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OCCUPATIONAL HEALTH IN THE PHILIPPINES

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DEMOGRAPHIC TRENDS OF THE LABOR FORCE

The population of the Philippines in 2000 was 75.33M, comprising about 15M households with an average of 4.9 persons per household. The average annual growth of the population stands at 2.02% from 1995 to 2000, one of the highest growth rates in Southeast Asia.[1] Some 40% of Filipinos reside in the National Capital Region (Metro Manila Area) and the neighboring regions of Central Luzon and the Southern Tagalog where economic development is mainly centered. Six out of ten Filipinos are 15 years or older; however, only 65% (31.8M) participate in the labor force. Of this number, only 88.9% (28.4M) are gainfully employed, and 17% (4.8M) of those are underemployed. A survey of those employed in 2000 indicated half (14.2M) are wage and salary workers, 37% (8.5M) are self-employed, while a smaller proportion (12% or 3.3M) comprise unpaid family workers. More than half (54.6%) of those employed live in rural areas.[2]

A considerable change in the share of employment among industry groups has been noted. In 1995, the agriculture, fishery, and forestry sectors had the highest share of employment at 43%. However, the profile changed in 2000 when the services sector accounted for the bulk of employment. Particularly revealing is the educational profile of the labor force: the largest fraction (40% or 11.4M) have an elementary school education

only; 37% (10.8M) have a high school education; and 23% (6.7M) have a college education.

The increasing participation of women and children in the labor force in recent years has been a major concern in the practice of occupational health and safety (OHS). Thirty-seven percent (28.3M) of those employed in 2000 are females. There are no official statistics for the number of child laborers in the country, but children are working in small agricultural plantations, land and sea mining, and small-scale chemical industries. Also of national concern is the increasing number of overseas Filipino workers (OFWs). The OFWs serve as a major contributor of foreign currency in the country. In 1999, 4.6M OFWs were officially deployed, most of whom were in the Middle East (Saudi Arabia) and Asia (Hong Kong, Japan, and Taiwan).[3] Many OFWs report unsatisfactory working conditions resulting in various occupational injuries and diseases, as well as psychological stresses from physical and sexual abuse.

Labor statistics in the country suffer from serious deficiencies. Many workers are not duly registered and therefore are not included in the labor force survey ("informal sector"). Among the "informal" working groups are jeepney and tricycle drivers, households engaged in street vending and contract growing (agricultural), and those occupied with small crafts such as dressmaking, fishing, and weaving. It has been reported that the bulk of the informal sector is located in urban centers of the country and is usually unprotected from workplace hazards.

HAZARDOUS INDUSTRY GROUPS

Considerable health and safety concerns are reported in the construction, agriculture, manufacturing, transportation, and services industries. Based on the limited number of industries (less than 1%) reporting to the Department of Labor and Employment in 1999, ergonomic hazards were the most common form of hazard in the workplace.[4] They were thought to arise from prolonged standing or excessive physical work. Other common hazards were excessive noise and extremes of temperature and pressure.

Worker health problems are compounded by contractual labor arrangements. Contractual laborers perform functions similar to regular employees, but are usually assigned to the most hazardous operations. These "casual" laborers are not eligible for social security, health insurance, or other benefits; therefore, employers can save money by employing them. More importantly from an OHS perspective, employers are not required to report the injuries incurred by casual labor.

Another OHS concern is the presence of working children in many hazardous industry groups such as agriculture, manufacturing, mining, and quarrying. In 1999, about 1.51M or 14.7% of the total number of families with children 5–17 years old allowed their children to be employed.[5] This reflects the serious poverty experienced by families in the lower 40% of annual income; allowing children to work is the only recourse to augment family income .

Of establishments that reported the occurrence of injuries in the workplace in 1999, the manufacturing sector topped the list, followed by the agriculture sector and the construction industry.[4] The common injuries reported were contusions, cuts, concussion, and sprains. In the manufacturing sector, many of the injuries occurred in the food and the leather industries. The common disorders reported by the manufacturing industries were colds, "tension headaches," amebiasis, and diarrhea.

Commonly encountered health hazards in the agriculture sector are ergonomic problems, exposure to chemical pesticides and other agro-chemicals, and the presence of disease vectors of malaria, schistosomiasis, and filariasis.[12] Although the mining and quarrying sector presents relatively low *injury* rates, occupational *diseases*

from chronic exposure to chemicals used in processing ores, particularly mercury and cyanide, are not recorded and reported. Some small mining enterprises continue to use child labor in their operations.

SPECIFIC INDUSTRIES DIFFICULT TO REGULATE

Industry structure in the Phillipines is dominated by small and medium-sized establishments, many of which accord low priority to OHS concerns as they equate to additional costs and investments on the part of management. In 1995, of the total 494,000 establishments in the country, 90% (or 452,000) had less than 10 employees.[6] Of this portion, some 20% (or 88,000 small-scale establishments) were in the agriculture, mining, and manufacturing sectors. Among industries that are difficult to regulate are manufacturing sweat-shops, which often use hazardous chemicals; small contracted agricultural plantations, with indiscriminate use and disposal of pesticides; and small-scale mining operations, where the use of less polluting technologies presents technical and financial challenges.

Occupational health regulation is basically constrained by the apparent lack of political will on the part of government agencies at all levels, compounded by the limited availability of capable human resources for program planning, implementation, monitoring, and regulatory enforcement.

HISTORY OF OCCUPATIONAL HEALTH AND SAFETY IN THE PHILIPPINES

The introduction of OHS in the Philippines can be traced to 1903–1913, when establishments began to render medical services to their workers for treatment of illnesses and injuries.[7] As industrial physicians were hired for these tasks, more professionals entered the field, and the number of industrial physicians increased. In the 1920s, the Section of Industrial Hygiene of the Bureau of Health and the School of Hygiene and Public Health of the University of the Philippines (UP) were established. Legislation in OHS, such as Republic Act (RA) 1054, also known as the Free Medical and Dental Law, provided emergency medical treatment to laborers; employment of physicians and nurses and the establishment of dispensaries and emergency hospitals were enforced.[8]

People in the field of safety, from both the government and private sectors, formed a new group in 1960—Safety Organization of the Philippines, Inc.—to disseminate the principles of safety in industries and other workplaces.[9] As a consequence of RA 1054, a group of company physicians formed the Industrial Medical Association of the Philippines in 1966, and membership grew to over 300 physicians in the 1970s.[10] The Occupational Health Nurses Association of the Philippines (OHNAP) followed in 1969, but it was not until 1979 when the first basic course in OHS for nurses was offered.[8] By the year 1974, the Institute of Hygiene (formerly the School of Hygiene and Public Health) of UP and World Health Foundation of the Philippines, Inc. jointly conducted courses on OHS for physicians, nurses, and dentists.[9] Two years later, a Master in Occupational Health degree program was offered at UP College of Public Health (formerly the Institute of Hygiene). Since 1979, the UP College of Public Health under the Department of Environmental and Occupational Health has been offering a postgraduate course in OHS thrice a year.

In 1976, three occupational health associations merged to form the Philippine Occupational and Industrial Medical Association (POIMA). These three associations were, the Industrial Medical Association of the Philippines, the Philippine Association of Occupational Health, and the Philippine Association of Compensation Medicine. In 1989, POIMA changed its name to Philippine College of Occupational Medicine to better align its organizational identity with its objectives and activities.[10]

Presidential Decree No. 626, otherwise known as the *Employees' Compensation and State Insurance Fund*, was made effective January 1975. This is a compensation package for public and private sector employees and their dependents in the event of work-related contingencies.[11] The *Occupational Safety and Health Standards*, which is a codification of safety orders and other laws pertaining to OHS since 1936, was approved and promulgated on December 8, 1978. Its objective is to protect every working individual against the dangers of injury, sickness, or death through safe and healthful working conditions.[7] The Standards also empower the Department of Labor and Employment (DOLE) or its duly authorized representatives to inspect establishments for compliance with the provisions of the OHS Standards.

A major blow was dealt to the effectiveness of the Bureau of Working Conditions in 1976 when then-President Ferdinand Marcos abolished the ability of DOLE to fine companies for health and safety offenses. Although criminal penalties against companies remained on the books, in practice these have been used very rarely. Since 1976, there has been virtually no regulatory enforcement of health and safety regulations in the workplace through fines or criminal penalties.[12]

In November 1987, a presidential fiat Executive Order 307 under President Corazon Aquino was made wherein an Occupational Safety and Health Center (OSHC) was envisioned as the national authority for research and training on matters pertaining to safety and health at work. The Center provides the expertise and intervention mechanism to improve workplace conditions in the Philippines.[9] Since then, there has been an increase in awareness of OHS in the workplace, and, as a consequence, non-governmental organizations (NGOs) formed. Among these is the Institute for Occupational Health, Safety, and Development (IOHSAD), which is a workers' union–based group funded by the Australian Union Workers. The IOHSAD provides services including training workers, conducting plant surveys and offering appropriate OHS recommendations and programs, and free health care to the workers and researchers.[13] Together with IOHSAD, other known NGOs working together toward the improvement of OHS and labor's rights have formed an umbrella organization called PhilOSHNet.

Organized labor is also present in the country. Two of the largest groups are the Kilusang Mayo Uno (First of May Movement) and the Trade Union of the Philippines. However, of the 28 million workers in the recognized labor force, it is estimated that only 15% are organized. Although the main concern of organized labor remains wages, non-monetary benefits such as health benefits and workers' safety recently have been included in collective bargaining agreements. In a 1995 survey of 100 collective bargaining agreements, less than half included OHS components.[12]

REGULATORY AGENCIES AND THEIR EFFECTIVENESS

Bureau of Working Conditions, Department of Labor and Employment

Under the structure of DOLE, the Bureau of Working Conditions (BWC) performs primarily policy and program development and advisory functions for the Department in the administration and enforcement of laws relating to working conditions in all places of employment. Aside from developing and prescribing OHS standards, it also conducts inspections for proper observance and enforcement of the statutory working conditions, including technical examination of equipment, materials, and devices for safe use. The BWC is also responsible for technical supervision of its counterpart units in the regional offices of DOLE. Among its programs are the *Workplace Initiative on Safety and Health* (WISH) and the *Work-Accident and Labor-related Exigencies Response Team* (Work-Alert).[14]

Despite the fact that the BWC has accomplished a number of policy and program developments based on the agency's mission, it is beset with major problems in enforcing the OHS standards. First, the number of labor inspectors is too small to cover the total number of establishments in the country. Second, only a very small fraction of business establishments report annual statistics on occupational injuries and illnesses. For example, only 3028 establishments have submitted their annual medical report for 1999, 753 of which were from the National Capital Region (Metro Manila Area).[4] Although this was an increase in the number of establishments reporting relative to previous years, this doesn't even cover 12% of the total number of establishments in the Philippines.

Third, the BWC lacks enforcement powers. Because the BWC cannot penalize offending companies, BWC inspectors are limited to an "advisory" capacity and can only implement written reminders and warnings for not complying; in effect, this makes compliance voluntary rather than mandatory. It is believed that voluntary compliance by industrial establishments has remained low for the past two decades.

Center for Disease Prevention and Control, Department of Health

The Center develops guidelines in the prevention and control of occupational health diseases and training programs on OH for health personnel of industrial establishments and local government units. The Code on Sanitation of 1978 provides for the practice and implementation of industrial hygiene practices in the workplace. However, its regulatory function is limited to recommending revocation/suspension of sanitary permits of violating establishments to local government units. The Department of Health (DOH) can enforce closure of an establishment when there is a serious threat to the health of the workers and the community and when the threat is national in scope.[15] In practice, this regulatory function seemingly duplicates that of DOLE, which is mandated by the Labor Code as solely responsible to enforce OHS standards. However, the DOH and DOLE have an informal working relationship through the Interagency Committee on Environmental Health, based at the DOH. Both Departments coordinate in terms of health research and monitoring in the workplace Unfortunately, this relationship may not be sustained unless an official memorandum of understanding between the two parties is executed.

Employees Compensation Commission (ECC)

The ECC is a quasi-judicial agency mandated by law to provide meaningful and appropriate compensation to workers in the event of work-related contingencies. Its main functions are to formulate policies and guidelines for the improvement of the employee compensation program (compensation package for public and private-sector employees and their dependents in the event of work-related contingencies) and to review and decide on appeals of all compensation claims from the Insurance Systems in the country.[11] It is estimated that only half of the workforce is included in the employee compensation system.

One of the major accomplishments of the ECC was the establishment of satellite industrial clinics in areas where occupational health services were not readily available. Since small enterprises are not obliged by law to provide medical services to their workers, the ECC decided to increase the total number of industrial clinics nationwide to cater to this sector. There are now 33 clinics providing medical examinations for early detection and/or prevention of work-related illnesses to small and medium-sized enterprises. In 2000, these clinics served a total of 62,805 employees, representing an increase of 19% over the previous year's record of 57,600 employees. Emergency loan assistance was also granted to workers displaced due to economic crisis, amounting to

PHP 600 M (U.S. 13 M) in 2000 to help alleviate the financial plight of affected workers while they looked for alternative job opportunities. The ECC has also processed 672 appealed compensation cases out of 1113 cases handled for the year 2000, equivalent to a disposition rate of 60.45% and accomplishment of 63.13% of the target. Of these, 84% (564 cases) were adjudicated, and 108 cases were remanded to the Insurance System for review and receipt of additional evidence.[10]

As with the BWC, the ECC is burdened by some problems. On the average, employee compensation benefits pay only about 30% of medical costs and some cash-income benefits from loss of wages due to absences. Frequently claimed occupational problems such as low back pain and cumulative trauma disorders are not currently listed among the compensable conditions. However, the ECC is presently reviewing the list to include other work-related injuries and illness as compensable conditions. The country's annual payment in employee compensation benefits in 2000 amounted to only PHP 1.88 billion, which is less than 1% of the estimated total cost of PHP 140 billion for occupational injuries and illnesses occurring in the agricultural and non-agricultural sectors.[12]

The compensation system is also flawed because it does not hold individual employers accountable for the costs incurred when their employees are injured or become ill as a result of their work. Unlike workers' compensation programs in many parts of the world, which base employers' compensation premiums on the injury and illness rates occurring in that industry and company, Filipino employers are levied a flat rate of 1% of the gross wages paid to their employees. The rate is the same for everyone, regardless of the company's health and safety record. Thus, employers have no financial incentive under the present system to reduce the injury and illness rates of their employees. Furthermore, this 1% tax on wages is collected by the national government and held in general revenues. As such, the ECC funds can be redirected according to political whim. In recent years, surplus ECC funds have been mishandled by using them to invest in the private sector, with the result that substantial reserve funds targeted for compensating workers have been lost through bad investments.[12]

TRAINING IN OCCUPATIONAL HEALTH AND SAFETY

The critical lack of trained professionals in major disciplines of occupational health is a basic constraint in addressing OHS concerns in the workplace. A very limited number of highly trained occupational health physicians, nurses, and industrial hygienists are available in the country. Given the magnitude of workplace health and safety problems, there is obviously a need to increase the numbers of trained professionals.

The Department of Environmental and Occupational Health of the College of Public Health, University of the Philippines (UP-CPH) has been offering a program in Master of Occupational Health since 1976. This is intended to prepare students for careers of responsibilities dealing with health and safety problems in the workplace. Its emphasis is on the principles and methods of OHS and their application in the provision of health care to workers in all occupations or workplaces. As of the year 2000, a total of 114 students have graduated from this academic program.

In addition to this graduate degree program, a 60-hour basic training course, "Postgraduate Course in Occupational Health and Safety," is offered thrice a year. The course meets a statutory mandate (Article 159, Chapter 1, Title 1, Book IV of the Labor Code of the Philippines) and provides physicians and other OHS professionals the necessary competence to effectively develop and carry out OHS programs for the workers in all places of employment. Approximately 200 physicians, nurses, engineers, and other related professionals have completed this basic course annually since 1996. With the collaboration of foreign agencies/organizations like the Fogarty

International Center (U.S. National Institutes of Health), the World Health Organization, the German Agency for Technical Cooperation, and the Southeast Asian Ministers of Education Association–Tropical Medicine, faculty members of UP-CPH had an opportunity to train overseas and gain experience in research and policy development. Such fellowships allow pursuit of further studies in OHS specialization, and the means of acquiring foreign training materials for local academic and practice-oriented training programs as well as for dissemination of updated information regarding OHS overseas.

OHS as an academic course is gradually being introduced to different Colleges of the State University. In the Industrial Engineering program being offered by the National Engineering Center (NEC) of the University of the Philippines Diliman, a course called Introduction to Ergonomics has been offered as a core subject since 1996.[11] Under the Special Topic Course, the NEC has offered topics such as Safety Engineering; Occupational Safety and Health; and Introduction to Biomechanics. The NEC is proposing more emphasis on OHS in their new curriculum. OHS courses are not limited to graduate students, but are also being introduced to the undergraduates in public health at the University of the Philippines.

Other agencies and professional organizations including the Occupational Safety and Health Center of DOLE, Safety Organization of the Philippines, Philippine College of Occupational Medicine, and OHNAP continue to train and educate interested participants by giving short training courses in OHS annually. Even NGOs, such as the Institute of Occupational Safety, Health and Development, and the Medical Action Group, do in-plant training.

There is now a growing awareness of OHS among industries. The OHS Standards require that a candidate complete a basic course in OHS to qualify for an occupational health position in industrial establishments. In spite of the various OHS training programs being offered and conducted, there is still a dearth of OHS specialists in the workplace, in regulatory agencies, and in academics. Based on the statistics provided by professional societies, and the total number of employees (recognized and "informal"), it is estimated that there is nominally one occupational health physician per 30,000 Filipino workers, one occupational health nurse per 36,000 workers, and one safety specialist per 30,000.[12] There is no existing professional organization for industrial hygienists; therefore, an objective estimate cannot be made. This personnel profile is obviously abysmal—not just workers, but for those responsible for regulatory enforcement and policy development.

INTERNATIONAL MODELS

Control of workplace exposures is a big challenge in both developed and developing countries like the Philippines. Highly industrialized nations have developed a mixture of regulations and voluntary compliance standards. These are based on scientific evaluations of workplace risks, often seeking to meet exposure guidelines that reflect a very low risk to workers' health. Emerging nations are faced with choices about how to regulate their workplaces and what exposure guidelines to use. Experience in industrialized countries indicates that *voluntary compliance by industry does not work*, unless there are also regulations with accompanying penalties for noncompliance. Regulations and voluntary guidelines both require targets to be met, and these are usually in the form of exposure limits.

In the Philippines, health issues in the workplace are generally viewed by companies as an additional financial burden, without significant contribution to profits and performance. Investments in occupational health services are done primarily to meet regulatory requirements. However, few industries make any investment, because enforcement of regulations is weak and relies on voluntary compliance.

The ability of government in many developing countries to implement health regulatory standards is extremely limited by a lack of available resources, including trained manpower and experience of regulators. Even with regulation, workplace exposures are unlikely to be controlled without the knowledge and skills to remediate problems and monitor compliance.

The American Conference of Government Industrial Hygienists annually publishes a list of "threshold limit values" (TLVs). This list is the most commonly used international guideline for workplace exposures in the Philippines. The current exposure standards contained in the Occupational Safety and Health Guide from DOLE reflect similar values in most cases. Standards enforced by the U.S. Occupational Safety and Health Administration (OSHA) are used less frequently, mainly because the OSHA standards cover far fewer chemical substances than the TLVs and are not updated periodically.

The International Agency for Research on Cancer (IARC) is another important scientific source of health information. The IARC provides qualitative information on human and animal carcinogens and classifies chemicals on their likelihood of causing cancer in humans. However, IARC recommendations and standards are referred to mostly among academic circles and in research activities, and seldom in actual workplace situations.

The International Standards Organization has proposed the ISO 14000, which requires that an employer develop a plan to reduce workplace injuries and illness and create a safer environment. In some companies that underwent ISO 14000 certification in the Philippines, the focus was mainly on environmental issues rather than the management of occupational exposures. The added value of ISO 14000 to the bottom line of business in developing countries is still being debated. In developing nations like the Philippines, the price of goods sold remains the single most important determining factor in consumer patronage. For companies with local markets, ISO 14000 and the cost of its implementation might not have a significant added market value for the moment. Companies engaged in the export markets, however, may find that clients from developed countries put an added value on ISO certification.

Multinational companies operating in the Philippines also have standards set by their respective parent companies. Standards vary depending on the location of the parent company and the region where it operates. Thus, some multinationals have adopted U.S. standards and operating practices, and others use a European approach.

Some businesses include the management of occupational health within their mission statements. Many American- and European-based companies see health, safety, and environmental concerns as part of the business, and as important as any other activity of the company. Even though business models are applied, implementation strategies also vary from the "copy all" approach (where exact occupational health programs proven to be effective in the parent company are transplanted to local subsidiaries) to a more "tailor fit" approach (where proven programs are reviewed and adjusted taking into consideration cultural differences, resource availability, and geographic characteristics of the country in which they operate). Despite the presence of local and international standards adopted by many multinational companies in developing countries like the Philippines, implementation of effective occupational health programs remains extremely limited for the following reasons:

- The very limited capability of local regulatory agencies to implement the requirement either due to the lack of enforcement powers, resources, manpower, and technical training of designated factory inspectors
- No regulatory provision for penalties for violation of occupational standards and exposure limits

- High level of graft and corruption
- Company management who are unfamiliar with occupational health and the advantages it can bring to the business
- A limited number of occupational health experts in the field to service the needs of industry
- The lack of resources of companies due to the difficult business environment in which they operate.

A more fundamental challenge faces occupational health practitioners and regulatory agencies in developing countries. The challenge is for businesses and workers to understand and appreciate the **role of occupational health in the business** and to see allocated resources not as an expense or additional overhead cost, but as an *investment with substantial health profits*—both in the short and in the long term. Only after full appreciation of the role of OHS will companies begin to adopt and implement occupational health requirements of regulatory agencies and fully implement international standards set by their corporate headquarters as well.

The typical perspective among developing countries, including the Philippines, is that health care is limited to the provision of or access to medical facilities and personnel, and is sensibly focused on treatment of injuries and illnesses once they have occurred. This is the old concept. The idea of prevention and health risk reduction, through engineering and administrative control measures as well as use of personal protective equipment, is only beginning to emerge and is mostly driven by regulatory concerns.

OCCUPATIONAL HEALTH: SUCCESS AND FAILURES

Government Initiatives

The establishment of the Occupational Safety and Health Center (OSHC) of DOLE in 1987 heralded the first serious attempt by government to understand occupational health and safety in the Philippines. The OSHC was established through financial assistance and technical support from the Japanese International Cooperation Agency (JICA), which provided the resources for the construction of the Center building, including equipment and support facilities. Technical assistance was also provided, to include training of local specialists in Japan in the various fields of occupational health, industrial hygiene, and ergonomics.

The OSHC has made available to local industries the opportunity to access training in occupational health and hygiene, laboratory services to monitor workplace exposures, and health promotion programs like STDs/HIV/AIDs in the Workplace; Managing Alcohol and Drugs in the Workplace; and other health promotion strategies.[18] Its sponsorship of regional and local competitions and various award schemes among companies (e.g., "Health Workplace Awards," "Gawad Kaligtasan and Kalusugan" [Health and Safety Recognition]) has improved the awareness of many companies regarding health and safety at work. The OSHC also has provided recognition and encouragement to companies that are already implementing health and safety programs.

Unfortunately, the early achievements of the OSHC in improving OHS in the workplace have been severely limited by the following conditions:

- The end of the financial and technical support provided by the JICA and the limited ability of the Philippine Government to provide adequate resources to ensure continued operations at the level started
- The rapid turnover of OSHC staff and the migration of experienced staff to the private sector where they found higher salaries and greater job security.

Large-Scale Establishments

Large, multinational companies generally have better success in the establishment and implementation of occupational health programs in their organizations. There are several reasons for this success:

- Existing corporate polices and culture requiring local companies to meet Philippine regulatory requirements as a minimum and the corporation's OHS requirements as well
- Regular OHS monitoring and audits conducted by OHS representatives of parent companies ensuring compliance with local and international standards
- A higher awareness and strong support from the senior management of these companies
- A greater premium placed by multinationals on company reputation, compared to local and smaller companies
- Greater worker awareness of the role of OHS in the business.

Small and Medium-Size Enterprises

An emerging trend to establish OHS services and programs is seen among medium-scale industries with well-established trade associations and organizations. This trend is common among high-risk industries such as pesticide manufacturing and handling, chemical companies, and semiconductor industries. The presence of business and trade organizations has enabled these companies to share best practices, pool resources to meet the costs of OHS services, and establish peer pressure among member companies.

Regulatory agencies, such as the Fertilizer and Pesticide Authority (FPA) of the Department of Agriculture, have exerted additional pressure on high-risk pesticide formulators, distributors, and consumers to implement health programs to reduce exposures and risk to health at their worksites. However, industry-specific regulatory agencies like the FPA, with a strong focus on health and safety, are few.

Small-scale industries in the private sector do not enjoy the benefit of an industry organization. Resources for health and safety remain extremely limited, and management awareness of OHS is minimal. Adverse business operating conditions have also deprived these companies of financial resources to invest in measures to promote the health and safety of workers.

Migrant Sector: Overseas Filipino Workers (OFWs)

Many developing countries like the Philippines have a surplus of well-trained labor due to the limited jobs available in the home country. The Philippines has become one of the top exporters of semi-skilled and skilled workers to countries lacking these types of workers. Migrant Filipino workers are employed all over the world (e.g., the United States, Middle East, Europe, Australia, and more affluent countries in Asia). Obviously, the worker's exposure to health hazards at work depends on the available OHS programs and services in his or her respective host country. Standards vary from very high to extremely low. The limited pre-departure orientation and preparation of OFW to work in a foreign land has led to an alarming rate of stress and severe emotional problems. The Philippines Government has little influence on workplace health and safety conditions in another nation. What often happens, however, is that a Filipino worker becomes ill and is sent home, where his or her work-related illness or injury becomes a problem for the Philippine healthcare system and Employees Compensation Commission (ECC).

Another major area of concern has been physical and sexual abuse of OFW within a host country. While the worker may heal physically, the emotional scars are

severe and often result in serious mental health problems that again must be dealt with by the Philippine healthcare system and ECC. Such abuses of Philippine nationals is something the Philippine government could take up diplomatically with host countries if it chose to do so.

Informal Sector Workers

The informal sector comprises people so poor that they do not appear on any government or property rolls, have no formal employment, pay no taxes, and may never register to vote. The existence of an informal sector within a society is a profound expression of poverty. Members of this group can be found to a degree in highly developed nations, but are most common in developing countries, particularly in crowded urban settings. They are often squatters in overcrowded urban areas. Not surprisingly, their health and welfare suffers from living under such harsh and often unsanitary conditions.

This is the most deprived sector when it comes to OHS. Businesses in the informal sector are mainly single-person or family-owned affairs that are unregistered. Workers are often exposed to high levels of chemicals and other health hazards. An operator will immediately replace a worker who becomes ill or injured. This is the business environment that utilizes the "disposable" worker. Unskilled labor, long hours, and high physical demands are the norm; anyone who cannot handle the work physically is out of a job. Understandably, there is a serious limitation of financial resources for operators to spend on health and safety. Regulatory pressure does not exist, as many of these workplaces are unregistered and unknown to government. There is very low awareness of OHS, both from the operators and the employees. Workers toil under poor conditions and rock-bottom wages, barely able to meet the daily needs of families. There is no security of tenure, and any complaining will put their job on the line.

If injured, a worker in the informal sector has no health insurance or ECC benefits. Social security comes in the form of help from family and friends, or occasionally from humanitarian or religious organizations. Access to health care is limited. The fatality rates of workers in the informal sector are undoubtedly higher than other segments of society, but mortality and morbidity data are completely lacking.

Despite the desperate lives many of these workers lead, their culture is inherently suspicious of outsiders, particularly government officials. This exacerbates attempts to intervene on behalf of sick or injured workers and reduce workplace hazards. Some NGOs have had success in Manila and elsewhere in the Philippines working with squatters and others in the informal sector. These are small efforts, however, and their effectiveness in reducing occupational injuries and illnesses has not been assessed.

Given the circumstances and culture of the people who make up the informal sector, their workplace health and safety problems may be insoluble. Those problems are a direct result of their economic situation, and that requires an economic solution. While education and technical assistance might be helpful, it is doubtful that meaningful progress can be made in the face of economic pressures created by serious poverty. It will remain a great challenge for government and non-governmental agencies to extend OHS services and training to the informal business sector in the Philippines.

INTERNATIONAL COLLABORATION

Partnership between developed and developing countries is necessary for long-term sustainability of the OHS agenda in the Philippines. This collaboration may come in the form of institutional development through capacity building. Developing countries like the Philippines essentially lack a strong-willed political structure to

develop and reform policies, and regulatory bodies able to implement strategies to improve health in the workplace. Technical assistance should be directed to the Department of Labor and Employment, the Department of Health, and academic institutions in the form of technical training, organizational building, and opportunities for staff and faculty to study abroad. Areas of assistance should cover policy development, program planning, management, and evaluation; and regulatory support.

Private sector assistance from developed countries has proven to be effective in pushing for an OHS agenda. Private businesses are direct beneficiaries of health programs in the workplace, are less encumbered by bureaucracy, and have the necessary resources to implement the standards through self-regulation and setting of health standards specific for groups of industries. Improvement in awareness of senior management can lead to strong support for implementing health programs and standards in workplaces. Collaboration is especially needed for small- and medium-scale industries, particularly local companies that do not have access to OHS resources or have limited financial capability to implement programs in their workplaces.

Collaboration with Academic and Local Training Institutions

OHS training is often limited in developing countries. Local specialists in the field are few, and those with good experience are even fewer. It is a continuing challenge to attract candidates for training considering the relatively low prospect of satisfactory employment after graduation from school. Training institutions are few. In the Philippines, formal training in OHS can only be obtained from the College of Public Health of the University of the Philippines. This academic institution is still having difficulty recruiting a sufficient number of enrollees to its Masters in Occupational Health program. Faculty members with experience often are recruited into the private sector or to international agencies where better working conditions and financial rewards are available.

Collaboration should include continuing assistance to develop technical expertise in the field of OHS that will supplement the existing academic pool. Training should be followed up by continuing technical support to conduct research and develop specialty courses.

Collaboration with Regulatory Agencies

More training support and exposure opportunities should be provided to regulatory agencies involved in setting-up and implementing OHS standards. Regulatory agencies are often ill-equipped and lack the necessary training to develop appropriate policies and strategies to ensure OHS standards are currently appropriate and well implemented. Regulatory agencies include the Departments of Labor and of Health and other agencies that regulate specific industries and business organizations.

Screening of candidates for training should be well implemented to ensure that only qualified people are given these training opportunities. The plan for re-entry after training should be examine carefully to ensure that training is put to good use. Opportunities to attend conferences and meetings at the international level should be extended to ensure best practices are learned and transferred, as well as common problems discussed.

THE FUTURE OF OCCUPATIONAL HEALTH IN THE PHILIPPINES

Industrial growth is inevitable over the next decade. Whether OHS resources, policies, services, and practice can catch up and adapt to that growth will depend on some major changes occurring. These changes range from the political structure and

its will to reform and enforce policies (particularly on regulatory and workers' compensation issues); to the economic environment wherein the informal work sector and child labor are addressed appropriately; to the empowerment of organized labor to recognize not just wages but health concerns in its collective bargaining agreements; to building the capacity of small-scale establishments to address OHS concerns. Based on the prevailing conditions in the country, the following general comments are offered about the future of OHS in the Philippines:

- Growth of industrial activities will continue as the country pursues its goal of sustainable economic development. Consequently, workers' exposure to health hazards will likely increase unless specific policy changes are instituted, particularly those relating to regulatory compliance of OHS standards and to workers' compensation.
- OHS regulation will remain weak and limited unless corrective measures address (1) the failure of the public sector to enforce regulatory standards, and (2) the failure of the private sector to self-regulate its problems. Among these measures include capacity-building of institutions mandated to regulate OHS; setting policy directions; and strengthening operational research.
- Industrial enterprises need to recognize the beneficial impact of rationally investing in OHS programs in the workplace. A revision of the workers' compensation schemes to include risk rating is mandatory and will begin to provide financial incentives for employers to reduce health risks in the workplace. Employers need to realize that providing safe working conditions allows for healthy, productive workers and minimal costs to workers' compensation. Such provision also fosters a stronger employee-employer relationship and favorable public relations.
- Organized labor must realize that occupational health issues should be part of collective bargaining agreements. Inclusion would assure better and safe working conditions. The continued active participation of NGOs involved in OHS in this endeavor will prove useful.
- Particularly vulnerable to health risks in the workplace are those employed in small-scale enterprises, contractual workers, and the informal labor sector. Enforcement of OHS standards in these sectors will entail policy changes ranging from investing in health protection, to workers' health insurance schemes and workers' compensation.
- Policies to further protect the welfare of migrant workers must be developed. For example, stronger relations are urgently needed with countries where OFWs are employed. Also, host countries should be directed to strictly enforce internationally recognized labor standards to protect local and migrant workers equally.

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