



Reproductive Health and Rights for PALM Scheme Workers

Issued following the Access & Quality: Tasmanian Reproductive Health Conference

13 May 2025

The *Access & Quality: Tasmanian Reproductive Health Conference* affirms that reproductive health is a fundamental human right and a key pillar of gender equity.

This statement calls for urgent, coordinated action to address the reproductive health needs of PALM scheme workers and to centre anti-racism, anti-oppressive, trauma-informed care, and culturally safe practice across all health, employment, and migration systems.

Background

Australia is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women and, under General Recommendation 39, has committed to ensuring that all Indigenous women have access to comprehensive reproductive health and family planning services, including Indigenous PALM workers from the Pacific Islands.

PALM workers support Australia's agricultural and care sectors, yet they do so under conditions that routinely deny them access to Medicare, reproductive healthcare, and essential legal protections. Women on temporary visas, whether in Tasmania or across other areas of rural and regional Australia, are too often invisible to health and support systems. They experience reproductive coercion, financial precarity, structural racism and other forms of inequity and gender-based violence, with little recourse or support.

The *Talking to Women on Temporary Visas* report (Women's Health Tasmania, 2022) highlights that women without Medicare frequently delay antenatal care or forgo treatment entirely due to cost. Meanwhile, the NSW Anti-Slavery Commissioner (2024) and Kanan & Putt (2023) document cases where PALM workers were dismissed or "disengaged" following pregnancy, losing access to income, housing and healthcare. Women are subject to discrimination at multiple points of their PALM engagement, including a requirement to produce a negative pregnancy test in order to participate in the scheme (Kanan 2025).

These harms are not incidental or infrequent. They are symptoms of systemic inequity that must be addressed through cross-jurisdictional policy reform in health, labour, and migration.

Key Issues

In line with the *National Women's Health Strategy 2020–2030*, we recognise that marginalised women, particularly those from Pacific and Timor-Leste communities working in Australia under the Pacific Australia Labour Mobility (PALM) scheme, face entrenched barriers to health, safety, and autonomy.

Healthcare exclusion: PALM workers are excluded from Medicare, despite working full-time in essential industries. While visas are conditional on private health insurance membership, navigating rebate processes can be complex, and out-of-pocket costs remain, including travel and accommodation for contraceptive, pregnancy, abortion, and STI care.

Reproductive injustice: PALM workers report fear of job loss if they become pregnant. Crisis services are under-resourced and culturally disconnected, particularly in rural regions.

Gendered and racialised violence: Women report harassment, reproductive violence, and exploitation, often without access to legal or healthcare support. They often have to return to work in an unsafe environment.

Racism in health services: Institutional racism and ableism shape many women's experiences with healthcare, from being ignored or dismissed to being denied language support or culturally safe care.

Our Call to Action

We echo the goals of the *National Women's Health Strategy* in seeking an Australia where **every woman, regardless of visa status, background, or ability can access quality, respectful, and safe reproductive care.**

We call on the Commonwealth and State Governments, in collaboration with community leaders, diaspora organisations and service providers, to:

1. **Guarantee equitable access to reproductive health services** for all PALM workers, including contraception, abortion, antenatal care, STI prevention and care, and menstrual health, regardless of visa status.
2. **Integrate anti-racism and anti-oppressive practice and cultural safety** into all services supporting PALM workers, including workforce training, community outreach, and clinical care. At least 50% of practitioners providing these services should be women.
3. **Resource Pacific-led and diaspora health organisations** to act as trusted health intermediaries and deliver in-language culturally grounded SRHR education and services, including reproductive violence prevention, across the entire migration pathway from 'sending countries', to Australia and on return to the Pacific.
4. **Decouple employment from visa status** by making PALM visas portable to reduce coercive dynamics. Assist workers in switching employers more easily to reduce exploitation risks. Enable workers to access healthcare and report harm safely.

Ensure employers have a positive duty to facilitate access to healthcare for PALM scheme workers, no matter their location or type of employment.

5. **Embed reproductive health into PALM induction materials**, including information on Australian sexual consent laws, workplace rights, family violence protections, insurance coverage, and available services.
6. **Fund dedicated health navigation, bilingual health education, and interpreter roles** in medium and high-density PALM worker areas to ensure culturally safe, informed, and accessible reproductive healthcare.
7. **Develop regional health equity plans** in partnership with state and territory governments, ensuring that temporary visa holders are visible, counted, and supported. This could be in the form of women's health, mental health and/or sexual and reproductive health strategies, or other mechanisms to invest in equity.
8. **Create cross-jurisdiction mechanisms** between Commonwealth, state and territory governments to ensure continuity of reproductive healthcare, legal protections, and support services for PALM scheme workers regardless of where they are located in Australia.
9. **Ensure pathways to reunite** with family members through accessible visa options, recognising the critical role of family support in reproductive health and wellbeing.
10. **Invest in independent, participatory research** to monitor, evaluate, and strengthen health, equity, partnerships, and policy settings across the PALM scheme and other temporary labour mobility programs.

Conclusion

We, the undersigned, stand together in affirming that reproductive justice cannot exist without centring racial and gender justice and eliminating all forms of oppression. PALM scheme workers must be seen as economic contributors and women deserving of dignity, autonomy, and care.

Australia has a responsibility and an opportunity to build a reproductive health system that is inclusive, anti-oppressive, anti-racist, and anchored in the lived realities of all women who call this country home, however temporarily.

References

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Organisational Endorsements updated 12 May 2025:

Australian Women's Health Alliance

Birth for Humankind

Centre Against Domestic Abuse

Fair Agenda

Family Planning Alliance Australia

Family Planning Australia

Immigration Advice and Rights Centre

International Planned Parenthood Federation

LGBTIQ Health Australia

Migrant Workers Centre

MSI Asia Pacific

MSI Australia

Multicultural Centre for Women’s Health



National Women's Equality Alliance
 Older Women's Network New South Wales
 Pacific Islands Council of Queensland
 Scarlet Alliance, Australian Sex Workers Association
 Sexual Health and Family Planning Australian Capital Territory
 SHINE South Australia
 Tablelands Sexual Assault Service
 True Relationships and Reproductive Health
 Women With Disabilities Australia
 Women's Electoral Lobby
 Women's Health and Equality Queensland
 Women's Health In The North
 Women's Health Tasmania



Women
 With
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FAIR
 AGENDA



Immigration Advice
 and Rights Centre



Australian
 Women's
 Health Alliance



FAMILY PLANNING
 ALLIANCE AUSTRALIA



National Women's
 Equality Alliance

