

**Joint Stakeholder Submission to the UN Human
Rights Council's 4th Universal Periodic Review - EGYPT**

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This joint stakeholder's submission is submitted by Cairo 52 Legal Research Institute (Cairo 52) and the Tahrir Institute for Middle East Policy (TIMEP) in the framework of the 4th Universal Periodic Review of Egypt.

Main submitting organization:

Cairo 52 Legal Research Institute: Cairo 52, founded in 2020, is a non-governmental policy and research institute focusing on researching the fundamental human rights of gender and sexual minorities in the Middle East and North Africa (MENA) region.

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Tahrir Institute for Middle East Policy: TIMEP is a non-profit organization founded in 2013. It works to center advocates and experts from and in the MENA region in the policy discourse to foster transparent, accountable, and just societies.

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Endorsing Organizations:

Global Action for Trans Equality: GATE is an international advocacy organization focused on justice and equality for trans, gender diverse, and intersex (TGDI) communities. It is the only international organization dedicated to gender identity, gender expression, and sex characteristics. GATE was registered as a nonprofit in the US in 2009.

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A. Introduction

This joint submission documents discriminatory policies and practices against transgender and intersex individuals in Egypt that prevent them from the full enjoyment of their fundamental right to health. The information contained in this submission is predominantly based on first-hand information, observations, data and primary research and analysis conducted by Cairo 52 Legal Research Institute (Cairo 52) as part of its work on the rights of gender and sexual minorities with legal research and analysis carried out by the Tahrir Institute for Middle East Policy (TIMEP) in collaboration with local lawyers and human rights defenders.

B. Background and prior relevant UPR recommendations:

1. Egypt underwent its 3rd UPR cycle in November 2019, in which it received 372 recommendations and accepted 294 out of them.¹
2. While there were no explicit recommendations on upholding the right to health and equality for transgender and intersex people; there were general recommendations about the right to health and others on the protection of minorities, to which transgender and intersex individuals belong.
3. Egypt has affirmed that according to its own constitution and law, all citizens are equal without discrimination. Moreover, Egypt voluntarily pledged by the end of the 3rd UPR cycle to "[t]ake steps to implement major projects to provide ... health care ... and provide a decent life for all citizens without discrimination...";² "take vigorous action to strengthen the institutional and legislative framework in order to uphold human rights and fundamental freedoms";³ and "promote a human rights culture, for instance through the curricula of basic, secondary and university education, and the training courses for public officials and law enforcement personnel."⁴
4. The following recommendations made during the 3rd cycle are relevant to this submission and were supported, or supported with note, by Egypt but have yet to be implemented:

<i>Theme: Right to health</i>	<i>Status of support by Egypt</i>	<i>Status of implementation</i>
31.273 Continue efforts to provide the highest attainable standard of physical and mental health to its citizens and to expand the new national health program (Jordan); Source of Position: A/HRC/43/16/Add.1 - Para.13	Supported	Not fully implemented. Transgender and intersex communities are still deprived of their right to gender-affirming healthcare.
31.275 Include comprehensive education on sexual and reproductive health in the national educational curricula and ensure the necessary resources for its effective implementation (Estonia); Source of Position: A/HRC/43/16/Add.1 - Para.13	Supported	Not fully implemented. There is a severe lack of education, practical training, and sufficient resources to ensure that transgender and intersex communities can enjoy their right to gender-affirming healthcare.
<i>Theme: Equality & non-discrimination</i>	<i>Status of support by Egypt</i>	<i>Status of implementation</i>

<p>31.62 Take steps to protect the rights of lesbian, gay, bisexual, transgender, and intersex individuals and ensure that they are not subject to discriminatory arrest or prosecution under criminal charges of indecency or debauchery (Canada);</p> <p>Source of Position: A/HRC/43/16/Add.1 - Para.12</p>	Supported with note ⁵	Not implemented. Transgender and intersex individuals are still subject to discrimination by law enforcement officials, medical professionals, and the community.
Theme: Legal, institutional & policy framework	Status of support by Egypt	Status of implementation
<p>31.365 Continue and strengthen policies to protect and promote the rights of refugees and minorities (Japan);</p> <p>Source of Position: A/HRC/43/16/Add.1 - Para.12</p>	Supported	Not fully implemented to cover all minority groups, such as transgender and intersex individuals.
Theme: Discrimination against women	Status of support by Egypt	Status of implementation
<p>31.305 Take decisive actions to eradicate discrimination against women and girls, as well as minorities, and prevent sexual exploitation and trafficking in persons (Mongolia);</p> <p>Source of Position: A/HRC/43/16/Add.1 - Para.14</p>	Supported with note ⁶	Not fully implemented to cover all minority groups, such as transgender and intersex individuals.

C. Legal Framework

5. The right to health is a fundamental human right protected by the Egyptian constitution. Under Article 18, "[e]very citizen has the right to health and to comprehensive health care which complies with quality standards."⁷
6. In addition, the right to health is recognized by international and regional human rights instruments ratified by Egypt. For instance, the International Covenant on Economic, Social, and Cultural Rights (ICESCR) obligates the State party to respect, protect, promote, and fulfill the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health."⁸ The African Charter on Human and Peoples' Rights (ACHPR) also holds that "Every individual shall have the right to enjoy the best attainable state of physical and mental health."⁹ Moreover, the Arab Charter on Human Rights (ACHR) guarantees the right to physical and mental health for "every member of society... without discrimination of any kind."¹⁰
7. Indeed, the right to health cannot be isolated from the right to equality and non-discrimination, which is guaranteed by the Egyptian Constitution and international and regional human rights instruments. Article 9 of the Egyptian Constitution ensures "equal opportunities for all citizens without discrimination," and Article 53 declares that all citizens are equal before the law, "equal in rights, freedom, and general duties, without discrimination based on religion, belief, sex...

or any other reason." The right to non-discrimination is also comprehensively guaranteed by Article 2 of the ICCPR, ICESCR, ACHPR, and Article 3 of the ACHR.

8. Understanding the interconnection between these two rights' is essential to ensure their effective implementation. The ICESCR obligates the State party to respect, protect, promote, and fulfill the rights stated therein progressively and to take all necessary measures to ensure the gradual and effective application of the Covenant. However, this progressive application rule does not apply to the right to equality and non-discrimination, which the State must implement immediately.¹¹
9. According to the United Nations Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity (IESOGI), the right to health should be guaranteed without discrimination of any kind, including discrimination based on sexual orientation and gender identity (SOGI).¹² Therefore, to fulfill this right, "governments are obliged to lift discriminatory barriers preventing access to health by disadvantaged communities and to put in place legal, policy, and budgetary measures to progressively realize the right to health for all."¹³ In this regard, the IESOGI has highlighted the devastating impact of discrimination based on sexual orientation and gender identity on the right to health, such as abuse at the hands of health system providers; denial of essential healthcare and services, including sexual and reproductive health and gender-affirming services; and heightened risk of mental health problems typically linked to stigma, trauma, and violence, such as depression, anxiety, and suicidal ideation.¹⁴
10. Despite the aforementioned domestic and international legal obligations, States' recommendations, and voluntary pledges of Egypt, medical policy in the country does not provide equal access to healthcare services for intersex and transgender people. The following sections of this report will show how the current policy actively discriminates against transgender and intersex individuals. In both cases, there is a lack of allocated resources, equipment, and training for healthcare providers and facilities to care for intersex and transgender individuals effectively. The Egyptian government also fails to implement anti-discrimination measures or public education to protect them from stigma, harassment, and discrimination. These factors contribute to the marginalization of transgender and intersex people in society, hindering their enjoyment of constitutionally protected rights to health and equality.

D. Violations of Transgender People's Right to Equally Access the Highest Attainable Standard of Physical and Mental Health:

11. Transgender individuals, whose gender identity differs from the sex assigned to them at birth, are referred to as individuals diagnosed with gender identity disorder (GID) within the Egyptian medical-policy discourse.¹⁵
12. Transgender people encounter numerous restrictions that impede their ability to exercise their equal right to health.¹⁶ Despite all previous UPR recommendations supported by Egypt to provide non-discriminatory access to the highest attainable standard of physical and mental health and protect the rights of LGBTQI+ persons, Egyptian law and policy still prohibits healthcare providers from delivering gender-affirming healthcare to transgender people, as will be discussed below.
13. The history of the discriminatory laws and policies against transgender people in Egypt dates back to 2003, when the Minister of Health issued Resolution No. 238, establishing the Sex Correction Committee (hereinafter referred to as the "review committee") within the Medical Syndicate. The Resolution amended the Medical Syndicate's Professional Ethics Regulations to include Article 43, which states that "[d]octors are strictly prohibited from performing sex change operations. Sex correction is only permissible after receiving approval from the review

committee in the Syndicate. Surgeries will only be conducted after at least two years of psychiatric evaluation and hormonal treatment and after conducting a complete examination of hormones and the chromosomal map of the applicant."¹⁷

14. The policy is heavily influenced by the religious interpretation adopted by the Egyptian state of the criteria for accessing gender-affirming healthcare. According to this interpretation, two distinct terms are of importance: "sex change" and "sex correction." "Sex change" refers to gender-affirming healthcare for transgender individuals and is not allowed since transgender individuals are viewed as suffering only from mental illness.¹⁸ On the other hand, "sex correction" refers to sex reassignment surgeries for intersex individuals, which is permitted as their condition is considered biological, and such surgeries would assist them in achieving their "true binary sex."¹⁹ As such, the policy is discriminatory since it prohibits gender-affirming healthcare for transgender individuals and only allows it for the treatment of intersex individuals, using the chromosomal map as the determining factor.
15. It is worth noting that the review committee responsible for approving treatments consisted of psychiatrists, a genetics expert, an andrologist, an endocrinologist, a medical head, and an religious representative from Al-Azhar or the House of Fatwa, "*Dar al-Ifta*."²⁰ This medical and religious representation in the committee has resulted in a conflict of opinions over the years. While at least some of the medical members believe that those diagnosed with gender identity disorder (GID) should receive approval to access gender-affirming healthcare, the religious representative has tended to refuse.²¹ This conflict led the religious representative to stop attending review committee meetings, which impacted the committee's work until 2017, when the medical members of the committee *de facto* agreed to grant the religious representative veto powers over all cases.²² In the interim, the Medical Head of the Committee reported that "between 2014 and 2017: 87 approvals for "physical" reasons but zero for "gender identity disorder." Thirty-one were left unresolved."²³
16. Consequently, the official pathway to accessing gender-affirming public healthcare for transgender people has been permanently closed. As for the private route, healthcare providers risk losing their medical license, face suspension, or even prosecution if they provide any healthcare that results in a change of one's sex without the review committee's approval. In several documented cases,²⁴ doctors who performed these operations have been prosecuted and charged with causing a "permanent disability" to transgender patients, which is punishable under Article 244 of Egypt's Penal Code.²⁵
17. As Egyptian policies and laws prohibit both public and private healthcare providers from offering gender-affirming healthcare, transgender individuals in Egypt face significant challenges in accessing qualified and willing healthcare professionals.²⁶ Therefore, some transgender individuals have been compelled to seek medical treatment from underground clinics that are often dangerous, costly, and ill-equipped with inadequately trained staff. Procedures carried out at these clinics can prove fatal; in 2021, a 26-year-old transgender man lost his life due to severe bleeding after being discharged prematurely following a poorly executed gender-affirming surgery at an underground clinic.²⁷ Such malpractice is rarely investigated or prosecuted, given the absence of proper documentation for these surgeries.²⁸
18. Moreover, those who manage to access underground healthcare services are usually limited to hormonal replacement therapy (HRT), which is also officially banned in Egypt as a form of gender-affirming healthcare, but is more accessible as the medicines can be obtained without a prescription.²⁹ It is worth noting that, due to the scarcity of qualified and willing healthcare professionals, transgender individuals often resort to self-administered HRT, a practice that can be "extraordinarily dangerous" without proper medical supervision.³⁰
19. In addition, the Ministry of Health has not published uniform treatment protocols for transgender individuals, nor has it instituted any specialized education or training for medical

professionals' treatment of transgender health issues. Consequently, the lack of education and the absence of standardized guidelines have resulted in a decline in the quality of medical services.³¹

20. In a 2024 study by Cairo 52 Legal Research Institute on transgender people's access to gender-affirming healthcare in Egypt, 77% out of 104 surveyed respondents reported that they have no access to gender-affirming healthcare. The reasons cited for this lack of access included financial barriers (31%), unavailability of gender-affirming healthcare services (24%), and limited information on how to access such healthcare (10%).³²

21. Egypt has also failed to protect transgender people against discrimination by medical practitioners and state officials, resulting in a heightened risk of mental health problems typically linked to stigma, trauma, and violence, as explained below.

22. According to first-hand information surveyed by Cairo 52 Legal Research Institute, 88 individuals in Egypt who previously sought gender-affirming healthcare were asked whether they had experienced discrimination or stigma because they are transgender in private or governmental medical facilities. Out of the respondents, 71.5% answered in the affirmative; they elaborated on their experiences, highlighting various issues such as misgendering, lack of respect, refusal of service, verbal harassment, stigma, and discrimination. The following responses further exemplify these concerns:

"A doctor treated me like an object of curiosity, openly displaying me to the nurses and allowing them to ridicule my body. Another doctor suggested that my desire to transition stemmed from my inability to conceive, implying that I resembled a woman incapable of giving birth." – A transman survey respondent.

"Once, I attempted to have my hormone prescription filled at a pharmacy, but the pharmacist refused, asserting that men do not take estrogen." – A transwoman survey respondent.³³

23. Moreover, because transgender people usually experience discriminatory treatment by police officers, they are less likely to report incidents of discrimination or malpractice by medical professionals. An emblematic example of police discrimination and violent abuses against the LGBTQI+ community is the case of Sarah Hegazy, who raised a pride flag at a concert. Sarah was tortured by police; they also told other inmates to abuse her.³⁴

24. Although Egyptian law does not explicitly criminalize LGBTQI+ identities, prosecution and law enforcement authorities usually rely on several vague and morally-interpreted laws to do so.³⁵ For example, Anti-Sex Work Law No. 10/1961 criminalizes individuals who engage in debauchery or sex work on a habitual basis;³⁶ the Penal Code criminalizes anyone who incites passers-by in public places to immorality with gestures or words;³⁷ and Cybercrimes Law No. 175/2018 also criminalizes anyone who abuses the Egyptian family's principles and values.³⁸ All of these laws have been morally interpreted and used by the prosecution and law enforcement authorities to prosecute LGBTQI+ people in Egypt. Therefore, transgender individuals strive to avoid interaction with authorities due to fear of humiliation and prosecution.³⁹ These circumstances severely limit access to justice for transgender people who are due remedy when they are prevented from seeking gender-affirming healthcare.

25. In summary, the rights of transgender individuals to access healthcare and equality in Egypt are being consistently violated. This is in part due to the states' severe restrictions on access to gender-affirming healthcare for transgender people. The lack of adequate state protections and safeguards for transgender people has resulted in healthcare providers being insufficiently trained or unwilling to provide the appropriate and responsible gender-affirming healthcare. Furthermore, gender-affirming healthcare has been excluded from public and private health

coverage, rendering it inaccessible to most transgender people in Egypt. In addition to these barriers, the absence of anti-discrimination measures and public education, coinciding with abusing the vague and morally interpreted laws, further exacerbates the challenges transgender people face in pursuing their physical and mental healthcare needs.

E. Violations of Intersex People's Right to Equally Access the Highest Attainable Standard of Physical and Mental Health:

26. Intersex individuals, who possess sex characteristics that vary from the typical female and male ones, or those diagnosed with Disorders of Sex Development (DSD) according to the Egyptian medical-policy discourse,⁴⁰ usually encounter difficulties in accessing quality healthcare, which dramatically impacts their fundamental right to attain the highest physical and mental health standards equally.
27. Despite all previous UPR recommendations supported by Egypt to provide non-discriminatory access to the highest attainable standard of physical and mental health and protect the rights of LGBTQI+ persons, Egypt still lacks a comprehensive unified policy, treatment protocols, and qualified treatment centers that would enable intersex individuals to access the healthcare services they require.⁴¹ The State's failure to comply with its positive obligations resulted in primarily governing intersex healthcare by societal norms and culture, violating the rights of this minority group, as will be discussed below.
28. In Egypt, intersex individuals are often forgotten or rendered invisible. There is an expectation for them to be assigned binary sex and to socially identify and transition medically if surgery was not already conducted at birth. In many cases and due to issues of education and public discourse, parents typically conceal the fact that their child is intersex and hasten the assignment of a binary sex. This process can lead to improper gender assignment and result in gender dysphoria.
29. Additionally, due to the State's failure to provide public sexuality education, the majority of the Egyptian population tends to conflate intersex and transgender individuals, referring to both as "people who changed their sex." As a result, intersex individuals often experience much of the same stigma and discrimination faced by transgender individuals.⁴²
30. Moreover, the Egyptian government has failed to implement training and practical education to address the healthcare needs of intersex individuals effectively. While Egyptian medical schools do include chapters on disorders of sexual development (DSD), the teaching often remains theoretical, leaving aspiring doctors without the practical experience needed to diagnose and treat intersex individuals.⁴³ Additionally, the number of healthcare providers specializing in intersex healthcare is limited in Egypt. Instead of specialized treatment centers, the responsibility for intersex healthcare is placed on university hospitals and genetic research centers, which often lack the necessary resources to care for intersex individuals adequately.⁴⁴
31. Indeed, the State's failure to provide adequate training and sufficient resources for doctors has resulted in depriving intersex people of their fundamental right to health. Typically, doctors meet with parents and explain their child's condition. However, in some reported cases of intersex children, doctors often feel pressured by the parents to make a binary sex assignment decision without conducting thorough examinations due to societal norms and cultural expectations in Egypt. These norms instigate fear within parents, who are concerned about the potential shame associated with having an intersex child.⁴⁵ Furthermore, the absence of necessary equipment may restrict examinations to superficial, external observations, thereby influencing decisions regarding the child's binary sex without the benefit of comprehensive medical tests. Consequently, all these factors can result in an intersex child being improperly assigned a binary sex that does not align with their reproductive organs, hormones, and genetics.

32. Because of the cultural and societal bias in some families toward male children over female children, in many cases, families opt to assign a male sex to their intersex infants if they have the authority to make such decisions. Misassignment of sex can lead to further complications in future life, including gender dysphoria and a mismatch between the intersex person's sex characteristics and their reassigned genitals, often requiring additional surgical interventions.⁴⁶
33. Another issue related to misassignment is specific to the Egyptian context, where female genital mutilation/circumcision (FGM/C) is widespread, with approximately 87% of females having undergone the practice⁴⁷. FGM/C is a traumatic experience that can lead to long-lasting psychological issues for those forced to undergo it. Intersex children who are misassigned to the female sex and subsequently undergo FGM/C may lose parts of their clitorophallus, which can complicate attempts to reconstruct the penis during sex reassignment surgery to the male sex.⁴⁸
34. In the case of intersex individuals who are diagnosed later in life, either during adolescence, post-puberty, or adulthood, diagnosis often occurs when a sexual or hormonal problem is noticed, such as infertility. Alternatively, diagnosis may occur when an intersex person reaches puberty and develops sex characteristics different from those they were assigned at birth or in late adolescence. This can include a failure of secondary sex characteristics to produce or the absence of menarche. Studies have shown that the majority of intersex people only find out that they are intersex after reaching adulthood.⁴⁹
35. For minors who are intersex and have not undergone surgeries at birth, the decision regarding reassignment surgery typically lies with their parents, who are usually the ones to receive the diagnosis, rather than the minors themselves. In Egypt, doctors commonly recommend undergoing sex reassignment at this stage, even in the absence of medical necessity.⁵⁰ It is worth noting that there is limited societal awareness and public education regarding intersex individuals, which may force families to relocate to avoid the social stigma associated with having a child who has undergone "sex change" surgeries.⁵¹
36. The quality of surgeries that do take place is dubious, primarily due to a lack of comprehensive practical and specialized training among Egyptian doctors in this field. Furthermore, the absence of psychological support services for both minors and their parents is notable, as government-run psychological services are typically under-resourced and understaffed, with a lack of training and specialization in intersex mental health care.⁵²
37. Intersex adults who do want to undergo gender-affirming surgeries must navigate a lengthy process of seeking approval from the Medical Syndicate's review committee, which can take years even if the individual exhibits evident binary sex characteristics. As adults, specific critical tests that are required to confirm sex characteristics are not covered by public or private health insurance, placing the financial burden of these tests on the intersex individuals who wish to undergo them.⁵³
38. Thus, it is evident that the existing Egyptian policies and practices on intersex healthcare fail to ensure that intersex individuals have access to the highest quality healthcare and instead often lead to increased complications, risks, and detrimental effects on the physical and mental health of intersex people. Moreover, Egypt has failed to protect intersex people against discrimination, further exposing them to vulnerability in terms of social harassment, stigma, and discrimination. Inadequate provisions of resources, equipment, and training for healthcare providers and facilities exacerbate the situation.

F. Recommendations:

In light of the aforementioned findings, Cairo 52 and TIMEP call on States participating in the UPR process to make the following recommendations to Egypt:

1. The Egyptian government must **respect, protect, and fulfill** the rights to the health of transgender and intersex individuals without discrimination.
2. **The Egyptian government must respect** the right of transgender people to access gender-affirming health care by repealing Article 43 of the Medical Syndicate's Professional Ethics Regulations, which strictly prohibited doctors from performing sex change operations.
3. **The Egyptian government must respect** the right of intersex people to access gender-affirming health care without restrictions and based only on scientific medical review.
4. **The Egyptian government must respect** the right of transgender and intersex people to access quality medical care without fear of prosecution by ending the use of vague and morally interpreted laws to criminalize them.
5. **The Egyptian government must protect** transgender and intersex people from discrimination and medical malpractice. Egypt must take immediate steps to do so, including implementing anti-discrimination and sexual education programs. These measures should ensure that transgender and intersex individuals can access medical care safely, without fear or stigma.
6. **The Egyptian government must protect** transgender and intersex infants from inappropriate medical interventions. The Egyptian government should put in place a mechanism to ensure that intersex infants are not subjected to unnecessary surgeries when the binary sex characteristics are not precise.
7. **The Egyptian government must fulfill** its legal obligations by taking positive action to facilitate the enjoyment of the transgender and intersex people of their fundamental right to health. This can happen by taking the following recommended actions:
 - a. Allocate human and financial resources to establish new comprehensive medical centers specialized in intersex and transgender healthcare. These centers should provide hormonal, surgical, and psychological support. They should also be distributed proportionate to the population among Egypt's 27 governorates, with at least one center per governorate.
 - b. Incorporate intersex and transgender individuals into government health insurance schemes and ensure that private health insurance also covers medical services directed towards these two groups.
 - c. Implement new research and data collection plans. These plans should ensure that the perspectives of transgender and intersex people on their healthcare are collected to establish informed and evidence-based future health policies and mechanisms.
 - d. Establish new medical committees to design, review, and implement new medical curricula and unified treatment protocols incorporating the latest medical and scientific knowledge on intersex and transgender health. These committees should incorporate practical training alongside theoretical education. State policies on transgender and intersex healthcare should be informed by the committees' recommendations.

¹ OHCHR, the Infographic of the 3rd UPR cycle - Egypt. [Available [here](#)].

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- ² UNGA, Report of the Working Group on the Universal Periodic Review - Egypt, A/HRC/43/16/Add.1, 5 March 2020, para 13.
- ³ UNGA, Report of the Working Group on the Universal Periodic Review - Egypt, A/HRC/43/16/Add.1, 5 March 2020, para 8.
- ⁴ UNGA, Report of the Working Group on the Universal Periodic Review - Egypt, A/HRC/43/16/Add.1, 5 March 2020, para 10.
- ⁵ The note is: "Egypt does not recognize the terms contained in this Recommendation. According to the Constitution and the law, all citizens are equal before the law, and the rights of all individuals are protected without discrimination, regardless of the charges brought against any individual."
- ⁶ The note is: "According to the Constitution, there are no minorities in Egypt, and the Constitution equates all citizens in terms of rights and duties before the law without discrimination."
- ⁷ Egypt Constitution, Art 18. [Available [here](#)]
- ⁸ International Covenant on Economic, Social, and Cultural Rights (ICESCR), Art12.
- ⁹ African Charter on Human and People's Rights (ACHPR), Art 16.
- ¹⁰ Arab Charter on Human Rights, which Egypt (ACHR), Art 39.
- ¹¹ Committee on Economic, Social and Cultural Rights, Fact Sheet No.16 (Rev.1), p 5. [Available [here](#)]
- ¹² United Nations Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity (IESOGI), Ensuring Healthy Lives for All, Leaving No-One Behind: Tackling Discrimination and Violence-Based on Sexual Orientation and Gender Identity Through the Sustainable Development Goals, Summary of Report on Health 2023, p1. [Available [here](#)].
- ¹³ *Ibid*
- ¹⁴ *Ibid*
- ¹⁵ Noralla, Nora, 'Access Denied: A qualitative Study on Transgender Health Policy in Egypt', Social Science & Medicine 348, May 2024 [Available [here](#)]
- ¹⁶ Nora Noralla, 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt', Yearbook of Islamic and Middle Eastern Law Online, 2023, p 1-37. [Available [here](#)]
- ¹⁷ Professional Ethics Regulations issued pursuant to Minister of Health Resolution No. 238/2003, Art 43 [Available in Arabic [here](#)]; Nora Noralla, A Complete Guide on Laws, Policies and Case Law Impacting the Human Rights of LGBTQ+ People in Egypt, Cairo 52 Legal Research Institute, March 2024, p11. [Available [here](#)]
- ¹⁸ Louay Ali, 'How does Al-Azhar deal with sex change cases?' Al-Youm Al-Sabe', March 2019. [Available in Arabic [here](#)]
- ¹⁹ Nora Noralla, 'The "Chromosome Trap": Anti-Trans Narratives and Policy in Egypt', TIMEP, 2023. [Available [here](#)]

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- ²⁰ Egypt's *Dar al-Ifita* is an Egyptian Islamic advisory, judiciary, and governmental body established as a center for Islam and Islamic legal research in Egypt.
- ²¹ Mariam Chahine, 'Suspended Citizens: Inside the Challenges with Accessing Legal Gender Recognition and Gender Affirming Health Care for Trans People in Egypt', Cairo 52 Legal Research Institute, January 2023. [Available [here](#)]
- ²² Nora Noralla, A Complete Guide on Laws, Policies and Case Law Impacting the Human Rights of LGBTQ+ People in Egypt, Cairo 52 Legal Research Institute, March 2024, p11-13 [Available [here](#)]; Nora Noralla, 'Gender Trouble in the Land of the Nile: Transgender Identities, the Judiciary and Islam in Egypt', Yearbook of Islamic and Middle Eastern Law Online, July 2023, p1-37. [Available [here](#)]; NBC News, 'In Egypt, Transgender Activist Fights Battle on Many Fronts', March 2020. [Available [here](#)]
- ²³ NBC News, 'In Egypt, Transgender Activist Fights Battle on Many Fronts', March 2020. [Available [here](#)]
- ²⁴ Nora Noralla, 'A Discriminatory System Killed a Transgender Man in Egypt', Human Rights Watch, November 2021. [Available [here](#)]
- ²⁵ Egypt Penal Code, Article 244.
- ²⁶ Nora Noralla, 'Understanding the Needs and Challenges of Transgender People Accessing Gender-affirming Health-care in Egypt: A Mixed Methods Study', Cairo 52 Legal Research Institute, March 2024, p 16-28. [Available [here](#)]
- ²⁷ Nora Noralla, 'A Discriminatory System Killed a Transgender Man in Egypt', Human Rights Watch, November 2021. [Available [here](#)]
- ²⁸ Noralla, Nora, 'Access Denied: A qualitative Study on Transgender Health Policy in Egypt', Social Science & Medicine 348, May 2024 [Available [here](#)]
- ²⁹ *Ibid*
- ³⁰ *Ibid*; Hannah Schoenbaum and Summer Ballentine. "When States Limit Care, Some Trans People Do It Themselves", The Associated Press, April 2023. [Available [here](#)]
- ³¹ *Ibid*
- ³² Nora Noralla, 'Understanding the Needs and Challenges of Transgender People Accessing Gender-affirming Health-care in Egypt: A Mixed Methods Study', Cairo 52 Legal Research Institute, March 2024, p 27. [Available [here](#)]
- ³³ *Ibid*
- ³⁴ Ahmed Shihab-Eldin, 'How Sisi's Regime Is Ruthlessly Targeting Egypt's Queer Community', DAWN, February 2023. [Available [here](#)]
- ³⁵ Cairo 52, Egypt Country Factsheet [Available [here](#)]; Nora Noralla, 'Sexually Guilty: Custom Morality and the Persecution of the LGBTQ Community in Egypt', Cairo 52, June 2023. [Available [here](#)]
- ³⁶ Egypt Anti-sex Work Law No 10/1961, Article 9(C)
- ³⁷ Egypt Penal Code, Article 269 bis

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- ³⁸ Egypt Cybercrimes Law, Article 25
- ³⁹ Ahmed Shihab-Eldin, 'How Sisi's Regime Is Ruthlessly Targeting Egypt's Queer Community', DAWN, February 2023. [Available [here](#)]
- ⁴⁰ *See*, Kamal R, Mazen I, Essawi M, Mekkawy M, Elaidy A, 'Genetic and Clinical Study of Disorders of Sex Development among Children and Adolescents', Life Science Journal 17(6), 2020. [Available [here](#)]
- ⁴¹ Mazen IA, 'Clinical Management of Gender in Egypt: Intersexuality and Transsexualism', Arch Sex Behav 46(2), February 2017, p 369-372. [Available [here](#)]
- ⁴² Nora Noralla, 'Policies of Erasure: How the MENA's Region Intersex People Are Made Invisible', TIMEP, April 2023. [Available [here](#)]
- ⁴³ Shamma RA, Atef S, Arafa N, 'Etiological classification and clinical spectrum of Egyptian pediatric patients with disorder of sex development, single center experience', Endokrynol Pol 72(5), 2021, p 558-565 [Available [here](#)]
- ⁴⁴ Abdelghaffar S, AbdelMoneam EN, Hassanein SA, Radwan NA, Mira MF, 'Categorization of Differences of Sex Development Among Egyptian Children and The Role of Antimullerian Hormone and Inhibin B', Front Endocrinol (Lausanne), January 2023. [Available [here](#)]
- ⁴⁵ Soheir S. Abou El Ella, Maha AM Tawfik, Dalia M. Ellahony, and Nahla M. Anees, 'Cytogenetic and molecular study in intersex', Egyptian Journal of Medical Human Genetics 13 (3), 2012, p 281-289. [Available [here](#)]
- ⁴⁶ *See* Norhan Elhakeem, 'Beneath the Galabiya: Intersex Operations in Assiut', Egypt Independent, June 2010. [Available [here](#)]
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