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THE NATIONAL COUNCIL FOR HUMAN RIGHTS

Policy Paper

on Strengthening the Legislative Framework for the Protection of Women's Sexual and Reproductive Rights

Policy Paper on Strengthening the Legislative Framework for the Protection of Women's Sexual and Reproductive Rights

National Council for Human Rights

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Introduction:

Egypt has demonstrated a notable commitment to safeguarding women's rights to a significant degree within the framework of its 2014 Constitution¹, which, to a large extent, guarantees the rights of women. Nearly 20 constitutional articles directly address Egyptian women as full citizens, endowed with all the rights and duties of citizenship and possessing full legal capacity under the Constitution and the law. Article 11² stands at the forefront of constitutional entitlements for women, affirming absolute equality between sexes in political, civil, economic, social, and cultural rights. Moreover, Article 53³ obliges the State to take all the necessary measures to cease all types of discrimination and to enact a law for the establishment of an independent commission to combat all forms of discrimination.

Despite the constitutional and legislative protection of women's rights and previous legislative efforts, various quantitative and qualitative indicators from surveys and official reports reveal a socio-cultural reality that still requires further legislative reform. This reform is essential to guarantee women's citizenship and equality rights in line with constitutional obligations, relevant national strategies⁴ concerning the status of women and Egypt's international human rights commitments, which carry the same legal weight as the national Constitution⁵.

It is therefore crucial for all relevant stakeholders—governmental, academic, and civil society—to build upon the existing strengths of the Egyptian context regarding gender equality in various human rights fields. There is a pressing need to resume necessary reform interventions to close the gaps between constitutional and human rights guarantees, as well as the current local legislation and its effective enforcement. Such efforts are key to advancing the long-standing and cumulative journey toward achieving equality and justice between sexes on the basis of full citizenship.

Women's sexual and reproductive health rights constitute a direct component of the right to health and also reflect the unique social aspect that affect women in our society. Exploring the status of these rights, analyzing the legislative framework governing them and identifying priorities for

¹ The Egyptian Constitution of 2014, as amended in 2019.

² Article (11): *The country shall ensure the achievement of equality between women and men in all civil, political, economic, social, and cultural rights in accordance with the provisions of this Constitution.*

³ Article (53): *All citizens are equal before the law. They are equal in rights, freedoms and general duties, without discrimination based on religion, belief, gender, origin, race, color, language, disability, social class, political geographic affiliation or any other reason.*

⁴ Various Egyptian country institutions have issued a number of strategic frameworks aimed at improving gender equality, including: the National Human Rights Strategy, the National Strategy for the Empowerment of Women 2030 and the Sustainable Development Strategy: Egypt Vision 2030.

⁵ The State shall be bound by the international human rights agreements, covenants and conventions ratified by Egypt and which shall have the force of law after publication in accordance with the prescribed conditions.

reform and possible interventions form the core foundation of this paper, which also seeks to present practical proposals.

Objectives and Significance of the Paper:

The primary objective of this paper is to examine and analyze the legislative framework that ensures sexual and reproductive health rights for women and girls. Its main findings are drawn from a series of extensive dialogue sessions organized by the National Council for Human Rights. These sessions addressed various laws and protection procedures related to sexual and reproductive health rights, involving a wide spectrum of specialists from governmental, civil society and international organizations with expertise in development and population issues.

The importance of this paper lies in its examination of several legislations related to the protection of sexual and reproductive health rights, along with the procedures accompanying some of them. These include: (1) legislation criminalizing child marriage, (2) a unified law to combat violence against women, (3) the Personal Status Law, (4) a law regulating the right to abortion, as well as procedures concerning family planning and broader issues of development and population.

The paper also addresses other forms of indirect legislations that are nonetheless relevant to sexual and reproductive health rights, such as the Universal Health Insurance Law, laws related to decent work for women and measures for environmental, population and reproductive education for youth.

A Cross-Cutting Review of Binding National and International Frameworks for the Protection of Sexual and Reproductive Health Rights (SRHR)

First: National Frameworks

The Constitution of the Arab Republic of Egypt

The Egyptian Constitution is one of the most progressive Egyptian constitutions in terms of its responsiveness to the needs and rights of women, particularly when compared to its predecessors. It serves as a national pillar reflecting the State's commitment to ensuring the right to equality for its female citizens.

Egyptian Legislation

The Penal Code is the comprehensive legislative framework that defines most criminal offenses and their corresponding penalties. It includes definitions for crimes such as sexual assault, rape, harassment, physical violence, and female genital mutilation (FGM), while stipulating specific penalties. Additionally, there are numerous important judicial rulings that serve as legal references in many cases related to the protection of sexual and reproductive health rights, arising from the provisions of the Penal Code.

Other laws have also been enacted to protect women's rights, including the Child Protection Law, the Nationality for Egyptian Mothers Law, the Combating Human Trafficking Law, the Health Insurance for Working Women Law, the Combating Illegal Migration and Migrant Smuggling law, and the Inheritance Law. These constitute a series of legislative measures aimed at safeguarding women's rights, some of which are directly related to women's health, while others have an indirect connection. Several of these laws have been updated as part of an ongoing effort to improve the legislative protection of women.

National Strategies

The Egyptian country has launched several specialized national strategies, with the National Human Rights Strategy 2021–2026 standing at the forefront as one of the most inspiring and relevant national strategies in charting the path toward ensuring human rights—including the right to health and more specifically, sexual and reproductive health rights. The strategy presents a SWOT analysis of the current state of the right to health, identifying strengths, weaknesses, challenges and opportunities, in order to provide various stakeholders with the foundational knowledge necessary to improve the health status of Egyptian citizens—under which sexual and reproductive health rights for women are included.

The National Population Strategy (2023-2030) plays a pivotal role in ensuring sexual and reproductive health rights (SRHR) for women. The strategy is based on a constitutional right of all citizens —regardless of gender— to access comprehensive population and development Programmes, in accordance with Article 41 ⁶of the Egyptian Constitution. This Strategy was formulated through a participatory approach involving all relevant stakeholders concerned with population and development issues. On its basis, the National Project for the Development of the Egyptian Family was launched. Additionally, the findings of the 2021 Egyptian Family Survey highlighted the urgent need to address sexual and reproductive health rights comprehensively and to approach population dynamics through an integrated framework that encompasses social, economic and cultural aspects.

⁶Article (41): *The State shall implement a population program aiming at striking a balance between population growth rates and available resources; and shall maximize investments in human resources and improve their characteristics in the framework of achieving sustainable development.*

The National Strategy for the Empowerment of Women 2030 established quantitative indicators to measure progress in improving the status of women, including advancements in sexual and reproductive health rights (SRHR). Within the scope of SRHR, the strategy outlines key indicators such as: The percentage of married women using family planning methods, the total fertility rate, the percentage of women receiving regular antenatal care, the maternal mortality rate, the rate of cesarean section, life expectancy at birth, and the average number of years a female life in good health.

Second: International Human Rights Commitments and Obligations

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which has been certified by the Egyptian State, dedicates two full articles to the protection of women's health rights and the elimination of discrimination, both in the workplace and within the family. Article (11) outlines five key provisions related to women's rights in the workplace, including access to health insurance, maternity care and social services that support parenting and protect motherhood. Article (12) calls for the elimination of discrimination in the field of healthcare, including access to family planning services and adequate nutrition during pregnancy and breastfeeding. Furthermore, Article (16) of the convention calls for the fair regulation of family relations, ensuring equal rights for both parents in marriage and its dissolution, as well as equal protection of children's rights.

The Beijing Declaration and Platform for Action on Gender Equality

The Beijing Declaration and Platform for Action on Gender Equality is considered one of the most important United Nations frameworks that introduced a wide range of interventions and implementation mechanisms to ensure gender equality. Within this context, Section three of the Beijing Platform is entirely dedicated to five strategic objectives related to reproductive health. These objectives include the recognition of women's right to health, access to preventive and curative services, particularly those related to sexual and reproductive health and safety, the elimination of sexually transmitted diseases and the availability of research and data about them, and the strengthening of preventive Programmes and improving women's health. The Platform outlines numerous interventions and actionable mechanisms that may be adopted by governments, civil society and other relevant stakeholders to advance gender equality.

The International Conference on Population and Development (ICPD), Cairo 1994

The International Conference on Population and Development (ICPD), held in Cairo in 1994, represents a foundational milestone for advancing reproductive health. The conference resulted in the adoption of a Programme of action that has served as a global model, encouraging countries to work consistently toward improving reproductive health, particularly in the areas of maternal and child health. From establishing essential legislative frameworks to improve public and reproductive health practices, to adopting evidence-based approaches and best practices in maternal and child health. In Egypt, progress has been noted in some indicators related to women's reproductive and sexual health, including reductions in maternal mortality rates and improvements in certain indicators related to the practice of female genital mutilation. However, these gains have at times been inconsistent and national indicators in several other areas of reproductive health continue to lag behind. In light of Egypt's national and international commitments, it is imperative that we re-evaluate the governance framework guiding work in this critical area. This includes building on the strengths of Egypt's experience, addressing areas of weakness, and maximizing opportunities to advance progress in this key human rights issue.

The Status of Sexual and Reproductive Health rights

First: Population Dynamics and Their Link to Women's Sexual and Reproductive Health rights

In 2021, Egypt's Central Agency for Public Mobilization and Statistics (CAPMAS)⁷ released the Egypt Family Health Survey (EFHS), unveiling new data related to the reproductive health status of women. This comes after a significant gap since the previous survey conducted in 2014—an extended period during which accurate, survey-based evidence on reproductive health was largely absent. This contributed to the emergence of several notable figures that may help reprioritize legislative and procedural interventions to improve the reality of reproductive health rights, in accordance with the Sustainable Development Goals (SDG) as well as various national and human rights commitments.

The EFHS reveals that 14% of married women of reproductive age experience unmet need for family planning. This figure poses a major obstacle to achieving target 3,7,1 of SDG 3, which calls for universal access to sexual and reproductive health-care services, including family planning. This underscores the need to re-evaluate national family planning programmes and intensify efforts to improve women's access to contraception and reproductive health services.

⁷ Central Agency for Public Mobilization and Statistics (CAPMAS), Egypt Demographic and Health Survey 2021

In 2023, the Ministry of Health reported that 20% of pregnancies in Egypt were unintended. The rate of unintended pregnancies is considered one of the greatest challenges facing national family planning programmes⁸. This rate reflects a broader range of serious and impactful consequences, including the increased likelihood of a decline in the family's socioeconomic status, a rise in the incidence of unsafe abortions among women and additional threats to the health of both mother and child, as well as to family and societal acceptance of the newborn.

Although the EFHS⁹ linked the rise in unintended pregnancies to women discontinuing the use of family planning methods—primarily due to side effects—secondary analysis of the survey data reveals that multiple factors contribute to the increase in unintended pregnancies. These include the need to improve health services, facilitate women's access to gynecology, obstetrics, and antenatal care services, as well as the narrow targeting of family planning programmes toward the poorest populations in rural areas, while women across various socioeconomic groups also experience unintended pregnancies.

According to the EFHS, the desired fertility rate among the lowest wealth group is 1.77 children per woman, while the actual total fertility rate stands at 2.75. As for the highest wealth quintile, the desired fertility rate is 2.16 children per woman, compared to an actual total fertility rate of 2.66 children per woman.

Second: Economic Support Programmes, Decent Work for Women and Sexual and Reproductive Health rights

Selecting the most effective population policy interventions is essential for addressing the persistent challenges that hinder the full realization of sexual and reproductive health rights. Particular concern arises when such policies involve conditioning cash assistance for women in the poorest segments of society on their ability to regulate fertility and birth spacing. This policy approach threatens Egypt's commitment to upholding reproductive rights, which are defined by the Programme of Action of the International Conference on Population and Development (ICPD) as: "The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health¹⁰." Furthermore, such conditionality places the burden of unintended children on the poorest families, while overlooking the elevated fertility rates that may also exist among wealthier¹¹ households.

⁸ [Ministry of Health: Unintended Pregnancy Among the Most Pressing Challenges of Population Dynamics](#)

⁹ ["More Than Numbers!", Alternative Policy Solutions](#), The American University in Cairo

¹⁰ The Cairo Programme of Action on Population and Development, adopted at the International Conference on Population and Development (ICPD), Cairo 1994

¹¹ Op. cit., [Alternative Policy Solutions](#), The American University in Cairo.

The Egyptian Family Health Survey documented that up to 16% of women have exited the labor market. According to reproductive health and population studies, there is a direct correlation between women's employment and their ability to plan fertility or the number of births. The more women engage in work—especially in the formal sector—the greater their ability to regulate fertility. Formal employment offers women broader horizons for self-fulfillment and earning opportunities outside the household. Therefore, rising rates of unemployment and poverty among women serve as a warning signal that highlights the urgent need to improve indicators of decent work for women, expand opportunities for female employment in the formal labor sector, and reduce their concentration in informal employment.

Third: Harmful Practices: Caesarean Deliveries, Female Genital Mutilation, and Child Marriage

Caesarean section (C-section) deliveries have increased significantly in recent years. The 2021 EFHS reported that 72% of births in Egypt were via C-section. This marks a sharp rise from 27.6% in 2008 to 51.8% in 2018. What is more grave is the increase in C-section rates among the poorest segments of the population, not just among wealthier groups. A national study by the International Population Council found that in 10% of surveyed cases, vaginal delivery would have been medically possible. This trend was also flagged by the World Health Organization (WHO), which called for urgent action to reduce unnecessary C-sections. Addressing this issue requires both procedural interventions in the healthcare system and stronger enforcement of medical ethics and standards among medical practitioners.

With regard to female genital mutilation (FGM), national statistics indicate a noteworthy decline. According to recent data, the prevalence of FGM has decreased to 82% among women, down from 98% two decades ago. This progress has been acknowledged by several international organizations working on sexual and reproductive health and child protection. This indicates a notable success of policies aimed to combat female genital mutilation, at least over the past decade.

At the legislative level, it is important to consider strengthening the penalties imposed on parents and criminalizing medical involvement. Despite the issuance of several rulings to shut down medical facilities implicated in the crime of performing female genital mutilation (FGM), the officially reported prevalence of FGM remains high—despite recent declines—indicating a notable persistence of impunity and the continued practice of the crime through a black market that is enabled by societal complicity and operates away from regulatory oversight.

There is likely an urgent need to review and facilitate the reporting mechanism as a key guarantee for the enforcement of the law. The increased penalties imposed on parents may, in fact, constitute a major barrier to reporting, highlighting the need to reconsider this approach. Additionally, it is essential to activate the oversight role of the Medical Syndicate in holding accountable physicians

involved in performing or promoting the practice, as it constitutes a clear violation of professional ethics.

Child marriage remains a societal issue, particularly in rural areas. Although the average age of marriage among females in Egypt had risen to 24 years, according to the Egyptian Family Health Survey, Egyptian legislation—while it penalizes the official registration of marriage under 18—it does not criminalize child marriage, nor does it consider marriage under the age of 18 a punishable offense. This reinforces societal acceptance of child marriage and encourages the continued perception of girls as a burden to be relieved through marriage and their marriage is viewed as a transactional arrangement.

Child marriage results in numerous serious social consequences. Most girls married under the age of 18 are less educated and more impoverished. Child marriage often occurs among relatives, contributing to higher rates of genetic disorders. It is a practice that excludes girls not only from formal education but also from the labour market, as it extends their reproductive years, exposes them to early and repeated childbirth and threatens their reproductive—and even sexual—rights, as they are still children engaged in sexual activity under a socially accepted framework. This is an issue that urgently demands decisive legislative intervention that views child marriage as a crime against childhood, a form of sexual abuse and rape of underage girls, taking place in the absence of the necessary legal protection.

The envisioned framework for legislative reform to protect sexual and reproductive health rights

First: The revision of current legislations in a manner that aligns with both the 2014 constitutional principles: as the 2014 Constitution is considered one of the most gender-sensitive constitutions, whether in terms of the number of provisions that aimed to establish the value of gender equality or in terms of how these provisions entrenched the empowerment of women with full citizenship rights, **whether related to combating discrimination in the public and private sectors (Article 53) or to combating violence against women (Article 11) or to the establishment of a comprehensive housing programme (Article 41), and to the governance and independence of the national councils concerned with population issues (Article 214).**

Second: The completion of the hoped-for legislative reform to protect sexual and reproductive health rights, in light of the importance of the role of legislation in urging society and pushing it towards changing its harmful cultures and practices—especially **social legislations**, which require the strengthening of the rule of law in several related areas including **child marriage, personal status, combating violence against women and domestic violence, freedom of scientific research and access to information, guarantees of decent work and social security laws.**

Legislative priorities for the protection of women's sexual and reproductive health rights

First: The criminalization of child marriage

1. Introducing a legislative amendment by adding a legal provision to the Child Law that criminalizes marriage under the age of 18 for both sexes as the minimum age for marriage, and not merely criminalizing the official registration of marriage under the age of 18.
2. Including provisions for the rehabilitation of girls who have been subjected to sexual violence within the context of child marriage and obligating the concerned parties, whether official or otherwise, to take rehabilitation and support measures for girls victims of sexual violence and child marriage.
3. Reconsidering the logic of increasing penalties in a manner that ensures motivation for the various parties and activating mechanisms for facilitating reporting and complaints regarding crimes of violence against children, particularly crimes of sexual violence against girls.
4. Reconsidering the executive bylaws of the Child Law and activating oversight over the implementation of rulings, in a way that ensures better and more effective enforcement of rulings in child-related cases, especially those related to harmful practices such as child marriage and female genital mutilation.

Second: The Unified law to combat Violence against Women

1. Enacting a unified law to combat violence against women, in fulfilment of Article 11 of the Constitution, which includes most forms of violence against women in both the public and private sectors and stipulates a clear definition of the various crimes of violence, including newly emerging forms such as electronic violence and blackmail, among others and imposes appropriate penalties that ensure a reduction in impunity.
2. Reducing the burden of proof on victims of crimes of violence against women, and establishing legal and procedural mechanisms to verify the validity of accusations and crimes of violence against women.
3. Adopting legal provisions for the rehabilitation of survivors of violence, whether by stipulating the creation of a compensation fund or by obligating the concerned entities to provide opportunities for employment and economic empowerment, in addition to psychological support.
4. Protecting witnesses and whistleblowers in incidents of violence against women in both the public and private sectors, facilitating the reporting mechanism, guaranteeing the privacy of victims' data and ensuring its confidentiality.
5. Establishing executive bylaws that facilitate the procedural aspect of implementing the law, ensure ease of access to swift justice, and develop electronic litigation mechanisms as one of the effective means of justice.

6.

Third: A new personal status law for Muslims and non-Muslims.

1. Enacting a new personal status law for both Muslims and non-Muslims based on the principles of citizenship and full gender equality.
2. Affirming joint spousal responsibility and gender equality within the family, including equitable division of marital assets between spouses and joint decision-making regarding child upbringing in cases of divorce, particularly in ensuring the rights to health, education, visitation, and other aspects.
3. Criminalizing all forms of violence against women within the family, including marital rape.
4. Developing the procedural aspect of the new personal status law to ensure fair justice, whether in divorce cases or their consequences, in addition to facilitating access to alimony and other material and moral entitlements, while protecting the best interests of the child before and after divorce.
5. Including in the draft law simplified divorce procedures for non-Muslims and obligating both parties to act in a manner that ensures the best interests of the child, in addition to ensuring that non-Muslim women enjoy equal rights to their Muslim counterparts across all aspects, including protection measures, alimony and others.
6. Incorporating provisions in the new personal status law that guarantee psychosocial support and rehabilitation interventions for women and children, particularly in cases involving domestic violence and mandating relevant authorities, under the law, to refer such cases to appropriate support and rehabilitation centers.

Fourth: Abortion Regulation Law

1. Issuing a law to regulate abortion procedures, based on women's constitutional rights, ensuring the right to access healthcare services and establishing penalties in cases of denial of treatment or medical services.
2. The law should include provisions that permit access to safe abortion, including the protection of the right to health, the well-being of the family, the reduction of unintended pregnancies and the response to pregnancy- and childbirth-related emergencies.
3. Ensuring access to safe abortion in cases of sexual assault and rape for women with intellectual disabilities.
4. Protecting girls with disabilities from forced sterilization and from any threats to their sexual and reproductive rights, as well as preventing the imposition of unlawful guardianship or control by families over persons with disabilities in all its forms.

Indirect legislation related to the protection of sexual and reproductive health rights

First: Establishment of an Anti-Discrimination Commission

1. Issuing a law to establish the Anti-Discrimination Commission in accordance with the constitutional entitlement under Article (35) of the Egyptian Constitution. The law should guarantee the Commission's independence and decentralization, and mandate it with roles including investigation, awareness-raising, and capacity-building. The Commission should also be enabled to seek consultation from relevant national councils and human rights organizations in matters related to rehabilitation and reintegration of discrimination victims.
2. Issuing an Anti-Discrimination Law that defines the various forms of discrimination-related crimes, stipulates appropriate penalties as well as binding provisions ensuring access to support, protection and rehabilitation services for victims of discrimination and arbitrary treatment.

Second: The Universal Health Insurance Law

1. The need to activate legal oversight over the Universal Health Insurance system and to expand its coverage beyond the experimental governorates, in a way that contributes to achieving the right-to-health indicators in line with the 2030 Agenda.
2. Ensuring the inclusion of sexual and reproductive health services within the scope of services covered by the Universal Health Insurance system, in addition to integrating psychosocial support and rehabilitation services as part of specialized medical care, in accordance with the provisions of the law.

Third: Social Security Law

1. Ensuring that the legal framework mandates the inclusion of complete and nutritious food components—such as proteins and other hunger-combating nutrients—in food baskets provided through in-kind assistance, and that such baskets are not limited to starchy products and unhealthy hydrogenated oils.
2. The Social Security Law provides for the intensification of in-kind support—particularly medical and nutritional assistance—for pregnant women, new mothers, and breastfeeding women from marginalized and eligible groups, with a view to improving maternal and child health outcomes.
3. Implementation of interventions to build the capacities of the poorest women, provide opportunities for economic empowerment and support the products of small and micro enterprises led by women, with the aim of enabling targeted women beneficiaries of social security programmes to transition from a state of deprivation to a level of sufficiency,

ultimately leading to their exit from the coverage of the Social Security Law after a defined period of sustained benefit.

4. Providing appropriate cash and in-kind support to the poorest divorced women and custodial mothers, in accordance with the law.
5. The Social Security Law includes provisions mandating the regular monitoring and evaluation of social security programmes, to ensure accurate targeting of the most vulnerable and impoverished groups, as well as the transparent and accountable expenditure of allocated resources.
6. The law stipulates the protection of decent work conditions for the poorest women at risk of employment in the informal sector, in addition to their inclusion in the Universal Health Insurance System.
7. Extension of the social protection network to cover refugee women and their children living below the poverty line and to provide them with social protection.

Fourth: Law on the Circulation of Information, Data, and Scientific Research

1. The urgent need to enact a law that ensures access to information and data, guarantees academic and scientific freedom—particularly in the areas of health, sexual and reproductive health—and promotes the treatment of sexual and reproductive health rights through an evidence-based, scientifically grounded approach.
2. Ensuring the regular provision of disaggregated and specialized statistical data across all areas related to sexual and reproductive health and enable researchers—both women and men—to conduct secondary analysis and other forms of specialized statistical research related to sexual and reproductive health issues, in order to inform and support evidence-based interventions.

Priority Policies and Procedural Interventions to enhance Sexual and Reproductive Health rights

1. Comprehensive health and sexuality education integrated into age-appropriate, progressive school curricula from primary through secondary education levels.
2. Teaching sexual science and relevant laws related to medical professions to students of specialized medical faculties.
3. Strengthening union oversight, activating disciplinary committees and ethical codes of professional conduct for physicians and criminalizing the medicalization of all forms of harmful practices affecting sexual and reproductive health.
4. Adopting a comprehensive approach to population dynamics that takes into account all social, economic and cultural aspects and formulating public policies and population development programs that reflect this multidimensional perspective, going beyond a solely health-centered view.

5. Revisiting the governance structure of institutions concerned with population dynamics, particularly with regard to ensuring the independence of the National Population Council, or returning to the previous national experience of establishing a dedicated Ministry for Population. Such a ministry would be tasked with coordinating all stakeholders involved in local community development, optimizing human capital and ensuring its integration into the development process, as opposed to obstructing its potential.

Summary of Recommendations

1. Affirming the concept of health equity in its legislative, social and economic aspects, recognizing that health equity can only be achieved by addressing all forms of disparity — not only gender-based gaps, but also those between central and local levels, the rich and the poor, and other complex social and economic inequalities.
2. The necessity of collaboration between the government, the private sector, and civil society, activating the development triangle in a harmonious and integrated manner — particularly by facilitating the engagement of the private and civil sectors in the field of sexual and reproductive health, not only in terms of awareness programs, but also in proposing alternative policies and conducting relevant studies.
3. The need to retrain rural outreach workers and redefine the concept of their role — including that of community health visitors — while granting them significant social recognition as essential actors in facilitating the delivery of accurate health information on family planning methods, supporting family medicine services, and fostering trust between citizens of all genders and providers of public services and programs.