

Occupational Safety and Health (OSH) Country Report: Philippines, 2025

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Occupational safety and health (OSH) in the Philippines remains a contested and fragile terrain, where reforms have historically followed disaster rather than prevention. This report examines the current state of OSH in the country, situating workplace safety within its broader political, economic, and social context. Drawing from government data, workers' documentation, and civil society reports, the study highlights systemic failures, historical struggles, and pathways for reform.

I. Background and Context

The Philippines is an archipelagic nation of more than 7,600 islands in Southeast Asia, with a population estimated at 118 million in 2025.¹ This makes it the 13th most populous country in the world and one of the youngest, with a median age of 25.7 years.² Demographic trends point to a labor force that is not only large but also heavily concentrated in urban centers such as Metro Manila, CALABARZON, and Central Luzon, which have become hubs for manufacturing, construction, retail, and business process outsourcing (BPO).³

Gender remains a critical axis in understanding labor participation and OSH vulnerabilities. Although women make up nearly half of the population, their labor force participation rate is only around 46 percent, compared to 73 percent for men.¹ This disparity is reflected in the types of risks they encounter at work. Men are disproportionately represented in construction, heavy industry, and transport, sectors known for high rates of accidents and fatalities, while women predominate in services, healthcare, and care work, where risks take the form of ergonomic strain, emotional labor, and exposure to harassment and psychosocial stressors.⁴

Migration further shapes the labor force. The Philippines is one of the world's largest labor exporters, with around 1.8 million Overseas Filipino Workers (OFWs) deployed abroad in 2022.⁵ These workers face OSH risks in sectors such as domestic work, construction, and healthcare, but their vulnerabilities reflect gaps in protection at home. Internally, millions of rural workers migrate to urban centers for jobs in factories, construction sites, and service industries, often under short-term contracts and with limited OSH protections. Meanwhile, foreign workers, including Chinese and Korean nationals employed in construction, energy, and gaming, form part of the workforce, sometimes with stronger contractual protections compared to their local counterparts.⁹ Taken together, these demographic and mobility dynamics underscore how OSH risks in the Philippines are mediated by age, gender, geography, and migration status.

II. Occupational Safety and Health Situation

A. The State of Labor in the Philippines

The Philippine economy grew by 5.5 percent in 2024, ranking among the fastest in Southeast Asia.³ Yet this so-called growth has failed to translate into decent job creation and safer working conditions. The services sector contributes almost 60 percent of GDP and more than half of employment, with the BPO industry employing over 1.3 million workers. Although not traditionally associated with physical hazards, BPO employment carries psychosocial risks such as stress, sleep disruption, and burnout, which remain under-regulated in OSH frameworks.⁴ Retail, another sub-sector, has also seen catastrophic OSH incidents, most notably the 2012 Novo Department Store fire in Butuan City that killed 17 female retail workers trapped in their workplace.⁸

The industrial sector, contributing about 30 percent of GDP and employing 17 percent of workers, faces high accident risks. Construction employs 4.5 million workers, many under subcontracting arrangements with minimal training or protective equipment.⁹ Manufacturing employs 3.5 million, concentrated in export processing zones (EPZs) where compliance is lax and accidents frequent. The 2017 House Technology Industries (HTI) fire in Cavite, where hundreds were injured, illustrates the dangers of weak enforcement in EPZs.⁸ Agriculture still employs around 11.9 million people, or nearly a quarter of the labor force, but remains one of the least protected sectors in OSH terms. Workers are regularly exposed to pesticide poisoning, heat stress, and machinery accidents, yet agriculture remains dominated by informal work arrangements.⁴

Environmental and road-related hazards further compound OSH risks. A study on unsafe vehicle emissions in urban Philippine settings documented widespread smoke-belching violations, particularly among public utility and for-hire vehicles more than ten years old, exposing drivers and roadside workers to chronic air pollution during peak working hours.¹⁴

Income inequality and labor informality deepen OSH vulnerabilities. Minimum wages are set regionally, leading to stark disparities, from PHP 695 per day in the National Capital Region to PHP 411 in the Bangsamoro Autonomous Region in Muslim Mindanao.⁹ The national Gini coefficient remains at 0.42, one of the highest in Asia.³ An estimated 38 million workers—63 percent of the labor force—are in the informal economy, excluded from labor protections and OSH law.¹³ This structural reality means that while economic growth benefits corporate profits, most workers remain vulnerable to hazardous and unprotected working conditions.

B. Politics and Civic Space

The Philippines operates under a constitutional democracy with a presidential system, but governance is shaped by entrenched political dynasties and pervasive corruption, both of which undermine consistent labor law enforcement.¹¹ Civic and labor rights exist on paper but are heavily constrained in practice.

Union density remains low at 8–10 percent, among the lowest in Asia.¹⁰ Short-term contracting, or “endo,” along with company unions, limits genuine collective bargaining. Workers attempting to organize independent unions are often harassed, dismissed, or red-tagged. The International Trade Union Confederation has consistently ranked the Philippines among the ten worst countries in the world for workers.¹¹

Labor disputes frequently bring OSH issues to public attention, but often only through the efforts of unions and NGOs that document violations. Employers frequently resist stronger OSH regulations, arguing these threaten competitiveness, while government regulators often side with business interests. The judiciary offers little redress, as many OSH violations, even those resulting in worker deaths, do not lead to criminal liability.^{18,19}

The political context thus shapes the enforcement of OSH standards. Limited civic space prevents workers from collectively demanding safer workplaces. The repression of unions and the dominance of employers in tripartite decision-making structures result in weak enforcement and a largely reactive OSH system. As a result, occupational safety and health in the Philippines cannot be understood solely as a technical issue but must be seen within the broader political economy of labor repression and weak rule of law.

Civic space in the Philippines has significantly narrowed over the past decade, with government authorities increasingly using national security laws to harass and criminalize critics, often labeling civil society actors as enemies of the state.²² This repression extends to trade unions, which face threats, red-tagging, surveillance, and even violence, severely limiting their ability to organize and advocate for workers' rights.

Red-tagging, in particular, intimidates workers, discourages union formation, and puts union leaders and members at risk, effectively depriving workers of their elected representation during collective bargaining negotiations.

The shrinking civic space undermines the capacity of labor organizations to hold powerful elites accountable and diminishes their credibility. The legal framework in the Philippines, while theoretically supportive of labor rights, is undermined by weak enforcement and structural imbalances.²³ The State recognizes the right to self-organization, collective bargaining, and peaceful concerted activities, including the right to strike in accordance with law.

However, the enforcement of labor laws is hampered by an under-resourced labor inspectorate, inadequate training, and corruption, enabling employers to discriminate against union-linked workers or subject them to extreme abuses such as kidnapping or murder.^{23,24} This weak enforcement contributes to a largely reactive OSH system, where protections are not proactively implemented but rather respond to incidents after they occur.

Furthermore, the dominance of employers in tripartite decision-making structures, such as the Philippine Employers' Confederation of the Philippines (ECOP), which is recognized as the dominant employers' organization, creates an imbalance in power.²⁴ This imbalance, combined with stringent preconditions for union formation and recognition—such as minimum employee thresholds—further restricts union growth and bargaining power. As a result, collective bargaining coverage has been in steady decline since 2006, and many workers, particularly those in the informal sector and public sector, remain excluded from effective representation.²⁵

These systemic challenges collectively prevent workers from effectively demanding safer workplaces and contribute to a culture of impunity that persists despite international scrutiny.

C. The State of OSH Monitoring

Official statistics collected by the Department of Labor and Employment are incomplete, as fewer than ten percent of establishments are inspected annually.¹⁰ Independent monitoring by IOHSAD documented 217 workplace accidents between January and June 2025, resulting in 153 deaths and 255 injuries.⁸

Hospital-based surveillance data analyzed by Lu documented 72,897 work-related injury cases from 2010–2020.⁶ Transport-related injuries increased odds of fatality nearly threefold (OR 2.94).^{6,7}

Occupational diseases are even more neglected. Musculoskeletal disorders are widespread but rarely classified as occupational illnesses.⁴ Respiratory diseases remain common in construction, mining, and textiles. The COVID-19 pandemic exposed the severe vulnerabilities of healthcare workers, with over 54,000 infections recorded by 2022.¹² Although COVID-19 is compensable, long-COVID remains excluded.¹³

Climate change has introduced new risks such as heat stress and kidney disease.⁴ Mental health risks remain largely absent in compensation frameworks.¹⁷

The state of occupational safety and health in the Philippines is characterized by chronic underreporting, weak enforcement, and the exclusion of large segments of the workforce. Official statistics collected by the Department of Labor and Employment (DOLE) are incomplete, as fewer than ten percent of establishments are inspected annually, leaving most workplaces beyond the reach of state oversight.⁹ Employers often fail to report accidents, and many incidents in the informal sector are undocumented altogether.

Independent monitoring by civil society groups remain constrained by limited public data available. The Institute for Occupational Health and Safety Development (IOHSAD) documented 217 workplace accidents between January and June 2025, resulting in 153 deaths and 255 injuries.⁸ This equates to nearly one worker death per day. The leading causes of fatalities were road crashes (106 deaths), workplace violence (61 deaths), fires and explosions (18 deaths), electrocution (15 deaths), and structural collapses (8 deaths). These figures underscore the fact that OSH risks extend well beyond traditional sectors such as construction and manufacturing. Road crashes disproportionately affect transport workers and delivery riders, while workplace violence and fires have become significant hazards in service industries and retail.

Hospital-based surveillance data from the DOH Online National Electronic Injury Surveillance System (ONEISS) analyzed by Lu documented 72,897 work-related injury cases from 2010–2020, representing 6.6% of all injury admissions.⁷ Injuries peaked in 2019 prior to the COVID-19 pandemic, with transport and vehicular crashes, falls, and contact with sharp objects significantly associated with mortality. Transport-related injuries increased odds of fatality nearly threefold (OR 2.94), reinforcing the report's finding that road crashes—particularly among transport and delivery workers—have emerged as a leading cause of occupational death in the Philippines. Complementary national reviews of occupational injury statistics show that manufacturing, construction, transport, and agriculture consistently account for the highest injury burden, including among informal workers excluded from standard OSH protections.^{6,7} These findings underscore the

fragmented surveillance and chronic underestimation of occupational risks.

Occupational diseases are even more neglected. Musculoskeletal disorders are widespread among call center agents, manufacturing workers, and transport drivers but are rarely classified as occupational illnesses in official reports.⁴ Respiratory diseases such as asthma and chronic obstructive pulmonary disease are common in industries involving chemical exposure and dust, including construction, mining, and textiles. The COVID-19 pandemic exposed the severe vulnerabilities of healthcare workers, over 54,000 of whom were infected by 2022, with many fatalities.¹² Although COVID-19 has been recognized as a compensable occupational disease, long-COVID and other related conditions remain excluded from compensation schemes.¹³

Climate change has also introduced new risks, as workers in agriculture and construction face rising rates of heat stress, dehydration, and kidney disease.⁴ Mental health and psychosocial risks, particularly stress and burnout among BPO workers and healthcare providers, are increasingly recognized but remain absent in both compensation and regulatory frameworks.²⁶

The Employees' Compensation Commission (ECC) is responsible for compensating work-related illness, injury, and death, but its reach is severely limited. Between 2022 and 2024, it processed around 15,000 claims annually, a fraction of the incidents estimated to occur nationwide.¹³ Families of deceased workers face delays in claims processing and often lack the resources to navigate bureaucratic hurdles. Moreover, the ECC's schedule of compensable diseases excludes many of today's most pressing hazards, such as psychosocial stress and long-term infectious diseases.

The shortage of OSH professionals exacerbates these gaps. While RA 11058 has increased the number of certified safety officers, they remain concentrated in large urban firms. Small and medium enterprises, as well as rural workplaces, often lack dedicated safety staff.⁹ Occupational medicine remains an underdeveloped field, with only a small cadre of trained physicians, most of whom serve multinational corporations rather than public institutions.

Furthermore, comprehensive reviews of OSH in the Philippines emphasize that only a small fraction of workers—primarily those in medium and large enterprises—receive adequate OSH services. Informal workers, farmers, miners, transport workers, and women workers experience disproportionate exposure to physical, chemical, ergonomic, and psychosocial hazards (Lu, 2022). Inadequate care highlights the structural inequality as a central barrier to realizing the right to safe and healthy work.

Decision-making in OSH governance is dominated by employers. DOLE and its Bureau of Working Conditions, along with the Occupational Safety and Health Center and ECC, are tasked with policymaking and enforcement. In principle, the tripartite model includes labor representation, but in practice, workers' voices—especially those of the informal sector and unorganized workers—are marginalized. Policy tends to be reactive, enacted in response to disasters such as the Kentex fire or the NCCC Mall tragedy, rather than as part of a preventive system. The result is a cycle in which reforms follow tragedy but structural weaknesses remain unaddressed.

III. Legal and Policy Framework

The most significant reform came with Republic Act No. 11058, passed in 2018.¹⁶ Penalties remain limited to administrative fines, and the law imposes no criminal liability.¹⁶ Earlier frameworks, including the Labor Code of 1974 and DOLE Department Order 13-98, were weakly enforced, as revealed by the Eton Residences tragedy.⁸

The Employees' Compensation Program remains limited, with outdated disease lists and bureaucratic delays.¹³ The Philippines has ratified ILO Convention 187 but not Convention 155.¹⁷

Neoliberal labor arrangements—including contractualization and platform-based work—further undermine OSH protections.^{13,15}

The Philippine OSH legal framework has evolved incrementally, with progress typically triggered by catastrophic workplace incidents. The most significant reform came with Republic Act 11058, the Occupational Safety and Health Law of 2018, passed three years after the Kentex fire in Valenzuela that killed 72 workers.¹⁶ RA 11058 established workers' rights to know, report accidents, personal protective equipment, and refusal of unsafe work. It also required employers to provide OSH training and designate safety officers. However, penalties are limited to administrative fines of up to PHP 100,000, which many large corporations can easily absorb as part of their operating costs. Importantly, the law imposes no criminal liability, even in cases of gross negligence resulting in death.¹⁶

Earlier frameworks were less comprehensive. The Labor Code of 1974 contained only general safety provisions, while DOLE issued sector-specific orders such as Department Order 13-98 on construction safety. Weak enforcement of these orders was exposed by incidents such as the 2011 Eton Residences accident, in which 10 construction workers fell to their deaths due to negligence and lack of safety equipment.^{17,19,20} This tragedy led to the abolition of DOLE's "self-assessment" labor inspection scheme, which had allowed companies to certify their own compliance. Subsequent disasters, including the 2017 House Technology Industries fire in Cavite—where hundreds were injured under a media blackout—and the 2017 NCCC Mall fire in Davao—where 38 workers, including 20 BPO staff, died—revealed OSH gaps across industries (IOHSAD, 2018). The COVID-19 pandemic of 2020 underscored the inadequacy of the legal framework in addressing infectious diseases, forcing the government to issue emergency regulations on infection control, PPE provision, and workplace health protocols.¹²

The Employees' Compensation Program (ECP), administered by the ECC since 1974, remains the main vehicle for compensating occupational injuries and diseases. However, its limitations are profound. The list of compensable diseases has not kept pace with emerging risks, excluding conditions such as mental health disorders, and long-COVID.^{13,26} Workers and their families often encounter lengthy delays, and compensation amounts are insufficient to cover lost wages and medical expenses.²⁷

On the international level, the Philippines has been slow to align with ILO standards. It ratified ILO Convention 187 on occupational safety and health in 2019. Conventions that would strengthen the national OSH system, such as Convention 155 or the Occupational Safety and Health (OSH) Convention of 1981 remain unratified (ILO, 2024). Compared to regional neighbors, the Philippines lags in adopting global OSH norms, particularly regarding

gender-based violence and informal sector protections.

Implementation gaps remain the most significant weakness. The Philippines has fewer than 600 labor inspectors to oversee millions of workplaces nationwide (DOLE, 2023). Penalties under RA 11058 are too low to act as deterrents, and criminal accountability for fatal negligence is nonexistent. Informal workers—who make up the majority of the labor force—are excluded from OSH law altogether. Neoliberal labor policies compound these weaknesses, as contractualization discourages workers from asserting their rights, and export processing zones prioritize investor confidence over worker protection (IBON Foundation, 2023). In many cases, workers are forced to purchase their own PPE and shoulder medical costs, effectively privatizing the risks of industrial growth.

Beyond enforcement failures and critiques of the piecemeal approach on OSH, the legal framework is further undermined by neoliberal labor arrangements that systematically shift occupational risk from employers and the state onto individual workers. Contractualization, subcontracting, labor-only contracting, and platform-based work arrangements fragment accountability and obscure the employer–employee relationship, allowing principal firms to evade OSH obligations while retaining control over labor conditions. Under these arrangements, workers are often classified as “independent contractors,” excluding them from the protections of RA 11058, the Employees’ Compensation Program, and labor inspection regimes altogether. Empirical studies on delivery riders and other gig workers show that individuals are compelled to absorb the costs of personal protective equipment, vehicle maintenance, medical care, and income loss due to injury or illness, effectively privatizing occupational risk in the name of labor flexibility (IBON Foundation, 2023; Bingham, Lu & Lu, 2022). Export processing zones and special economic zones institutionalize this risk-shifting by prioritizing investor incentives, regulatory exemptions, and labor flexibilization over worker safety, reinforcing a model of economic growth that externalizes health and safety costs onto the most precarious segments of the workforce.

IV. Case Studies

A. The Eton Residences Fire (2011)

On January 27, 2011, ten construction workers fell to their deaths from the 30th floor of the Eton Residences condominium project in Makati while installing glass panels. Investigations found that the workers were operating on unsecured and overloaded scaffolding without proper safety harnesses^{19, 20}. The incident exposed the dangers of subcontracting practices in construction, where layers of labor contractors blur accountability and weaken employer responsibility for worker safety.

The tragedy also revealed major flaws in the Department of Labor and Employment’s (DOLE) inspection system, particularly the “self-assessment” scheme that allowed companies to certify their own compliance with OSH standards. After public outrage, this system was replaced with actual inspections (DOLE, 2012), though enforcement capacity remained limited due to a shortage of inspectors. The Eton case highlighted the vulnerability of

subcontracted workers and the failure of employer self-policing, becoming an early catalyst for OSH reform discussions that eventually contributed to the passage of the OSH Law in 2018.

B. The Kentex Factory Fire (2015)

On May 13, 2015, a fire at the Kentex Manufacturing rubber slipper factory in Valenzuela City killed 72 workers, most of them women trapped on the second floor. Investigations documented severe OSH violations, including barred windows, the absence of fire exits, non-functional fire extinguishers, lack of emergency drills, and improper storage of flammable chemicals (IOHSAD, 2015). Survivors testified that basic fire safety measures had never been implemented.

The Kentex fire exposed deep regulatory failures, as DOLE had issued the factory a certificate of compliance just eight months earlier despite obvious hazards. The tragedy drew national and international condemnation, including from the International Labour Organization, as evidence of systemic governance breakdowns (ILO, 2016). While public outrage helped push Congress to pass Republic Act 11058 in 2018, justice remained elusive. No company executives were criminally prosecuted, compensation was delayed, and survivors continued to face precarious employment, making Kentex a symbol of “reform through tragedy” in Philippine OSH history.

C. The House Technology Industries (HTI) Fire (2017)

In February 2017, a major fire engulfed the House Technology Industries (HTI) factory inside the Cavite Export Processing Zone, injuring hundreds of workers who suffered burns and smoke inhalation. Information about the incident was tightly controlled, with journalists barred from the site and the company limiting disclosure, leading workers’ groups to describe a “media blackout” (IOHSAD, 2017). As a result, the true scale of casualties remains uncertain.

Workers reported locked exits, inadequate fire alarms, and the absence of evacuation procedures. The HTI fire highlighted how export processing zones—designed to attract foreign investment—often operate with weak enforcement of labor and OSH laws. State protection of investor interests allowed safety violations to persist with minimal accountability. This case illustrated how neoliberal development policies and global supply chains externalize occupational risks onto local workers, reinforcing structural vulnerabilities in OSH governance (IBON, 2018).

D. The NCCC Mall Fire (2017)

On December 23, 2017, a fire at the NCCC Mall in Davao City killed 38 people, including 20 BPO workers employed by Survey Sampling International (SSI). The victims were trapped on the fourth floor because there were no emergency exits leading outside the building. Investigations revealed defective fire alarm systems and safety inspections compromised by corruption (DOLE, 2018).

The tragedy challenged the perception that OSH concerns are limited to industrial or “blue-collar” settings. Despite being part of the rapidly growing BPO sector, the call center workers faced hazards similar to those seen in factory fires: locked workspaces, absent fire

drills, and non-functional safety systems (IOHSAD, 2019). Although the incident prompted calls to strengthen OSH enforcement in retail and service industries, accountability was minimal. As in other major OSH disasters, no company executives faced criminal prosecution, reinforcing patterns of impunity in workplace safety violations.

E. The COVID-19 Pandemic (2020–2022)

The COVID-19 pandemic constituted a nationwide OSH crisis in the Philippines. Healthcare workers were disproportionately affected, with over 54,000 infections recorded by 2022, many linked to inadequate PPE, excessive workloads, and weak infection control measures during the early pandemic period (DOH, 2023). Workers in manufacturing, logistics, and service sectors also faced heightened risks where employers failed to implement basic protections such as masking, distancing, or paid sick leave.

Sustained pressure from workers' groups led the state to recognize COVID-19 as an occupational disease compensable under the Employees' Compensation Program (ECC, 2021). Interim health guidelines were issued, but many contractual and informal workers remained excluded. Delivery riders, for example, faced both viral exposure and physical injury risks yet were denied labor protections due to their classification as "partners" rather than employees (IBON, 2021). The pandemic exposed the fragility of OSH systems and highlighted the need to integrate occupational health with public health preparedness.

F. Riders and the Informal Sector (2023–2025)

Evidence from delivery riders during the COVID-19 pandemic highlights the vulnerabilities of gig and platform workers. Survey data show that riders routinely work long hours under hazardous road conditions, often despite illness or extreme weather, with minimal employer-provided health or safety support (Binghay, Lu & Lu, 2022). These findings highlight the undercurrent of neoliberal labor arrangements and misclassification of workers undermine OSH compliance and shift risk onto individuals.

From 2020 to 2025, delivery riders for platforms such as Angkas, Joyride, Grab, Foodpanda, and Lalamove became emblematic of precarious work in the Philippines. Classified as independent contractors, riders are excluded from OSH protections and social benefits despite facing some of the highest occupational risks. Road accidents have emerged as one of the leading causes of workplace fatalities, with IOHSAD recording 106 deaths from road crashes in just the first half of 2025, mostly involving transport and delivery workers (IOHSAD, 2025).

Riders shoulder the costs of protective equipment, medical care, and vehicle maintenance, and often continue working despite illness or exhaustion due to the absence of paid leave. While the gig economy is promoted as flexible and innovative, it has entrenched labor arrangements that shift risks from companies to workers. This case highlights how emerging forms of work challenge existing OSH frameworks and deepen exclusions for informal and platform-based workers (IBON, 2023).

V. History of OSH Struggles and Reforms in the Philippines

The history of occupational safety and health (OSH) in the Philippines demonstrates a consistent pattern: major reforms are reactive, introduced only after preventable tragedies expose the failures of the system. From the mid-20th century to the present, OSH policy has been shaped by legislation, workplace disasters, and the continuing advocacy of workers' organizations.

The earliest roots of Philippine OSH law can be traced to the postwar decades. In the 1950s, the government enacted the Workmen's Compensation Act, which created one of the country's first systems of compensation for workplace accidents. However, coverage was limited to formal male workers in industrial sectors, leaving agricultural and informal workers excluded (DOLE, 1975). In 1974, the Labor Code introduced the Employees' Compensation Program (ECP) and established the Employees' Compensation Commission (ECC) under Presidential Decree 626. The program provided state-run benefits for work-related injuries and illnesses, but its disease list was narrow, and claims processes were criticized as bureaucratic and exclusionary (ECC, 1975).

During the 1980s and 1990s, OSH enforcement remained weak. The democratic transition of 1986 created space for labor rights advocacy, but workplace safety remained marginal in public policy. DOLE introduced technical rules, such as Department Order 13-98 on construction safety, yet enforcement was inconsistent due to the low number of labor inspectors and limited political will (ILO, 1998). This period was also marked by the growth of neoliberal labor reforms, which emphasized flexibility and deregulation over worker protection.

In the early 2000s, DOLE institutionalized the self-assessment scheme, which allowed employers to certify their own compliance with labor and safety standards. The policy, presented as a way to cut "red tape," effectively privatized enforcement and left workers more vulnerable (DOLE, 2002). Worker advocates warned that this would result in systemic underreporting of violations (IOHSAD, 2005). These warnings were tragically validated in the following decade.

On January 27, 2011, ten workers fell to their deaths at the Eton Residences construction project in Makati after scaffolding collapsed. Investigations revealed that the men had been working without safety harnesses and under subcontracted arrangements that blurred employer accountability. The incident generated public outrage, forcing DOLE to abolish the self-assessment scheme and reinstate direct labor inspections (DOLE, 2012; IOHSAD, 2011). This was an early example of how tragedy prompted policy reversal.

The following year, on May 9, 2012, a fire broke out in a Novo Jeans and Shirts retail store in Butuan City, killing 17 women workers who were locked inside. This incident highlighted the vulnerabilities of service and retail workers, particularly women employed under informal or casual arrangements, whose OSH risks had long been overlooked (IOHSAD, 2012).

The Kentex Manufacturing fire of May 13, 2015 became a watershed moment in Philippine

OSH history. Seventy-two workers were killed in Valenzuela City after being trapped inside a slipper factory where exits were locked, chemicals were improperly stored, and fire drills had never been conducted. The factory had even been cleared in a previous DOLE inspection. The scale of the disaster drew national and international condemnation, with the International Labour Organization citing Kentex as emblematic of weak OSH governance in the Philippines (ILO, 2016). The fire directly led to the drafting and passage of Republic Act 11058, the OSH Law, which was signed in 2018.

In 2017, two more tragedies underscored systemic gaps. On February 1, the House Technology Industries (HTI) factory fire in the Cavite Export Processing Zone injured hundreds of workers. Yet journalists were barred from reporting inside the facility, leading to accusations of a “media blackout” that obscured the true scale of casualties (IOHSAD, 2017). The case revealed how export processing zones, which prioritize investor confidence, often operate with weak labor and safety oversight. Later that year, on December 23, the NCCC Mall fire in Davao killed 38 workers, including 20 business process outsourcing (BPO) employees trapped in an office without emergency exits. This case demonstrated that OSH risks were not confined to blue-collar workers; even those in the much-heralded service sector were at risk from systemic safety failures (DOLE, 2018; IOHSAD, 2019).

The COVID-19 pandemic between 2020 and 2022 constituted the most far-reaching OSH crisis of the modern era. More than 54,000 healthcare workers were infected, many fatally, due to inadequate protective equipment and overwhelmed facilities (DOH, 2023). Eventually, COVID-19 was recognized as a compensable occupational disease, and interim guidelines were issued to strengthen infection control in workplaces (ECC, 2021; DOH, 2021). However, the pandemic also highlighted gaps for contractual and informal workers, such as delivery riders, who were excluded from legal protections and forced to absorb health and financial risks themselves (IBON, 2021).

By 2019, the Philippines had finally ratified ILO Convention 187 on occupational safety and health, marking a delayed but important step toward international alignment. Yet, Convention 155 or the Occupational Safety and Health (OSH) Convention of 1981 remains unratified. As of 2025, civil society monitoring by IOHSAD shows that at least one worker continues to die each day from preventable accidents, with the majority of informal workers still excluded from OSH coverage (IOHSAD, 2025).

This historical trajectory reveals a persistent cycle: reform follows tragedy, yet systemic weaknesses remain. From the Workmen’s Compensation Act of the 1950s to the OSH Law of 2018, progress has been reactive rather than preventive. Each disaster has widened recognition of OSH risks—moving from construction, to manufacturing, to retail, and now to the gig economy—but without structural reforms to enforcement, accountability, and informal sector coverage, the Philippines remains trapped in a pattern of “*legislation by disaster*.”

VI. Conclusion

The analysis of major occupational safety and health (OSH) cases in the Philippines reveals a pattern of systemic failure rather than isolated accidents. Across sectors—construction, manufacturing, export processing zones, retail and service industries, healthcare, and the gig economy—workers continue to face preventable hazards due to weak enforcement,

fragmented accountability, and structural exclusions embedded in labor policy. Despite the passage of Republic Act No. 11058, implementation remains uneven, constrained by limited inspection capacity, low penalties, and a regulatory culture that often prioritizes voluntary compliance and investor confidence over worker protection. Data gaps further obscure the true scale of occupational injuries and deaths, particularly in the informal and platform-based sectors.

Emerging risks, including infectious disease exposure, road traffic injuries, and work-related mental health conditions, remain underrecognized within traditional OSH frameworks. Collectively, these findings demonstrate that OSH failures in the Philippines are deeply intertwined with broader political and economic processes—especially neoliberal labor arrangements—that systematically shift risk from employers to workers. Meaningful reform therefore requires not only stronger laws, but a reorientation of governance toward prevention, accountability, and the recognition of worker safety as a fundamental right.

VII. Recommendations

- **Strengthen enforcement capacity** by significantly increasing the number of labor inspectors, improving their training, and ensuring regular, unannounced workplace inspections across all sectors.
- **Increase penalties and criminal accountability** for OSH violations, including clear pathways for prosecuting corporate officers and principal employers in cases of serious injury or death.
- **End regulatory exemptions and loopholes**, particularly in export processing zones, subcontracting arrangements, and platform-based work, to ensure uniform application of OSH standards.
- **Expand OSH coverage to informal and gig workers** through legal recognition of platform workers as employees or the creation of sector-specific OSH protections and social insurance mechanisms.
- **Improve data collection and transparency** by establishing a centralized, publicly accessible national database on occupational injuries, diseases, and fatalities, with disaggregation by sector and cause.
- **Integrate occupational health and public health systems**, including preparedness for infectious disease outbreaks, mental health support, and long-term occupational disease surveillance.
- **Institutionalize worker participation** by strengthening workplace safety and health committees, protecting whistleblowers, and supporting the role of unions and worker organizations in OSH monitoring.
- **Adopt a preventive, rights-based approach** to OSH governance that prioritizes hazard elimination and risk reduction over post-disaster compensation.

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