

Understanding the Needs and Challenges of Transgender People Accessing Gender-affirming Healthcare in Egypt: A Mixed Methods Study

Supported by Advocacy Recommendations and a Proposed Draft Law on Regulating Access to Gender-affirming Healthcare.

Nora Noralla

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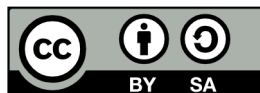
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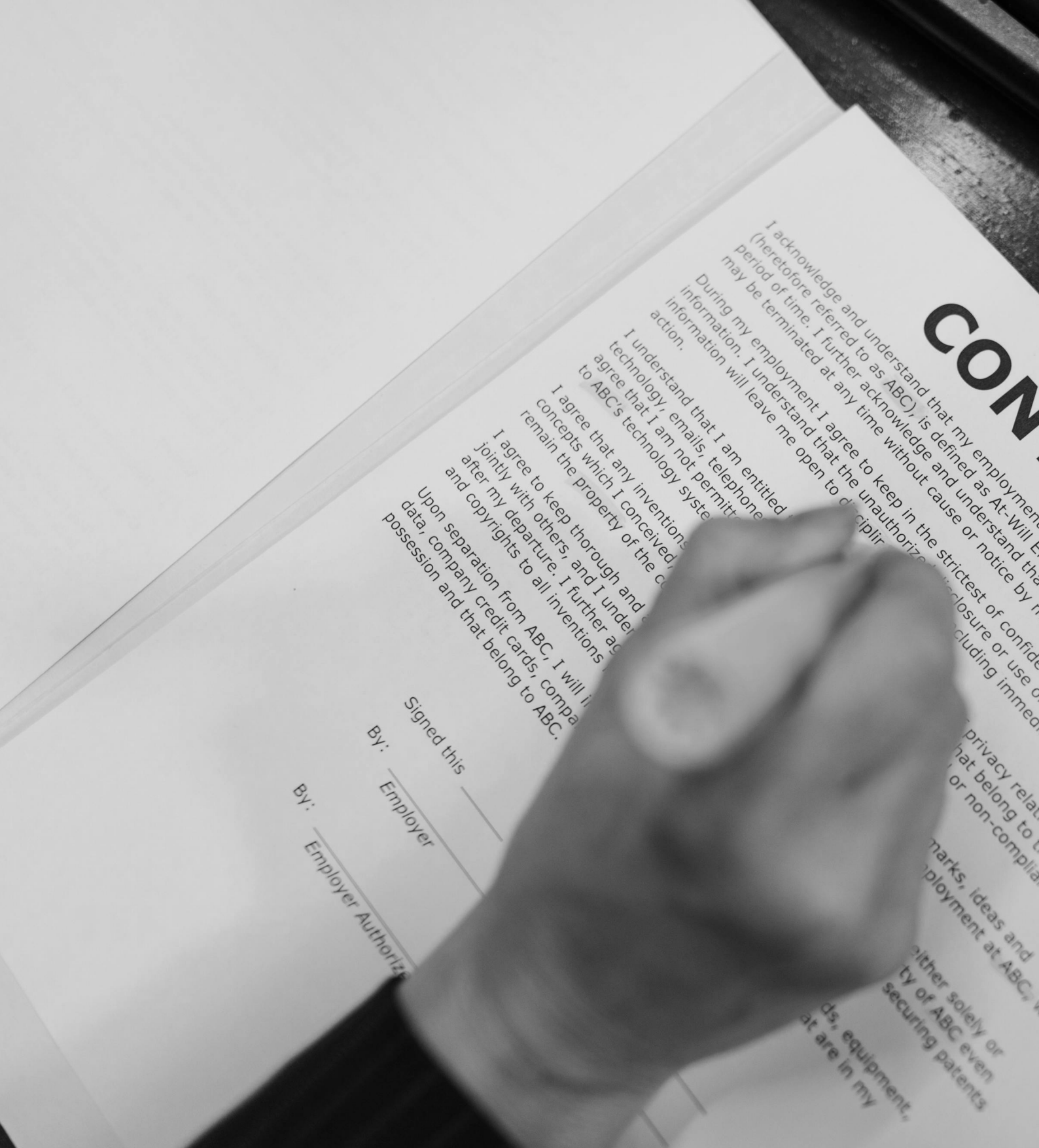
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Glossary

Gender Identity Disorder Is the official term used by Egyptian doctors and officials to describe what is now known as Gender Dysphoria. Gender Dysphoria refers to the state in which a person experiences significant distress and discomfort due to the discrepancy between their assigned sex at birth and their gender identity.

Gender-affirming Healthcare: Refers to the range of medical treatments available for transgender individuals seeking to undergo a medical transition. This encompasses various social, psychological, behavioural, and medical interventions aimed at supporting and validating an individual's gender identity when it conflicts with their assigned gender at birth. Transgender individuals may choose to undergo any combination of these gender-affirming healthcare options.

Transgender: An umbrella term used to describe individuals whose gender identity does not align with the sex they were assigned at birth.

Intersex: Refers to individuals born with sexual characteristics that deviate from the typical male or female attributes.

Gender Identity: Refers to an individual's personal perception of their own gender, which may align with their assigned sex at birth or differ from it.

Sex Change: The official term used by Egyptian policymakers, lawmakers, and religious figures to refer to gender-affirming healthcare for transgender individuals.

Sex Correction: The official term used by Egyptian policymakers, lawmakers, and religious figures to describe medical interventions aimed at aligning intersex individuals with the cis binary.

Sex Correction Committee: The Egyptian Medical Syndicate established the committee in 2003. Its purpose is to review applications from individuals who wish to undergo medical treatments that would result in a change of their assigned sex at birth.



Introduction

Gender-affirming healthcare is widely recognized as a fundamental human right for transgender individuals, allowing them to live and express their true gender identity. The accessibility of gender-affirming healthcare varies across the globe. Some countries permit access based on the right to self-determination, respecting an individual's perception of their gender identity without pathologization. Others require a diagnosis of gender identity disorder, which may involve pathologization. In addition to these two categories, some countries prohibit entirely gender-affirming healthcare for transgender individuals. Egypt is one such country that implemented a policy in 2003 heavily influenced by Islamic institutions, effectively banning gender-affirming healthcare and preventing transgender individuals from transitioning. However, despite the ban, creative strategies have been employed by transgender individuals in Egypt to navigate these barriers and access gender-affirming healthcare.

Currently, there is a shortage of research investigating the accessibility of gender-affirming healthcare for transgender individuals in Egypt. Existing studies primarily focus on laws and policies or have a small sample size that does not adequately capture the Egyptian transgender medical experience. This report aims to address this gap and provide a comprehensive analysis of Egypt's laws and policies pertaining to transgender individuals, as well as their impact on the transgender experience in Egypt.

To achieve this, the author utilizes a mixed research methodology incorporating quantitative and qualitative methods. The report includes a literature review of available materials such as research papers, media reports, and NGO reports, offering an in-depth analysis of the laws, policies, and social perceptions that influence transgender individuals' access to gender-affirming healthcare. Additionally, the report draws upon the findings of a survey conducted between June 2023 and February 2024 involving 104 respondents from the Egyptian transgender community. Qualitative interviews were also conducted in a focus group and individual settings, totalling 30 interviews. Direct quotes from participants in these interviews are utilized throughout the report to elucidate the survey results further and highlight the realities faced by transgender individuals in Egypt. By combining the survey results, interview outputs, and literature review, the report aims to provide a comprehensive analysis, shed light on the medical experiences of transgender individuals seeking healthcare, and amplify the voices of the local community.

This report aims to expose the realities of accessing gender-affirming healthcare and provide potential entry points and recommendations for local human rights groups and key stakeholders involved in advancing transgender rights in Egypt. Furthermore, the report presents a draft law proposal to regulate access to such services. Although the language used in the proposal may appear outdated to some, it is intended to be acceptable within policy and legislative circles in Egypt. Thus, the report also serves as an advocacy guide for stakeholders and their local partners working on transgender issues in Egypt. It represents the first comprehensive analysis conducted with a large sample from the transgender community, providing valuable insights and recommendations.



Law and Policy Background

Gender Affirming Healthcare

Egypt's history with gender-affirming healthcare is multifaceted. Earlier reports from the 1920s onwards utilized the term "sex change" as a broad categorization, neglecting to differentiate between intersex individuals and transgender individuals. An illustrative instance of this is the 1954 film *Al-Anesa Hanafy*, which was partly inspired by the true story of Fatma, an individual assigned female at birth who underwent "sex change" surgeries to become Ali in 1947¹. Given that the first successful phalloplasty procedure, involving the construction of a penis for a transgender individual, took place in the Netherlands between 1959 and 1960, it is plausible that Ali was an intersex person who underwent surgery to reveal their male sexual organ².

Despite these media reports introducing the idea of transitioning into adulthood to Egyptian society, it was not until the 1980s that Egyptian society, along with authorities, actively began discussing "sex change." However, in contrast to earlier cases, these discussions encompassed clear examples of transgender individuals seeking gender-affirming healthcare. Sally Muris, often acknowledged as the first transgender person in the Middle East and North Africa to publicly undergo a medical transition, was a medical student at Al-Azhar³ University. In the early 1980s, she received a diagnosis of "psychological hermaphroditism" and subsequently underwent gender-affirming healthcare in the mid-1980s. She successfully changed her legal documents towards the end of the 1980s⁴.

conducted an internal investigation and issued disciplinary decision number 3/1988. This decision resulted in the revocation of the surgeon's medical license and a fine of 200 EGP imposed on the anesthetist. In addition, the Syndicate organized a conference that emphasized that the issue was not just a medical concern but also a moral one. It was perceived as an assault on Egyptian society's ethics, customs, and general well-being⁵.

Simultaneously, Al-Azhar University submitted a petition (number 21/1988) to the public prosecution office, requesting a criminal investigation of the involved doctors. Consequently, the prosecution office referred the case to the Forensic Medical Authority (FMA) to examine Sally and assess the treatments she received. The objective was to determine if any criminal responsibility could be attributed to the doctors. The medical examiners conducted a thorough review of relevant international literature and employed the term "psychological hermaphroditism" to describe Sally's mental disorder. They concluded that, although Sally was biologically male, she identified psychologically as a female. The examiners found no wrongdoing in Sally's case, as the doctors had adhered to the standards and principles of the medical profession and had not caused any harm to Sally⁶.

Upon receiving these reports, the public prosecution office dismissed the complaint. However, both the Medical Syndicate and Al-Azhar University persisted in their efforts. They sought the involvement of Sheikh Muhammad Sayyid Tantawy⁷, Egypt's grand Mufti, to issue a Fatwa regarding Sally's transition. Tantawy's Fatwa played a significant role in shaping contemporary Egyptian policies

1 Noralla, Nora. 2023. 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt'. *Yearbook of Islamic and Middle Eastern Law Online*, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

2 Haeseker B, Nicolai JP. De eerste geslachtsveranderende operatie van vrouw naar man in Nederland, 1959/'60 [The first gender-changing operation from female to male in The Netherlands, 1959/'60]. *Ned Tijdschr Geneesk*. 2007 Mar 3;151(9):548-52. Dutch. PMID: 17373398.

3 Al-Azhar founded in 972 AD is considered to be one of the oldest Islamic schools of Fiqhand is currently Egypt's highest Islamic authority.

4 Skovguard-Peterson, Jakob. 1995. 'Sex Change in Cairo: Gender and Islamic Law'. *Journal of the International Institute* 2 (3).

5 Veneuse, M.J., 2010. *The Body of the Condemned, Sally... Paths to Queering anarca-Islam*. *Anarchist Developments in Cultural Studies*, (1).

6 Noralla, Nora. 2023. 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt'. *Yearbook of Islamic and Middle Eastern Law Online*, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

7 Muhammad Sayyid Tantawy (referred to as Shaikh Tantawy) was Egypt's grand Mufti between 1986 and 1996.

pertaining to gender-affirming healthcare. In summary, the Fatwa analyzed the criteria that must be met for an individual to undergo “sex change” treatments. It acknowledged two types of conditions: a mental condition applicable to transgender individuals and a biological condition relevant to intersex individuals. The Fatwa recognized that, according to Islamic jurisprudence, altering Allah’s creation is generally prohibited unless there is a medical necessity. Tantawy considered intersex individuals to fall under the category of medical necessity, as they do not conform to binary classifications and require correction⁸.

On the other hand, transgender individuals are biologically aligned with the binary and should not alter Allah’s creation. Instead, they should pursue therapy to address their mental condition rather than opt for surgical intervention. Initially, the religious rationale did not find favor with the authorities. A lawsuit was even filed by Sally’s doctor against the Medical Syndicate for damages, leading to the petition 34/1988 of Cairo’s Court of Appeals seeking to dismiss the disciplinary action taken against the doctors. In June 1991, the Court delivered a verdict stating that the doctors had not breached any medical obligations in performing surgeries on Sally. The Court overturned the Medical Syndicate’s disciplinary action and reinstated the surgeon’s license. Moreover, the surgeon and the anesthetist were awarded appropriate compensation for their harm due to the disciplinary action⁹.

It was not until 2003 that Al-Azhar succeeded in incorporating their reasoning into policy, with the Ministry of Health issuing new instructions to amend the Medical Syndicate’s code of ethics. Article 46 was introduced, expressly prohibiting doctors from undertaking sex reassignment surgeries.

Sex reassignment is only permissible after obtaining approval from the review committee in the Syndicate. Surgeries will only be conducted following two years of psychiatric evaluation, hormonal treatment, and a comprehensive examination of the applicant’s hormones and chromosomal profile.

The key concepts to grasp here are “sex change” and “sex correction.” According to Al-Azhar’s rationale, “sex change” refers to gender-affirming healthcare, which is impermissible as it involves an attempt to alter Allah’s creation and change an individual’s biologically correct status to an incorrect one. On the other hand, “sex correction” refers to surgeries performed on intersex individuals to align them with the cis binary. These surgeries are accepted and encouraged by Al-Azhar as they merely “correct” Allah’s creation without altering it, given that intersex individuals do not possess a biologically correct status since they exist outside the cis-binary¹⁰.

While this article primarily focuses on the prohibition placed on doctors providing gender-affirming healthcare to transgender individuals, it will take some time for this particular interpretation to be implemented. The Sex Correction committee responsible for reviewing cases comprises two psychiatrists, a genetics expert, an andrologist, an endocrinologist, a medical head, and a representative from Al-Azhar or Dar Al-Iftaa. The role of the representative is solely to ensure that all cases accepted by the committee align with their interpretation of Sharia, which means that only intersex individuals are permitted, not transgender individuals. From the outset, the committee faced several challenges, resulting in dysfunctionality. First, the absence of bylaws to regulate its work hindered its ability to function effectively¹¹.

8 Tolino, Serena. “(g) Transgenderism, Transsexuality and SexReassignment Surgery in Contemporary Sunni Fatwas.” *Journal of Arabic and Islamic studies* 17 (2017): 223-246.

9 Noralla, Nora. 2023. ‘Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt’. *Yearbook of Islamic and Middle Eastern Law Online*, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

10 Chahine, M. 2023 “Suspended citizens: Inside the challenges with accessing legal gender recognition and gender affirming health care for trans people in Egypt”.

11 Noralla, Nora. 2023. ““Chromosome Trap”: Anti-Trans Narratives and Policy in Egypt”.

<https://timep.org/2023/06/29/chromosome-trap-anti-trans-narratives-and-policy-in-egypt/>

Additionally, the voluntary nature of the committee resulted in inconsistent attendance and irregular meeting schedules. Furthermore, the committee lacked legal or executive powers to enforce its decisions, further exacerbating its dysfunctionality. However, the most significant issue arose from conflicts between the Al-Azhar representative and the medical members. The medical members believed that individuals diagnosed with gender identity disorder should have access to gender-affirming healthcare, as it is an accepted medical practice worldwide. This viewpoint aligns with recognized medical standards. However, the Al-Azhar representative held a differing opinion, insisting on only accepting intersex individuals. The divergence of views led to confrontations between the two parties, with the medical members approving transgender cases regardless of the Al-Azhar representative's stance¹².

The disagreement escalated to the point where the representative withdrew from the committee in 2014. Consequently, the committee's operations came to a complete halt. However, in 2017, the representative reacquired veto powers over all applications and regained the final say on who can be accepted for surgeries by the committee. The maneuver executed by the Al-Azhar representative proved successful. Dr. Osama Abd El-Hay, the head of the committee, acknowledged in a 2020 interview with the media outlet "ABC News" that between 2014 and 2017, no cases for gender identity disorder were approved. The cases approved during this period were solely for "physical needs"¹³.

As a direct consequence of this policy, physicians who wish to provide sex reassignment interventions outside the purview of the Medical Syndicate review committee face disciplinary measures and potential criminal prosecution. Practitioners may have their medical licenses revoked and may face criminal liability under Article 244 of the Penal Code, which addresses the infliction of "permanent disabilities" upon patients¹⁴.

To illustrate the implementation of this policy, in 2010, Dr. Mahmoud Al-Atifi's facility in upper Egypt was forcibly closed. Several doctors were apprehended for administering sex reassignment treatments to a transgender individual who did not possess the necessary documentation from the review committee. Consequently, official sex reassignment interventions for transgender individuals have effectively become illegal within the framework of this policy. Due to the prevailing policy, gender-affirming healthcare is effectively restricted for transgender individuals based on the position of Al-Azhar rather than the viewpoints of medical professionals. As a result, transgender individuals are unable to access public and private medical services to affirm their gender identities¹⁵.

Consequently, a clandestine network of healthcare providers has emerged to meet the demand for gender-affirming healthcare. However, this alternative carries significant risks and excessive costs due to the scarcity of qualified practitioners and inadequate resources catering to the specific needs of transgender patients. Tragically, in 2021, a 26-year-old transgender man lost his life due to severe bleeding after being discharged early following a poorly executed sex reassignment surgery in an underground clinic. Unfortunately, circumstances of this nature often lack avenues for accountability, as these surgeries rarely have proper documentation.

12 Noralla, Nora. "A Discriminatory System Killed a Transgender Man in Egypt." Human Rights Watch, November 10, 2021.

<https://www.hrw.org/news/2021/11/10/discriminatory-system-killed-transgender-man-egypt>.

13 Michel, Maggie, and Mariam Fam. "In Egypt, Transgender Activist Fights Battle on Many Fronts." ABC News. ABC News Network, March 27, 2020.

<https://abcnews.go.com/International/wireStory/egypt-transgender-activist-fights-battle-fronts-69829327>.

14 Noralla, Nora. "A Discriminatory System Killed a Transgender Man in Egypt." Human Rights Watch, November 10, 2021.

<https://www.hrw.org/news/2021/11/10/discriminatory-system-killed-transgender-man-egypt>.

15 Noralla, Nora. 2023. 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt'. Yearbook of Islamic and Middle Eastern Law Online, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

Legal Gender Recognition

There is a significant gap in legislation and policy regarding legal gender recognition for transgender individuals in Egypt. Article 46 of the Egyptian Civil Code states that citizens have the right to request changes to their information in the civil registry through committees established within the Civil Registry Authority (CRA) throughout the country. While the Article itself does not explicitly mention transgender individuals, it has been used as a legal basis for legal gender recognition requests, including for those who are intersex. The process for intersex people is straightforward; after they undergo the surgeries, they can submit medical documents to the CRA's committee and receive name and gender marker changes. However, due to the lack of an explicit mention of transgender individuals, the application of this Article in their cases can be arbitrary, leading to varying requirements, processing times, and outcomes¹⁶.

To apply for legal gender recognition, transgender individuals must provide medical reports confirming a diagnosis of GID and evidence of undergoing gender-affirming surgeries. In some instances, CRA officials may also require verification of the transgender person's surgery from the Judicial Forensic Medical Authority (FMA). The FMA then issues a final report on the determination of sex, which may confirm the transgender person's newly acquired sex or declare the results inconclusive¹⁷.

If CRA and FMA officials are not convinced of the transgender person's transition, they have the authority to reject the case. In such instances, the transgender individual has no choice but to file a petition with the country's Administrative Courts system. These courts have a history of rejecting legal gender recognition requests based on various grounds, particularly Sharia law.

In Case No. 3867/66 J.Y. of January 27, 2013, the Administrative Court in Alexandria received a petition from a trans woman whose application was denied after the FMA refused to issue a certificate of sex determination. The FMA argued that although the plaintiff exhibited hormonal and physical female characteristics, they were artificially obtained, and that the plaintiff was biologically male based on chromosome mapping. Consequently, the FMA declined to issue a certificate of sex determination declaring the plaintiff female. The Court supported the FMA's decision, ruling that this was solely a medical matter falling under the jurisdiction of the FMA.

In Case No. 80419/68 J.Y. of January 24, 2016, the Administrative Court in Cairo rejected a trans man's request for legal gender recognition. The CRA rejected the plaintiff's application due to the FMA's report, which concluded that their chromosome mapping was consistent with those of a biological woman despite their physical and hormonal characteristics being male. The Court based its decision on this report, which indicated that the plaintiff had undergone "sex change" rather than "sex correction" treatment, thereby contravening Islamic Sharia law, which only allows for sex correction¹⁸.

The Court also addressed the fact that the plaintiff had received approval for surgeries from the Medical Syndicate's sex correction committee, stating that the committee lacked the legal authority to make such decisions. Instead, the responsibility for making such decisions lies with the executive branch (the Ministry of Health) or the legislative branch (the parliament). The Court urged the parliament to enact new legislation to regulate this matter, safeguard society from immorality, and align laws with Sharia principles.

Thus, as of 2023, transgender individuals can still technically apply for legal gender recognition through

16 [Chahine, M. 2023 "Suspended citizens: Inside the challenges with accessing legal gender recognition and gender affirming health care for trans people in Egypt"](#)

17 Ibid

18 Ali Dabash, Ahmed. 2023. 'The Egyptian Constitution and Transgender Rights: Judicial Interpretation of Islamic Norms'. *Journal of Law and Emerging Technologies* 3 (1): 33–58.
<https://doi.org/10.54873/jolets.v3i1.108>.

the CRA and hope for a streamlined process. However, if this is not the case, the Administrative Courts system has proven to be unfavourable for transgender individuals seeking legal gender recognition¹⁹.

19 Noralla, Nora. 2023. 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt'. *Yearbook of Islamic and Middle Eastern Law Online*, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

Criminalization

Egypt does not have any explicit laws that criminalize transgender individuals. However, in recent years, there have been reports of morality and anti-sex work laws being utilized to target individuals assigned male at birth, including transgender women. Egypt frequently utilizes morality-based laws to apprehend individuals who defy societal norms pertaining to gender identity. These laws criminalize activities such as sex work, acts considered morally corrupt, disruption of public order, and actions that are deemed contrary to family and societal values. The broadness of the legal scope regarding these laws has provided authorities with the opportunity to target transgender individuals who express their identity both online and offline²⁰.

There is a lack of specific data regarding the number of transgender individuals who have been arrested solely based on their identity, excluding any other factors, in relation to these laws. However, there exists some general data concerning the arrest rates of LGBTQ+ individuals. According to the Egyptian Initiative for Personal Freedoms (EIPR), a total of 232 individuals were arrested between 2013 and 2017 based on their perceived sexual orientation or gender identity. Out of these, 129 were apprehended through social media platforms or same-sex dating applications. Additionally, in the year 2020 alone, 25 individuals were subject to arrest and in 2022, 43 arrests were reported.²¹ Individuals who are apprehended may be subjected to imprisonment for a duration ranging from six months to three years, and frequently endure mistreatment that can be classified as torture²².

Transgender individuals also face the added danger of potential attacks from gangs while utilizing these applications. Unfortunately, their ability to seek legal remedies is severely limited as they often choose not to report such incidents out of fear. This fear stems from the prevailing anti-LGBTQ+ sentiment within security agencies, which has historically resulted in arrests of individuals who identify as queer when reporting crimes of this nature²³.

Upon arrest, authorities frequently exhibit a notable deficiency in comprehension, particularly when it comes to transgender women. These individuals are frequently misperceived as effeminate gay men and subsequently confined in male correctional facilities. In 2020, the Administrative Court dismissed petition 10399/74 JY, which called for the establishment of gender-affirming detention cells exclusively designated for transgender individuals, both in police stations and prisons. This petition had been filed by a transgender woman who had been apprehended and subsequently incarcerated in a men's prison in 2019.²⁴

20 Noralla, Nora. "Politics, Society and Public Morals: How Does a 'Debauchery' Charge Service All?" TIMEP, June 21, 2022.

<https://timep.org/commentary/analysis/politics-society-and-public-morals-how-does-a-debauchery-charge-service-all/>.

21 Hamid, D. A. The Trap: Punishing Sexual Difference in Egypt. Al Qahirah: Egyptian Initiative for Personal Rights, 2017.

https://www.ecoi.net/en/file/local/2020143/the_trap-en.pdf

22 "Egypt: Security Forces Abuse, Torture LGBT People." Human Rights Watch, October 1, 2020.

<https://www.hrw.org/news/2020/10/01/egypt-security-forces-abuse-torture-lgbt-people>.

23 "Legal Aid Annual Report 2020." Bedayaa, 2021.

<https://www.docdroid.net/jW7EuIT/legal-aid-annual-report-20201-pdf>.

24 "ملك الكاشف تطعن على قرار القضاء الإداري برفض قضية إلزام الداخلية بتخصيص أماكن احتجاز للعابرين جنسيا." *درب*, July 29, 2020.



Social Background

While there are opinion polls available regarding social views on homosexuality, there is a lack of such data about how transgender individuals are perceived in Egyptian society. Consequently, providing a definitive answer to this question without empirical evidence is challenging. However, social indicators can be examined to gain insight into the various perspectives on transgender individuals within Egyptian society.

In the modern era, Egypt has exhibited a degree of gender fluidity and a certain level of social tolerance during the 18th and 19th centuries. This can be illustrated by the prevalence of the term «Khawal», which was commonly used to describe effeminate men who became dancers following the ban on women from public dancing in 1834, imposed by Egypt's ruler, Muhammed Ali²⁵. Furthermore, the concept of «Hosngya» also exemplifies this phenomenon, as it referred to a profession rather than an identity, explicitly denoting effeminate male sex workers who were prevalent during the period in which Egypt legalised the sex work industry until 1949. Even though these effeminate male sex workers were not formally recognised due to the legalisation of sex work only for females, they gained popularity, and historians have documented their gatherings at the Eiffel Coffee Shop in Al-Ataba Square, located in downtown Cairo.²⁶

Another noteworthy example is Ibrahim Al-Gharby (d. 1926), also known as the «pimp emperor,» who possessed a substantial sex work network and displayed effeminate traits in a social context. This was evident through their adoption of female attire, feminine behavioural attitudes, wearing feminine jewellery, and engaging in relationships with men. Even in official interactions with authorities, such as the public prosecution office, Al-Gharby would present themselves as a woman²⁷.

It is also worth mentioning that the Egyptian media has shown curiosity in covering stories of individuals who identify as a gender different from their assigned one. For instance, an article published in 1930 discussed Abbas Hassan Ibrahim, who preferred Hamida and detailed their lifestyle, appearance, and behaviour as a woman²⁸. What is notable during this period, apart from the tolerance of the State and society towards acts deemed immoral, are two main factors: firstly, most of these gender identities existed as professions within the realm of sex work, and secondly, all of them were assigned male at birth. The first fact reflects a prevailing attitude in Egyptian society and the State, wherein acts deemed immoral were tolerated within the confined world of sex work in Egypt during the 18th and 19th centuries. This environment allowed marginalised individuals outside of this sphere to thrive and carve out their own spaces within it. This is further underscored by the absence of historical records and media reporting on gender identities outside the binary after the complete criminalisation of sex work in 1952, until the emergence of gender-affirming healthcare in Egypt in the 1980s, exemplified by the case of Sally.

The second fact points to the enduring reality of Egypt as a patriarchal society, characterised by a highly restrictive environment for individuals assigned females at birth, who are seen as potential sources of shame and, therefore, subject to constant surveillance. However, it does not explain why those assigned female at birth who engaged in sex work and were already deemed socially immoral did not assume male roles. To address this, one must recognise that sex work in Egypt during this period was centred around the notion that cis men would seek out effeminate individuals, regardless of their gender, rather than the other way around. Therefore, there was no need for individuals to

25 Karin Van Nieuwkerk. n.d. *A Trade like Any Other: Female Singers and Dancers in Egypt*. University of Texas Press.

26 Mohamed Nayzy Hatata. n.d. *Al-Mawsua al-alamyia Li al-Inhirfat al-ginsia, al-Mugalad al-hamis Wa al-Sadys* [The International Encyclopedia of Sexual Deviations, Fifth and Sixth Parts]. Dar Al-Nahda Al-Arabya Publication House.

27 Noralla, Nora, 2021 'Elkarakhana: History of Sex Working in Modern Egypt between Legalization and Criminalization,' Cairo 52 Legal Research Institute. Accessed November 29, 2023.

<https://cairo52.com/2020/11/05/elkarakhana-eng/>

28 Noralla, Nora. 2023. 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt' *Yearbook of Islamic and Middle Eastern Law Online*, 1–37.

<https://doi.org/10.1163/22112987-20230052>.

adopt a specific profession requiring masculine presentation to work in the sex trade, except for a few cis men who targeted older wealthy women²⁹.

In any case, the reintroduction of non-binary gender identities to Egyptian society in the 1980s was marked by a significant shift. It was no longer solely about social identities adopted by those already considered immoral. Still, it involved medical transition, exemplified by Sally Mursi, a graduate of an esteemed Islamic University in Egypt. Interviews with Sally demonstrate how transgender individuals today can garner some sympathy from society by asserting that their transition stemmed from a biological need rather than a mental illness. As mentioned earlier, Al-Azhar and other Islamic scholars do not perceive an issue with undergoing sex change treatments for those with a biological necessity.

Therefore, in interviews, Sally adopted a pathologized stance to elicit empathy from society, stating that she had suffered from hormonal abnormalities and had to undergo surgery not only for her mental well-being but also for her biological needs³⁰. Such narratives can potentially elicit sympathy from specific segments of Egyptian society. Two recent cases illustrate this phenomenon. In 2020, a prominent actor publicly disclosed that his son identifies as transgender, attributing his gender identity to a biological condition. This narrative generated widespread social sympathy, with many commending the actor supporting his child's medical journey. However, this sympathy waned when the son revealed, via an Instagram video, that his decision to transition was not based on a biological condition but rather a personal desire. Egyptian society, influenced by Islamic perspectives on the matter, tends to reject the notion of transitioning based solely on individual choice³¹.

In another incident in 2021, a transgender woman took to social media to protest her dismissal from employment due to her prolonged absence during the process of medical transition. By framing her situation as a result of pathology and a biological illness, this woman successfully garnered sympathy, even prompting the Minister of Education to issue a statement advocating for a shift in societal attitudes toward gender transition.³²

Consequently, the prevailing lack of understanding in Egyptian society regarding the distinction between intersex and transgender individuals suggests that the only means of attaining social sympathy or acceptance lies in feigning intersex characteristics. The concept of transitioning solely to address mental health concerns, without biological necessity, has yet to undergo serious discussion in Egypt as a valid rationale for gender-affirming healthcare³³.

29 Noralla, Nora. 2021. 'ElKarakhana: History of Sex Working in Modern Egypt between Legalization and Criminalization'.

<https://Cairo52.Com/2020/11/05/Elkarakhana-Eng/>.

30 Professor Mohamed Ghanem "11 اضطراب التحول الجنسي" April 2013. YouTube.

<https://www.youtube.com/watch?v=cWxHsSW3Ayk>

31 احمد اسر. "ابن هشام سليم: أنا متحول جنسياً ومش عندي خلل في الهرمونات". صور. اليوم السابع June 21, 2020.

32 فريدة رمضان.. مصرية عابرة جنسيا تبحث عن الحياة بـ"كرامة" "الحرّة" June 2, 2021.

33 Noralla, Nora. "Policies of Erasure: How the Mena's Region Intersex People Are Made Invisible." The Tahrir Institute for Middle East Policy, April 20, 2023.

<https://timep.org/2023/04/20/policies-of-erasure-how-the-menas-region-intersex-people-are-made-invisible/>.



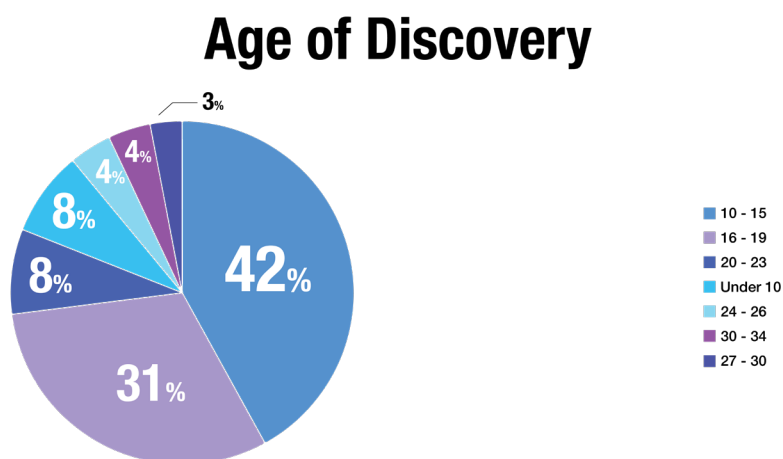
Realities of Transgender People Accessing Gender-affirming Healthcare

To illustrate the adverse consequences of Egypt’s prohibition on gender-affirming healthcare, the Cairo 52 Legal Research Institute conducted a survey spanning from June 2023 to February 2024, aiming to depict the realities faced by transgender individuals seeking healthcare in Egypt. The survey garnered responses from 104 participants, thus constituting the most extensive data collection endeavour within Egypt’s transgender community to date. Moreover, 30 individuals were interviewed to illuminate further the salient aspects of the medical experience of transgender individuals in Egypt.

Demographics and Socioeconomic Characteristics

The journey of Egyptian transgender individuals is typically fraught with numerous challenges, which can stem from social, economic, medical, and other factors. According to the survey respondents (N=104), the majority began to recognize their gender identity during childhood or adolescence.

Figure 1: Q: When Did You First Discover Your Gender Identity? (N=104)



Naturally, 92% of the respondents were Egyptian nationals, while the remaining 8% hailed from neighboring countries and had sought refuge in Egypt. Approximately 60% are youth under the age of 26, with the oldest respondent being 44. In terms of Gender Identity, 77% belonged to a binary transgender identity, namely transgender women and transgender men. Furthermore, 97% lived in urban settings, of which 65.4% still resided with their parents, 18.3% lived alone, 13.4% lived with their friends/partners, and 3.12% did not have a fixed address.

Regarding educational backgrounds, 59.68% held a university degree, 22% possessed a high school degree, 6.7% had received technical education, 4.8% had a lower level of education, while 6.7% were unable to continue their education. Moreover, 34.6% indicated that they were still attending schools/universities and, therefore, not currently employed, relying on their parents for their source of income. Additionally, 36.5% stated that they were unemployed, with only 28.8% currently holding a job.

Table 1: Demographics (N=104)

Citizenship		N	%
	Egyptian	95	91.3
	Other (Asylum Seeker)	9	8.7
Age			
	18-22	31	29.8
	23-26	31	29.8
	27-30	12	11.5
	31-35	15	14.4
	36-40	10	9.6
	40-44	5	4.8

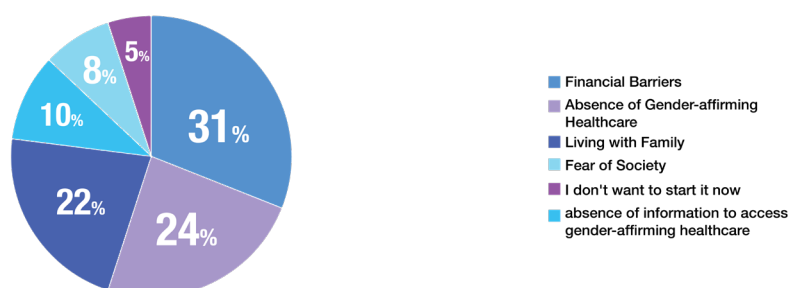
Gender Identity			
	Transgender woman	51	49
	Transgender Man	29	27.9
	Genderqueer	11	10.6
	Non-binary	10	9.6
	Other	3	2.9
Highest Level of Education			
	University Education	62	59.6
	High School Diploma or equivalent	23	22.1
	Lower Education	5	4.8
	Didn't continue their education	14	13.4
Employment			
	Employed	30	28.8
	Unemployed	38	36.5
	Still studying	36	34.6
Geographic Location			
	Urban-major city	96	92.3
	Urban- midsize city	5	4.8
	Rural – Village	3	2.8
Living Condition			
	With Family	68	65.4
	Alone	19	18.3
	With Friends/Partners	14	13.6
	No fixed address	3	2.8

Main Challenges in Accessing Gender-affirming Healthcare

Only 22% (N=23) of the participants in the survey reported their current engagement in gender-affirming healthcare. The majority, 77.8% (N=81), stated that they were not currently undergoing such healthcare at the time of the survey. However, among those who indicated no current engagement, 80% (N=65) had previously accessed gender-affirming healthcare but had discontinued it. Therefore, a significant proportion of the respondents, 84% (N=88), had prior experience accessing gender-affirming healthcare in Egypt, with only 15% (N=16) having never undertaken gender-affirming healthcare. When asked about the reasons for not pursuing gender-affirming healthcare, 77.8% (N=81) of the respondents cited a range of medical, social, and economic factors as obstacles:

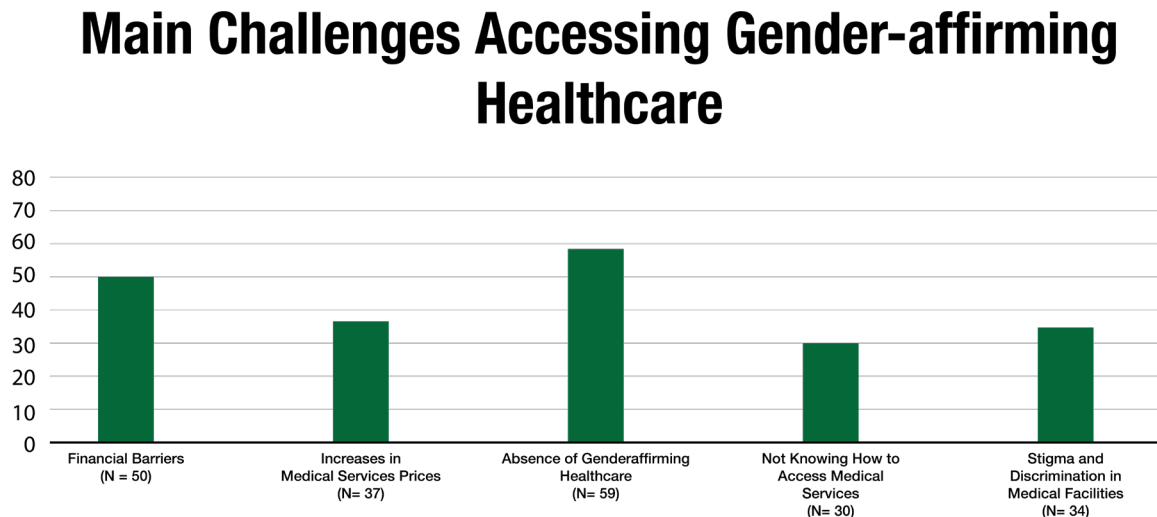
Figure 2: Q: What Reasons Stopping You from Undertaking Gender Affirming Healthcare? (N=81)

Main Challenges Accessing Gender-affirming Healthcare



When asked to identify the primary challenges that exist for accessing gender-affirming healthcare in Egypt, 84% (N=88) of the respondents who had personal experience with it provided the following answers. These answers were collected through a multiple-choice question that allowed the respondents to select as many answers as they felt reflected the challenges they encountered:

Figure 3: Q: What are the Main Challenges You Face Accessing Gender-affirming Healthcare? (N=88)



All of these factors intersect with one another as they collectively contribute to shaping the transgender experience of accessing gender-affirming healthcare in Egypt. It is noteworthy that such healthcare is prohibited by official policy in this country, as previously mentioned. Naturally, responses to the inquiries regarding challenges in accessing gender-affirming healthcare share many similarities to the reasons why 77.8% (N= 81) of respondents currently do not pursue gender-affirming healthcare. As indicated by their responses, three main factors impede accessibility to gender-affirming healthcare in Egypt: Economic, Social, and Medical. The following section will analyse each factor to outline the transgender experience accessing gender-affirming healthcare in Egypt.

Impact of Financial Factors

As noted in the demographic section, it is noteworthy to observe that a mere 28.8% (N=30) of individuals were actively engaged in formal employment, with 36% (N=38) being unemployed. The remaining 34.6% (N= 36) were dedicated to continuing their studies and relied on financial assistance from their families. These statistics elucidate the significant role played by financial burdens and barriers in hindering individuals' access to gender-affirming healthcare, inevitably leading to the abandonment of their aspirations in this regard.

The high unemployment rate among respondents can be attributed to the difficulty of obtaining formal employment due to their transgender identities. When there is a mismatch between one's gender identity and one's identification documents, it often results in limitations on the types of employment a person can obtain. In the interviews and focus groups, this issue was discussed extensively by participants who indicated that once they began their transition and presented themselves in their identified gender, they felt like outcasts in public spaces. As a result, they tended to avoid even the simplest of daily activities. Therefore, obtaining employment becomes very challenging out of fear of being identified as a transgender person and facing harassment from the state and society. Additionally, business owners often refuse to hire them due to their transgender identities, as one participant highlighted:

"After leaving my parents' house, I attempted to be independent and moved to Cairo to be closer to medical services and find employment. Unfortunately, my efforts were unsuccessful as every place, even

those who accepted me for work because of my qualifications, would refuse me once they saw my ID and realized I am transgender.”

- 27 years old transgender woman.

Alternatively, participants mentioned two possible avenues to support themselves, most notably online work, whether freelance or with a fixed contract. However, they pointed out that such employment options are only available for those with specific skills such as translation, IT, graphic design, and writing. Thus, this option is not available to everyone, and even those who are employed online face difficulties in receiving their fees due to the mismatch between their gender identity and identification documents. This makes it harder to receive transfers from traditional outlets such as Western Union, which requires them to show an ID. One participant shared their experience:

“For me personally, I am blessed to be working online with clients in Europe who don’t care if I am transgender or not. However, it is always an issue when they try to wire me my fees. Usually, I have to rely on my friends abroad to receive the money for me, and then I take it from them in cash when they come, or I risk it with Western Union, which doesn’t always work. I couldn’t open a bank account because of the mismatch between my gender identity and my identification documents. Therefore, those are the only options I have.”

- 33 years old transgender man.

A second option that participants who identified as transwomen spoke about was sex work. While they recognized the risks associated with sex work, as it is officially criminalized in Egypt with a minimum sentence of six months imprisonment and a maximum of three years, they stated that it is one of the few options to make a viable income to support them through the transition. Apart from being very difficult to obtain, formal employment also pays very little, with salaries between 3000 EGP (46 USD) and 10000 EGP (156 USD). One participant highlighted this issue:

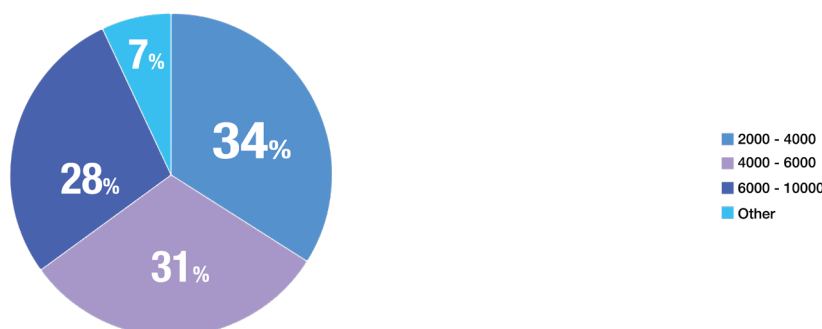
«Egypt has a major sex tourism industry. They bring in a lot of revenue, and they are good clients. I can work twice a week and end up with 300 USD if I catch the right client. Meanwhile, since I am a refugee, I would earn very little if I did any other work, which would hardly cover even my food. Yes, sex work is risky, but it’s a high-risk, high-reward business, so myself and many other transwomen engage in it.»

- 24 years old transgender woman.

Looking at the salaries survey responses received 28.8%, it is clear that formal employment provides generally low wages:

Figure 4: Q: What Is Your Monthly Salary? (N=30)

SALARIES IN EGP

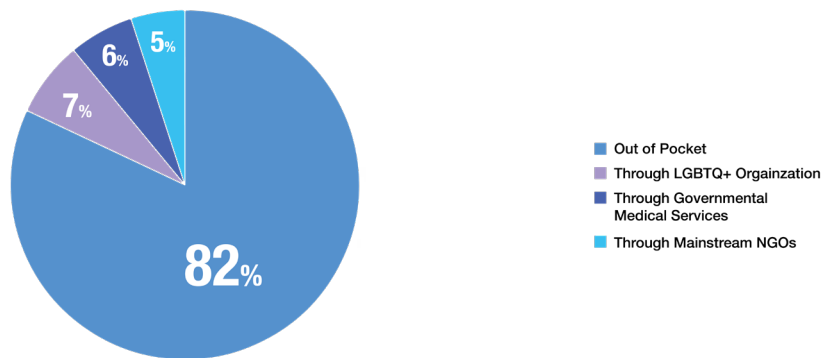


Thus, the majority of employed respondents 65.5% (N=19) earn less than 6000 EGP (93.6 USD), which highlights the reasons mentioned by focus group participants regarding the inability of formal employment to offer a sustainable income for transitioning individuals in Egypt. This is particularly relevant at present, as Egypt is currently facing an economic crisis, with inflation reaching 29.80% in January 2024 and the cost of food increasing by 47.90% during the same month³⁴. Consequently, transgender individuals in Egypt appear to favour online employment with foreign companies or engaging in sex work as preferred avenues of employment.

Naturally, due to the official policy prohibiting gender-affirming healthcare, both private and public health insurance plans do not provide coverage for transgender individuals, regardless of their employment status. This elucidates why transgender individuals interviewed consistently emphasised the importance of having a sustainable income, as they are solely responsible for bearing the financial burden of their complete transition. This sentiment is further supported by the survey responses obtained from respondents in the following figure:

Figure 5: Q: How do you manage the expenses associated with gender-affirming healthcare? (N=88)

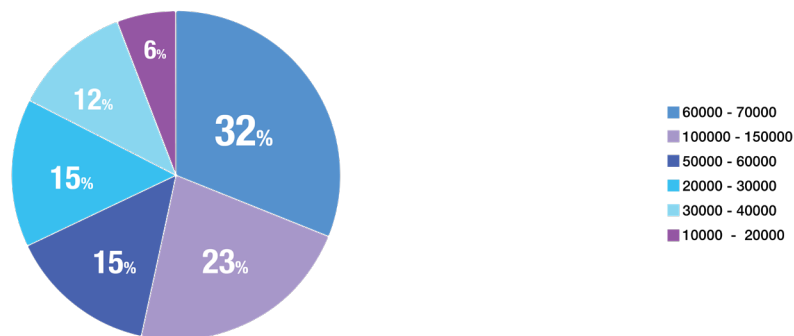
Covering Gender-affirming Healthcare Expenses



When asked to provide an estimate of the total cost for accessing gender-affirming healthcare respondents provided the following estimates:

Figure 6: Q: What’s Your Estimate of the Total Cost to Transition in Egypt? (N=88)

Estimated Total Cost of Gender-affirming Healthcare in EGP



It is important to note that when the survey commenced in June 2023, the exchange rate between

34 “Trading Economics: 20 Million Indicators for 196 Countries.” TRADING ECONOMICS | 20 Million Indicators for 196 Countries, 2024. <https://tradingeconomics.com/egypt/inflation-cp>.

the United States Dollar (USD) and the Egyptian Pound (EGP) was 31 to 1. The current black-market rate for one USD is approximately 70 EGP, which is considered the prevailing rate³⁵. As a result, the estimated prices provided here have likely experienced significant fluctuations, potentially even doubling in value. Furthermore, the respondents were asked whether the economic crisis has impacted their access to gender-affirming healthcare, and 92% (N=81) responded affirmatively.

When asked to elaborate on their affirmative answers, respondents highlighted vital issues, including the absence of medicine they use for their hormonal replacement therapy (HRT), the doubling in the prices of those medicines, and the emergence of an expensive black market for them. The prices of doctor visits and medical tests have also doubled.

It is noteworthy that Egypt is currently facing a medical crisis, wherein crucial medications, including those utilised explicitly by transgender individuals, are lacking in the market due to challenges in procuring USD for the importation of essential active ingredients required by local factories for manufacturing these medications. Moreover, the availability of imported alternatives is scarce, and they typically carry a price tag of 200% to 500% higher than their domestically produced counterparts³⁶. During a focus group, one participant emphasised the impact of the ongoing economic crisis on their ability to access HRT, stating:

“Previously, the monthly expenses for HRT ranged from 100 to 200 EGP; it was relatively convenient to obtain. However, even if it can be found, the cost has surged to 300-500 EGP at official prices. If one resorts to the black market, the price can skyrocket to anywhere between 1000-1500 EGP. I have been unable to continue my HRT regimen for three months simply because I cannot locate the medication.”

- 21 years old transgender woman.

Therefore, all of these factors clearly demonstrate why financial barriers are considered one of the primary reasons why transgender individuals face challenges in accessing gender-affirming healthcare. It is evident that employment discrimination, coupled with low wages and rising medical costs, combine to hinder accessibility to gender-affirming healthcare.

Impact of Social and State Factors

Social factors, such as fear of societal judgment and living with family, are significant barriers to accessing gender-affirming healthcare for the survey respondents. As previously mentioned, Egyptian society is predominantly conservative and adheres to a binary understanding of gender. Anyone who deviates from this binary is often stigmatized and seen as a threat to societal and family values³⁷. In the focus groups and interviews conducted with some of the survey respondents, three main social phases during their transition were identified:

- A. The coming out phase: During this phase, individuals are still exploring their gender identity and seeking information to understand themselves better. They also gather the courage to disclose their identity to their parents and search for specialized assistance in obtaining an official gender-identity disorder diagnosis.
- B. The in-between phase: Participants have commenced their medical transition, with or without family support. This phase is particularly challenging as they are most vulnerable to social and state violence due to their non-binary gender expression, which may not align with societal expectations.

³⁵ سعر الدولار في مصر يسجل مستوى تاريخيا بالسوق السوداء, February 11, 2024.

<https://www.alarabiya.net/aswaq/special-stories/2024/01/29/الدولار-يسجل-مستوى-تاريخي-أمام-الجنيه-المصري-في-السوق-السوداء>.

³⁶ مئات الأدوية تختفي من صيدليات مصر بسبب أزمة الدولار, February 6, 2024.

<https://www.alarabiya.net/aswaq/special-stories/2024/02/06/مئات-الأدوية-تختفي-من-صيدليات-مصر-بسبب-أزمة-الدولار>.

³⁷ Sherif, Sophia. 2020. ‘Transgender Visibility/Invisibility: Navigating Cisnormative Structures and Discourses’. Kohl: A Journal for Body and Gender Research 6 (3).

C. The ending phase: In this final phase, individuals seek to finalize their medical transition by undergoing gender-affirming surgeries in Egypt or abroad. They also strive to obtain legal gender recognition to align their gender identity with their official documents, thereby reducing the vulnerability experienced during the in-between phase.

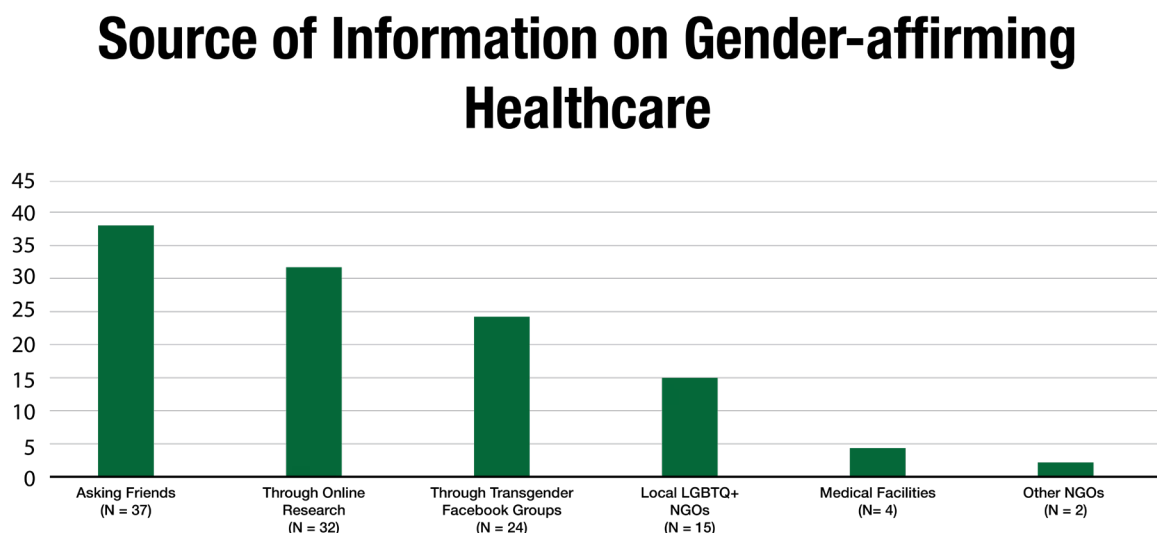
As most survey respondents (N=68) live with their families, obtaining family support for transitioning becomes a crucial initial step for many, particularly among those who are financially dependent on their families or still reside with them. During the focus groups and interviews, participants acknowledged that while such support is desired, it is, unfortunately, rare. Participants expressed their concerns about the prevalent online information on gender identity disorder in Arabic, which often portrays it as a behavioural mental illness that can be easily cured without the need for gender-affirming healthcare. Furthermore, when individuals come out to their families, it is natural for the families to seek guidance from a specialized psychiatric professional regarding the matter. Since gender identity disorder is considered a behavioural mental illness by Egypt's psychiatric community, it is more likely that the psychiatrist would recommend conversion therapy for their transgender children, even if they have been diagnosed with a gender identity disorder. One participant in a focus group emphasized this aspect:

"I have always exhibited feminine traits, which my parents noticed. When I was 16, they took me to a renowned psychiatrist in our small town. He was kind, but in Egypt, kindness does not necessarily imply professionalism, as he had no training on gender identity disorder beyond it being classified as a severe personality disorder. He attempted to 'cure' me through hormone therapy and therapy sessions. By the time I turned 18, I had educated myself further on gender identity disorder through online resources. I realized what he was doing was incorrect and unsuitable for me. At that point, I left home and, fortunately, sought education in Cairo, distancing myself from him and my family."

- 28 years old transgender woman.

Considering that most Arabic sources and professional psychiatrists view gender identity disorder as a curable mental illness that does not necessitate gender-affirming healthcare, it is unsurprising that most families do not offer support to their transgender children beyond conversion therapy. This also underscores the challenges faced by transgender individuals during their initial coming out phase as they struggle to access accurate and reliable information about gender-affirming healthcare. This lack of information was cited as a reason for not pursuing such healthcare by 10% (N=8) of respondents. When the survey respondents who had access to gender-affirming healthcare (N=88) were asked about how they educated themselves on the topic, the following responses were provided:

Figure 7: Q: How Did You Find Information on Gender-affirming Healthcare? (N=88)



The question was multiple-choice, allowing survey respondents to choose as many answers as they wished. Most respondents indicated that they obtain information on gender-affirming healthcare through informal channels, such as community support groups on Facebook, conducting online research, or seeking advice from friends with more experience in this area. This finding suggests a clear gap in the availability of such information through more formal avenues, such as NGOs or medical facilities. Participants in the focus groups and interviews emphasized the significance of community support throughout their transition journey, particularly during the initial stages when they are still grappling with family rejection and a lack of information on gender-affirming healthcare. One participant emphasized the importance of community in her personal experience:

“I consider myself fortunate to have had a cis gay friend who was part of the LGBTQ+ community in Egypt. He introduced me to other transgender individuals and helped me gain access to their Facebook groups. Through these groups, I received guidance on navigating the transition process, including information on hormone options, appropriate dosages, supportive healthcare professionals, and even understanding employers who could assist me in rebuilding my life after being disowned by my family due to being transgender.”

- 23 years old transgender man.

Participants agreed that the two remaining phases of transitioning are significantly more challenging to navigate without family support. In fact, without both community and family support, it can be nearly impossible for most individuals to transition in Egypt. After coming out and risking the loss of not only financial support but also emotional support from their families, transgender people in Egypt must confront a somewhat hostile society. As mentioned in the section on financial factors, transgender individuals face significant obstacles in obtaining employment due to their gender identity. However, it is not just employment that becomes a challenge; even fundamental human rights such as housing and access to healthcare become difficult to attain. This places transgender individuals in a position of vulnerability and dependence on others for survival. One participant shared her experience of trying to find housing after leaving her hometown and moving to Cairo:

“I began my transition before moving to Cairo, but at that point, I didn’t pass as a woman yet. However, I appeared feminine enough for people to become suspicious about my gender identity. When my transgender male friend and I tried to find housing in Cairo, we faced constant rejection. Landlords would take one look at our IDs, say a religious prayer, and refuse to rent to us. Eventually, we were fortunate enough to find a nice flat, albeit at a very high cost, with a landlord solely concerned with money. Luckily, my friend and I had jobs to afford the rent.”

- 24 years old transgender woman.

Hence, during the intermediate phase, before transgender individuals can socially pass and legally change their gender markers on official documents, they face daily discrimination and are the most vulnerable. In this in-between phase, transgender individuals are more susceptible to social harassment or even state harassment. At the same time, Egypt does not have any laws criminalising being transgender; various vaguely moral-based laws can be used to harass transgender individuals. Being stopped at police checkpoints is a nightmare for most transgender individuals before they can change their gender markers, as police officers often fail to understand the distinction between being transgender and being gay. Even if they aren’t arrested, the experience of being stopped alone can be highly traumatising for transgender individuals in Egypt, as one participant highlights:

“I am a refugee, so already, the police are something I try to avoid in Egypt. But being both a refugee and transgender adds an extra layer of fear when it comes to encounters with the police. One time, I was stopped, and the officer spent an hour checking my passport, trying to figure out my gender because my

passport stated 'male' while I presented as female. I struggled to explain my gender identity disorder and even attempted to find online sources to show him, eventually leading to my release after two hours of detention. I was fortunate; it could have been much worse for me."

- 31 years old transgender woman.

Furthermore, the Egyptian vice police demonstrate a complete lack of understanding when it comes to transgender identities, particularly in cases involving transgender women who are often targeted. Items commonly used by transgender women, such as wigs, makeup, and female clothing, are usually used as evidence against them to prove their involvement in moral crimes³⁸. Additionally, due to their gender identity, transgender individuals strive to avoid contact with authorities at all costs, which hinders their access to justice in cases where they are victims of social attacks. The attitude of the Egyptian police towards transgender individuals can generally be seen as a reflection of society's attitude towards them, which often treats them with suspicion and confusion and as a potential source of immorality.

Impact of Medical Factors

The current policy in Egypt, which prohibits gender-affirming healthcare, has had a negative impact on transgender individuals. Medical schools in Egypt have not incorporated dedicated curricula on the treatment of transgender individuals through gender-affirming healthcare, leading to a shortage of competent professionals who can provide such care. Moreover, doctors who may have the desire to offer gender-affirming healthcare are likely to refrain from doing so due to the prohibition, fearing potential consequences. Additionally, the absence of standardized medical protocols for gender-affirming healthcare or the diagnosis of gender identity disorder has resulted in inconsistency and risks for transgender individuals seeking gender-affirming healthcare. This is particularly problematic when it comes to psychiatrists, as the majority of them tend to resort to conversion therapy rather than providing gender-affirming healthcare when working with transgender patients.

This, along with the continuously rising expenses and the risk of discrimination and stigma, has led the majority of transgender individuals to depend on self-administered medical care, commonly known as do-it-yourself (DIY) care³⁹. This involves initiating HRT without the guidance of medical professionals and without an official diagnosis of gender identity disorder, which is typically a prerequisite for doctors to prescribe any form of HRT. Medicine in Egypt is generally accessible without prescription which allows transgender people to access HRT without relying on medical gatekeepers. Locally produced hormones identified include the following:

Table 2: Available Medicine for HRT in the Egyptian Market

Used by Transfeminine/ Transwomen	
1	Lutone 25 mg
2	Lutofolone 2 Ampoules 1 ml
3	Progest 100 mg
4	Folone 5 mg
5	Cyclo – Progynova 21 Tablets
6	Aldactone 100 mg 20 Tablets
7	Valgestril 21 Tablets

38 Noralla, Nora. "Sexually Guilty: Custom Morality and the Persecution of the LGBTQ Community in Egypt." *cairo52*, June 7, 2023.

<https://cairo52.com/2023/06/01/sexually-guilty-custom-morality-and-the-persecution-of-the-lgbtq-community-in-egypt/>

39 Baker, Jonathan T., Brianna R. Cusanno, and Marleah Dean. "Dilemmas in patient-clinician communication about do-it-yourself hormone therapy: A qualitative study." *SSM-Qualitative Research in Health* 3 (2023): 100213.

Used by Transfeminine/ Transwomen	
8	Gynera 21 Tablets

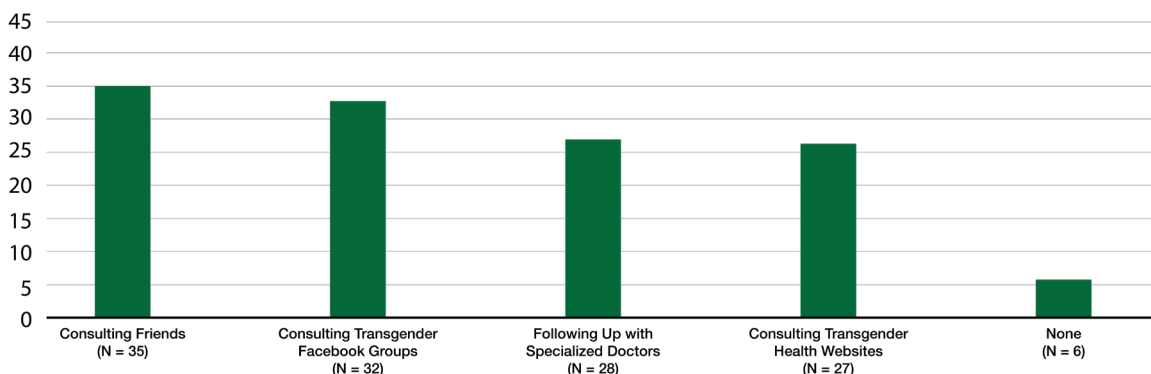
Used by Transmasculine/ Transmen	
1	Cidoteston Ampoules 250 mg
2	Testonon 250 mg

As previously mentioned, the financial expenses associated with HRT medication for transgender individuals have nearly doubled during the recent economic crisis. Consequently, the availability and accessibility of such medicines have been significantly impacted. While discrimination from pharmacists is a risk, the emergence of online medicine ordering services in Egypt has helped transgender individuals mitigate the need to visit pharmacies to purchase medicine unless they require assistance with administration. Unfortunately, the Egyptian Pharmacists Syndicate has passed new regulations banning pharmacists from administering medicine, reserving this task only for doctors in clinics in 2022. This means that transgender individuals have to self-administer their hormonal injections at home or with the assistance of their friends or rely on alternative forms such as pills.

It is important to note that self-administered HRT can lead to adverse effects if not properly managed. In light of this, when questioned about the sources they rely upon to ensure the precision of their medical care, the respondents (N=88) provided the subsequent responses based on a multiple-choice question:

Figure 8: Q: How Do You Make Sure that the Medical Care You Received is Correct? (N=88)

Ensuring Medical Care is Correct



Therefore, in the case of accessing information on gender-affirming healthcare, it is evident that the majority of transgender individuals in Egypt rely on community support or self-research to ensure the provision of gender-affirming healthcare. During the investigation of this matter, participants in the focus groups and interviews consistently expressed their desire to seek gender-affirming healthcare through a doctor. However, they faced significant challenges due to financial constraints and a lack of qualified doctors who accept transgender patients, particularly those without an officially diagnosed gender identity. One participant shared their experience of attempting to visit a doctor:

“I went to the doctor based on my therapist’s recommendation. However, my therapist did not provide me with an official diagnosis of gender identity disorder, as they believed only a psychiatrist could do so. Thus, I attended the appointment without a diagnosis. The staff at the clinic were aggressive, and I felt uncomfortable throughout the visit. When I finally saw the doctor, they were knowledgeable but refused to initiate hormone replacement therapy (HRT) without both a diagnosis and written approval from my parents. I was 23 years old, so I couldn’t understand why my parents needed to be involved in my medical decisions at that age.”

- 30 years old transgender man.

Other participants in the focus groups and interviews echoed the request for parental approval. They indicated

that some doctors feared potential consequences for the families of transgender individuals if they discovered that the doctor was providing gender-affirming healthcare. Consequently, some doctors require parental approval to avoid complications, even for adults. This additional requirement further exacerbates the challenges faced by transgender individuals, as familial support is rare in Egypt. As a result, many individuals are left without appropriate medical supervision solely due to family rejection.

When asked those who are currently undertaking gender-affirming healthcare which services they are taking currently, the following answers were given:

Figure 9: Q: What Gender-affirming Healthcare You Have Access to Currently? (N=23)

Gender-Affirming Services You Have Access To Now



The chart above highlights that only DIY HRT can be considered somewhat accessible in Egypt, with doctor's visits being difficult to obtain and affirming surgeries being absent. When investigating this result further in the focus groups and interviews, it was highlighted that affirming surgeries that do not fall under general plastic surgery are hard to access in Egypt because of the financial burdens and because there are no doctors specialized in them. According to people interviewed, there is only one doctor who performs vaginoplasty with questionable results because the surgeon is not specialized in them. One participant who underwent the surgery with this surgeon had this to say about her experience with him:

"I think he knows what he's doing is illegal because he always wanted to see my parents and receive their approval and often worked very fast, making sure that you leave the hospital as soon as possible even if you are not fully recovered. While the staff generally treated me nicely, I felt that I was discharged early without proper aftercare after my surgery. The results are questionable; the depth and shape were not good enough, and if I had the money, I would have travelled abroad to undergo surgery."

- 29 years old transgender woman.

While there is one doctor who provides vaginoplasty, we could not identify any local doctors who conduct Phalloplasty; thus, it is not clear how transgender men access this procedure nationally. Moreover, it is also evident that only doctors in the private sector are willing to take the risk of violating the ban on gender-affirming healthcare. Doctors at governmental hospitals are generally better equipped to perform gender-affirming surgeries. Still, the ban means that only cases referred from the sex correction committee and those that are undoubtedly intersex can access better quality gender-affirming surgeries at governmental hospitals such as Qasr El Eyni. The survey asked respondents if they had any experience accessing gender-affirming healthcare through governmental medical facilities. Only 21.6% (N=19) answered Yes, while 78.4% (N=69) answered No.

The responses varied when those who answered Yes were asked to evaluate their experience. Some mentioned not being able to receive a gender identity diagnosis despite years of follow-up due to bias. Others mentioned experiencing discrimination and stigma, which led them to switch to private doctors. Some individuals tried it once but avoided it after that due to a lack of resources, qualified staff, and overall poor treatment for transgender individuals in government facilities.

Hence, it is evident that since there is an official ban on gender-affirming healthcare and no government services provide it, those who attempted to access gender-affirming healthcare through government facilities only did so to obtain a gender identity diagnosis and continue their treatments elsewhere. However, obtaining a gender identity diagnosis from a government hospital is nearly impossible, especially after the closure of the “Sexual Disorder Department” at Hussian Educational Hospital in 2017, which many transgender individuals relied on for such diagnoses. Currently, there is no unified protocol for psychiatrists on how to handle gender identity disorder cases.

Therefore, in government hospitals, the quality of care depends on the level of self-education of the psychiatrists one encounters. Additionally, it takes a minimum of two years to possibly receive a diagnosis, assuming one is fortunate enough to receive treatment from a professional psychiatrist. As mentioned earlier in the section on social factors, many psychiatrists in Egypt may consider gender identity disorder as a severe personality disorder requiring conversion therapy rather than gender-affirming healthcare. Since individuals do not have the option to choose which psychiatrists, they work with within government facilities, accessing healthcare becomes akin to playing Russian roulette with one’s well-being. One participant highlighted this in an interview: *“I visited Al-Damrdash Hospital in Abbasyia to consult with a psychiatrist and initiate the process of seeking treatment for gender identity disorder. Unfortunately, I was met with a highly unprofessional psychiatrist who repeatedly suggested that I should pray for the healing of my soul, consider marriage, or increase my intake of male hormones to correct my perceived personality disorder. Additionally, I experienced a complete absence of respect and blatant discrimination from the nursing staff and administrative personnel, who seemed to view me as a source of entertainment rather than a patient in need of care.”*

- 27 years old transgender woman

Thus, it is clear that even when one attempts to access gender-affirming healthcare, discrimination and stigma may hinder their attempts. When asked whether they had experienced discrimination or stigma due to their gender identity in private or governmental medical facilities, 71.5% (N=63) answered Yes, while 28.4% (N=25) answered No. Among those who answered Yes and elaborated on their answers, various issues related to misgendering, lack of respect, refusal of service, verbal harassment, stigma, and discrimination were highlighted. Some of the responses further emphasized these concerns:

“A doctor turned me into a spectacle, like a monkey in a zoo, showcasing me to the nurses and allowing them to mock my body. Another doctor told me that I seem like a woman who can’t give birth, which is supposedly why I want to transition.”

- A transman Survey respondent

“At a hair removal clinic, the treatment was extremely disrespectful. They treated me like an animal, denied me service, and despite their clear transphobia, their staff sexually harassed me.”

- A transwoman Survey respondent

“My first experience was with a neurologist in Alexandria, and what he said still haunts me to this day. I seriously considered ending my life because of how he treated me.”

- A transwoman Survey respondent

“I was told to stop taking HRT because it’s bad for my health and was consistently treated as a woman despite my transgender identity.”

- A transman Survey respondent

“Once, I tried to get my hormones filled at a pharmacy, but the pharmacist refused, stating that men don’t put Estrogen in their bodies.”

- A transwoman Survey respondent

“I cannot even begin to mention the things I faced in medical facilities. They treat you as if you’re an alien, something that goes against Allah.”

- A transwoman Survey respondent

“I was refused the protocol for treating transgender individuals and was repeatedly treated as a woman.”

- A transman Survey respondent

Thus, it is evident that the medical landscape in Egypt poses significant challenges for transgender individuals. These challenges include the absence of dedicated services and qualified specialists, the lack of a unified medical protocol that acknowledges and respects their gender identities, pervasive discrimination and stigma, as well as the prohibitively high costs of medical transitioning procedures compounded by the absence of comprehensive medical insurance coverage. Collectively, these factors impede transgender individuals’ ability to undergo medically supported transitions and authentically realize their gender identities. Moreover, as legal gender recognition is only accessible after a complete medical transition and undergoing total gender-affirming surgeries, the current medical environment puts transgender people in a position of consistent vulnerability, emotional distress, and mental anguish. Transgender people may start HRT, which is the most accessible service, and begin to live socially as their true gender identity without knowing if they will ever be able to undergo surgeries and obtain legal gender recognition. Consequently, without these two factors, transgender people are at a consistent risk of living the rest of their lives in legal limbo, resulting in an endless state of layered vulnerability.



Recommendations and Call for Action

The three sections discussed above reveal the interconnected and multi-layered factors hindering access to gender-affirming healthcare. Socially, transgender individuals experience marginalisation and familial rejection and are unable to lead an everyday life due to societal discrimination, leaving them vulnerable to state and social harassment. These social factors further impact the financial stability of transgender individuals, as they face obstacles in finding stable formal employment due to their gender identity and the current economic crisis. Consequently, the financial limitations make transitioning difficult due to low wages and limited resources.

These two social and financial factors directly contribute to the medical barriers faced by transgender individuals. Official policies banning access to gender-affirming healthcare have pushed them away from subsidised medical services provided in governmental hospitals, forcing them into the realm of underground medical treatments. Unfortunately, these services are low in quality and come with high expenses. Thus, the underlying causes of the accessibility issue are interconnected, creating a hostile environment for transgender individuals seeking medical care in Egypt. Despite these challenges, transgender individuals in Egypt have shown resilience by creating communal support networks to assist each other in accessing some forms of gender-affirming healthcare.

To address the gender-affirming healthcare needs of Egypt's transgender community, it is imperative to address the interconnected root causes. The following recommendations can serve as practical entry points for international stakeholders, local human rights groups, and the Egyptian government:

To the Egyptian Government (See also the Proposed Law on Regulating Medical Care of Patients of Gender Identity Disorder in the Annex):

1. **Law and Policy Governing Gender-affirming Healthcare:** Introduce new comparative laws and policies that govern. This new law should encompass all aspects of gender-affirming healthcare, from diagnosis of gender identity disorder to accessing hormone replacement therapy (HRT) and undergoing gender-affirming surgery. The introduction of this law should be based on modern medical standards rather than religious perspectives. Additionally, the law should establish committees to review applications from transgender individuals in central hospitals in each of Egypt's 27 governorates.
2. **Raising the Quality of Gender-Affirming Services:** To enhance the qualifications of healthcare providers in the realm of gender-affirming care, the Ministry of Health, in collaboration with the Ministry of Higher Education, Supreme Council of Universities, and Deans of Medical Schools, should implement a comprehensive plan. This plan would involve the introduction of a modern curriculum that prepares medical and nursing students to deliver these services effectively. To this end, Egyptian medical and nursing schools should introduce three new diplomas. The first diploma should cater to future psychiatrists, equipping them with the necessary skills to treat individuals with gender identity disorders. The second diploma should target endocrinologists and other healthcare professionals involved in providing hormone replacement therapy for transgender individuals. Lastly, a third diploma should be established to train plastic surgeons who wish to specialise in gender-affirming surgery.
3. **Unified Treatment Protocol:** To ensure standardised and effective treatment for individuals with gender identity disorder, the Egyptian Association for Mental Health, the Ministry of Health, and the Medical Syndicate should establish a committee. This committee would be responsible for evaluating the existing treatment protocols employed by psychiatrists and physicians who offer care to transgender individuals diagnosed with gender identity disorder. The resulting protocol should be transparently accessible to the public through these three organisations' websites and based on expert medical opinions.
4. **Health Insurance:** Gender identity disorder should be officially recognised as a medical condition covered by Egypt's Universal Health Insurance (UHI) Law, which was enacted in 2018. Private health insurance providers should also extend coverage to include gender-affirming healthcare services.
5. **Social Insurance:** The Ministry of Social Affairs should explore the possibility of implementing social coverage plans specifically designed for individuals diagnosed with gender identity disorder. These plans aim to alleviate some financial burdens associated with their transition. Similar social coverage plans currently exist for individuals living with HIV and could serve as a model for the development of new plans.

- 6. State Prosecution:** To protect transgender individuals from moral policing and potential persecution by authorities, new identification cards should be issued to those undergoing gender-affirming healthcare. These identification cards should be recognised by all branches of the government, including the vice police.

To Foreign Funders and Partners to the Egyptian Government:

- 1. Development Funds:** Align development funds with the health sector by establishing new committees to receive requests for gender-affirming healthcare from transgender individuals in Egypt's 27 governorate central hospitals. Furthermore, implementing new laws and policies regulating this matter should also be prioritised.
- 2. Education:** Support and assist the Egyptian government in developing gender-affirming healthcare curricula for medical and nursing schools.
- 3. Exchange Program:** Encourage the medical schools in your country to establish new cooperation protocols to facilitate exchange programs on gender-affirming healthcare education between Egyptian medical and nursing schools and your country's medical and nursing schools.
- 4. Treatment Protocol:** Extend assistance to the Egyptian government in developing a unified treatment protocol for gender-identity disorder, focusing on providing gender-affirming healthcare.
- 5. Employment:** Encourage local companies from your country operating in Egypt or utilising online working models to implement train-to-hire programs that support transgender individuals accessing viable global employment opportunities, such as content moderation for online social media companies, graphic design, or coding.

To International Private Sector Companies Operating in Egypt:

- 1. Employment:** Establish new train-to-hire programs in collaboration with local transgender NGOs, offering transgender individuals' opportunities for viable employment within your company. Design train-to-hire programs that encompass not only national positions but also remote positions.
- 2. Discrimination:** Expand your existing anti-discrimination policies based on gender identity, currently implemented in your Western headquarters, to encompass your subsidiaries in Egypt. This expansion will ensure that transgender individuals can enjoy a safe work environment similar to that provided in Western contexts.
- 3. Health Insurance:** Forge agreements with private health insurance providers to offer coverage for gender-affirming healthcare to your transgender employees.

To Local Human Rights Organizations and International Stakeholders Providing Funds for Transgender Rights:

- 1. Health Insurance:** Allocate funding to enable local human rights groups to offer informal health insurance options, independent of private and public schemes, to cover the costs of gender-affirming healthcare for transgender individuals.
- 2. Employment:** Provide funding to local groups to offer online training vouchers, language courses, and other essential skills development opportunities, facilitating access to global employment for transgender individuals and enabling them to secure a sustainable income to support their transition.
- 3. Strategic Litigation:** Offer technical support and funding to local human rights groups in pursuing strategic litigation cases that exert mounting pressure on the Egyptian government to ensure the provision of gender-affirming healthcare. Such litigation should be based on the constitutional right to health and Egypt's obligations under international human rights treaties.

4. **Pro-bono Legal Aid:** Enhance the capacity and quality of defence strategies in transgender cases by training lawyers and increasing funding to cover various geographic locations across Egypt.
5. **Media and Art:** Foster collaborations between local human rights groups in Egypt focusing on transgender issues and media and art institutions that provide funding for independent films to generate a more significant body of work that explores the realities faced by transgender individuals in Egypt and enhances social awareness about this matter.
6. **International Advocacy:** Offer technical and financial assistance to local human rights groups addressing transgender concerns. This enables them to submit shadow reports to entities such as the African Commission on Human Rights and various United Nations human rights mechanisms. These reports aim to pressure the Egyptian government to implement the recommendations outlined in this document.
7. **Research and Data Collection:** Extend technical and financial support to local human rights organisations focusing on transgender issues, aiding them in gathering additional data and producing further research reports similar to this document. These resources can be utilised in advocacy and lobbying efforts to encourage positive changes in transgender rights within Egypt.
8. **Guidance for the Community:** Bridge the information gap concerning gender-affirming healthcare services in Egypt by developing comprehensible guides tailored to Egypt's transgender community. These guides aim to assist individuals in accessing more accommodating service providers.

The Cairo 52 Legal Research Institute has already undertaken several initiatives outlined above. These include initiating the first-ever strategic litigation case on the right to health for transgender individuals in Egypt, introducing informal health insurance programs specifically designed for transgender people, providing pro bono legal assistance to transgender individuals, conducting extensive gender-related research, and currently working on the submission of Egypt's inaugural Universal Periodic Review (UPR) that exclusively focuses on the right to health for transgender and intersex individuals. In the forthcoming years, Cairo 52 will implement additional activities to realise the recommendations above fully. Moreover, the institute is committed to supporting entities interested in implementing these recommendations.



ANNEX I: Proposed Draft Law on Regulating Medical Care of Patients of Gender Identity Disorder

Law for Regulating Treatment of Patients with Gender Identity Disorder

Part One: General provisions

Article (1) - Definitions

Gender Identity Disorder: A strong psychiatric disorder that leads to discomfort in an individual's biological body and an absolute refusal to accept it, causing psychological difficulties in adapting to the biological body, internal, psychological, and mental sense of belonging to the opposite sex, and a genuine desire to belong to it.

Patient: Is a person diagnosed with gender identity disorder by a psychiatrist with a degree in psychiatry.

Hormone therapy: The initial stage of treatment for people with gender identity disorder by using male or female hormones according to the sex to which the patient wishes to belong.

Surgical treatment: The second stage of treatment of gender identity disorder involves several stages for those who want to belong to males, such as breast amputation and male genital formation, and for those who want to belong to females, such as breast augmentation and female genital formation.

Medical Committee: Committees established in central hospitals as stipulated in article (3) of this Law.

Scientific Committee for Curriculum Improvement: Committee established as stipulated in Article (6) of this Law.

Providers: Those who have obtained medical degrees and are registered with the medical syndicate, and who have obtained one of the three certificates provided for in article (7) of this Law.

Part Two: Organization of Service for Patients with Gender Identity Disorder

Article (2) - Diagnosis of gender identity disorder

First: gender identity disorder is diagnosed after at least one year of psychiatric follow-up with a service provider with a degree in psychiatry.

Second: Once the psychiatric diagnosis of gender identity disorder is obtained, patients are entitled to apply for permission to undergo the first stage of hormone therapy from medical committees established in accordance with Article (3) of this Law.

Third: Patients with gender identity disorder are entitled to start socially existing as the sex they wish to belong to after a year of hormonal therapy.

Fourth: Patients with Gender Identity Disorder are entitled to apply for approval for the second phase of surgical treatment after two years of hormonal therapy and a year of socially existing.

Article (3) - Establishment of Medical Committees

Within six months of the promulgation of this law, the Minister of Health shall establish medical committees to review requests for psychiatric, hormonal, and surgical treatment for patients with gender identity disorder, as follows:

First: endocrinologist.

Second: Plastic surgery specialist.

Third: Psychiatrist.

Fourth: Andrologist.

Fifth: Gynecologist.

Article (4) - Geographical Coverage

A central committee is established at Al-Qasr Al-Aini Hospital in Cairo governorate, and subcommittees are established in all central hospitals in 27 governorates in Egypt.

Article (5) - Obligations of Medical Committees

The medical committees established are committed to the following tasks:

First: Receiving requests for hormonal and surgical treatment from patients with gender identity disorder who have been diagnosed with the disorder by a psychologist.

Second: Review these requests in a period not exceeding one month and provide a detailed and scientific response to the request.

Third: Prepare the patient for the hormonal and surgical therapeutic phase and advise them, their parents, and their family members.

Part Three: Improving Service Providers Efficiency

Article (6) - Organization of Medical Education for Service Providers

First, a scientific committee is formed in cooperation with the Ministry of Health, the Ministry of Education, the Ministry of Higher Education, the Medical Syndicate, the Egyptian Association for Mental Health, and the Supreme Council of Universities.

Second: The Committee specializes in reviewing scientific curricula in higher and secondary education by specializing in (nursing) and developing standard treatment protocols for use in cases of gender identity disorder.

Third: The Committee submits an annual periodic report after reviewing the curriculum and assessing its suitability for the treatment of cases of gender identity disorder and making recommendations to stakeholders on how to improve the current curriculum.

Fourth: The Committee reviews the mechanisms for implementing the recommendations made with the stakeholders.

Fifth: The Committee's periodic reports and standard medical treatment protocols shall be published on the websites of the entities mentioned in this article.

Article (7) - Improving Service Providers Efficiency

First: The relevant authorities in the Ministry of Education, the Ministry of Higher Education, and the Supreme Council of Universities are to implement the recommendations of the Committee for the Improvement of the Scientific Curricula mentioned in article (6) of this Law.

Second: The Minister of Higher Education and the Supreme Council of Universities issue a decision to establish three scientific diplomas in medical faculties at Egyptian government universities as follows:

- a. Diploma in psychiatry for cases of gender identity disorder.
- b. Diploma in hormonal therapy for cases of gender identity disorder.
- c. Diploma in surgical treatment for cases of gender identity disorder.

Third: Development of the curriculum of three diplomas with the participation of the Scientific Committee to improve the curriculum mentioned in article (6).

Article (8) - Obligations of Service Providers

First: A digital database is established for service providers who have obtained the diplomas mentioned in Article (7).

Second: Only service providers who have obtained the diplomas mentioned in article 7 shall be entitled to provide service for cases of gender identity disorder.

Third: Service providers shall abide by the scientific rules and ethics established in the laws of the medical profession when providing services for cases of gender disorder.

Part Four: Medical Facilities

Article (9) - Improving Medical Facilities for Cases of Gender Identity Disorder

Special units are established in all surgical departments of the main hospitals in the governorates and the Al-Qasr Al-Aini hospital in the governorate of Cairo to perform surgeries for cases of gender identity disorder.

Part Five: Patient Rights for Cases of Gender Identity Disorder

Article (10) - Access to Treatment

First: Cases of gender identity disorder are entitled to choose their medical service provider at different stages of treatment.

Second: Cases of gender identity disorder have the right to submit medical complaints against their medical service providers and to submit objections to the decisions of the medical committees established under article (2) of this Law.

Third: The Central Committee established at Al-Qasr Al-Aini Hospital specializes in receiving medical complaints from cases of gender identity disorder.

Fourth: A digital system is established to receive complaints and objections.

Fifth: Complaints and objections shall be reviewed within a maximum period of two months.

Article (11) - Identification of Gender Identity Disorder

First: Medical identification cards are issued for cases of gender identity disorder, issued by the main hospitals where the medical committees referred to in article (2) are located.

Second: These cards shall be issued within three months after the acceptance of cases of gender identity disorder by the medical committees referred to in article (2).

Third: These identity cards are used to identify persons with gender identity disorder and are submitted to the judicial authorities, the police, and the military.

Fourth: The holder of such identity cards is entitled to apply for medical exemption from military service after submitting a copy of such cards to the competent authorities.

Article (12) - Health and Social Insurance

First, the Comprehensive Health Insurance System covers the costs of treatment for patients with a gender disorder as long as the treatment takes place in government medical facilities.

Second: If a gender identity disorder patient wishes to receive treatment outside the government medical facilities, the cost will be borne by themselves and will not be incurred by the state, unless treatment cannot be obtained within the province where the patient is in the state medical facilities.

Third: Patients with gender identity disorder are included in the list of beneficiaries of social pension, in accordance with the regulations and laws on social pension for chronic psychiatric patients and under the guidance of the Ministry of Social Solidarity.

Article (13) - Changing Legal Documents

First: Once the surgeries for patients with gender identity disorder have ended, the name and sex data in the civil registry are changed based on a medical certificate issued by the competent medical committee and confirming the surgical processes.

Second: The competent medical committee shall issue medical certificates relating to performing the operations within a period of up to one month from the date of the operation.



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