“Like Animals in a Zoo”:

Dignity, Discrimination, and the Right to Health at Al-Qasr Al-Aini

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Mar. 2026

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Suggested Citation:

Samuel Ray, “Like Animals in a Zoo”: Dignity, Discrimination, and the Right to Health at Al-Qasr Al-Aini, Cairo 52 Legal Research Institute, March 2026

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Executive Summary

This report analyzes the operations of the Identity disorder clinic[1] at Al-Qasr Al-Aini Hospital, the only governmental facility in Egypt designated for the diagnosis of gender dysphoria. The clinic operates within a restrictive legal framework characterized by a 2003 prohibition on gender-affirming surgeries and a 2024 directive limiting legal gender recognition to intersex individuals. Consequently, the clinic functions more as a bureaucratic gatekeeper than as a healthcare provider. The study employs a qualitative methodology, utilizing semi-structured interviews with nine transgender individuals to evaluate the clinic's compliance with the Egyptian Constitution and international human rights standards.

Key Findings: A System of Illusory Care The investigation reveals that the clinic operates under a framework characterized by neglect and systemic exclusion:

- **Operational Barriers:** The clinic operates only once a month, with a strict capacity limit of 30–40 patients, compelling individuals to queue as early as 2:00 AM to secure access.

- **The "Useless" Report:** Patients are required to undergo a mandatory 12-month observation period to obtain a medical report. However, this report explicitly disclaims medical or legal responsibility, fails to provide referrals for hormone therapy or surgery, and is commonly regarded by patients as a "useless piece of paper."

- **Quality of Care:** Consultations are brief (5–10 minutes) and lack substantive engagement. Patients frequently report inhumane treatment, including misgendering by staff, inadequate privacy, and administrative hostility.

- **The Transition Trap:** A critical finding is the paradox wherein clinic doctors pressure patients to socially transition to substantiate their diagnosis, yet the state withholds the legal documentation necessary for successful transition. This situation renders individuals vulnerable to unemployment, harassment, and accusations of identity fraud.

Legal Implications The report concludes that the current state of gender-affirming care in Egypt constitutes a violation of the **Right to Health** (Article 18), **Human Dignity** (Article 51), and **Equality** (Article 53) as stipulated in the Egyptian Constitution. The clinic's failure to provide accessible, geographically equitable, and scientifically appropriate care further contravenes Egypt's obligations under the African Charter on Human and Peoples' Rights.

Recommendations To address these systemic deficiencies, the report outlines urgent reforms:

1. **Legislative:** Repeal Directive No. 25/2024 to permit legal gender recognition for transgender individuals and rescind the Medical Syndicate's 2003 ban on gender-affirming surgeries.

2. **Medical:** The Ministry of Health should decentralize care by establishing units in other governorates and issuing national guidelines for the diagnosis of gender dysphoria based on WHO standards.

3. **Social & Corporate:** Civil society and the private sector are encouraged to implement non-discrimination policies and provide psychosocial support to address the gaps left by state negligence.

1 "The Identity disorder clinic" is the literal translation of the name of the clinic in Arabic, the target population of the clinic are transgender individuals who wish to undergo gender-affirming healthcare, mostly transsexuals. And its purpose is giving diagnoses on gender identity disorder.

Introduction

The Identity disorder clinic at Al-Qasr Al-Aini, established in 2017, is a specialized mental health facility operating within Cairo University's medical framework as part of the hospital's psychiatric facilities; it is the only governmental space where transgender individuals can seek psychological assessments regarding gender dysphoria. The clinic functions once a month, typically on the first Sunday, and enforces a single diagnostic condition: patients must complete twelve sessions, or approximately one year of attendance, before receiving a standard report (The head doctor in Al-Qasr Al-Aini Identity disorder clinic, personal communication, May 4, 2025). After this 12-month period, which is the only requirement, individuals receive a standard medical report describing their condition that is automatically referred to the Egyptian Medical Syndicate, unless the patient requests otherwise. However, even with a different referral, the report offers no access to further transition steps such as surgeries or legal recognition.

Theoretically, patients use this referral in the medical report to seek approval for their surgeries through the Syndicate's "Sex Correction Committee," a body established in 2003 under the Medical Profession Ethics Regulations (Resolution No. 238/2003) to authorize "sex-correction" procedures (Noralla, 2023). However, in practice, this policy strictly differentiates between "sex correction" for intersex people and "sex change" for transgender people, therefore their request for approval of their surgeries was usually disapproved. This distinction is rooted in religious beliefs, as Al-Azhar, Egypt's highest Islamic authority, has historically opposed treatments changing sex based on psychological factors like gender identity disorder (GID). Consequently, the committee permits correction solely for biological reasons found in intersex individuals (Noralla, 2021). While the application of this policy has varied, the committee has primarily functioned as a gatekeeper against gender-affirming healthcare (GAH), frequently rejecting transgender applicants (Noralla, 2022). This rejection forces many individuals to seek dangerous underground clinics for surgeries or resort to do-it-yourself hormone replacement therapy (HRT) (Noralla, 2024b).

Previously, other public clinics specializing in gender identity disorder existed, such as those at Al-Hussain University Hospital and Al-Demerdash Hospital (Carreño, 2024). Both have closed without specified reasons; while Al-Hussain's closure followed a fire (Ali, 2018), it remains shut even though other affected facilities have been restored (Abudeif, 2023). Therefore, despite any operational limitations, Al-Qasr Al-Aini remains the only available option for transgender individuals to receive a GID diagnosis.

There is no unified regulatory framework specifically for gender identity disorder (Noralla, 2024c); because Al-Qasr Al-Aini is confined to providing psychological assessments, it operates under the general Mental Health Act (Law No. 71 of 2009) and its amendment (Law No. 210 of 2020), enforced by Ministry of Health regulations (Decree No. 182 of 2010). Neither these laws nor the regulations explicitly mention diagnostic practices for gender dysphoria or outline a framework for its care. Instead, regulations focus on general operational standards such as staffing, licensing, and recordkeeping. These frameworks align with the World Health Organization's (WHO) diagnostic classifications (ICD-10 and ICD-11). While the ICD standardizes descriptions, it does not prescribe uniform evaluation or medication procedures (ICD-10; ICD-11). Notably, ICD-10 (1990) categorized "Transsexualism" under Mental and Behavioral Disorders, whereas the latest ICD-11 moved gender identity-related diagnoses to "Conditions Related to Sexual Health". Although Decree No. 182 of 2010 references both, the clinic effectively adopts the older ICD-10 definition, evidenced by its role as a purely psychiatric clinic that does not refer patients for gender-affirming surgeries or hormonal treatment.

Beyond the Mental Health Act, the clinic operates within the broader context of the Right to Health. Article 18 of the Egyptian Constitution guarantees every citizen the right to comprehensive, quality healthcare (Constitute, 2014). This commitment is reinforced by international standards, including the WHO Constitution (1946) and the African Charter on Human and Peoples' Rights (ACHPR), which obligate Egypt to uphold the highest attainable standard of physical and mental health (OHCHR, 2008; WHO, 2025). Therefore, this study seeks to assess the opportunities and limitations of Al-Qasr Al-Aini Identity disorder clinic through the lens of the right to health. It evaluates how the clinic's practices

align with Egypt's constitutional guarantees, international human rights obligations, and WHO diagnostic frameworks. By situating the clinic within these legal, medical, and normative contexts, this report aims to evaluate its potential for expanding access to care alongside the systemic constraints that limit its effectiveness.

Methodology

Study Design and Rationale

This study employs a qualitative methodology to explore the lived experiences of transgender individuals engaging with the Al-Qasr Al-Aini Identity disorder clinic. The lack of publicly accessible information regarding the clinic's official procedures necessitated this approach, which serves a dual purpose: documenting the subjective effects of the clinic's care and reconstructing its operational framework (including session requirements, report contents, and referral practices) through the direct accounts of service users.

Data Collection

Data was collected through semi-structured interviews with nine participants conducted between March 29 and May 7, 2025. The interviews concentrated on three principal dimensions:

- **Institutional Experience:** The assessment process, staff interactions, structural limitations (such as session frequency), and the utility of the medical report.
- **Socio-Economic Context:** The effects of family dynamics, economic status, and social stigma on healthcare access.
- **Legal & Regulatory Barriers:** Experiences with the "Sex Correction Committee" and the legal impediments to gender recognition.

Recruitment and Sampling

Participants were selected using a purposive sampling strategy aimed at capturing a diverse range of socio-economic backgrounds and geographic locations. Recruitment relied on established community networks to ensure participant safety and facilitate open, candid discussions regarding sensitive topics.

Data Analysis

The study utilized Thematic Analysis (Braun and Clarke, 2006) to identify recurring patterns of systemic neglect and structural barriers within the dataset. Additionally, a descriptive synthesis was performed to reconstruct the clinic's undocumented operational procedures, effectively mapping the facility's bureaucracy through patient narratives.

Ethical Considerations and Safety

To address safety concerns and geographical barriers, interviews were conducted in private, neutral locations or via secure online platforms for participants residing outside Greater Cairo. Strict ethical protocols were adhered to; oral informed consent was obtained from all participants to ensure their anonymity in light of the sensitive legal environment surrounding transgender issues in Egypt. Participants were explicitly informed of their right to withdraw from the study at any time without consequence.

Findings

Demographics

9 people with direct contact with Al-Qasr Al-Aini Identity disorder clinic have been interviewed; four were trans men and five were trans women, aged between 19 and 34. Their socio-economic backgrounds ranged from low-middle (4 participants) to middle (2 participants) and upper-middle (3 participants). Socio-economic status was identified either through direct self-reporting or inferred from follow-up questions about their purchasing power. For classification: those who could immediately afford anything they wanted, including private surgeries, were considered upper class; those who could buy what they needed and still save for larger expenses were upper-middle; those who could buy what they wanted but struggled to save were middle class; those who could afford necessities but could not save were low-middle; and those who struggled to afford necessities were lower class. 6 participants had obtained the medical report, while 3 had not. Geographically, 8 participants were from Greater Cairo, but only 2 of them lived in Giza near the clinic, while the rest resided in areas away from the clinic, with one of them residing in Helwan, and one from outside Greater Cairo. Regarding employment and education, 4 participants were employed, 4 were students, and one was unemployed. One of them was living alone, and the other 8 live with their families.

Clinic-related findings

Information Gaps and Structural Opacity

Before entering the clinic, a significant issue patients encountered was the lack of official information and transparency regarding the clinic's processes, which persisted even after entry. Patients often learned about the clinic by word-of-mouth, with a participant sharing in the interview that he had initially been told by a healthcare professional in the sex correction committee of the Medical Syndicate that "Al-Qasr El-Aini is shut down since 2017" in 2023, while it was operating, and by the Hospital's secretary that the clinic doesn't exist, only to find it open later through a private psychiatrist's referral. This created a landscape of inconsistent messages, forcing patients to rely heavily on peer networks and chance encounters for vital information on registration, file management, and session schedules. However, this issue is not limited to the Identity disorder clinic, but rather persistent in most public mental health clinics (EMSA, 2023). As Al-Qasr Al-Aini's psychiatric clinics has no separate website from Cairo university website and this website only posts news regarding events and establishments of Al-Qasr Al-Aini rather than information regarding the clinics, schedules and the process of opening a file and scheduling the sessions, and no trace of the Identity disorder clinic.

The opacity of the system did not end once patients were registered. Gender affirming processes such as surgeries, hormones, or legal recognition remained unclear and not spoken of inside the sessions, leading to frustration and a sense that the system was arbitrary. Several participants expressed frustration that the clinic was neither connected to, nor provided guidance on, the next steps in their transition. One participant recalled inquiring about this opacity and being told by the doctor that they did not want to be "involved in politics." Another participant explained the consequences of this lack of support: "If someone comes to you with discouraging concerns, like legal issues, and you respond with 'I don't know,' they'll feel even more frustrated. And if you say, 'That's none of my business,' that frustration only grows." The same opacity was evident in medication practices, as participants explained that they were given prescriptions for conditions like depression or insomnia without proper assessment or information. One participant noted, "Some of them would just jot down a summary of the session, ask if there were any problems, then prescribe a sedative or a sleeping pill and send you to the pharmacy."

Operational Limitations and Bureaucratic Inefficiencies

After entering the clinic, many other operational limitations prevailed, such as the infrequent scheduling of sessions, with the clinic operating only once per month, traditionally on the first Sunday of each month, and one participant noted that this does not provide real value given the changes that occur

throughout the month. Or the unnecessarily lengthy follow-up requirement of 12 months to receive the medical report (roughly a year of consistent attendance) before an evaluation report is issued, which was unexpected and frustrating for some of the participants given that the sessions have no real value or true assessment as the sessions were often described as spaces where they couldn't share anything, had limited time to speak, or felt inadequately evaluated. Thus, what might otherwise have been perceived as a reasonable waiting period came to feel like an empty and bureaucratic process, stripped of meaningful engagement or progress.

The operational model of the clinic wasn't the biggest issue, but rather the lack of adherence to these standards. Although the clinic requires 12 months of follow-up, 4 out of the 6 participants who obtained their medical report experienced additional delays, ranging from one month to up to 5 months due to poor organization, as some of the sessions they had attended were not counted. Additionally, a participant who had not yet received her report expressed frustration about 3 of her sessions being uncounted, stating that "it could be nine months, but they deducted three months from me, so you could say that my file currently says six months… it was quite frustrating. And I feel like my file looked new, not like the original one, so maybe it was changed or something like that."

Barriers to Access and Inequality

Equal access to the sessions is equally hindered, as in most public clinics, patients would have to come at dawn to be able to obtain tickets to the sessions (EMSA, 2023) leaving the rest with no access to any mental health services. This issue is even more severe in the Identity disorder clinic of Al-Qasr Al-Aini, as 30-40 individuals are allowed to be taken each month to attend their monthly session, leading to many patients, especially those from remote areas, being turned away after waiting, and patients had to arrive as early as 2 or 3 AM to secure a spot among the 30-40 patients allowed. One participant shared that "the '35 cases' rule, that's really annoying. Everyone should get their fair chance… You wake up really early and go there, and you still end up in the late twenties on the list, or somewhere in the twenties." And a participant who stopped attending shared that the 30–40 patients' rule was one of the reasons she stopped attending, as she often would not be able to secure a spot, having to travel from Helwan to Giza, and therefore not being able to arrive as early as 2–3 AM.

The limit of 30–40 patients can be attributed to several factors, including the shortage of specialized doctors and the lack of sufficient funding. Regarding the former, most public clinics in Egypt face a severe shortage of psychiatrists. The ratio of psychiatrists to the population is only 0.12 per 100,000 people, with approximately 1,100 registered psychiatrists across the country (Okasha et al., 2025). This issue was evident in the Identity disorder clinic, where only one or two psychiatrists were available for 30-40 patients, which makes the ratio around 0.06 psychiatrists per patient, which is even worse than the 0.12 stated earlier. As a result, patients beyond the 30–40 limit were either referred to general psychiatry clinics or rejected altogether. One participant explained: "There was only one doctor handling all these patients. Or, for example, they would assign us to general psychiatrists who might not know anything about gender dysphoria. Some of them were still in training, and we were randomly distributed among them." As for the latter factor, mental health services in Egypt receive less than 1% of the total health budget (Ibrahim, 2021). Furthermore, the total health budget itself represented only about 1.16% of the GDP in 2024, significantly below the constitutionally mandated 3% (Kassab, 2024). This chronic underfunding is directly linked to the issues mentioned above, as the limited budget restricts the ability to ensure equal access to services and to hire additional psychiatrists.

Workforce Shortages and the Impact on Quality of Care

The shortage in psychiatrists did not only lead to unequal provision of the service, but also to the lack of care or depth in the sessions with the duration of the sessions ranging from 5-10 minutes, which was insufficient for meaningful discussion or proper assessment; as a participant asserted that "She wasn't bothered to write or ask about any details in my life, she was quick to finish the sessions." following up that in addition to the short duration of the sessions, he often heard the same repetitive

questions which are "('How's work? What are you doing with your life? How are things with your family?')". This issue was agreed upon by all 9 participants, stating things like "she's rushing through everything, saying, 'Come on, next, next, next.'" or "sometimes, I feel like she just wants to get it over with, like she's not really invested or just wants to wrap things up quickly." Which shows that this issue was a source of distress and lack of trust in the facility as one participant mentioned "Honestly, I thought they would engage with me more, and I believed that was necessary. But there was this notion: if the paid doctor didn't do it, would the free one?". This issue was mostly specific to the Identity disorder clinic, as according to the Egyptian Association of Health Sciences Scholars, patients in other public mental health clinics reported satisfaction with the duration they had in the sessions (EMSA, 2023).

Unprofessional and Discriminatory treatment

In addition to the short sessions, 7 out of the 9 participants interviewed reported unprofessional or discriminatory treatment by the doctors inside the sessions, for instance, many of the participants reported being misgendered by the doctors, as a participant witnessed a trans man getting misgendered as he said that "she referred to a trans man as 'she' even though he was on hormones and his masculine features were obvious." which couldn't even be justified by the doctor not knowing as it was a group session of transmen only, therefore it was intentional. Another participant also recalled the doctor not respecting her pronouns and asking why the hormones didn't affect her voice, which is not only ignorant but also discriminatory. Or the use of medically inappropriate terms such as "Tahwel" instead of "Tasheh", which is considered discriminatory and medically inappropriate to use according to participants. This can be attributed to the lack of information on gender dysphoria/ gender identity disorder, as psychiatrists doesn't receive education in medical schools on them nor do they receive training programs (Noralla, 2024c).

In addition to issues faced with the doctors, patients in public clinics also face inhumane treatment from the administrative and organizational staff (EMSA, 2023) This inhumane existed in the Identity disorder clinic, as for instance, a participant mentioned that the hospital's archive staff repeatedly misplaced his file, explaining, "They keep losing our records. I have to search for my own file every time I go, only to find it misplaced." Additionally, regarding the organizing staff, it was mentioned that they are not actually fulfilling their role. Instead, they unofficially recruit a patient to volunteer in managing tasks such as handling ticketing, retrieving files from the archive, and arranging the order of entry into the sessions. The only instance in which the organizing staff intervened was through degrading treatment. One participant recalled being locked outside the clinic, with the doors shut and no way to exit, which she described as being treated like "animals in a zoo."

The Medical Report: Symbolic Value vs. Practical Limitations

After completing the 12 required sessions, a standard report is issued by the head doctor and referred to the sex correction committee at the Egyptian medical syndicate, unless they request otherwise. While it is described as a critical document by patients, it comes with significant limitations that greatly influence their feelings about the clinic. Patients' accounts reveal that the report is merely descriptive and generalized for all patients. This is an issue that all participants have agreed on, as they mentioned things such as that it's "like they're just copying and pasting the same template for everyone." Additionally, its language is described as restrictive, as it doesn't contain any medical referrals for surgeries or even hormonal treatment; instead, it explicitly includes disclaimers stating that the clinic "does not bear any legal or medical obligation" beyond its issuance. And the phrase "at the request of the patient" in the report's disclaimer effectively undermines its authority and signals that the clinic does not offer official affirmation or binding force. One participant even noted that one of the doctors explicitly stated the clinic would not prescribe hormones or surgeries; therefore, many participants described the report as a "useless piece of paper". And one participant even left the clinic before getting her report, primarily due to the logistical burden, highlighting the low perceived value of the report itself.

The referral to the sex correction committee at the Medical Syndicate established by the Minister of Health in 2003 (Noralla, 2023), does not reflect any progress or binding force of the Al-Qasr Al-Aini medical report toward accessing gender-affirming surgeries or hormone therapy. Neither the clinic nor the medical report provides referrals for such treatments. Instead, the issued report includes disclaimers that absolve the clinic of any responsibility for subsequent gender-affirming procedures, such as hormone therapy or surgery. Moreover, since 2003, the Medical Syndicate has adhered to a revised code of ethics, mandated by the Minister of Health, that prohibits Egyptian doctors from performing sex-change surgeries and subjecting doctors who perform such surgeries to legal actions or loss of their medical license, the same code under which the Sex Correction Committee itself was formed (Noralla, 2023), as the sex correction committee only accepts cases of intersex individuals "with physical reasons" and rejects all cases of transgender individuals with "gender identity disorder" (Noralla, 2022). This revised code of ethics and rejection of transgender individuals by the medical syndicate came as a reaction to Dar Al Ifta's[2] fatwa, distinguishing "sex change," referring to gender-affirming surgery for transgender people, and "sex reassignment," referring to surgery for intersex people (Noralla, 2021). As for hormonal treatment, there is no regulation of that matter, as patients often rely on DIY hormonal treatment with no doctor supervision or regular checkups (Noralla, 2024b) or as one participant mentioned, on peer networks that can often be misleading.

Furthermore, in terms of legal recognition, the situation is equally restrictive. Even if Al-Qasr Al-Aini issued a favorable medical report, this would not enable an individual to change their gender marker on official documents. As of 2024, legal gender recognition in Egypt has been explicitly restricted to intersex individuals under Directive No. 25/2024, which mandates a DNA test to confirm an intersex condition as a prerequisite for any legal change (Noralla, 2024b). This directive effectively excludes transgender individuals altogether, regardless of medical or psychological assessments attesting to their gender identity.

This situation also leaves the value and recognition of the medical report entirely to the discretion of individual medical professionals. As one participant explained, "It depends—some surgeons accept it, some don't care, and some reject it outright… at the end of the day, it's just a piece of paper with us." In other words, the report does not guarantee access to treatment or surgery but rather functions as a loosely recognized document whose legitimacy varies across practitioners. This ambiguity is rooted in the absence of a formalized or official pathway for accessing gender-affirming healthcare in Egypt. As a result, individuals are often forced to rely on informal and unregulated/underground routes that are both overpriced and medically risky (Noralla, 2024b). Even within these networks, acceptance is not guaranteed, as the decision to perform surgery ultimately depends on the surgeon's personal judgment and willingness rather than on a standardized institutional process.

Despite these major limitations, the report holds some perceived benefits for patients. It can be instrumental in convincing family members about the legitimacy of a patient's gender identity, sometimes serving as a prerequisite for family support for medical steps like hormones. In informal settings like workplaces, university administration, or when dealing with official documents, the report can serve as a de-escalation tool, helping to affirm identity and avoid conflict, even without granting legal rights. One participant, for example, used it effectively in college. For some, merely possessing the report offers psychological comfort and reassurance against potential police harassment at checkpoints, as one participant mentioned carrying it in her bag for this reason. It is also viewed by some as a foundational first step for future legal or medical processes, as certain doctors require a diagnosis before performing surgery, but it remains up to the surgeon to judge its validity as proof.

Intersecting non-clinic-related findings

This section will assess the Intersectionality between the perception of the quality of care provided and the decision to either continue or withdraw from the clinic, with other external factors such as

2 Dar al-Ifta al-Misriyyah (دار الإفتاء المصرية) is Egypt's official Islamic legal authority responsible for issuing fatwas- religious rulings or opinions based on Islamic law (Sharia). Established in 1895, it operates under the supervision of the Ministry of Justice.

social, economic, and family dynamics. Guided by the descriptions and stories of the participants in the Interviews.

Social, Economic, and legal Risks After Social Transition

In contrast to the lack of care provided and medical referral in the report, as established earlier, two participants shared their experience and observation of other experiences of being pressured by the doctors to socially transition[3] or even some pressure from the doctors in the clinic to start medically transitioning through HRT, as one participant stated that "if someone wasn't socially transitioning due to their life circumstances or family, they would be pressured to socially transition. Which is very strange—this decision is supposed to come from the individual, not forced onto them." While the other participant added that "She knew that there were no surgeries allowed by the syndicate, nothing would help us, and the report we'd get wouldn't include anything significant. So why did she insist on starting hormones?". This leaves transgender individuals in a legal and medical limbo. They may be pressured by the clinic into partial forms of transition (such as hormonal treatment or social transition) yet are simultaneously barred from completing medical transition through surgery or securing legal recognition. This creates a situation in which they incur substantial social and economic risks, such as exposure to discrimination, loss of employment, family estrangement, and potential criminalization for "identity fraud" when documents do not match gender expression.

Socially, a participant described the streets after socially transitioning as a "nightmare" for her, with having to navigate through "weird stares, even from girls, which seems ruder." Some reported solving this matter by only socially transitioning inside the clinic to prevent being harassed.

Economically, there was the issue of socially transitioning in a job market that, at many times, wouldn't accept a different appearance from legal documents as many participants who are not yet socially transitioning asserted a "fear" of what would come if they socially transition with a participant mentioning that "they look at me differently, they always kick people out for underperforming, so they can easily kick me out", which contradicts the request that the clinic impose to be socially transitioning to receive the medical report leading eventually to a non-ending loop between not being able to continue their medical care and change their legal documents due to the ineffectiveness of the medical report mentioned earlier and inability to secure funds available for other alternatives after socially transitioning due to a requirement to receive the medical report. However, not everyone had the same experience, as some participants, unlike the common experience, were able to navigate through the job market, and some were even recognized with their preferred name and gender, and therefore didn't feel the same tension to socially transition.

Legally, a participant reported being accused of identity fraud, as he mentioned that when applying for Form 111 (a form needed for applying to a job), he was faced with harsh treatment and denial because his appearance didn't match his legal gender despite showing the medical report, in his own words, "These papers are supposed to be officially stamped with the eagle seal, and the hospital is well known—Qasr El Aini… but the doctor said, 'I'm not going to examine you. Why should I?'". This incident thus shows the non-binding nature of the medical report, and the risks transgender individuals go through after socially transitioning, with no accessible pathways to be recognized legally as their gender.

Intra-Community Dynamics and Peer-Based Pressures Inside the Clinic

Aside from the requirement to socially transition, other factors played a role as well in shaping the perception around the clinic and the incentive to either continue or withdraw care. Socially for instance, as opposed to what was expected, the problem lay more in the community inside the clinic, as many interviewees mentioned feeling isolated or harassed by other trans people by reporting things like

3 Social transition refers to the process by which a person begins to live in a way that aligns with their gender identity, rather than the gender they were assigned at birth. It usually includes changes such as name, pronouns, clothing, hairstyle, and social roles. Unlike medical transition, it doesn't involve hormones or surgeries.

“The community is one of the worst things I’ve seen in my life. there’s a lack of acceptance or outright rejection of people like them.” or even mentioning “some of the patients, treated me differently because I wasn’t passing enough and used the wrong pronouns.” therefore, this rejection, isolation, or harassment came from trans people who passed as their preferred gender against other trans people as well who were in the begging of their transition or didn’t “pass enough” in societal standards. An interviewee explained this behavior as follows: “They build a community with the rules of the society that rejects them, following the radical gender roles, that’s why some feminists hate trans women because they apply what feminists are fighting against.” and one participant even asserted that they’re the reason that could’ve made her quit and adding that they made her friend quit attendance by mentioning that: “Their attitude and how they acted made the girl completely turn off from the hospital. She didn’t want to come back.”

Family Dynamics and Constraints on Clinic Attendance

It was also evident that family support mattered when it came to attendance in the clinic or the overall journey. Even the scale of support mattered as individuals who had their family’s full support and advocacy found it to be easier to navigate through the dynamics of the clinic, as one participant shared his experience and how his mother supported him through searching for a specialized health facility and during his attendance in Al-Qasr-Aini clinic, although this type of support wasn’t financial, it made a difference when navigating through the challenges such as peer-pressure to peruse a certain unsafe route in his transition (Taking hormones by himself) or outside the clinic through defending his identity against other family members. This is different from a participant who had to withdraw from the clinic due to pressure from a family member after finding out that the clinic won’t “fix” her, as she phrased it. or another participant who had to hide going to the clinic from some family members due to safety matters, as she puts it, “he was furious when he found out [about her going to the clinic]. He even came to the hospital once, but after that, things got really bad… I went behind his back.” This added weight, in addition to having to navigate through everything that we discussed earlier in the clinic, of having to also hide her attendance from family members.

It was evident as well that the decision to either continue attendance or withdraw due to family matters intersected with the age of the participants, as adults who lived independently from their family didn’t feel the pressure of rejection or violence; it was merely a psychological pressure as one participant asserted that “my situation is different because I’m an adult and live individually … I consider them because I love them” while the 19-year-old participant who lives with her family felt pressured to the point of having to withdraw from the clinic.

Economic and Geographical Constraints: Accessibility and Cost of Care

Economic factors, aside from the burden of socially transitioning inside the job market, also played a factor in the decision to continue or withdraw. Although it is a public facility that approximately costs 10EGP per session (around 0.2$), many other costs come into play when pursuing healthcare there, such as the cost of transportation, especially for far regions, and the cost of taking a day off from their job as one participant outside Cairo mentioned that the cost of transportation made his family question him going saying “Why would you waste money on transportation?” and many complained about having to take a day off just to get “a piece of paper that won’t change anything.” therefore, there is always a tradeoff between earning their living and perusing healthcare.

This tradeoff wasn’t evident with patients who didn’t have financial responsibilities or who had a better economic status, as most participants who were economically higher reported going to private clinics before Al-Qasr Al-Aini and that they came only for the “official report which has a governmental stamp that gives it a more solid standing than private clinic reports.” among other reasons such as meeting people with the same condition, therefore, the quality of care didn’t bother them as much as others who complained about the lack of attention more stating that “They operate on the assumption that most of us have already gone to therapy outside, gotten a diagnosis, and just came here to

get the government stamp. Nothing more." This indicates the lack of care received, which made their situation harder to navigate through the clinic, expecting to get care of an acceptable quality. Some expected that lack of quality in advance, but were still frustrated, stating that "I had certain expectations. Honestly, I thought they would engage with me more, and I believed that was necessary. But there was this notion: if the paid doctor didn't do it, would the free one?". Thus, the clinic can be said to amplify existing inequalities; urban, relatively well-off individuals can scrape by, while others fall through the cracks.

Violations of National and International Standards

Al-Qasr Al-Aini Identity disorder clinic, as the sole governmental facility available to transgender individuals in Egypt, stands not as a provider of care but as a stark symbol of the Egyptian state›s systemic failure to uphold its constitutional and international obligations. Its operational deficiencies are not merely administrative flaws; they represent a profound abdication of the state›s responsibility, creating a landscape of illusory care that actively harms a vulnerable population. The clinic›s very existence as the only option transforms its inadequacies from simple service gaps into a state-sanctioned apparatus of neglect and discrimination, in direct violation of the fundamental right to health.

For starters, the sole fact of it being the only clinic in Egypt and the low capacity of no more than 40 patients directly violates the obligation to ensure availability («sufficient quantity») and physical accessibility («safe reach for all sections of the population») of health services, directly violating international right to health standards (OHCHR, 2008) and the African Charter›s call for necessary measures to ensure medical attention (ACHPR). By providing only one centralized clinic in Cairo operating just once a month, the state has engineered a system of exclusion. This deliberate structural barrier is a direct contravention of Article 18 of the Egyptian Constitution, which explicitly mandates the «equitable geographical distribution» of public health facilities (Constitute, 2014). This is not an oversight but a policy choice that creates de facto discrimination based on «geographic affiliation» and «social class,» favoring urban residents and violating the principles of equality guaranteed in Article 53 of the Constitution (Constitute, 2014).

The systemic misinformation provided by official channels, which have falsely claimed the clinic is shut down, or not informing patients about their medication or future steps regarding their transition, further obstructs access and demonstrates a lack of transparency and accountability, which directly violates the patients› rights to receive complete information about their diagnosis and proposed treatment plan (Law No. 210 of 2020; Decree No. 182 of 2010) in addition to undermining the principle of «good quality» health services, which must be «scientifically and medically appropriate» (OHCHR, 2008), and also touch upon the right to be free from non-consensual medical treatment, where adequate information is a prerequisite for consent (OHCHR, 2008).

Within this sole, inaccessible facility, the quality of care provided represents a systemic failure of the state to meet its own legal and medical standards. The brevity of the sessions and lack of depth, in addition to the lack of training for doctors and the referrals to general psychiatrists, is medically indefensible for proper psychiatric assessment, constituting a failure to provide «scientifically and medically appropriate» services and the requirement for «trained health professionals»(OHCHR, 2008). The state›s neglect is further highlighted by its apparent failure to utilize 30% of the Mental Health Fund specifically allocated for training, as stated in the Egyptian Mental Health Law›s Executive Regulations, which could remedy this deficit (Decree No. 182 of 2010).

Additionally, Improper medication practices and the failure to maintain accurate patient records through loss of records or misplacement are not just administrative errors but clear violations of Article 5 of Egypt›s Executive Regulations for the Mental Patient Care Law and Article 4 of the Mental Health Law, which mandates mental health facilities to keep comprehensive and permanent patient registers, including paper and electronic medical files, for at least fifteen years (Decree No. 182 of 2010; Law No. 210 of 2020). These systemic issues also imply potential shortcomings in internal accountability and grievance mechanisms, as the widespread nature of the problems suggests that patient rights committees (mandated by Article 35 of the Executive Regulations for monitoring and reporting in Decree No. 182 of 2010) or complaint resolution processes (mandated by Article 33 of the Executive Regulations to be resolved within specific, short timeframes) may not be effectively addressing these significant burdens on patients.

Beyond negligence, the degrading treatment within the clinic from doctors and other staff (administrative, organizational) constitutes a clear violation of the fundamental human dignity protected under Egyptian and international law. The use of degrading terms and deadnaming and the severe violation reported of the organizational staff locking patients in an area outside with no way out directly in-

fringes upon the right to dignity enshrined in the Egyptian Constitution (Article 51) (Constitute, 2014) and Article 5 of the African Charter, which prohibits cruel, inhuman, or degrading treatment (ACHPR). Such practices also violate the acceptability standards for health services, which require services to «respect medical ethics, and be gender-sensitive and culturally appropriate» (OHCHR, 2008). The use of disrespectful language and misgendering also constitutes discrimination based on «sex» or «other status» (which can include gender identity) (OHCHR, 2008). When the state›s own medical professionals engage in such conduct within its only designated facility, it signals an institutional culture that normalizes the violation of its citizens› most basic rights.

The medical report that the clinic produces is another aspect of this systemic abuse and ambiguity, as the lack of any medical referrals or pathways for further treatment directly impacts a patient›s right to complete information about their diagnosis and proposed treatment plan (OHCHR, 2008). And it leads to the clinic functioning as a centerpiece of a state-manufactured trap. On one hand, doctors within the clinic pressure patients to socially transition. On the other hand, the medical report provided by the clinic doesn't produce any medical referrals, and the state, through the Egyptian Medical Syndicate and legal directives, has systematically blocked all viable pathways to medical and legal affirmation by banning gender-affirming surgeries in 2003 (Noralla, 2023) and restricting legal gender recognition to intersex individuals in 2024 (Noralla, 2024b). This institutional hypocrisy leaves transgender individuals in a perilous «legal and medical limbo», exposed to severe social and economic risks with no state-provided remedy by pushing trans people into a vulnerable social position while simultaneously denying them the legal tools to protect themselves, the state actively violates their constitutional rights to work (Article 12), equal opportunity (Article 9), and equality before the law (Article 53) (Constitute, 2014).

Recommendations

The findings of this report highlight the profound challenges facing transgender individuals in Egypt, who are navigating a dual crisis of systemic legal exclusion and entrenched social and economic marginalization. The evidence demonstrates a pressing need for reform on two interconnected levels: long-term structural changes to Egypt's legal and medical frameworks governing gender recognition and healthcare, and the urgent provision of immediate protections and support mechanisms to safeguard individuals against discrimination, violence, and economic insecurity. The following recommendations draw directly from participants' lived experiences and the legal analysis provided in this report, offering a concrete path forward for policymakers, healthcare institutions, and civil society actors to uphold the dignity, equality, and rights guaranteed under both the Egyptian Constitution and international human rights law.

To the Egyptian Ministry of Health and Population

- **Develop national guidelines for transgender healthcare:** The Ministry of Health should issue protocols for diagnosing gender dysphoria, ensuring that care is informed by ICD-11 and WHO standards.
- **Expand access and decentralize care:** Establish gender-affirming healthcare units in multiple governorates to address the geographic inequality highlighted in the report.
- Increase clinic operating days and staff to address the backlog and ensure timely care.
- **Ensure accountability and monitoring:** Strengthen the implementation of Law No. 71 of 2009 (Mental Health Act) and its amendments by activating patient rights committees and transparent grievance mechanisms in Al-Qasr Al-Aini.
- Train medical professionals in gender-sensitive care, using the 30% Mental Health Fund allocation (Decree No. 182 of 2010) for specialized education.

To Egyptian Policymakers and Legislative bodies

- **Establish a legal framework for gender recognition:** Repeal or amend Directive No. 25/2024, which restricts legal gender recognition to intersex individuals only, and adopt legislation that allows transgender persons to change gender markers on identity documents, in line with Egypt's constitutional obligations to human dignity and non-discrimination (Arts. 51, 53), and its international obligations under the African Charter on Human and Peoples' Rights (ACHPR) (Arts. 2, 3, 5).
- Amend the Civil Status Law (Law No. 143 of 1994) to explicitly ensure that all citizens have equal access to accurate identity documentation without discrimination, consistent with Article 53 of the Egyptian Constitution on equality and non-discrimination.
- **Lift the 2003 ban on gender-affirming surgeries:** Rescind the Egyptian Medical Syndicate's prohibition, and instead regulate gender-affirming procedures within a rights-based medical framework.
- **Strengthen anti-discrimination protections in employment and healthcare:** Amend labor laws to prohibit discrimination explicitly on the basis of gender identity and expression, in line with Article 53 of the Constitution and Egypt's commitments under the ICESCR (Art. 6 – right to work).
- Mandate workplace training and awareness programs to reduce stigma and harassment against transgender employees, ensuring compliance with Egypt's constitutional duty to "ensure equal opportunities for all citizens" (Art. 9).

To INGOs, NGOs, and Civil Society (Implementers)

- **Awareness and Education Programs:** Develop targeted public awareness programs to challenge social stigma, harassment, and misconceptions about transgender identities. Campaigns should emphasize constitutional values of dignity and equality and be framed within culturally appropriate narratives to avoid any additional harm.
- Design workshops and support circles for families of transgender individuals, equipping them with accurate medical, psychological, and legal information. Emphasis should be placed on reducing rejection and violence, given the findings that family pressure often leads participants to withdraw from care.

- Create peer-led programs for transgender individuals to confront and reduce internalized stigma, drawing on psychosocial support models. This is particularly necessary in light of participant testimonies about rejection and judgment even within trans communities.
- **Psychiatric and Mental Health Support:** Advocate for and implement training modules for psychiatrists and psychologists on gender dysphoria, gender identity, and culturally sensitive care.
- Establish NGO-run or partnered mental health counseling services (online or in-person) specifically tailored to transgender individuals, filling the gap left by state facilities. These services should provide confidential, rights-based support.
- Provide hotlines and crisis support for individuals facing family violence, harassment, or suicidal ideation linked to gender identity-related stress.
- **Information and Resource Access:** NGOs should compile and distribute accurate, accessible information about Al-Qasr Al-Aini's procedures, requirements, and limitations. This would counteract the systemic misinformation patients reported from official sources.
- Produce guides for transgender individuals on navigating employment rights, healthcare access, and safe hormone practices to reduce reliance on unsafe self-medication or black-market solutions.

To Corporate and Private Sector Actors

- **Adopt and Enforce Non-Discrimination Policies:** Establish clear workplace policies that prohibit discrimination on the basis of gender identity and gender expression.
- Embed these policies in contracts, employee handbooks, and codes of conduct to provide enforceable protection for transgender employees.
- **Inclusive Recruitment and Retention Practices:** Implement anonymous or blind recruitment mechanisms to reduce bias during hiring.
- Develop retention policies that protect transgender employees from unfair dismissal linked to gender identity or gender expression.
- Ensure that employees are evaluated strictly on performance, not on appearance or conformity to gender stereotypes.
- **Awareness and Sensitization Training:** Conduct regular training sessions for management and staff to raise awareness about transgender issues, addressing bias, stigma, and harassment in the workplace.
- Collaborate with NGOs and human rights organizations to design culturally appropriate modules that address internalized stigma and workplace discrimination.
- **Workplace Accommodation and Inclusion Measures:** Create mechanisms for employees to use their preferred name and pronouns in internal systems (email, ID badges, HR records), even if legal documents remain unchanged.
- Establish confidential procedures for employees to communicate their needs to HR without fear of retaliation.
- Provide access to gender-neutral facilities (such as bathrooms) to ensure a safe and dignified working environment.
- **Corporate Social Responsibility (CSR) and Leadership:** Leverage CSR programs to support wider inclusion initiatives, such as funding awareness campaigns or supporting mental health services for transgender communities.
- Publicly signal support for workplace equality, setting an example for other companies and reducing stigma in the broader labor market.
- Partner with local NGOs to create internship, mentorship, and employment programs tailored for transgender individuals, particularly those excluded from traditional job markets.
- **Accountability and Monitoring:** Establish internal grievance mechanisms to address cases of harassment or discrimination, ensuring confidentiality and non-retaliation.
- Conduct regular audits of workplace diversity and equity practices, publishing annual reports that demonstrate measurable progress on inclusion.

To Human Rights Advocates and Researchers:

Researchers and advocates are encouraged to further investigate the issues highlighted in this study, particularly the widespread concerns regarding accountability and transparency within the operations of Al-Qasr Al-Aini and similar facilities. There is a pressing need to build a larger body of evidence-based research that specifically addresses the psychological healthcare needs of transgender individuals in Egypt, as existing literature remains scarce and fragmented. Such research should not only document systemic shortcomings but also propose practical models of care, monitoring mechanisms, and culturally sensitive interventions. At the advocacy level, these findings can form the basis for campaigns aimed at strengthening institutional accountability, ensuring rights-based approaches to mental health services, and bridging the gap between constitutional guarantees of health and dignity and the lived realities of transgender individuals.

Conclusion

In conclusion, this report highlights the reality facing transgender individuals in Egypt, caught in a vicious cycle of systemic legal exclusion and pervasive socio-economic marginalization. Al-Qasr Al-Aini Identity disorder clinic, the nation's sole governmental facility, tragically epitomizes this crisis, delivering illusory care that fundamentally violates the right to health and human dignity guaranteed by the Egyptian Constitution and international law.

Its operational model is riddled with severe inadequacies, marked by infrequent sessions, prolonged wait times, and stringent patient limits. Inside, patients endure inhumane treatment from non-medical and medical staff and confront a pervasive lack of specialized, empathetic care, frequently experiencing misgendering and discriminatory language from healthcare providers. Crucially, the clinic's issued reports are mere psychiatric evaluations, explicitly absolving the institution of legal or medical obligation and offering no pathways to hormones or surgeries, thus trapping individuals in a vicious cycle.
This institutional failure is compounded by a hostile external landscape. The clinic itself often pressures individuals into social transition, yet this renders them vulnerable to public harassment and discrimination in a job market that actively penalizes incongruence between appearance and legal documents. The 2003 ban on gender-affirming surgeries and Directive No. 25/2024, which restricts legal gender recognition solely to intersex individuals, collectively weaponize the legal framework, denying transgender persons institutional protection and exposing them to profound social, economic, and even criminalization risks. The economic burdens of seeking even inadequate care, coupled with a lack of family support, further amplify these systemic inequalities, forcing many to abandon vital medical journeys.

This report is a call to action, asserting that the articulated needs of the transgender community demand urgent and comprehensive reform. We present a clear roadmap for the Egyptian Ministry of Health, policymakers, civil society, and corporate actors to uphold constitutional guarantees of dignity and equality. This includes developing national guidelines for transgender healthcare, expanding access, immediately lifting the ban on gender-affirming surgeries, and establishing a rights-based legal framework for gender recognition. Furthermore, strengthening anti-discrimination protections, fostering public awareness, and providing specialized support are indispensable. By implementing these evidence-based recommendations, Egypt can bridge the gap between its constitutional promises and the lived realities of its transgender citizens, ensuring their fundamental rights and human dignity are not merely acknowledged but fully realized.

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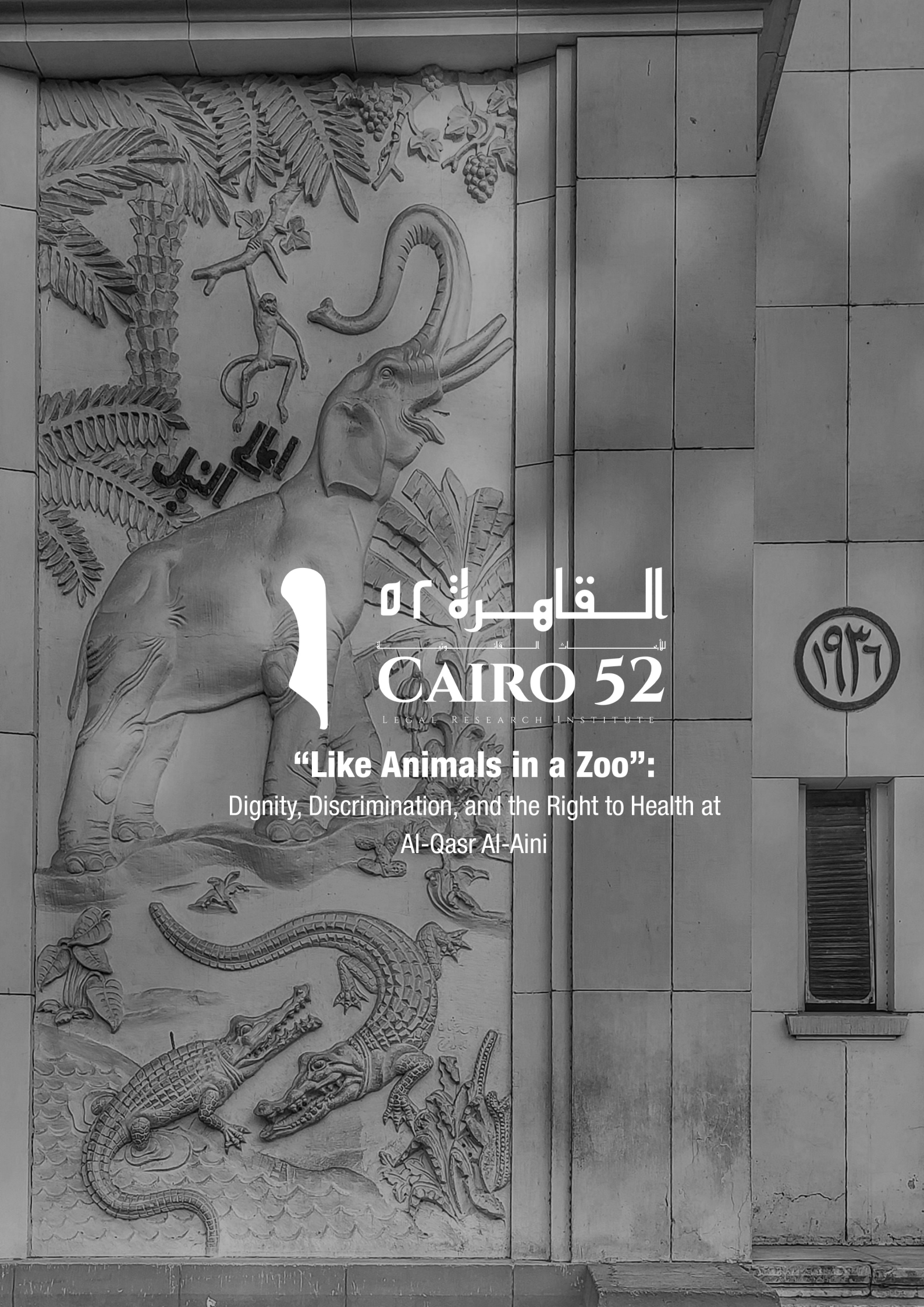

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LEGAL RESEARCH INSTITUTE

"Like Animals in a Zoo":

Dignity, Discrimination, and the Right to Health at Al-Qasr Al-Aini