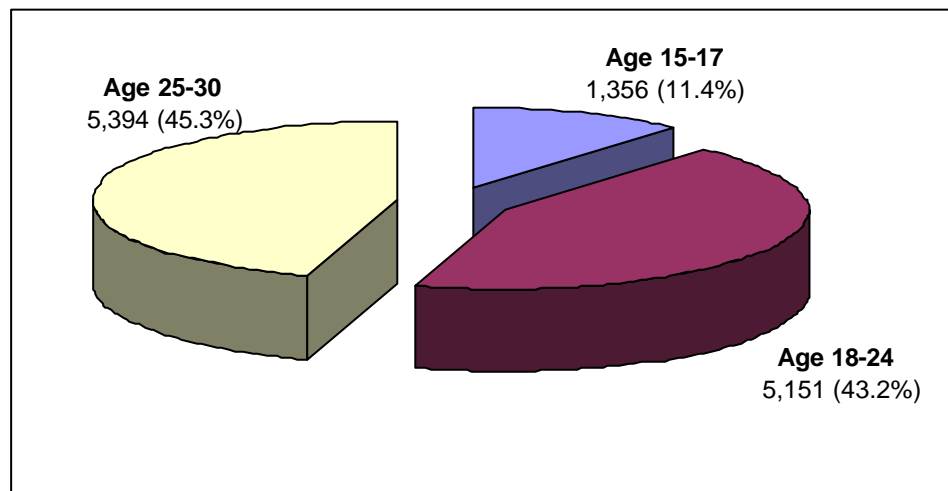
Seafarers. The Philippines supplies at least 30% of the world seafaring labor force. Their health and safety concerns are numerous. The development of the International Convention on maritime labour standards started in 2001. In 2005, the Consolidated Maritime Labour Convention was discussed in Geneva as preparation for the Technical Maritime Conference in 2006. The new Maritime Labour Convention (MLC) was approved in 2006²⁷. The occupational safety and health program in this draft convention is strongly recognized by including several regulations on preventive and promotive health, in medical services on board ship and ashore, in enforcement of such regulations, in compensation work-related injuries and illnesses and in social security. In addition, health and safety is also a core element in the training and qualification of all seafarers auguring an intensive work on capability building on OSH in the near future.

Gaps in OSH protection of OFWs. Some of the gaps in health protection and health promotion have been identified by OWWA and other sectors which points to the need for an improved pre-departure program, in the nature and duration of training courses; for installing an on-site program which would address prevention, and reintegration back to the country as well as referral to health services in the Philippines and in the country were they work.

Young Workers

The Philippines is a country of the young, where 11.9 million of workers between 15 to 30 years are the largest age group and the main pillar of our labor force. (*Figure 12*) Statistics show that 3.5 million of young workers are found in agriculture while the rest, 1.3 million are in manufacturing, and 1.1 million are in construction and services. 5.2 million of these young workers are considered laborers and unskilled workers. They are in the streets selling newspapers, in gas stations, in domestic work and in several hazardous occupations such as small scale mining, deep sea fishing and pyrotechnics. Many are absorbed by small family-based enterprises in the rural areas.

**Figure 12. Distribution of Young Workers in the Labor Force October 2005
(in thousands)**

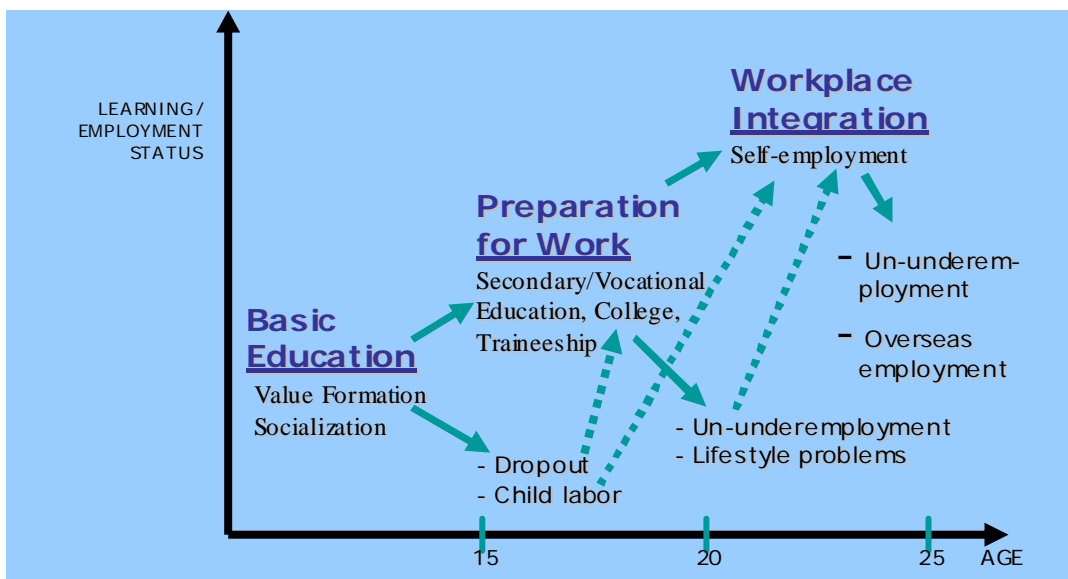


Concern for Youth Employment are based on some socio-economic reasons

- Youth population = 12.76 million (October 2005)
- Youth accounts for some 49% of total unemployment with 1.4 million of the 15-24 age group are unemployed
- Unemployment is primarily a youth problem.
- In the 2004 Survey on Overseas Filipinos, those below 30 years of age account for 32.2 percent of the total number of Filipino migrant workers.

Young people, are searching for a financially rewarding work, that is decent and humane, and offers scope for development of talent and aspirations. In the process of growing into the world of work, much happens in terms of excitement, disappointment, frustration, satisfaction and achievement. The transition from school to work is one of the most exciting and anxiety-provoking times for a young worker. This phase maybe gradual, through part-time jobs, summer jobs, or short-term jobs after graduation. For young people, landing a first job is a symbol of coming of age, and of achieving a certain degree of independence. Figure 13 demonstrates the different stages of transition of potential young workers.

Figure 13: Stages of Transition of young people



Vulnerability of Young Workers to OSH related problems. Not all work provide decent and safe working conditions. Coupled with inexperience, non-assertiveness, young workers could be vulnerable to physical, chemical and ergonomic hazards existing in certain workplaces; in addition smoking and drug and alcohol abuse abound among this population. According to a Dangerous Drugs Board Survey of Y 2000, drugs most often affect young workers. There is a high incidence of reproductive health problems such as unwanted pregnancies. Cases of abuse and exploitation of young migrant workers are considerably high, both here and abroad²⁸.

Recent field research in occupational safety and health focused on specific health and safety conditions in hotels and restaurants, in the fast-food business, in call centers, in land and sea transportation, in the entertainment industry and on child labor. The findings of these studies provide inputs into legislation, policies and programs for specific sectors, as well as into basic and specialized trainings²⁹.

National Programs for Young Workers. The Philippine Medium Term Youth Development Program (PMTYDP) has identified the needs and interventions for the working youth as one of its four sectors. In addition, the First National Youth Congress on Safety and Health was held in September 2003, at the OSHC. Representing a broad spectrum of agencies, firms and practitioners, labor, management, NGOs the participants of the committed themselves:³⁰

- to urgent action in support of basic rights of the working youth and other disadvantaged young workers in the formal and informal sectors, more and better jobs, removal of children from hazardous and worst forms of labor, effective social protection and the full participation of young workers in decision making on social matters of their concern;
- to promote working conditions and working environment conducive to improving the physical, mental and social well-being of all including the young and other vulnerable workers while enhancing productivity and competitiveness;
- to increase public awareness on the concerns of young workers in the area of occupational safety and health; and
- to work jointly in advocating for the formulation of coherent policies and programs on “Decent Work and OSH for All”.

Older Workers

Older workers, i.e. workers age 45 and above, play key roles in their workplaces in promoting a favorable OSH culture and environment by sharing their values, experience and skills. Like the youth and average aged adult workers, older workers contribute significantly to productivity of the firm and organization to economic development. Nevertheless, due to rapid organizational and technological developments and lifestyle changes, older workers are subjected to new forms of physical and psychological stresses and other risk factors at work, and thus experience a range and mix of occupational diseases related to work and lifestyle.

Taking note that highly competitive labor market conditions expose older workers to a host of psychosocial problems at work such as discrimination, reduced working conditions, forced retirement, or lack of training opportunities; the topic of safety and health concerns of older workers was brought to limelight during the celebration of the World Day on Safety and Health at Work, on 28 April 2005, held at the OSHC. The participants who came from the multisectors committed themselves to call on all stakeholders, to address OSH of older workers through preventive measures, in particular:

- setting of national standards for the promotion of working conditions and working environment conducive to safeguarding and improving the physical,

mental and social well-being of older workers in the context of the Philippine National Country Program for Decent Work;

- developing and promoting occupational safety and health policies and programs that address the OSH concerns of older workers in the workplace as well as lifestyle-related risk factors;
- supporting the basic rights, effective health and social protection of older workers and their participation in decision making on matters related to their OSH concerns; and
- encouraging OSH initiatives for older workers in the context of the National Country Program on “Decent Work and OSH for All” through networking of all stakeholders.³¹

Women Workers

Preliminary data as of January 2006 shows that women workers comprise 38% or 12.4 million of the 32.3 million total labor force, a notch higher than 2005 data.

In year 2005, women constituted 12M or 37.5% of the total employed persons with an 88.5% employment rate. Working women were mostly concentrated in NCR (1.7M), Regions IV-A (1.5M) and Regions III and VI with 1.0M each.

Unemployed women, meanwhile, accounted for 1.5M or 38.1% of the total unemployed persons (3.9M) and accounted for an 11.7% unemployment rate. Region-wise, NCR was reported as where most (352T) of these women can be found followed by Regions IV-A (195T), III (164T) and VII (105T).

By major occupation group, females were still predominantly employed as laborers and unskilled workers. They were also employed as officials of government and special interest organizations, corporate executives, managers, managing proprietors and supervisors (2.1M or 17.6%); service workers and shop and market sales workers (1.4M or 12.0%); professionals (937T or 7.9%); and clerks (923T or 7.8%).

By major industry group, the greater proportion of women were in the wholesale and retail trade (3.5M or 29.5%) followed by those in agriculture, hunting and forestry (2.7M or 22.6%); manufacturing (1.4M or 11.7%) followed closely by those in private households with employed persons at 1.2 million or 10.5 percent.

Box 3. Studies on OSH of Women Workers

In 1996, the OSHC looked into the link between lead and female reproduction in the semiconductor industry. Some 399 women workers who worked in assembly and encapsulation operations were interviewed and tested. The results showed some women with obstetrical and gynecological signs such as spontaneous abortion. However, the study failed to demonstrate an excess risk of adverse pregnancy outcomes among the women examined.

Box. 4: Women in Semiconductor Industry

In 2000, another OSHC study focused on the semiconductor industry. The purpose was to measure the risk to women exposed to organic solvents. The *Assessment of Women's Exposure to Organic Solvents in the Semiconductor Industries* showed that 82 % of the 78 women respondents in the 20 companies surveyed were employed in the cleaning process. The most common danger was exposure to organic solvents i.e. isopropyl alcohol, acetone, toluene, trichloroethylene which going by the threshold limit values set by the OSH Standards were acceptable[§]. Nevertheless, the women complained of symptoms associated with organic solvent exposure ranging from irritating smell, dizziness to eye and skin irritation.

A positive spin off to OSHC's research efforts is its technical expertise in medical surveillance, biological monitoring, safety audits and work environment measurements (WEM). All four methods looked at exposures in workplaces and industries where women work, such as in garments and semiconductor manufacturing even before they occur to help reduce injuries and accidents and in order to avoid the situation as experienced by 57 OFWs in Taiwan, and few more in other semiconductor manufacturing companies in the Philippines. These workers suffered from Steven's Johnson Syndrome (SJS). SJS, a severe allergic reaction to various substances in and outside workplaces known to cause severe illnesses leading to death and disability.

Awareness is vital and awareness only comes with a comprehensive, gender sensitive and participatory training program for OSH. Women issues have found their way in most of the training courses that have been offered by OSHC since 1997³².

National and International Attention to Women Workers. Strategic alliances with partners are pursued in various fronts- local, regional and international. Locally, OSHC works closely with such partners as trade unions, employers, NGOs and the academe. OSHC provides trainers' training programs as well as resource persons during training programs. During the XVth World Congress held in Sao Paulo, Brazil in April, 2000 the Executive Director of OSHC keynoted the session, Women and Gender Issues Related to OSH, the first time women issues were given prominence in the World OSH Congress.³³

New technologies and processes are on the rise. The response should include taking account how these will affect the distinctive physiological and psychological characteristics of women. There are still unknown effects of toxic chemicals and substances, on the reproductive system, as well as in all other organs like the brain, liver and kidneys. Yet, very little data exists on work related injuries and illness of women. A statistical system that captures women's need in their work, including safety and health has to be put in place. The Philippine Plan for Gender Responsive Development (PPDG 1995-2025) says that sex-disaggregated data in all sectors, including safety, health and the environment is needed to address the concerns of women as agents of change and beneficiaries of social development".

[§] Threshold Limit Values or TLVs are levels at which exposure to the chemicals mentioned are considered safe.

Child Labour

There are 4 million working children in the country, 2.7 million of whom are in hazardous work. As early as 2000, the Secretary of Labor and Employment in Department Order 4, has stipulated that children under age 15 should not be found in several categories of hazardous work, among which are in mining, agriculture, construction, deep sea fishing, manufacturing and domestic work. The Philippines has in fact ratified ILO Conventions 138 on Minimum Age of Employment and ILO Convention 182 on the Worst Forms of Child Labor.

There is a national program on child labor, managed by the national child labor committee of which there are subcommittees on research, social protection, capability building. A Time-Bound Program is currently being implemented to respond to ILO Convention 182. RA 9231 and its Implementing rules and Regulations. The Philippines response to child labor has been through an exemplary partnership of civil society.

OSH a key element of Child Labor programs. An occupation is considered hazardous when it is a threat to the health and safety of persons. The safety and health concerns of working children require immediate action as their work expose them to numerous hazards that make them susceptible to accidents or injuries. Such accidents could be fatal or disabling; or illnesses may be manifested immediately after exposure or after a latent period. A health crisis will always occur when the health of the child is compromised.

Occupational safety and health (OSH) issues encompass the physical, mental, psychosocial and developmental health aspects. The spectrum of injuries and illnesses that may affect the working child may range from superficial wounds or common illnesses such as respiratory tract infection to severe and even fatal occurrences. But, even the less serious symptoms may have deeper effects on the child that may affect the normal development of these children. Once a child is sick or injured, the whole family suffers since an illness means less resources to the already marginal earnings of the household. Child labor issues involving child trafficking and prostitution and illegal drugs may cause an upsurge of sexually transmitted diseases including HIV/AIDS and the use of drugs in communities and consequently drug-related crimes. Also, there are some sectors of child labor that are especially more vulnerable, these children in trafficking, prostitution and very hazardous forms such as in small-scale mines and deep-sea fishing where fatalities are frequent.

The preventive occupational safety and health approach is primarily aimed at informing and educating the children and their families of the risks of the different hazards on the health of the children. This is done to make them aware of negative effects of the worst forms of child labor on their health and development, and convincing them to decide that children should no longer work in hazardous places.

Box 5. OSHC's Work on Child Labor

The OSHC has brought to attention of a wider public the need to acknowledge the presence of child labor and related hazards and risks at work. Since the mid-nineties several projects have been carried out with and for children working in pyrotechnics, in small scale mining in 1998, in deep-sea diving and fishing (Paaling), footwear and in farming in 2000³⁴. These programs have always been aimed at identifying hazards, risks, vulnerabilities and implications to children's health and finding solutions to problems. The Center has been making necessary institutional arrangements to protect and rehabilitate children through networking with stakeholders in the communities.

Legislative Action against Child Labor. In December 2003, Republic Act 9231 or the "Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act" was signed into law. This was followed by the issuance of the Implementing Rules and Regulations, through Department Order 65 – 04 of July 26, 2004. This legislation translates into Philippine national law ILO Convention No 182, on the elimination of the Worst Forms of Child Labor.

The urgency for a network of preventive services catering for children in hazardous working conditions has long been a topic of advocacy against the worst forms of child labor. Advocates have rightly lamented the inadequacy of health services for working children. At best, these services had amounted to basic consultation and treatment. The law provides that, "The working child shall have the right to free legal, medical and psychosocial services to be provided by the State".

This landmark legislation will enable child labor advocates to push for stronger programs to eliminate child labor in the country; and to provide services to children who had been exposed to hazardous working conditions, processes, substances and materials. The law entails the creation of a broad base of primary health care services simultaneous with building the necessary expertise. Eventually the country should be able to develop competencies in identifying risks caused by occupational exposure of children to multiple hazards, diagnosing work-related illnesses, understanding the synergies between prevalent public health problems such as TB, and malnutrition and workplace exposures, and providing for appropriate intervention.

Concerted action must continue in preventing children from entering hazardous work and in eliminating, within the foreseeable future, all child labor for 2.7 million children in hazardous occupations.

Box 6. Network of Health Services for Working Children

OSHC in collaboration with its partners have been developing a comprehensive project proposal for the National Program on Child Labor and for its Time Bound Program. Using the skills in health and safety, the proposal entails the development of a network which shall address the preventive, as well as potentially short and long term consequences of hazardous and other worst forms of child labor.

Prevention is better than cure and treatment. That means that in the first instance children should not be allowed to work in hazardous workplaces. In trying to achieve this goal, the provision of appropriate support to the children and including their, families and communities should entail a program which would:

- strengthen the knowledge and skills of stakeholders on the implications of hazardous work to children's health, both at local and national levels
- provide community-based health insurance
- take care of logistics, i.e. appropriate referral system, medications, and related work.

Informal Sector Workers

The informal sector consists of small-scale, self-employed activities (with or without hired workers), typically at a low level of organization and technology with the primary objective of generating employment and incomes. Activities are often conducted without proper recognition from authorities, and usually take place under very unsafe and precarious conditions. About 65% of the workforce is found in the informal sector. In Metro Manila alone there are about 1.9 M workers in this sector. A total of 6.3 million home workers are mostly doing informal sector work.

In the context of an ILO-UNDP supported project, several workshops on the Informal Sector were held. It became clear that social protection of workers and operators in the sector was largely inexistent. Very poor and inadequate occupational safety and health conditions were observed in many workplaces. The workshops were aimed at understanding the particular occupational safety and health conditions and needs of market vendors, street hawkers, home based industry workers, and workers in small and micro-businesses and industries;

Following the workshops, a set of pilot OSH projects the informal sector in selected communities were identified. The recommendations from the workshops included training, IEC campaigns, advisory in the media/LGUs, integration of OSH in the curriculum, creation of OSH units in LGUs, integration of OSH in primary health care and appreciation of OSH.

LGU Plans for the Informal Sector. Sixteen cities and municipalities developed a proposed city/municipal plan of action of OSH covering 5 sub-sectors; namely:

- market vendors,
- small transport workers,
- street hawkers,
- small construction workers
- home based industry workers.

The process involved the participants from the LGUs, the Informal Sector representatives and support agencies. Capability Building on work safety and health for LGUs and informal sector associations were given by OSHC. The workshops were followed by Basic OSH course in pilot projects in QC and appreciation course in OSH in NCR, Marikina, Paranaque, Leyte and Marinduque.

Advocacy work towards integrating primary prevention on OSH and integrating these in the Philippine Health Insurance program is gaining ground through the representation of the Anti-Poverty Program on Workers in the Informal sector.

Part 7. MEDIUM TERM CHALLENGES

The above review has highlighted trends, successes and limitations in preventive safety and health programs in the Philippines. Building on existing arrangements, institutions and networks, further consultations among stakeholders hold great promise for the creation of an effective internally consistent program on safety and health. The success of a national plan and program for OSH will have to confront the following nine challenges.

Capability Building through Training, Networking and Regional Initiatives

Over the past few years in response to increasing demand of the private and public sectors, advocacy, and various services, training and research have been greatly expanded by the OSHC, private training agencies, employers and workers organizations and academe. In order to widen the coverage of clientele, much attention was given to strengthening regional mechanisms by which occupational safety and health could be implemented, such as the Zero Accident Program. Through ZAP, networking was facilitated by several Memoranda of Agreement (MOA) between OSHC and tripartite and multisectoral partners covering joint undertakings in information, training, technical services and advocacy. Considering the large and ever increasing clientele, the coverage of OSH services is still far from ideal both in terms of numbers of trainees and share in the working population covered. New and promising methods and tools have sharpened the possible arsenal of interventions in the area of medical, industrial hygiene and safety fields including diagnosis, research and capability building. Yet the number of trained persons in the field of diagnostics for occupational health, industrial hygiene and occupational safety remain pitifully small.

Against this background, consolidation of OSH services, capacity building and networking to include other government agencies and NGOs, workers and employers groups, and the academe as OSH implementers should command the highest priority.

Data collection, analysis and dissemination

A solid OSH data base is a primary requirement for a meaningful development of policies and the implementation of a harmonized program. Here, DOLE and the partners in multisectors should take the lead for a better and efficient system of reporting, recording and notification of occupational injuries and illnesses. Streamlining of and improving the quality and timeliness of methods and approaches have a lot of room for improvement if data were to be used realistically in planning and improving programs. The challenge in injuries and illnesses data collection and analysis should include three large working populations not usually included in the surveys. These are the workers in the informal sector, the 90% of farm workers usually in small undertakings, and the overseas foreign workers. All told, these populations would account for more than 70% of the workers.

Chemical safety management

The need to bridge the yawning gap in chemical safety management in both private and public sector is urgent, thus more resources (financial and human) would need to be identified from both within the agencies involved and from potential external donors. Capability building of implementers such as the OSHC staff and others in several aspects of chemical safety management would include strengthening diagnostic and laboratory skills to implement the Globally harmonized system of labelling chemicals, improve risk assessment and control strategies, and address biological, chemical and radio nuclear hazards.

It is recommended that within the National OSH Plan, a national Strategic Approach to Implementing Chemical Management (SAICM) should be part of the Interagency work on chemical safety management in the Philippines. The possible external donor and program sources could include the Global Environment Fund (World Bank and UNDP), Quick Start Programme by the European Union (EU), UNITAR in training and research and UNEP.

Including the Perennially Excluded Groups

Each year, about one million workers are joining the Philippine labor force of about 35 million; 75 % of the labor force is located in SMEs and the informal sector in the urban centers, primarily in Metro Manila; these sectors are inadequately covered by OSH services. To give meaning to the concepts of “Decent OSH for All” these vast segments of the working population require urgent attention in all fields of prevention. The majority of workers in SMEs and the informal sector have yet to benefit from possible improvements of OSH services.

OSH Concerns of Migrant workers

The nature and frequency of injuries and illnesses of OFWs calls for an integrated approach to serving the needs of this sector. A bilateral agreement between the Republic of Korea (ROK) and the Philippines provides the basis for OSH training for all OFWs prior to departure to ROK. This includes a two-day training for basic occupational safety and health. More and more countries are becoming interested in this model. If this materializes available technical resources for OSH would need to be increased substantially.

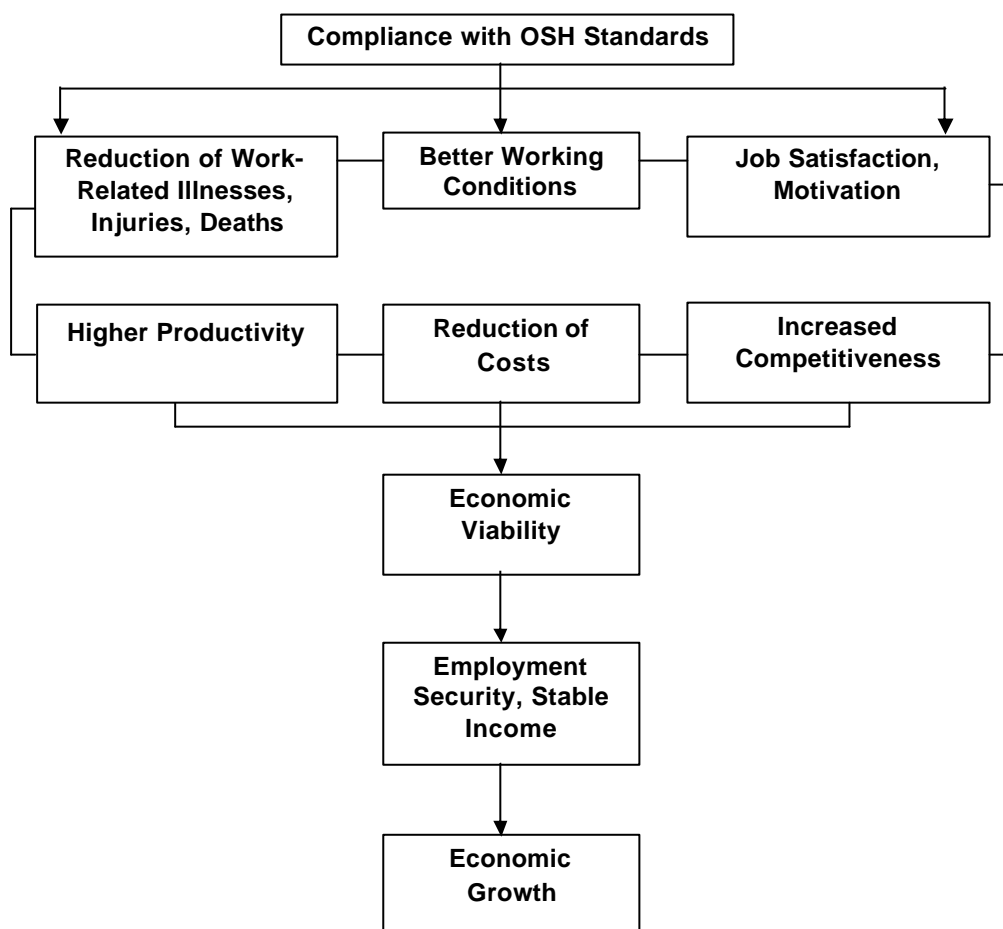
Linkages between OSH, productivity and economic growth.

Figure 14 illustrates that compliance with OSH standards translates into positive effects of work performance and job satisfaction. The end result of lower cost, higher productivity and increased competitiveness will be economic viability of firms, employment security for the workers and economic growth for the country. More recently, economic considerations have received increasing attention such as tangible returns on investing in the safety and health of the workforce, management and labor

have become aware of the close causal relationship between OSH and productivity. Many large enterprises are taking the lead by providing services that go well beyond legally established minimum standards. These commendable initiatives are being acknowledged by national awards under the Gawad Kaligtasan Kalusugan (GKK) of the DOLE's Zero Accident Program.

The challenge is for more establishments to follow this concept which links good OSH practices with productivity of firms.

Figure 14. Linkages between OSH, Productivity, Economic Viability and Employment Security



Monitoring and evaluation ³⁵

National and local occupational safety and health indicators should be formulated and serve as tools for policy and program development together with findings from policy research on OSH. Monitoring is expected to be part of an ongoing program, while evaluation can be done at mid-term and at the end of Y 2010. The system should include all stakeholders implementing the Plan.

Governance of preventive OSH at national, regional and establishment levels.

There is a consensus among stakeholders for concerted efforts in creating an integrated OSH system. High level of political commitment for good governance would be expected for an effective implementation of a harmonized national OSH system in particular if one were to cast a wider net of government and non-governmental partners. This development could be done in the context of House and Senate Bills on Occupational Safety and Health Administration and that such legislation would cover all workers, or through administrative arrangements.

In 2005, all government agencies, including the DOLE, have examined how government could best streamline the bureaucracy by rationalizing functions and services. As far as OSH is concerned, consolidated proposals have emerged for the operational integration of prevention and compensation programs, the strengthening of regional activities and programs on OSH, and the elimination of duplication of functions of different agencies and bureaus.

Both employers and workers organizations are attaching the highest priority to a consolidation of OSH services. The unions are calling for the creation of a National Tripartite Advisory Council on OSH and the employers' consider OSH matters an integral part of the managerial function.

National policy on "Decent Work and OSH for All"

To overcome duplication and achieve coherence of efforts in OSH preventive systems and measures, there is urgent need for substantive consultations at policy making levels like the National Tripartite Industrial Peace Council (TIPC) and for high-level political and legislative support to place occupational safety and health high up in the priority of a labor agenda. Useful guidance could be obtained from the deliberations at the 91st and 93rd International Labor Conferences (ILCs) which underlined that safety and health of workers were fundamental components of a Decent Work agenda. Moreover, a national preventive OSH culture was a fundamental element of a global OSH strategy, calling on all social partners to initiate coherent, sustained efforts for the continuous improvement of national OSH systems.

Part 8: COMPREHENSIVE & INTEGRATED NATIONAL OSH PLAN, 2006-2010

Extensive consultations among social partners on the status and future direction of OSH in the Philippines eventually led to recommendations to formulate a comprehensive and integrated national OSH plan for 2006-2010 (Annex 3). There was general agreement that for the national OSH plan to be successful it should be well integrated into the framework of the Country Program on Decent Work and the Philippine Medium-Term Development Plan 2005-2010.

The draft Plan, geared towards the vision that “All Filipino Workers are guaranteed the right to safe and healthy workplaces” is to be implemented through strategies, medium-term programs and activities that address the specific OSH challenges, discussed in Part 4-6 above. Success indicators are designed to facilitate effective monitoring and evaluation.

Focus on Prevention

Prevention takes center stage in the draft Plan; it aims at strengthening DOLE lead role in preventive programs and at capacity building of existing systems and networks of tripartite and other stakeholders. There was general support in the OSHC Governing Board and by major stakeholders for a central role of prevention. It was assumed that a massive drive for prevention would eventually result in a decrease of both the occurrence of accidents and claims for compensation.

Successful plan implementation will hinge, to a large degree, on achievements in the following major areas, namely

- clarification of mandates and processes on OSH;
- resource allocation;
- improvement of OSH data collection and analysis and
- professionalisation of the OSH community

Clarification of mandates and processes.

DOLE, like other government agencies has embarked on a drive for rationalization; the aim was to streamline the structure and processes and thereby create greater synergy between different functions and services. As far as OSH was concerned, possibilities were explored for an operational integration of prevention and compensation programs, the strengthening of regional activities and programs on OSH, and the elimination of duplication between functions of different agencies and bureaus. The success of the outcome would largely depend on the willingness of all players to communicate effectively and to find workable solutions in the implementation of a strong preventive OSH agenda

Resource allocation.

Similarly there was wide support that a streamlining of mandates and possible reorganization must go hand in hand with the reallocation of resources. Over the past years, the OSHC had to carry out several new activities under its work and financial plan; to an enormous potential for growth in preventive services should be added rising expectations of clients for wider and technically more demanding services. The time has come to place funding and resource for preventive work on a solid footing. Accordingly the proposed National OSH Plan for 2006-2010 and the National medium term program on OSH is expected to give attention to adequate human as well as financial resources.

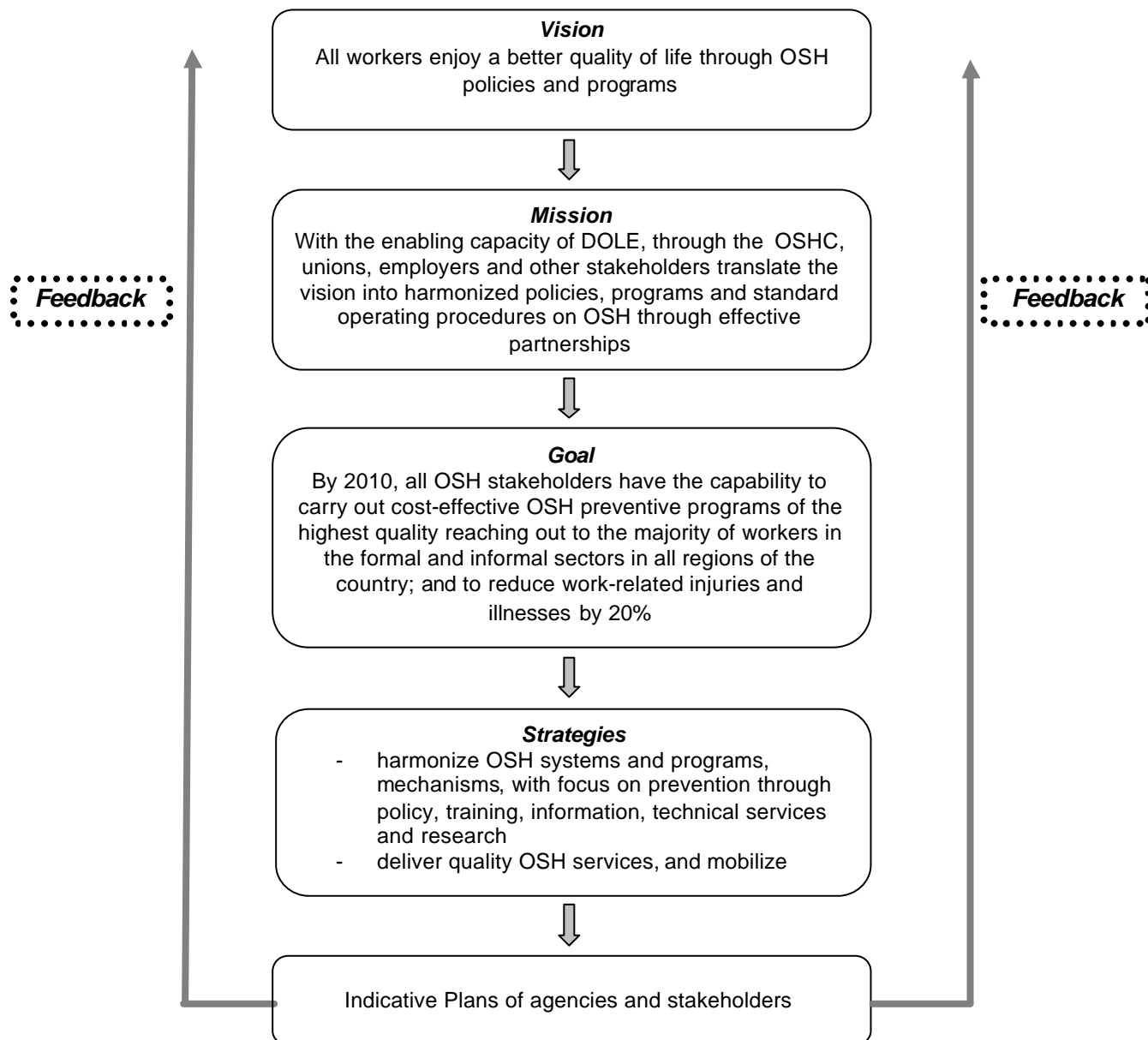
Improvement of data collection and analysis.

Most important is to refine the tools, the processes, and the scope for nationwide data collection and analysis to show that OSH preventive measures and greater awareness about OSH policies and practices will, in the longer run, lead to a decrease in both work-related accidents and compensation claims

Professionalisation.

A major medium-term goal is to professionalize the occupational safety and health community in the context of a rapidly changing world of work and emerging and re-emerging hazards and risks. Primary target groups include actual or future OSH personnel in public and private establishments, human resource practitioners, supervisors, union leaders, employers or government officials. To this effect, much work remains to be done in increasing the number of quality trainers through capability building of public and private training institutions and providers.

Figure 15. Framework of Action for an Integrated and Comprehensive National OSH Plan (2006-2010)



Conclusion and Outlook

Given the demographics of the labor force and the dramatic changes in the world of work, a culture of “Decent Work and OSH for All” cannot be achieved overnight. It will take time and sustained advocacy for OSH values and practices to gain wider acceptance and to translate into reduced number of accidents, injuries and work-related deaths as well as in a reduction of compensation claims.

The enthusiasm and commitment shown by all concerned during the preparatory phase, holds great promise that stakeholders will design and implement policies and programs that will lead to an effective OSH coverage of larger numbers of Filipino workers. This powerful message has transcended the preparations of the OSH Plan and will remain the guiding principle during implementation of the Plan in the years to come.

The Tripartite Industrial Peace Council (TIPC), established in 1990 through Executive Order No. 403, provides a high-level forum to formulate, review, and approve plans concerning labor and employment matters, including OSH. Accordingly, it has supported the development of the National Occupational Safety and Health Plan for 2006 to 2010. TIPC is composed of the Secretary of Labor and Employment as Chairman and twelve (12) representatives each from the tripartite sectors (government, employers and workers) to be designated by the President. The DOLE provides Secretariat and technical support.

**Annex 1. ILO Conventions Ratified by the Philippines including those
Directly or Indirectly related to OSH**

Convention No.	Subject	Date Adopted By the ILO	Date: Ratification Registered
89	Night Work (Women) (Revised)	1948	Dec. 12, 1953
90	Night Work of Young Persons (Industry) (Revised)	1948	Dec. 12, 1953
93	Wages, Hours of Work and Manning (Sea) (Revised)	1949	Dec. 12, 1953
98	Right to organize and Collective Bargaining	1949	Dec. 12, 1953
111	Discrimination (Employment and Occupation)	1958	Nov. 17, 1960
17	Workmen's Compensation	1925	Nov. 17, 1960
23	Repatriation of Seaman	1926	Nov. 17, 1960
59	Minimum Age (Industry) (Revised)	1937	Nov. 17, 1960
77	Medical Examination of Young Persons (Industry)	1946	Nov. 17, 1960
105	Abolition of Forced Labour	1957	Nov. 1960
118	Equality of Treatment	1962	April 1944
110	Plantation	1958	Oct. 10, 1968
19	Equality of treatment	1925	April 26, 1994
149	Employment and Conditions of Work and Life of Nursing Personnel	1977	June 10, 1979
157	Maintenance of Social Security Rights Vocational Rehabilitation and	1982	April 1994
159	Employment of Disabled	1983	July 1990
176	Safety and Health in Mines	1995	Feb. 1998
138	Minimum Age of Employment	1973	June 1998
182	Worst Forms of Child Labor	2001	Nov. 2000
29	Forced Labour	1930	July 2005
165	Social Security (Seafarers' revised)		
98	Right to Organize Collective Bargaining	1949	Dec 29, 1953
176	Mine Safety	1995	Feb 27, 1998
144	Tripartite Consultation	1976	June 10, 1991

Annex 2. Strategic Plan 1998 – 2004

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
<p>1. To establish an effective OSH communication system</p>	<ul style="list-style-type: none"> • Provide a mechanism for continuing communication with partners and clients. • Come up with journals and publish researches and activities • Intensify the development of new and alternative means of communication and Information dissemination 	<ul style="list-style-type: none"> • Yearly communication plan developed • Extensive use of mass media • PhilOSH Newsletter • TCTP^h Newsletter • Publish in other OSH journalsⁱ • compilation of research up to 2004 • Website • uZAPang OSH • Posters on OSH 	<p>Plan implemented to a large extent, with modifications and additions according to needs & developments</p> <p>Used broadcast and print and alternative media forms of such as regional campaigns in all regions, press conferences, press releases^j</p> <p>14 issues at 5,000 copies each issue</p> <p>5 issues at 5,000 copies each issue</p> <p>For publication</p> <p>See footnote^k</p> <p>Posters seen in most establishments visited during technical visits of OSHC.¹</p>

^h TCTP or Third Country Training Program, in this case, on OSH in Small and Medium enterprises.

ⁱ Asian-Pacific Newsletter (articles on Pesticides, OSH Management System, Child labor in Footwear, Child Labor in Mining; OSHC publications on Factors that contribute to occurrence of accidents in construction, Crane code of practice, DO 13 on Construction safety, safety in confined space; Technical advisories on hazardous substances, DO 53-03 on Drug-Free workplace; Primer on HIV/AIDS workplace, Training Manual on HIV/AIDS Workplace; DO on TB Prevention and Control Workplace, etc.

^j Regular radio programs in DZRV every Monday, Thursday, Saturday, UNTV on Saturdays, regional visits are always used to disseminate information through radio, TV and print. Radio dramas are aired on DZRV and 4 other radio stations in the regions; invitations to high rating TV shows, documentary films on popular TV, and a regular column for OFWs.

^k Website was utilized to facilitate information exchange among its various clientele. UZAPang OSH was used to tackle current, new and emerging OSH concerns in regional campaigns.

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
<p>2. To improve provision of OSH services/technical assistance to the under-served sectors (see page for discussion)</p>	<ul style="list-style-type: none"> ▪ Strengthen technical assistance to under-served sector such as informal sector, vegetable farmers, child laborers, women workers, young workers, OFWs, older workers, disabled, etc. 	<p>w/ ILO/UNDP project on the Informal sector pilot project on info and training of 16 LGUs in Manila; of informal sector operators and workers;</p> <p>recommendations on info, training, networking given through research on Pesticides in CAR; -visits to areas in imminent danger -assistance in the drafting of IRR of RA 9231 on child labor, appearances on hearings of same law, participation in the hearings of ILO C 138 and 182 before their ratification; m</p> <p>- held first national consultation on women workers' health and safety (1998); -held first natl conference on Young workers' H and S (2003); - addressed H and S of older workers in World Day for Safety and Health 2005. -Work Environment Measurement (WEM) for SMEs</p>	<p>198 participants from 16 LGUs of NCR trained 350 pax from informal sector establishments assisted.n</p> <p>-consultations with stakeholders in CAR from 2000 to 2002 -uzapang OSH in Benguet State University w/multisectors in 2002 -Nov. 2005 follow-up clinical and lab exams to address pesticide exposure of teachers and students who are CLs, in partnership w/Bayer Phils.</p> <p>Joint Resolutions of multistakeholders on young, women, older workers ff. natl. consultations; -research, info and training progs developed for these populations</p> <p>pls. see Table for WEM accomplish-ments</p>

^lexamples of posters: GHS,HIV/AIDS,Drugs,Construction safety, Fire safety, Ventilation, Occupational health services, Tobacco, Child Labor.TB

^m acts as chair and vice-chair of capability bldg and social protection subcommittees of the National Program on Child Labor (NPACL)

-developed a concept to build capability of partners for using health and safety insights on health and safety consequences of children in hazardous work.

ⁿ in Quezon City, Manila, Marikina, Paranaque, Marinduque, Leyte

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
<p>3. To develop a comprehensive, responsive, gender-sensitive and participatory training program for OSH</p>	<ul style="list-style-type: none"> • Undertake capability building/technology transfer for DOLE regional implementors • Develop gender-sensitive OSH curriculum • • Require a "MASA"-friendly articulation of basic trainings, information and communication regarding OSH matters • Empower stakeholders by building capabilities and sharing competencies • Make training methodology "action oriented". • Design courses for special sectors (informal sector, child labor, etc.) • Prioritize the development of advanced OSH training for OSH practitioners • • Advocate the integration of OSH in the educational system at all levels (college, primary, etc.) • • Develop the competence of labor inspectorate in conducting work place inspection to include OSH evaluation • Improve understanding of work-related safety and health for compensation purposes 	<p>Training Plans and programs developed Training materials: manuals, AV/support, checklists developed Brochure on training courses published</p> <p>Re-entry of training analyzed</p> <p>Further development of training courses, i.e on TB, 80-hr., OSH-MS Institutions/agencies assisted</p> <p>Curriculum developed for special populations</p> <p>SOLVE training of trainors given by ILO</p> <p>Design module on psychosocial factors (Stress, HIV/AIDS, Violence, Drugs, Tobacco)</p> <p>Developing the OSH-Management System course</p> <p>Adopted Basic OSH course for schools ; developed training course on drugs for schools, as well as training trainors.</p> <p>-training programs given to the entire labor inspectorate on BOSH, WEM, HIV/AIDS</p> <p>Developed curriculum on work-relatedness</p>	<p>28,000 participants trained Training programs on 24 courses offered all year round; 20% of re-entry plans of participants monitored.</p> <p>Training approach laymanized in many instances Tracer survey done in 2000</p> <p>Trained focal persons in OSH in Regions And circulated Gender concerns integrated in the training curriculum Develop module on</p> <p>Integrated in basic and special topic courses, gender concerns integrated</p> <p>4 SOLVE training courses given, TOT, in partnership with UP-SOLAIR</p> <p>a draft completed on OSH-MS</p> <p>trained two groups of professional orgs. on school health and safety; - technical orientations in school H and S. -school health and safety guidelines developed .</p> <p>-50 ZAP focal persons and labor inspectors in Visayas and Mindanao trained.</p> <p>Course given to over 300 MDs and nurses.</p>

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
<p>4. To establish rapid response mechanism/system for assistance in priority industries</p>	<ul style="list-style-type: none"> • Set up a system to respond technically to priority industries, workplaces • Concentrate safety and health for construction industry 	<p>-member of Work Alert of DOLE and the IACEH^o -developed manual w/ DOH;part of (BCRN^p) Committee led by DOH and Natl Disaster Program; -member of natl SARS and Avian Flu Committees and coordinates the respective programs for the workplace sector.</p> <p>Developed training course on construction safety</p>	<p>-Active partnership in cases of imminent danger including on all hazards and risks mentioned.;</p> <p>-a workplace program was integrated in SARS and now Avian Flu awareness raising Fora</p> <p>Trained at least 1500 pax in construction safety.</p>

^o IACEH or Interagency Committee on Environmental Health.

^p BCRN or Biological, Chemical and RadioNuclear Weapons

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
5. To propose and lobby policy legislations governing OSH	<ul style="list-style-type: none"> • Advocate for the ratification of international standards • Review the existing policies and amend if necessary. 	<ul style="list-style-type: none"> - technical inputs to discussion on ILO C 138 and 182 integrated; - updates list of CCO⁴ w/DENR; - Technical contributions to Dept. Orders on construction, Drugs, TB, Child labor. 	<ul style="list-style-type: none"> - advocacy for free health services for any child exposed to workplace hazards and risks integrated in IRR of RA ? - several pax trained on DOs on drugs, TB, HIV, construction, Child labor.
6. To strengthen and enhance manpower and technical capabilities of OSHC	<ul style="list-style-type: none"> • Increase the manpower and technical capability of OSHC • Enhance the capability of the OSHC's resources (human, physical, financial, technology, etc.) 	Local and international fellowships, training	AO on ZAP regionalization prepared
7. To recognize excellence in the field of OSH	<ul style="list-style-type: none"> • Sustain award-giving bodies such as Gawad Kaligtasan at Kalusugan (GKK) within ZAP. • Deliver its services with a standard of excellence that is globally competitive. 	<p>4 Gawad Kaligtasan Kalusugan Award held every 2 years</p> <p>Recognizes center for excellence in the private sectors using GKK as take off point</p>	<p>12 winners in the Secretary of Labor category and special recognition awards.</p> <p>Increasing no. of individual and partner organizations; network with intl. organizations, presentation and keynote to World Congresses on OSH, training coordinator for the ASEAN-OSHNET; technical trainer for GHS.</p>

⁴ CCO or Chemical Control Order

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
8. To rationalize and prioritize OSH research agenda	<ul style="list-style-type: none"> • Sustain core research mandate activities; • Re-convene research committee, set up a system of prioritizing research agenda on OSH, strengthen in-house research capability • Identify top OSH problem affecting work population in general, women, children in hazardous occupations, informal sector, etc. 	<ul style="list-style-type: none"> - a draft national research agenda. - Continuing staff development on research - Case studies on vulnerable population done. 	<ul style="list-style-type: none"> - the research agenda incorporated in Work and Financial Plan - 40 pax trained in research - 20 researches used for policies devt. or review. - all researches integrated in information and training programs, and in technical assistance, on statistics and, research methods; - Mindanao cluster planned for a Mindanao Summit on OSH for May 2006.

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
<p>9. To institutionalize linkages with multi-sectoral groups</p>	<ul style="list-style-type: none"> • Design a national OSH plan (with stakeholders) that is movement-type and nationally coordinated concerns; • Establish mechanism of providing a coordinated response to OSH problems/concerns involving other concerned agencies • Establish TWGs per KRA^f (multi-sectoral) <p>Set-up a data banking of OSH information/issues/concerns</p>	<p>Several preparatory consultations done National OSH Plan Consultation /workshop done</p> <p>- OSH programs are always in cooperation with and in coordination w/labor centers , employers, other GOs and NGOs, academe.</p> <p>TWGs on Research On Communication</p>	<ul style="list-style-type: none"> - National profile developed. - National OSH Medium-Term 2006 to 2010 developed. See pages for other linkages. - the national agenda on research - communication and training plan developed on chemical safety management (GHS,POPS,CCOs)^s • multi-sectoral committees convened/ • strengthened on OSH thru Dos, AOs to interact with stakeholders and partners on a regular basis^t • reviews chems for importation; • Participated in the devmt. of IRR for RA6969 or Toxic Substances Act,

^f Implemented OSH programs in cooperation and coordination with labor centers and federations.

^s active participant to development of Natl. POPS program and development and marketing of proposal to GEF; active partner in development of natl. GHS and lead agency in technical training of partners on GHS ; represented Phils in IFCS and SAICM meetings internationally and locally;

^t AO 236 1996 on HIV/AIDS,
DO 53-03 Drug-free workplace, IACEH,
DO 74-05 TB workplace, DO on construction safety council
Interagency GHS and POPS
initiated set up of IHAP

Strategic Objective	Strategy	Achievements/Output	Performance Indicator
10. To formulate IRR of E.O. 307	<ul style="list-style-type: none"> • Formulated and implement the IRR of EO 307 to include the restructuring of the OSHC (organization, coverage, system and process) • Expand/broaden composition of OSHC board 	<p>IRR formulated by the Governing Board in 2003</p> <p>- not carried out, needs legal action.</p>	The IRR has been disseminated to partners and stakeholders.

Annex 3. Preparatory Consultations on OSH Plan, 2006-2010

Presentation to the Tripartite Executive Committee of the TIPC- July 2005

OSHC consultations with the following:

Multisectors

August 2005

October 2005

DOLE regions – January to November 2005

Mindanao focal persons on ZAP – 31 Aug to 3 September, Camiguin, CDO

Visayas focal persons on ZAP – 9 to 11 November, 05

Luzon focal persons in ZAP – no specific consultations, but focal persons have been involved in several OSH activities since Jan 05 and in 2003 and 04
NCR/RCC - 2005.

Other government agencies consulted by OSHC: CSC, DOH, DILG, DENR, DA, DOE, DOTC, DOT, DepEd, DOST, CHED, TESDA, DSWD, DTI (BOI and BPS), DOST, LGUs, NEDA, SSS, GSIS, PhilHealth, NCIP

Unions

- PGEA , August 22, 2005

- Alliance of Asian Labor Unions of International Financial Institutions
November 7, 2005

- PSLINK December 9, 2005

Employers and private sector:

- ECOP's project on Social Responsibility with GTZ, SEAL, InWENT,)

- Industry associations, for e.g. SPIK, Tripartite Boards of industry for e.g. construction, banking, hotel and restaurant),

- Construction Safety Council

Gawad Kaligtasan at Kalusugan (GKK) winners, (Annex)

Safety Training Organizations

Academe (UP-SOLAIR, UP-CPH, UP Poison Centers, De La Salle , Miriam, PUP, TUP, others)

Media (broadcast and print)

Inter-Agency Committee (IAC) on DOLE Statistics, Environmental Health, HIV/AIDS, Drug-Free Workplace)

NGOs, professional organizations

PCOM, OHNAP, SOPI, Safety Training Organizations (STOs), Industrial Hygienist Association of the Phils. (IHAP), Private School Health Officers Association (PSHOA), Hospital Association of the Philippines, Phil. Industrial Relations Society (PIRS), ILO Association of the Philippines (ILAPI), Workers in the Informal Sector (WIS) of the National Anti-Poverty Commission (NAPC)

Legislative Body (Senate and Lower House Committees on Labor, Health and related committees such as women, youth and children).

Annex 4. Training Courses of OSHC

Training Courses offered by the Occupational Safety and Health Center

Mandatory Courses

Basic Occupational Safety and Health Training Courses
Construction Safety
Drug-Free Workplace
HIV/AIDs and the Workplace and R.A. 8504

Specialized Training Courses

Safe Use of Chemicals at Work
Fundamentals of Industrial Hygiene
Workshop on Industrial Ventilation
Work Environment Measurements
Zero Accident Program-Regional Training
Industrial Fire Safety
Fire Safety
Crane Safety
Forklift Safety
Work-Relatedness of Diseases
Prevention and Control of Lifestyle-Related Diseases in the Workplace
Blood Lead Analysis
Policy Level Training on Stress, Alcohol & Drugs, Violence, HIV/AIDS and Tobacco (SOLVE)
Health and Safety Strategies in Child Labor Programs
Third Country Training Programme on OSH for Small and Medium Enterprises in Selected ASEAN and Asia-Pacific Countries
Globally Harmonized System in Labelling Chemicals (GHS)

Annex 5. OSHC RESEARCHES 1998-2005

- Fun and Hazards in Philippine Bars & Discos: A Case Study by the OSHC
- Health, Safety and Working Conditions in Call Centers in the Philippines
- Articles published in the Asia Pacific Newsletter on Occupational Health and Safety
 - A case study on child labour in the Philippine footwear industry: Health, safety and the work environment
 - Health and safety of farmers in the Philippine Cordilleras: Pesticide exposure
 - Occupational health services in the Philippines
 - Occupational safety and health for youth in the Philippines
 - Globalization and Asian women: The Philippine case
 - The psychological and social costs of working abroad
- Work Environment Conditions of Local Government Units in Metro Manila
- Health Assessment of Child Workers in Barangay dela Paz, Binan, Laguna
- Working and Health Conditions of Workers in Government Chemical Laboratories in Metro Manila
- Tracer Survey of Basic Occupational Safety and Health (BOSH) Participants (from August 1998 - August 2000) (Published)
- Comparison of Health and Well-Being of Females Working in Day and Night Shift
- Study on the Performance of Efficiency of Laboratory Exhaust Hoods
- Assessing the Knowledge Attitude and Practices of Construction Workers and Supervisors/Managers on Occupational Safety and Health in High Rise Building Projects in Metro Manila
- Database of Worker' Compensation Claims in the Philippines, 1994-1996
- Survey on the Health Effects of Organophosphate Exposure Among Farmers in the Cordillera Administrative Regions (CAR)
- Health Status of Women Workers Exposed to Organic Solvents in Selected Semiconductor and Microelectronic Companies in the Philippines
- Assessing the Need for Preventive Action Against STD/HIV/AIDS Among Filipino Seafarers
- Knowledge, Attitude and Sexual Practices of Taxi Drivers and their Helpers
- Case Study on the Incidence of Stevens Johnson Syndrome Among Filipino Workers in Two Electronics Factories in Taiwan
- A Case Study of Children in Small-Scale Mining
- Case Study on the Impact of Work Environment Measurement (WEM)
- Assessment of the Health Status of Deep-Sea Fishermen Practicing the "Pa-aling" Method in Palawan
- Turn Down the Volume Please: Noise Levels in Commercial and Industrial Establishments (2003-2004)
- Development of Dust Respirators from Locally Available Materials

- Anti-Static Footwear Tester
- Two-Hand Safety Relay
- Occupational Health and Safety in Hotels and Restaurants – A Preliminary Survey
- Survey on Voluntary Blood Donations Program
- Survey of Workplace-Based Interventions for the Prevention of Tobacco-Related Diseases
- Database on STD/HIV/AIDS in the Workplace
- Drug-Free Workplace Policies and Programs Database 2002-2005
- Update on Workplace-Based Prevention Program on Sexually Transmitted Diseases and HIV/AIDS
- The Physiologic Responses of Foundry Workers to High Temperature Environment
- Risk Assessment of Workers in Selected Tannery Industries in Bulacan (Progress Report)

Researches done in cooperation with the Institute for Labor Studies

- Fine Crafts from Laboring Hands – A Case Study on the Working Conditions and Occupational Safety and Health of the Woodworkers of Sta. Ursula Betis, Pampanga
- The Tabaseros – A Case Study on the Working Conditions and Occupational Safety and Health of the Sugar Cane Harvesters of Pura, Tarlac
- Battery Recycling: A Risky Way to Make a Living – A Case Study on the Working Conditions and Occupational Safety and Health of the Battery Recyclers of Pasay City and Navotas
- Steel Shapers – A Case Study on the Working Conditions and Occupational Safety and Health of Metal Fabricators in Manila

References

- ¹ Implementing Rules and Regulations of Executive Order 307 Creating the Occupational Safety and Health Center in the Employees' Compensation Commission
- ² Labor Force Statistics, National Statistics Office, July 10 2006
- ³ Philippine Constitution of 1986
- ⁴ Philippine Constitution of 1986
- ⁵ The Occupational Safety and Health Standards, (OSHS), 1978
- ⁶ The ILO Promotional Framework on Occupational Safety and Health, 2006-09-28
- ⁷ MOA between DILG and DOLE, 6 September 2004
- ⁸ Presidential Decree No. 856 Code on Sanitation of the Philippines, 23 October 1975
- ⁹ Executive Order No. 489, institutionalizing the Interagency Committee on Environmental Health (IACEH), November 22, 1991
- ¹⁰ Republic Act (RA) No. 7607 or the Magna Carta for Farmers, 1992
- ¹¹ Republic Act No. 1199 Agricultural Tenancy Act, 1954
- ¹² Stockholm Convention on Persistent Organic Pollutants, May 22, 2001
- ¹³ RA 6969-An Act to Control Toxic Substances and Hazardous and Nuclear Wastes, 26 October 1990
- ¹⁴ Republic Act No. 7942 (Philippine Mining Act of 1995
- ¹⁵ ILO/ADB RETA Project (OSH), 2004
- ¹⁶ Occupational Safety and Health among Informal Sector Workers, an ILS/OSHC publication, DOLE, 1999
- ¹⁷ Case Studies on Child Labor in Small Scale Mining, in Footwear, in Deep-Sea Fishing, Pyrotechnics, from 1997 to 2003, OSHC Research.
- ¹⁸ Pesticide Exposure in the Cordilleras, OSHC, 2002
- ¹⁹ Registry of DOLE-Accredited Safety Practitioners, Bureau of Working Conditions, 2006
- ²⁰ The Third Country Training Program on Occupational Safety and Health of Small and Medium-Sized Enterprises, from 1995 to 2005.
- ²¹ Globally Harmonized System of Classification and Labelling of Chemicals (GHS), First revised Edition, United Nations, 2005

-
- ²² Situationer on Globally Harmonized System of Labelling Chemicals in the Philippines, for publication by UNITAR and the Bureau of Investments, Department of Trade and Industry, 2006
- ²³ Asia Pacific Conference on Contact Centers, 2006, Manila
- ²⁴ Alcantara, Maria Ofelia MD, MPH et. al. Assessment of the Health Situation of OFWs in Selected Countries, Overseas Worker's Welfare Association, September 2004
- ²⁵ Alcantara, Maria Ofelia MD, MPH et. al. Assessment of the Health Situation of OFWs in Selected Countries, Overseas Worker's Welfare Association, September 2004
- ²⁶ MOA between the South Korean and Philippine Government for OFWs to Korea, 2004
- ²⁷ Maritime Labour Convention (MLC), 2006
- ²⁸ National Household Survey on the Nature & Extent of Drug Abuse in the Philippines, 2005
- ²⁹ Case Study on Safety and Health Conditions in Selected Hotels and Restaurants, 2005, OSHC
- ³⁰ Proceedings of the First National Conference on Young Workers' Safety and Health, October 2003, OSHC, in cooperation with the Friedrich-Ebert Stiftung
- ³¹ Proceedings of the World Day for Safety and Health "Older Workers Health and Safety". 2004, OSHC
- ³² OSHC Research Compilation 1996 to 2005
- ³³ Keynote address on Gender and OSH in proceedings of the World Congress on Occupational Safety and Health, Sao Paolo, Brazil, 1999
- ³⁴ Case Studies on Child Labor in Small Scale Mining, in Footwear, in Deep-Sea Fishing, Pyrotechnics, from 1997 to 2003, OSHC Research.
- ³⁵ Gust, D. Estrella: (2002) Occupational safety and health in the Philippines: in Proceedings of the Workshop on National and Local OH and S Profiles and Indicators, 2001, Finnish Institute of Occupational Health, Helsinki