



**Enhancing Sexual and Reproductive Health Services:**

# **An Analysis of Jordan's Primary Healthcare Accreditation Standards**



**Prepared by**

**King Hussein Foundation Information and Research Center**



**Prof. Ayman Halasa – Director of the Center.**

**Majed Abu Azzam – Head of Policy and Advocacy Department.**

This review is conducted as part of an advocacy initiative led by the Information and Research Center – King Hussein Foundation, titled “The Rights of Recipients of Sexual and Reproductive Health Services and People Most in Need of Protection in Jordan.” It contributes to the project’s overarching goal of identifying legislative and policy gaps that hinder access to sexual and reproductive health services for those most in need of protection. The paper also offers evidence-based recommendations for legal and policy reforms to safeguard individuals from abuse and exploitation, aligning with international standards and best practices.

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## Executive Summary

As part of ongoing efforts to strengthen the quality of sexual and reproductive health services in Jordan, this review assesses the accreditation standards issued by the Health Care Accreditation Council for primary healthcare institutions providing reproductive health services. The study is conducted within the framework of the Sexual and Reproductive Health Promotion Project, implemented by the Information and Research Center – King Hussein Foundation with support from the HIV/AIDS Fund. The project seeks to advance the development of national policies and standards, improve the quality of health services, and promote equitable access in alignment with international best practices and national legal frameworks.

This review is grounded in an analysis of national accreditation standards through the examination of relevant legislation, including the Medical Liability Law and the Domestic Violence Protection Law. It further incorporates a comparative review of key international frameworks, such as the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Rights of the Child; and the Convention on the Rights of Persons with Disabilities. Additionally, the review draws on the World Health Organization's guidelines and recommendations concerning sexual and reproductive health.

The study aims to identify gaps within the current accreditation standards and evaluate their alignment with the rights of service recipients, with a particular focus on marginalized groups such as women, adolescents, and persons with disabilities. Based on this analysis, a set of recommendations has been developed to support the enhancement of accreditation standards, improve the quality of health services, and ensure the highest levels of confidentiality, privacy, and equitable access to sexual and reproductive health services.

The review highlighted several key themes, including the recognition of informed consent as a fundamental patient right and the obligation of service providers to report cases of violence. It also emphasized the importance of improving access to health services by equipping healthcare facilities and enhancing the competencies of medical personnel. Additionally, the analysis underscored the need to incorporate measurable standards to ensure privacy and confidentiality of patient information, as well as to promote the equitable distribution of healthcare facilities and medical resources.

The review concludes that the provision of sustainable, high-quality sexual and reproductive health services depends on the revision of national standards to align with international obligations and best practices. It also calls for the development of effective oversight mechanisms to ensure compliance and the strengthening of collaboration among stakeholders. These steps are essential to delivering health services that are rights-based, responsive to societal needs, and grounded in principles of equity and sustainability.



# Introduction

As part of the ongoing efforts to enhance the quality of reproductive health services in Jordan, this review comes within the framework of the sexual and reproductive health promotion project, implemented by the Information and Research Center – King Hussein Foundation, and funded by HIVOS. The project aims to support the development of policies and standards related to sexual and reproductive health, to ensure the improvement of the quality of health services, and enhance access to them by individuals in accordance with international best practices and national legislation.

This review focuses on the analysis and evaluation of the accreditation standards for primary health care institutions for reproductive health, issued by the Health Care Accreditation Council, with the aim of providing practical proposals and recommendations for their development, to ensure the highest levels of quality and efficiency. These efforts come in response to the need to align the adopted standards with global trends in the field of reproductive health, and the national and international commitments made by the Hashemite Kingdom of Jordan, including the commitment to provide comprehensive and sustainable health services, consistent with human rights. It takes into account the most vulnerable groups, such as women, adolescents, and persons with disabilities.

This review is based on the analysis of accreditation standards by examining national legislation, international standards, and global best practices. Relevant national laws, such as the Medical Liability Act, the Protection from Domestic Violence Law, the Disability Rights Act, and the Medical Codex, were reviewed to assess the compliance of accreditation standards with these laws. These standards were also compared with international conventions, such as the International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, as well as recommendations from the World Health Organization (WHO).

This review focused on analysing gaps in existing standards, assessing their responsiveness to the most marginalized groups, and their impact on equitable access, quality assurance and confidentiality of health services. Based on this analysis, proposals and recommendations were made to develop accreditation standards, with the aim of improving sexual and reproductive health services and enhancing the commitment of health service providers to the rights of service recipients.

This review contributes to the integration of national accreditation standards with global trends in reproductive health, by identifying gaps and challenges, and providing actionable practical recommendations. It also aims to support national health policies to ensure the provision of high-quality health services, based on scientific evidence, and meet the needs of society in a fair and sustainable manner.

# Section I: International Framework for Sexual and Reproductive Health

The right to sexual and reproductive health is a fundamental component of international human rights law, affirmed through various international conventions and treaties. It establishes a legal obligation on States to guarantee individuals' access to comprehensive, equitable, and non-discriminatory health services, including reproductive healthcare, family planning, and sexual health education.

The right to sexual and reproductive health is addressed by several international instruments, including the World Health Organization Constitution, the Universal Declaration of Human Rights, and the International Covenant on Economic, Social and Cultural Rights, all of which frame it as part of the broader right to health and human dignity. Furthermore, international conferences, such as the Cairo Conference on Population and Development (1994) and the Beijing Platform for Action (1995), have highlighted the necessity for individuals to make free, informed, and responsible decisions regarding their health, without discrimination or coercion.

This section examines the legal foundations and international standards governing sexual and reproductive health, encompassing state obligations, health service quality standards, and the interconnections between reproductive health and other human rights. It also outlines the international regulatory framework that defines the fundamental principles for the provision of effective, safe, and accessible health services for all.

## First: The right to health in international conventions

The right to health is a fundamental human right, first articulated in the 1946 Constitution of the World Health Organization (WHO), which defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The Constitution further asserts that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition.



The right to health is explicitly recognized in Article 25 of the 1948 Universal Declaration of Human Rights, which frames health as an integral component of the right to an adequate standard of living. The Article states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including in particular food, clothing, housing, and medical care.

Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) elaborates on the right to health, affirming the obligation of State parties to take all necessary measures to ensure that individuals enjoy the highest attainable standard of health. These measures include:

- Taking necessary actions to reduce infant and neonatal mortality rates and to ensure the optimal growth and development of children.
- Strengthen and improve all aspects of environmental and industrial health to safeguard public well-being.
- Implementing measures for the prevention, treatment, and control of epidemic and occupational diseases.
- Establishing conditions to ensure access to medical services and care for all individuals in the event of illness.

The right to health has also been reaffirmed in various other international legal instruments, including:

- The Convention on the Rights of the Child, which recognizes the right of children to enjoy the highest attainable standard of health and access to medical care.
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which asserts women’s right to access health services, including sexual and reproductive health care.
- The Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, which requires States to ensure the provision of healthcare services to migrant workers without discrimination.
- The Convention on the Rights of Persons with Disabilities, which underscores the obligation to provide adequate health services for persons with disabilities, including those related to sexual and reproductive health.



## Second: Sexual and reproductive health in international conventions

Sexual and reproductive health is recognized as an essential aspect of the right to health, a position that has been consistently affirmed in numerous international conventions and conferences:

- Cairo International Conference on Population and Development (1994): The Programme of Action adopted by the Conference reaffirmed sexual and reproductive health rights as human rights, emphasizing the need to empower individuals to make informed decisions regarding reproduction, including the timing and manner of having children, and to ensure equitable access to the necessary information and services.
- Beijing Platform for Action (1995): Affirmed that “women’s human rights include the right to freely and responsibly make decisions regarding their sexuality, including sexual and reproductive health, without coercion, discrimination, or violence.”
- General Comment No. 14 (2000) of the Committee on Economic, Social and Cultural Rights: Elucidated the interrelationship between the right to sexual and reproductive health and the broader right to health, asserting that this right extends beyond the mere enjoyment of health to include a range of freedoms and entitlements, such as:<sup>1</sup>
  - The right to control one’s body and sexual and reproductive health, including the freedom to make autonomous decisions regarding reproduction and family planning.
  - The right to access comprehensive healthcare services, including reproductive health services, family planning, maternal care during pregnancy and childbirth, sexual health education, and prevention of sexually transmitted infections.

## **Third: States' obligations towards sexual and reproductive health**

States have a legal duty to ensure the protection and fulfillment of the sexual and reproductive health rights of their citizens, including:<sup>2</sup>

**Duty to respect:** The obligation of States to avoid any interference with individuals' sexual and reproductive rights, including the imposition of unjustified restrictions on access to abortion or contraception.

**Duty to protect:** The obligation to prevent third parties, such as healthcare providers or communities, from violating individuals' sexual and reproductive rights, and to ensure accountability for any such violations.

**Duty to fulfill:** The obligation to implement legislative, administrative, and financial measures that ensure the effective realization of reproductive rights, including the allocation of sufficient resources to healthcare service.

## **Fourth: Quality standards for sexual and reproductive health services**

In 2016, the Committee on Economic, Social and Cultural Rights issued General Comment No. 22,<sup>3</sup> affirming that the right to sexual and reproductive health constitutes an integral component of the right to health, as enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights. The General Comment further elaborates the core elements of this right, which include:

**Availability:** Reproductive health services must be available in sufficient quantity, encompassing functioning clinics, hospitals, trained healthcare personnel, and specialized facilities necessary to meet the population's needs.

**Accessibility** – includes geographical, economic, and non-discriminatory access in service delivery.

**Admissibility** – Services must be provided in a manner that respects the privacy of individuals and respects different cultures.

**Quality** – Services should be evidence-based and provide safe and effective care.

## V. Sexual and reproductive health and other human rights

The right to sexual and reproductive health is linked to a number of other human rights <sup>4</sup>, such as:

- The right to non-discrimination and equality: Ensures that all individuals have equal and unrestricted access to healthcare services, including sexual and reproductive health, regardless of gender, socioeconomic status, ethnicity, disability, or any other status.
- The right to privacy: Safeguards individuals' autonomy in making decisions related to their sexual and reproductive health, ensuring confidentiality and protection of personal health information.
- The right to education and information: Entitles individuals to access comprehensive, accurate, and evidence-based information on sexual and reproductive health, including family planning, enabling informed decision-making.

The right to sexual and reproductive health is an essential part of the human rights system and is linked to a wide range of other rights that affect the quality of life and human dignity. Achieving this right requires adopting inclusive health policies, ensuring universal access to quality services, and removing any barriers to sexual and reproductive health, including economic, social and cultural barriers.



## Section II: Impact of Sexual and Reproductive Health Rights on Accreditation Standards

The rights of recipients of sexual and reproductive health services are not consolidated in a single national policy or legal instrument. However, these rights have been articulated through general comments issued by international human rights bodies and reinforced by established best practices. They outline key principles for equitable and safe access to health services. In many cases, national legislation incorporates these rights explicitly or implicitly within broader legal and regulatory frameworks, contributing to their practical application.

This section aims to shed light on these rights, and to show the extent to which they reflect on the accreditation standards of health care institutions, in order to ensure the provision of high-quality sexual and reproductive health services, accessible to all, and in line with international standards and national legislation.

### First: Designation

Initially, the focus was solely on reproductive health. However, through the efforts of the World Health Organization, sexual health was later integrated with reproductive health. This integration was formally established at the International Conference on Population and Development in 1994.<sup>5</sup>

The World Health Organization recognized that many countries were not giving adequate attention to sexual health. In response, it intensified efforts to clarify this right to ensure that key aspects of sexual health were not overlooked in reproductive health services. In 2006, the WHO developed a practical definition of “sexual health,” which was updated in 2010. The current definition states: “Sexual health is a state of physical, emotional, psychological, and social well-being in relation to sexuality, not merely the absence of disease, dysfunction, or infirmity. It requires a positive and respectful approach to sexuality and relationships, as well as access to enjoyable and safe sexual experiences, free from coercion, discrimination, and violence. To achieve and maintain sexual health, the sexual rights of all individuals must be respected, protected, and fulfilled.”<sup>6</sup> In 2015, the World Health Organization released a report titled *Sexual Health, Human Rights, and the Law*, highlighting that states have a duty to align national legislation concerning sexual health with international human rights standards. The report emphasized the need to remove barriers to accessing sexual health information and services and to develop laws that promote and support sexual health.<sup>7</sup>

In light of the previous developments, the World Health Organization has identified the following services as part of sexual and reproductive health:<sup>8</sup>

- Access to information and education on sexual and reproductive health, including comprehensive sexual education.
- Access to contraception and family planning services, allowing individuals to make informed choices regarding the timing and spacing of pregnancies.
- Prevention and treatment of sexually transmitted infections, including HIV/AIDS.
- Prevention and treatment of reproductive system infections.
- Maternal healthcare, including safe pregnancy and childbirth services.
- Prevention and addressing of infertility.
- Preventing and addressing gender-based violence and harmful traditional practices.
- Access to safe and legal abortion services, where permitted by law.
- Address the specific health needs of adolescents and young adults, including matters related to puberty, sexuality, and sexual and reproductive health.

## Accreditation Standards Overview

According to the fourth edition of the Healthcare Accreditation Standards issued by the Health Care Accreditation Council, reproductive health standards are included under the fourth category, titled «Care for Service Recipients.» It is important to note that the term «nationality» is omitted from the nomenclature.

It should be noted that national documents have shown reluctance in using the term «nationality.» However, the Higher Population Council, as the national body responsible for coordinating efforts in sexual and reproductive health, in collaboration with relevant authorities, launched the Jordanian National Strategy for Sexual and Reproductive Health 2020-2030. This strategy aims to structure and coordinate national efforts in this domain,<sup>9</sup> This approach is reflected in the documents related to the strategy. Additionally, the Ministry of Health has adopted the term «sexual and reproductive health» in its Strategic Plan for 2023-2025,<sup>10</sup> The promotion of reproductive health, sexual health, family planning, and child health services has been incorporated as a core objective within the strategic goal of enhancing access to primary and preventive healthcare services, ensuring quality, equity, and effective community participation.

## Recommendation

Based on the mentioned above, it is essential to adopt the term «sexual and reproductive health» to accurately reflect the scope of health services provided, aligning with international standards and national commitments in this area. The use of this term ensures a comprehensive understanding of these rights and prevents the neglect of sexual health in reproductive health services. Standardizing terminology in national documents with internationally recognized terms promotes greater alignment between national policies and Jordan's international obligations, improves health planning, and ensures equitable access to integrated services that meet individuals' health needs without discrimination.

Therefore, incorporating the term «sexual and reproductive health» into the accreditation standards for primary healthcare institutions is a crucial step towards promoting inclusivity in healthcare delivery. This will ensure the recognition of all relevant rights and align with national strategies, international standards, and best practices established by the World Health Organization.

## II. Informed Consent

Informed consent is a fundamental principle that ensures the protection of patients' rights and builds trust between healthcare providers and recipients. It also safeguards healthcare professionals from legal consequences when conducted in accordance with ethical and legal standards. By upholding informed consent, healthcare systems demonstrate their commitment to respecting patients' autonomy and ensuring that individuals can make informed decisions regarding their health and medical treatments. Informed consent is a process in which a healthcare provider informs the patient about the risks, benefits, and alternatives of a specific medical procedure or intervention. The patient must be capable of making a voluntary decision regarding the procedure. This consent is both an ethical and legal obligation of healthcare providers, rooted in the patient's right to make decisions about their own body. The informed consent process involves evaluating the patient's understanding and thoroughly documenting all relevant information.<sup>11</sup>



### **Informed consent differs from general consent in several key ways:<sup>12</sup>**

- **Mental capacity:** The recipient of the service must be fully competent and capable of understanding the information presented to them.
- **Voluntary decision:** The patient must make the decision independently, without any form of pressure, manipulation, or coercion.
- **Adequate information:** The patient should receive clear, detailed, and understandable information to enable them to make an informed decision.
- **Intervention plan:** A well-defined plan for the procedure or intervention must be provided, grounded in the recommendations of a qualified healthcare professional.
- **Understandable language:** Information must be communicated in clear and simple language, tailored to the patient's cultural background and level of understanding.
- **Approval of outcomes:** The patient must consent to the proposed procedure and acknowledge the potential consequences involved

Therefore, informed consent should be documented in writing, dated, and include a clear explanation of the steps taken to obtain it. In cases where the recipient of the service is incapacitated or experiencing symptoms that affect their ability to give consent, the consent of a legal representative must be obtained. In situations of extreme necessity, such as an emergency where a patient is incapacitated or unable to act, and where obtaining legal approval in a timely manner is not possible, the healthcare provider may proceed without formal informed consent. In such cases, the provider must offer the necessary treatment immediately, documenting the situation and actions taken as soon as possible, ensuring that no other factors interfere with the care provided.

It is important to highlight that the Medical Liability Law No. 25 of 2018, in Article 8/A, addresses the exception for obtaining consent in cases requiring emergency medical intervention, where consent cannot be obtained for any reason. This includes situations where the disease is contagious or poses a threat to public health or safety, as outlined in the relevant legislation. Furthermore, Article 62/C of the law authorizes surgeries and medical treatments to be conducted in accordance with medical principles, provided that consent is obtained from the patient, their parents, legal representative, or in cases of urgent necessity.

## The position of accreditation standards

Upon reviewing the medical center accreditation standards issued by the Health Care Accreditation Council in 2016, it is clear that obtaining informed consent is regarded as a fundamental requirement. The standards outline six measurable elements to be assessed during the evaluation process, which are as follows:<sup>13</sup>

1. A documented policy and procedures for obtaining informed consent are in place, which specify:
  - A.** An up-to-date list of procedures that necessitate informed consent from the recipient or their authorized representative, including surgeries under local anesthesia, currently applicable procedures, or high-risk treatment procedures.
  - B.** Situations where someone other than the patient gives consent, like when the patient is a minor, unconscious, or unable to make decisions, and consent is provided by a legal guardian or representative.
- 2- The patient must be fully informed about the risks, benefits, and alternatives of the proposed procedure.
- 3- The patient or authorized representative must sign the consent form prior to any procedure listed.
- 4- Consent forms are readily available in all authorized areas of the center where procedures requiring informed consent are performed.
5. The relevant staff are well-trained and adhere to the informed consent policy and procedures.
6. The informed consent process complies with relevant laws and regulations, including the participation of recipients in research.

It should be noted that informed consent is included in the second group (rights of service recipients) of the accreditation standards for medical centers. Meanwhile, the standards for reproductive health are part of the accreditation criteria for primary health care institutions for 2022, where informed consent is only mentioned in the user manual.<sup>14</sup> Criterion A above suggests that only certain actions related to reproductive health are subject to informed consent, as indicated by the phrase “a list of actions that require informed consent...”. However, international standards highlight that all actions and procedures, especially in the context of reproductive health, should be carried out based on informed, voluntary, and responsible consent.<sup>15</sup> This conclusion is further supported by the accreditation standards for medical centers, specifically under “Patients’ Rights” in PR.2, which stipulates that “there is a process for obtaining informed consent in accordance with applicable laws and regulations.”<sup>16</sup> Additionally, a reference is made in the margin to the Penal Code, highlighting the legal framework that governs the process of obtaining informed consent.<sup>17</sup> only, and other legislation referred to previously ignored.



## Recommendations

Based on the above analysis and a comparison of the accreditation standards of health institutions with national legislation and international standards, the following amendments can be proposed to ensure the integration of the informed consent process and achieve the highest degree of compliance with the rights of service recipients:

### **1. Extend informed consent to all sexual and reproductive health actions.**

- Amend the text of Standard A to clearly state that all actions and procedures related to sexual and reproductive health require informed consent, or explicitly include this requirement in the standards for sexual and reproductive health within the Primary Health Care Institutions Accreditation Standards (see Recommendation No. 6 in this section), in compliance with international human rights standards and relevant national legislation.
- Emphasize that informed consent applies to all medical interventions impacting reproductive rights, including contraceptive services, legal abortion, pregnancy care, surgical procedures, and hormone therapy.

### **2. Clarify the legal reference for informed consent criteria**

- Amending the margin in the Medical Center Accreditation Standards (PR.2) to include all relevant legislation, such as:
  - Medical Liability Law No. (25 of 2018)
  - Article (18) of the Medical Constitution
  - Article (62/c) of the Penal Code
  - Other health legislation related to patients' rights and sexual and reproductive health
- Emphasize that informed consent is based on the national legal framework and international human rights standards, not just the penal code.

### **3. Enhance the documentation and oversight procedures to ensure adherence to informed consent requirements.**

- Require health institutions to provide a documented record of all informed consents, with clear procedures to ensure that the patient receives full information before signing the form.
- Ensure that the consent forms clearly outline the risks, benefits, and available alternatives, using language that is easy to understand and appropriate for the patient.



**4- Enhance training and awareness programs for healthcare providers to ensure they fully understand and adhere to the informed consent process.**

- Implement mandatory training programs for healthcare providers on the significance of informed consent, effective implementation methods, and strategies for clear communication with patients to ensure full understanding of medical procedures.
- Make sure all relevant healthcare workers are thoroughly familiar with the policies and procedures related to informed consent.
- 5- Review exclusion policies to ensure legal protection for patients
- Accurately clarify exceptions to informed consent in accordance with legislation, with clear mechanisms for documentation in emergency situations.
- Ensure that all healthcare workers are well-versed in the policies and procedures concerning informed consent.

**6. Incorporate informed consent as a fundamental component of the accreditation standards for primary health care institutions.**

- Include informed consent as a key requirement, rather than merely a reference, in the 2022 Primary Health Care Accreditation Standards User Guide.
- Highlight that obtaining informed consent must be mandatory across all levels of healthcare, not limited to specific medical services.

**7. Include standards that specifically address the rights of service recipients in relation to sexual and reproductive health.**

- Add a dedicated standard within the rights of service recipients, clearly defining their right to make informed, free, and responsible decisions regarding their sexual and reproductive health.
- Emphasize the importance of respecting the privacy and dignity of service recipients, and ensuring that the informed consent process is in line with ethical principles and human rights.

## Third: The obligation of health service providers to report cases of violence

Certain legislations mandate that both public and private health service providers report cases of violence, especially in incidents of domestic violence and violence against persons with disabilities. Article (4) of the Protection from Domestic Violence Law No. 15 of 2017 stipulates that health service providers are required to report any incident of domestic violence involving an incapacitated or vulnerable person as soon as they become aware of it. If the victim is fully competent and the act constitutes a misdemeanor, their consent must be obtained before reporting. It is also prohibited to disclose the identity of the alleged perpetrator in domestic violence cases, except when judicial proceedings necessitate such disclosure. Non-compliance with this reporting requirement is punishable by imprisonment for a period not exceeding one week or a fine not exceeding fifty dinars, or both. Additionally, the Rights of Persons with Disabilities Law No. 17 of 2017 strengthens mechanisms for detecting and reporting violence against individuals with disabilities. Article (23) mandates that the Ministry of Health, the Saudi Food and Drug Authority, and other relevant authorities must train specialized personnel on identifying cases of violence and abuse and how to address them, in coordination with the Council for the Affairs of Persons with Disabilities. Furthermore, Article (29) affirms the responsibility of the Ministry of Social Development and the Ministry of Health to train qualified personnel to detect and manage violence at various stages.

Article (30) of the same law obligates any individual who becomes aware of violence against a person with a disability to report the incident to the appropriate authorities. It also ensures that judicial authorities provide necessary protection to whistleblowers, witnesses, and those reporting or identifying such cases.

These legal provisions reflect the commitment of national legislation to protecting the most vulnerable groups from violence and ensuring their safety, fostering an environment that promotes effective responses to violence and guarantees that victims receive the protection and support they need.

### The position of accreditation standards

Despite the significance of reporting cases of violence against health service recipients, the Health Care Accreditation Council standards do not contain any explicit provision requiring health service providers to report such cases. This omission applies both to sexual and reproductive health services and other accredited healthcare services.



## Recommendations

### **1. Include a clear requirement in the accreditation standards that mandates health service providers to establish a protocol for reporting cases of violence.**

- Health accreditation standards should include an explicit provision requiring all health providers to establish clear and specific protocols for reporting cases of violence against service recipients, particularly cases of domestic violence, violence against persons with disabilities, and gender-based violence.
- This protocol shall specify the reporting procedures, the competent authorities to be reported to, and the measures taken to ensure the confidentiality of information and the protection of whistleblowers.

### **2- Include a special standard for training medical personnel to identify and deal with cases of violence**

- Health service providers should ensure that all medical and professional staff are trained to identify early signs of physical and psychological violence, respond to victims in a manner that safeguards their mental and physical well-being, and refer them to the appropriate authorities for the necessary support.
- These trainings may be conducted in coordination with the Ministry of Health, the Ministry of Social Development, the National Council for Family Affairs, and the Higher Council for the Rights of Persons with Disabilities.

### **3. Include a clause guaranteeing the protection of whistleblowers**

- Accreditation standards should guarantee the confidentiality of information related to whistleblowers and preserve their anonymity, unless disclosure is required by judicial procedures, in accordance with the Protection from Domestic Violence Law No. 15 of 2017.
- Establish mechanisms to ensure legal protection for complainants against any adverse consequences they may face as a result of reporting.

### **4- Obliging health institutions to provide psychological and social support services to victims**

- Accreditation criteria should include a requirement for health centers to provide psychosocial counseling services to victims of violence, or to refer them to specialized entities that offer these services.
- Accreditation standards should include practices that are responsive to the specific needs of groups most vulnerable to violence, such as women, persons with disabilities, and survivors of gender-based violence.

### **5. Update sexual and reproductive health standards to clearly require reporting of sexual violence cases.**

- Accreditation standards should include the obligation for health institutions to report cases of sexual violence related to sexual and reproductive health and ensure that victims are provided with appropriate medical and psychological support.



## **6- Strengthening coordination between health institutions and official authorities concerned with the protection of victims**

- The standards should establish protocols for cooperation between health providers and relevant authorities to ensure a unified response to victims.
- Establish a system for regular monitoring and evaluation to ensure health institutions adhere to these obligations.

Integrating these recommendations into the accreditation standards for health institutions will ensure that healthcare providers adhere to legal obligations regarding the reporting of violence, safeguarding victims, and enhancing the quality of care in compliance with national laws and international human rights standards.

## **IV. Access to sexual and reproductive health services**

Accessibility means that sexual and reproductive health services are accessible to all recipients, including:<sup>18</sup>

- **Physical access:** Ensure that services are available within a safe geographic area and take steps to facilitate access for individuals in remote areas, such as offering suitable transportation or referral services to other health facilities when necessary.
- **Affordable cost:** Ensure that services are affordable and available to everyone, regardless of whether they are in public or private facilities.
- **Access to information:** Empower individuals to exercise their right to seek, receive, and share information related to sexual and reproductive health, while considering the diverse needs of service recipients based on age, education level, and disability, by offering information in accessible formats, such as sign language, capital letters, or Braille.

According to the National Strategy for Reproductive Health, issued by the Higher Population Council, women with disabilities face several barriers, including the lack of wheelchair-accessible facilities, the unavailability of accessible awareness materials, and the absence of trained healthcare personnel to address their specific needs. Additionally, women, in general, encounter other challenges, such as the distance to healthcare facilities, the requirement for household head approval to visit a doctor, and concerns about the availability of female service providers.<sup>19</sup>

## The Accreditation Standards Position

Reproductive health primary health care accreditation standards address several accessibility aspects, including:

- Standard (RH.2): Focuses on the qualifications and oversight of service providers.<sup>20</sup>
- Standard (RH.3): Assesses the availability of resources, equipment, and materials for reproductive health.<sup>21</sup>
- Standard (RH.4): Emphasizes an integrated reproductive health counseling plan that addresses the needs of service recipients and their families.<sup>22</sup>

The user guide emphasizes that, to foster informed choice, it is essential to provide service recipients with comprehensive information and guidance, considering their educational level, language, and cultural context.<sup>23</sup>

Although these standards exist, they do not clearly mandate ensuring physical access to health facilities or adapting them to accommodate persons with disabilities as required by relevant legislation. Furthermore, there is no indication that health facilities are obligated to provide information in accessible formats for persons with disabilities, such as sign language or Braille, based on their specific needs.

Additionally, the accreditation standards did not explicitly address the issue of referral to other health centers when a required service is unavailable, except for a brief mention in the medical centers' accreditation standards under the standard related to patients' rights.<sup>24</sup>

## Recommendations

Admissibility is a crucial aspect in ensuring that sexual and reproductive health services meet the needs of service recipients while respecting cultural and social values, all while upholding human rights principles and non-discrimination. Based on the review of the accreditation criteria, the following amendments are suggested to ensure the highest levels of acceptability:

### **1- Include a standard that guarantees respect for the cultural and social values of service recipients.**

- Ensure that health service providers offer care that is sensitive to the cultural and social contexts of service recipients, without limiting their right to access comprehensive health services.
- Emphasize that standards should consider the specific needs of target groups—such as youth, adolescents, women, persons with disabilities, and refugees—and ensure services are provided in a way that respects their conditions and requirements.

### **2- Ensure the presence of diverse medical personnel, including female providers, to meet the varied needs of service recipients.**

- Ensure adequate representation of female health professionals in sexual and reproductive health services to meet cultural preferences.
- Guarantee patients the option to choose a health service provider aligned with their preferences and individual needs, whenever feasible.



### **3- Enhance communication with service recipients by using clear and understandable language<sup>25</sup>**

- Focus on delivering health information in a simplified and understandable manner, tailored to the educational level, cultural background, language, age, and disabilities of the service recipients.
- Focus on delivering health information in a simplified and understandable manner, tailored to the educational level, cultural background, language, age, and disabilities of the service recipients.

### **4- Review complaint mechanisms and improve the experience of service recipients**

- Create a clear and accessible mechanism for receiving patient complaints regarding sexual and reproductive health services, ensuring that complaints are handled confidentially and effectively.
- Conduct regular assessments of service recipients' experiences through patient satisfaction surveys and use community feedback to enhance service quality.
- To improve health accreditation standards, it's important to ensure respect for cultural values, privacy, good communication, diverse staff, and a safe, non-discriminatory environment. This will help people access sexual and reproductive health services while respecting their rights and dignity.

## **Fifth: The quality of services provided.**

**The quality of services refers to the standard of health care provided, which includes:<sup>26</sup>**

- Ensure the availability of trained and qualified specialists to deliver sexual and reproductive health services.
- Ensure the availability of approved medicines, drugs, and appropriate medical equipment to meet the needs of all groups.
- Ensure the integration of technological advancements and innovations, such as the provision of medical abortion, assisted reproductive technologies, and the latest treatments for HIV.

## **The accreditation standards position**

**The Primary Health Care Institutions Accreditation Standards focus on various aspects of quality, emphasizing:**

- Standard (RH.2) focuses on the qualifications and oversight of both male and female staff to ensure the delivery of high-quality services.<sup>27</sup>
- Standard (RH.3) addresses the availability of necessary resources and equipment to provide reproductive health services.<sup>28</sup>

However, it is noted that RH.1, which focuses on the availability of protocols for reproductive health services, does not explicitly cover:

- HIV patients and how to deal with them.
- The specific needs of persons with disabilities in accessing sexual and reproductive health services.
- The unique sexual and reproductive health needs of adolescents.



## Recommendations

### **The unique sexual and reproductive health needs of adolescents.**

1. Establish clear protocols for managing HIV patients, ensuring they receive comprehensive health services that respect their privacy and address their needs in collaboration with relevant governmental and non-governmental organizations.
2. Revise accreditation standards to incorporate services for persons with disabilities, ensuring health facilities are equipped and medical staff are trained to address their specific needs.
3. Enhance adolescent services by offering age-appropriate information and counseling, and ensuring health services are tailored to their unique needs.
4. Regularly update standards to include the latest advancements in sexual and reproductive health, such as new family planning methods, infertility treatments, and reproductive healthcare technologies.

## Sixth: Availability

Availability refers to having an adequate number of health facilities that offer sexual and reproductive health services, distributed in a way that ensures all groups have access. This also includes:<sup>29</sup>

- The requirement for an adequate number of functional health facilities that offer a full range of sexual and reproductive health services to the population.
- Ensure the availability of essential facilities and services supporting sexual and reproductive health, including safe drinking water, adequate sanitation, hospitals, and clinics.
- Ensure the provision of trained medical and professional staff capable of delivering all sexual and reproductive health services efficiently.
- Ensure the availability of essential medications, including a variety of contraceptives (such as condoms and emergency contraceptives), abortion medications and post-abortion care, as well as treatments for sexually transmitted infections, including HIV.
- Policies or practices that deny sexual and reproductive health services based on ideological or personal beliefs are not permitted.
- Ensure that there are enough health service providers available at all times in both public and private facilities, ensuring services are accessible in all geographic areas.

The HPC's strategy emphasizes the importance of providing medicines and medical supplies but fails to address the need to increase the number of health centers offering sexual and reproductive health services. This omission is a significant weakness, especially since the strategy highlights that the distance to health centers is a key barrier preventing women from accessing these services.<sup>30</sup>

## The Accreditation Standards position

The accreditation standards for health institutions primarily concentrate on assessing and ensuring the quality of services within existing health centers. However, they do not address the need for planning the establishment of new centers or ensuring an equitable geographical distribution of these facilities. While the quality standards focus on the availability of qualified personnel, essential medicines, medical equipment, and overall health care quality, they do not encompass the location or expansion of health centers to ensure broader geographical accessibility of services.

The accreditation standards focus on evaluating and accrediting existing health centers but do not cover the planning or establishment of new centers to address geographical gaps. This responsibility falls to the authorities involved in health planning and public policy. While the standards highlight the importance of qualified health personnel, they do not address the equitable distribution or the adequacy of staff numbers to meet the needs of all service recipients.

## Recommendations

### **1. Include criteria related to the sufficient number of health service providers**

- Update accreditation standards to ensure both the qualifications and adequate staffing levels of healthcare providers to meet service needs and reduce strain on facilities.
- Establish clear criteria to determine the ratio of health service providers to the number of beneficiaries in each geographic area, ensuring the provision of care of appropriate quality for all.

### **2- Include a clause requiring health institutions to develop sustainable plans for ensuring the continuous availability of medicines and medical supplies.**

- Ensure that accreditation standards include requirements for the sustainable availability of essential medicines and medical supplies, along with mechanisms to prevent supply disruptions, particularly in underserved areas.
- Accreditation standards should ensure the availability of modern medicines and family planning options, including emergency contraception, abortion medications, and treatments for sexually transmitted diseases.



**3. Add standards to ensure easy access to sexual and reproductive health services**

- Include requirements for health centers to provide effective referral services to other facilities when a required service is unavailable, ensuring continuous care for service recipients.

**4- Ensure that accreditation standards are reviewed and updated regularly, based on field assessments, to maintain their relevance and effectiveness.**

- Develop a system to periodically review accreditation standards, informed by field assessments of population needs and the geographical distribution of services.

Ensure that standards are updated to address demographic and epidemiological changes, guaranteeing the delivery of current and integrated sexual and reproductive health services. To enhance the effectiveness of sexual and reproductive health services, accreditation standards must incorporate requirements for the equitable distribution of health facilities, the consistent availability of qualified medical personnel, and the uninterrupted supply of essential medicines and equipment. Additionally, the standards should ensure that services are accessible to all populations, with particular focus on underserved areas

## Seventh: Privacy and confidentiality of information

The right to privacy is a fundamental human right, recognized globally in the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights,<sup>31</sup> as affirmed by regional conventions such as the Arab Charter on Human Rights and the<sup>32</sup> European Convention on Human Rights.<sup>33</sup>

The World Health Organization (WHO) has highlighted the connection between the right to privacy and the right to health, emphasizing that individuals' health information must remain confidential, even after death.<sup>34</sup> General Comment No. 16 of the Human Rights Committee was issued to clarify the scope of this right,<sup>35</sup> General Comment No. 22 on sexual and reproductive health emphasized the importance of ensuring the privacy and confidentiality of service recipients.<sup>36</sup> In some best practices, this privacy extends to limiting disclosure to insurance companies, employers, and other parties.<sup>37</sup>

National laws ensure the confidentiality of health information through regulations governing medical professions and providers. According to the Medical Constitution and Professional Ethics, doctors must keep all information learned during their practice confidential, including health and personal details. This obligation is inherent in professional ethics, and patients do not need to remind doctors to maintain confidentiality.

### Exclusions of Health Information Disclosure<sup>38</sup>

**The patient's health information may only be disclosed in specific cases as prescribed by law, including:**

1. To the patient themselves regarding their health status or future treatment plan.
2. To the guardian or legal representative if the patient is a minor or unable to comprehend their health condition.
3. To the patient's family if the disclosure is necessary for their treatment and the patient is unable to understand it themselves.
4. In cases of judicial or forensic medical examination, where the doctor is required to provide information upon formal request by the judiciary.
5. To safeguard public health, such as the reporting of infectious diseases, births, deaths, and specific occupational illnesses that could affect public health, as mandated by law.
6. For scientific research purposes, on the condition that patient identities or any identifiable information are kept confidential.
7. When necessary to protect public health, such as during epidemic outbreaks or other emergency health threats.

**The Medical Liability Act prohibits the disclosure of service recipient secrets by health care**

providers, whether the patient has informed the service provider of this information himself or obtained it by the service provider by virtue of his or her work. However, there are legal exceptions that allow disclosure in the following cases:<sup>39</sup>

1. If the patient has given written consent for the disclosure.
2. If the disclosure is in the interest of the spouse, and they are personally informed.
3. If disclosure is required to prevent or report a crime, and it is made solely to the appropriate official authorities.
4. If the healthcare provider is legally required to disclose the information as part of their professional duties or upon the request of the relevant authorities.
5. If the disclosure is made before the Higher Technical Committee, in accordance with the legal procedures.

Some health laws don't clearly require all health workers to keep patient information confidential. For instance, the Midwifery and Maternity and Child Care Profession Law, the 1972 Nurses and Midwives Syndicate Act, and the 1975 Statutes of the Syndicate don't specifically mention the obligation to protect patient confidentiality. However, these professionals are still required to follow the rules set out in the Medical Constitution and the Medical Liability Law, which ensure confidentiality.<sup>40</sup> This means that they are legally required to keep the patient's health information confidential and are not allowed to disclose it, as outlined by the law.

## The accreditation standards position

Reproductive health accreditation standards state that conversations between the provider and recipient should remain private and confidential. However, they do not provide clear, measurable criteria to ensure confidentiality across all aspects of care.<sup>41</sup>

The accreditation standards for medical centers, specifically Standard (PR.1), mandate the inclusion of a documented statement outlining patients' rights, which encompasses the confidentiality of information. However, this provision does not comprehensively address confidentiality in its full scope.<sup>42</sup>



It is important to note that confidentiality and privacy extend beyond the protection of discussions between service recipients and providers and also encompass:

- The confidentiality of medical records and protection against unauthorized access.
- The physical privacy of patients, ensuring they are not subjected to violations of privacy by other patients or healthcare workers within health facilities.
- Avoid discriminating against patients based on the services they receive. In some facilities, the organization of clinics may compromise privacy, such as designating separate offices or clinics for sexually transmitted diseases or HIV patients, which could unintentionally disclose the identity of those visiting these services.

It is important to note that some studies suggest that certain groups, particularly young people and adolescents, may hesitate to seek sexual and reproductive health services due to concerns about the lack of strong guarantees regarding the confidentiality of their information.<sup>43</sup>

## Recommendations

### **1. Include specific, measurable standards to guarantee the confidentiality and privacy of health information for all patients.**

- Establish clear requirements to safeguard the confidentiality of health information for individuals receiving sexual and reproductive health services.
- Ensure that all healthcare workers, not just doctors, are obligated to maintain patient information confidentiality in line with relevant laws and regulations.

### **2. Enhance the protection of medical records and ensure that access to them remains confidential.**

- Implement standards for adopting patient information management systems that ensure access to health data is restricted based on the “need to know” principle.
- Strengthen the security of both digital and physical records by implementing advanced systems to safeguard patient data from unauthorized access.
- Adjust the service delivery environment to guarantee physical privacy for patients during consultations and treatments.
- Enhance the design of health facilities to ensure that their layout does not disclose the nature of services being provided to patients.
- Designate private areas for medical consultations to ensure patient privacy during examinations or discussions.

### **3- Expanding the concept of confidentiality to include limiting the sharing of information with unnecessary parties**

- Implement controls on the disclosure of patient health information to insurance companies, employers, and other third parties, ensuring that such disclosure occurs only within the boundaries set by law.

### **4- Awareness and training for health staff on the importance of confidentiality and privacy**

- Implement training programs for healthcare providers on privacy and confidentiality standards, with a focus on handling vulnerable groups, including youth, adolescents, and individuals with sexually transmitted diseases.
- Require health institutions to establish clear internal policies that guarantee the protection of patient privacy, regardless of the type of services they receive.

**To protect confidentiality and privacy in sexual and reproductive health services, it is necessary to enhance existing standards by including clear, measurable procedures to ensure information confidentiality, safeguard medical records, and maintain physical privacy for patients. Legislative gaps that limit confidentiality to physicians should be addressed, and awareness should be raised to foster a safe environment that respects the rights of all service recipients.**

## Conclusions

**This review highlights the critical need to update the accreditation standards for primary health care institutions in reproductive health, ensuring alignment with international standards and national legislation, and improving the quality of services provided. The analysis identified several gaps and challenges that must be addressed to ensure the delivery of more effective, comprehensive, and equitable health services.**

### Key Conclusions:

1. **Updating accreditation standards:** Accreditation standards for health institutions must be regularly updated to ensure they align with advancements in sexual and reproductive health and comply with international human rights standards.
2. **Ensure informed consent:** Accreditation standards should cover all sexual and reproductive health procedures, with clear mechanisms to guarantee that patients are fully informed before making health decisions, and this should be a mandatory requirement.
3. **Require service providers to report violence:** While there are legal obligations to report violence cases, accreditation standards do not currently address this matter explicitly. Therefore, it is important to introduce clear provisions to ensure compliance with this requirement.
4. **Enhancing accessibility:** Enhancing accessibility involves establishing health facilities that cater to the needs of diverse groups, particularly individuals with disabilities. It also requires ensuring equitable geographic distribution of services and eliminating economic and social barriers that hinder access to services for all individuals.
5. **Ensure confidentiality and privacy:** Protecting confidentiality and privacy is essential to building trust in the healthcare system. As such, robust measures should be implemented to safeguard health information and create a secure environment for discussing sensitive health matters.
6. **Enhancing Service Quality:** Improving the quality of sexual and reproductive health services involves ensuring the presence of qualified health personnel, integrating the latest technologies and medicines, and establishing continuous evaluation systems to ensure adherence to standards.



7. **Keeping Pace with International Standards:** To ensure sustainable progress in the reproductive health sector, accreditation standards should align with international obligations, such as WHO recommendations and human rights conventions, and be regularly updated to reflect scientific and medical advancements.
8. **Strengthen the Role of Awareness and Training:** Health service providers should receive specialized training on sexual and reproductive health issues, with a particular focus on informed consent, handling cases of violence, and ensuring the protection of patient privacy.
9. **Stakeholder Coordination:** To ensure the successful implementation of the recommendations from this review, collaboration among health institutions, policymakers, and civil society is essential. This cooperation will create a supportive environment that facilitates the effective execution of the standards.

In conclusion, updating accreditation standards based on these recommendations will improve the effectiveness of Jordan's health system and facilitate the delivery of more comprehensive sexual and reproductive health services that address the needs of diverse groups. This will also reinforce Jordan's commitment to its international obligations in the fields of health and human rights, ensuring a healthier, more equitable, and sustainable environment.

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