

Development of a policy brief to reform waterpipe tobacco taxation in Egypt

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Abstract

Background: Waterpipe tobacco smoking is increasing in Egypt, although there are several interventions to reduce its use.

Aim: To describe the development of a policy brief to reform waterpipe tobacco taxation in Egypt.

Methods: During 2019–2022, we synthesized available literature evidence on waterpipe tobacco taxation in Egypt and other countries. We then held a policy dialogue to engage various stakeholders to discuss and finalize a draft policy brief for Egypt.

Results: The policy brief proposes 3 elements for improving waterpipe tobacco taxation in Egypt: establishing a public platform for national data on waterpipe tobacco economics; modelling the economic and public health benefits of an improved waterpipe tobacco taxation system; and raising waterpipe tobacco tax level and reforming the taxation structure.

Conclusion: Application of the knowledge-to-policy translation framework was instrumental in bridging the gap between evidence synthesis and political framing for the policy brief. More effort should be made to strengthen evidence-informed policymaking, particularly in settings where tobacco control governance is fragmented and tax policies are applied inconsistently.

Keywords: tobacco control, tobacco use, policy brief, taxation, tobacco tax, waterpipe tobacco, Egypt

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Introduction

All types of tobacco are harmful to smokers and nonsmokers (1). Tobacco use is associated with > 8 million deaths annually and WHO recommends that tax policies should be implemented for all tobacco products (1,2). However, waterpipe tobacco, the second most common tobacco product smoked in Egypt (3), is not taxed as highly as cigarettes (4). Egypt is one of the largest waterpipe tobacco markets and is 1 of only 6 countries where tobacco use is increasing (1, 5). In 2023, the Egyptian population exceeded 110 million; half of which was < 25 years old (6). More than 20% of Egyptian high school and 25% of university students reported smoking waterpipe tobacco (7, 8), surpassing the latest figures among adults (4.5%) (3, 9). Waterpipe tobacco is smoked via a glass bowl filled with water and a metal head, where tobacco is placed on lighted charcoal. The smoker holds a hose attached to the apparatus and uses a mouthpiece to inhale and puff the smoke (10).

In Egypt, waterpipe tobacco is smoked at commercial establishments, such as restaurants and cafes, as well as at home (11), raising concerns regarding secondhand and environmental tobacco smoke exposure, in addition to the associated risk of cardiovascular and respiratory diseases, cancer and dependence (12). The growing prevalence of waterpipe tobacco smoking in Egypt is attributed to many

underlying factors, such as: misperception that it is less harmful than cigarette smoking, its social acceptability as a tool for low-cost entertainment, its relative affordability compared with cigarette smoking, weak enforcement of smoke-free policies, and gaps in existing waterpipe tobacco regulations, specifically nonuniform tobacco product taxation (4,11,13).

The main gap in the existing waterpipe tobacco tax policy in Egypt is that it consists of *ad valorem* unspecific excise tax (4). Specific excise tax is instrumental for reducing affordability, and leads to higher prices and a lower market share of cheap products than *ad valorem* excise tax does (14). Also, the price of the most-sold brand of waterpipe tobacco is 2.3 times more affordable than cigarettes (4) (Table 1). Raising tobacco tax levels can reduce affordability, discourage initiation, enhance cessation and increase government revenue (2). Almost 75% of Egypt's income is from taxes and tobacco taxes constitute 10% of this amount (15). WHO recommends increasing specific excise tax burden on tobacco as a best buy for prevention and control of noncommunicable diseases, to maximize economic and public health benefits (14, 16). Thus, to improve the waterpipe tobacco tax policy in Egypt, there is a need to reform the tax system and increase the tax burden.

In our research project, we aimed to bridge the gap between evidence and political framing of the need for

Table 1 Tax structure of cigarettes and tobacco waterpipe according to WHO estimates, Egypt, 2020 (14)

	Cigarettes (pack of 20)	Waterpipe tobacco (20 g)
Price of most sold brand in EGP	17.0	7.50
Price of most sold brand in USD	1.07	0.47
Taxes on the most sold brand (% of retail price)		
Total taxes	78.5	70.9
Specific excise	23.5	0
Ad valorem excise	50.0	68.5
Value added tax or sales tax	0	0
Import duty	0	2.4
Other taxes (student health insurance and new health insurance contribution)	5.0	0

an improved waterpipe tobacco tax policy in Egypt. We propose a knowledge-to-policy translation framework that can serve as a dynamic approach for systematically using the best available evidence to inform health policy-making (17–19). The framework operates through 4 phases: baseline needs assessment and priority setting; evidence synthesis; knowledge product development; and knowledge uptake by stakeholders. We conducted all 4 phases in our study. In this report, we present how we framed the problem (improving waterpipe tobacco tax system in Egypt), focusing on 2 phases of the knowledge-to-policy translation framework: knowledge production (developing a policy brief) and knowledge uptake (convening a policy dialogue). We aimed through describing the development of the policy brief and dialogue to detail our experience in bridging the disconnect between researchers and policy-makers, using an evidence-based approach that is underutilized in tobacco control in the Eastern Mediterranean Region.

Methods

Study overview

Our research project, the “Eastern Mediterranean Consortium on the Economics of Waterpipe Tobacco Smoking (ECON-WTS)” was conducted during 2019–2022 using the same methods in Egypt, Jordan, Lebanon and Palestine (20). The Knowledge to Policy (K2P) Center at the American University of Beirut provided technical support for the research teams to carry out the 4 phases of the knowledge-to-policy translation framework (17). The specific focus for the policy brief in each country was: reducing tobacco use (cigarettes and waterpipe) through taxation in Jordan; reforming waterpipe tobacco tax structure in Egypt; contributing to the development of a policy brief on revenues simulated from tobacco sin taxes in Lebanon; and reducing the economic burden of tobacco consumption in Palestine. All research teams disseminated policy briefs to key stakeholders and discussed them during the policy dialogues (20).

In this report, we describe the work done in Egypt. We performed different activities under each of the 4 phases of the knowledge-to-policy translation framework. In phase 1 (baseline needs assessment and priority setting), we conducted a stakeholder mapping, a plan to approach policy-makers, and priority-setting. Then, we conducted a strengths, weaknesses, opportunities and threats (SWOT) analysis, as well as internal and external institutional and individual assessments related to policy-making. In phase 2 (evidence synthesis), we participated in a knowledge translation workshop organized by the K2P Center, where we conducted exercises on search strategies, preparing a policy brief with applications on problem clarification, framing and framing options, and drafting a knowledge uptake approach for the selected priority topic. In phase 3 (knowledge translation product development in the form of a policy brief), we developed a workplan, knowledge uptake plan and policy brief outline. After discussing these with the K2P Center team, we tested the policy brief outline with several experts, and developed the final draft of the policy brief based on feedback from them. In phase 4 (knowledge uptake through planning and conducting policy dialogue), we prepared a scenario for policy dialogue and discussed it with the K2P Center team. We planned, organized and conducted the policy dialogue, engaging multisectoral stakeholders, and wrote a summary of the discussions that took place during the dialogue. This research project received ethics approval by the Research Ethics Committee, Faculty of Medicine, Ain Shams University, Egypt (FMASU P 01/2019).

We focus in this report on our development of the knowledge production (policy brief) and knowledge uptake (policy dialogue) components of the knowledge-to-policy framework for improving waterpipe tobacco tax policy in Egypt.

The policy brief

The policy brief was prepared by synthesizing and contextualizing the best available evidence – globally and locally – about the problem and the viable solutions and policy options through the involvement of content experts, policy-makers and stakeholders. The preparation of the policy brief involved the following steps (Table 2): (1) we selected a priority topic according to K2P Center criteria (21), which was improving the waterpipe tobacco tax policy in Egypt; (2) we developed an outline for the policy brief; (3) we refined the policy brief outline, particularly the framing of the problem, the underlying factors and the viable options/elements proposed to improve the waterpipe tobacco tax policy. In this step, we conducted a thorough literature review to collate available global and local evidence about the problem and the proposed elements. The methodology for formulating the elements consisted of 3 phases of examining available reports, peer-reviewed manuscripts, grey literature, policy briefs, expert views and unpublished reports. We carefully reviewed the available evidence to produce the policy brief. The databases used included PubMed and Health System Evidence using the search terms:

Table 2. Main steps in developing the policy brief (22)

Steps	
1	Selection of a priority topic in waterpipe tobacco economics.
2	Developing an outline for the policy brief; particularly framing of the problem and the viable options.
3	Refining the outline, framing of the problem, the underlying factors, and the viable options/elements.
4	Testing by conducting interviews with stakeholders to frame the problem and ensure its coverage of all aspects.
5	Identifying, appraising and synthesizing research evidence about the problem, options and implementation considerations.
6	Drafting the full policy brief to present concisely global and local evidence in accessible language.
7	Merit review of the policy brief by 2 independent reviewers using a standard checklist provided to them by the K2P Center.
8	Finalizing the policy brief based on the input of merit reviewers, translating into Arabic, and disseminating through policy dialogues and other mechanisms.

waterpipe, tobacco, taxation, regulations, guidelines and burden. Articles/documents published in English and Arabic were included with no restriction on the search period. We segregated the evidence reviewed into themes. In the following phase, we explored the identified themes and mapped them with the problems and gaps identified in the local context. In the last phase of this step, we conducted fine searches addressing the formulated elements and their components using additional search terms, such as excise tax, specific excise tax, ad valorem excise tax, tax structure, economics, modelling and fiscal policies. We included articles/documents published in English and Arabic with no restriction on the search period. The last search was conducted in March 2022. This literature search was not for a systematic review; therefore, PRISMA guidelines were not used; (4) Testing of the policy brief was done by conducting one-to-one interviews with stakeholders to frame the problem and make sure all aspects were addressed. In this step, we interviewed stakeholders representing nongovernmental organizations (NGOs), researchers, policy advocates, policy-makers and health professionals, WHO experts in tobacco economics, and tobacco control experts in the WHO Regional Office for the Eastern Mediterranean; (5) we worked on identifying, appraising and synthesizing research evidence about the problem, solution options and implementation considerations; (6) we drafted the policy brief to concisely present the global and local evidence in accessible language; (7) we submitted the policy brief for merit review by 2 independent reviewers who provided their feedback via a standard checklist provided to them by the K2P Center (22), as well as via general and specific comments on the policy brief; (8) we finalized the policy brief based on the input of merit reviewers, translated into Arabic, validated the translation, and disseminated the policy brief through a policy dialogue and other platforms, such as social media and personal communication emails.

Policy dialogue

The aim of the policy dialogue was to foster discussion of the policy brief among stakeholders to refine the elements that we proposed for improving the waterpipe tobacco tax policy. Preparation of the policy dialogue involved the following steps: (1) we partnered with the

NGO Egypt's Observatory for Tobacco Control and the WHO country and regional offices to form a provisional list of 27 stakeholders, representing policy-makers, managers in institutions, managers in community-based organizations, members of health provider associations, researchers/research institutions, national and international NGOs, and United Nations agencies; (2) we drafted a concept note in English and Arabic to briefly present the background and objectives of the policy dialogue, its procedures and expected outcomes; (3) we prepared official letters of invitation for the stakeholders, for institutions we wished to engage but did not have specific contacts, we requested their nomination of key personnel to participate in the policy dialogue; (4) we delivered the official letters, concept notes and policy brief to the stakeholders by hand to their institutions where possible, as well as by e-mail and social media, at least one week prior to the dialogue date; (5) we communicated with stakeholders via phone calls to ensure they received the documents and invitations, answered any questions and confirmed participation; (6) we asked the stakeholders to read the policy brief and take note of the points they wished to discuss during the policy dialogue. As the dialogue was planned amidst the COVID-19 pandemic, we decided to hold the meeting virtually to facilitate participation of the stakeholders; (7) we shared the agenda and an online link for the policy dialogue. After the dialogue, we prepared a summary of the deliberations and discussions and disseminated it to the participating stakeholders.

Results

The policy brief

We reviewed 70 publications in the available global and local literature up to March 2022; 18 of which were relevant (6 systematic reviews or cross-country studies and 12 individual studies or reports) (2,14,23–38). There were no systematic reviews on waterpipe tobacco economics. Most of the retrieved studies were conducted on cigarettes or tobacco in general. Evidence specifically related to waterpipe tobacco taxation, including benefits and cost-effectiveness of interventions (Table 3) was scarce (30–32). Therefore, in the evidence synthesis step, we relied largely on the WHO technical manual

on tobacco tax policy and administration (14), WHO Framework Convention on Tobacco Control guidelines for implementation of Article 6 (2), WHO report on tobacco tax levels and structure (37), and a novel modelling study our research team conducted for Egypt (30). We segregated the reviewed evidence into themes: data availability; improved taxation policy tools; knowledge production through modelling; and best practices in tobacco tax implementation. After mapping the relevant themes with the gaps in the local context, we formulated 3 evidence-based elements in a comprehensive approach for an improved waterpipe tobacco tax policy in Egypt.

Element 1

Establishing a public platform and written policies for providing national data on waterpipe tobacco economics in Egypt. This entails the following: (1) effective tax policy administration with collection of comprehensive and reliable data; (2) accurate information technology system for periodic tax declarations, accounting, inventory and financial data; (3) identifying the data inputs used in modelling the impact of waterpipe tobacco fiscal policies and quantifying their health and economic benefits. The required national data included: waterpipe tobacco sales volume, market prices and market shares, importers and distributors, governmental revenues from waterpipe tobacco taxation, national expenditure on discount, middle and premium waterpipe tobacco products, home

and café expenditure, domestic and imported brands; flavours, weight of waterpipe tobacco packs, and own- and cross-price elasticity of waterpipe tobacco products; (4) adoption of a written policy for publicly sharing, using and regular reporting of data on waterpipe tobacco economics to ensure sustained commitment and responsibility of the government for public information sharing and transparency.

Element 2

Production of policy-guiding knowledge by modelling the impact of fiscal policies on waterpipe tobacco use prevalence and government revenues. This requires the following: (1) development of economic models for waterpipe tobacco taxation based on country-specific information; (2) the economic model would be guided by published models in this field; (3) proposal of different tax structure and tax burden scenarios will enable policy-makers to select the most efficient scenario that will lead to the maximum health and economic benefits; (4) political framing of tax implementation through gradual and regular increases in tax burden.

Element 3

Improvement of the current waterpipe tobacco taxation system through raising its level and reforming its structure, guided by the modelling in Element 2. This could be achieved through the following: (1) inclusion

Table 3. Key findings from systematic reviews and single studies for Elements 1–3

Category of finding	Elements
Benefits	<p>Element 1: One report documented that effective tax policy administration relies primarily on collecting comprehensive and reliable data (13). Two studies demonstrated the use of publicly reported national data in modelling the impact of cigarette fiscal policies and quantifying health and economic benefits (27, 28).</p> <p>Element 2: One report recommended economic modelling for tobacco taxation (13). Two studies demonstrated the model methodology regarding cigarette taxation (27, 28). ECON-WTS produced two economic models for waterpipe tobacco tax scenarios for Egypt, Jordan, Lebanon and Palestine (30, 31).</p> <p>Element 3: Four systematic reviews recommended improving cigarette taxation policies as a cost-effective tool to combat tobacco use and provide equity in health and economic benefits (23–26). One cross-country study suggested a specific and uniform tax structure is superior to an ad valorem and tiered tax structure in reducing cigarette consumption by 6–65% (27). One report and one global legally binding article recommend including specific excise tax because it leads to higher prices, a lower market share of cheap tobacco products, and guarantees minimum price and revenue levels (13, 14).</p>
Harm	<p>Elements 1–3: Literature review did not reveal potential harms.</p>
Cost and/or cost-effectiveness in relation to the status quo	<p>Element 1: There were no studies in the literature about the direct cost of the taxation intervention. However, 3 studies demonstrated the needed national data for waterpipe economic modelling (30–32). One report recommended to develop a written policy detailing the Ministry of Finance responsibility for public information sharing and transparency (38).</p> <p>Element 2: There were no studies in the literature about the direct cost of formulating an economic model for a taxation intervention. However, 2 reports recommended proposing different scenarios for taxation (13, 29).</p> <p>Element 3: One systematic review reported that a 10% increase would reduce waterpipe tobacco demand by 14.5% in Lebanon (23). One report demonstrated that regular increases in tobacco taxes have led to increased government revenues from Egypt (36). In the fiscal year 2020/2021, tobacco taxes revenues were EGP 75 billion (USD 4.6 billion) constituting approximately 10% of total government revenue (15). Previously, improvements in cigarette taxes resulted in a 151% increase in revenues in 2010–2012, and 14% decrease in tobacco sales (41).</p>
Uncertainty regarding benefits and potential harm	<p>Elements 1–3: Literature review did not reveal any uncertainty estimates regarding benefits and potential harms.</p>

of a specific excise component only within a simple and uniform tax structure, as the WHO recommends. This approach can lead to 6–65% reductions in smoking (27); (2) implementation of a minimum specific tax in the existing *ad valorem* system to guarantee minimum price and revenue levels. A specific excise component leads to higher prices and a lower market share of cheap products than an *ad valorem* excise tax; (3) increasing the tax burden on waterpipe tobacco products to the 75% level or higher of the retail price, as the WHO recommends, and using the evidence generated from the country-specific model. For example, our research team used available data and conducted a simulation model of applying specific excise tax at the 75% tax burden, which reduced waterpipe tobacco consumption by two-thirds, averting 1 million premature deaths, and doubling the government revenue, compared with the status quo (30). If updated national data on waterpipe tobacco market prices and shares become available, more accurate results could be produced.

Policy dialogue

The policy dialogue was held on 8 May 2022, with the participation of 17 diverse stakeholders from different sectors, geographical regions of Egypt and multidisciplinary backgrounds. The Director of Egypt's Observatory for Tobacco Control started the policy dialogue by describing its agenda and rules for discussion. After the stakeholders presented themselves, the author delivered a presentation, describing the process and methodology used to develop the policy brief. The Regional Advisor, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean shared a message with the participants. A tobacco economist at WHO Headquarters, Geneva delivered a recorded presentation about best practices in tobacco taxation. The author launched and facilitated the discussions among stakeholders in the policy dialogue. After discussing the problem and its underlying factors based on the generated evidence, the stakeholders refined the proposed elements in the policy brief and used the elements as a basis for formulating a multisectoral phased action plan involving relevant stakeholders.

Discussion

We have presented our experience in facilitating evidence-informed policy-making to develop an improved waterpipe tobacco tax policy in Egypt. Evidence synthesis showed that waterpipe tobacco economics is an understudied topic globally and locally. Generating evidence for effective fiscal policies to curb waterpipe tobacco smoking is crucial, particularly in countries of the Eastern Mediterranean Region where waterpipe tobacco use is concentrated. Therefore, we proposed a knowledge-to-policy framework for knowledge production, translation and uptake by stakeholders. This project was conducted in Egypt, Jordan, Lebanon and Palestine. However, each country developed its own approaches in applying the framework to waterpipe

tobacco economics, and had its unique challenges and lessons (20).

During the development of the policy brief in Egypt, we engaged stakeholders in reviewing the elements proposed for improving waterpipe tobacco tax policy. This step was instrumental in politically framing the synthesized evidence into attractive key messages for policy-makers (18). For example, we politically framed the economic and health benefits of adopting the policy change as a tool that could simultaneously increase government tax revenue and support Egypt's fulfilment of its national and international obligations by 2030, such as Egypt's Vision first target and Sustainable Development Goal Target 3a. The major challenge we faced during evidence synthesis for the proposed elements was the scarcity of literature that specifically addressed waterpipe tobacco economics. Therefore, we had to rely on evidence generated for cigarettes or tobacco in general. Despite this limitation, we produced a contextualized economic model introducing the proposed policy change with the available local data and the results of our model supported the elements proposed in the policy brief (30).

During the policy dialogue, stakeholders discussed the underlying factors for improving the waterpipe tobacco tax structure in Egypt and outlined them within 3 levels: governance, finance and delivery. At each level, there were reinforcing and hindering factors. At the governance level, Egypt has been a party to the WHO Framework Convention on Tobacco Control since 2005, which recommends the best-practice tobacco taxation systems under Article 6 guidelines (2, 4). The Egyptian Tobacco Control Law 2007/147 stipulates in Article 2 the government's commitment to a tax and price policy that regularly increases the tobacco unit price as an effective means to decrease tobacco use and support expansion of the governmental health insurance programme (39).

Also, Egypt has been a party to the Protocol to Eliminate Illicit Trade in Tobacco Products since 2021(40). However, > 40 waterpipe tobacco factories operate in Egypt besides the informal production plants. Monitoring the compliance of these multiple producers with the banderole system and tax reporting is not as strong and comprehensive as that for cigarettes. At the finance level, the Ministry of Finance collaborated with WHO in developing an economic model for cigarette taxation in 2009. Consequently, the Egyptian government has repeatedly increased taxes on cigarettes since 2010 through introducing a specific excise tax per cigarette pack. These improvements resulted in a 151% increase in revenue and 14% decrease in tobacco sales within 2 years (41). However, the government did not capitalize on this success and did not create a similar model for waterpipe tobacco. The WHO technical manual explains that including specific excise tax within a simple and uniform tax structure is superior to an *ad valorem* and tiered tax structure in reducing tobacco consumption and switching between different tiers and types of tobacco products (14). Our contextualized economic model supports this policy recommendation (30).

At the delivery level, implementing the existing *ad valorem* excise waterpipe tobacco tax in Egypt requires a strong administration with technical and workforce capacity for regular monitoring and inspections on the multiple producers and distribution outlets (14). Monitoring is difficult because the market holds a wide variety of local and imported flavours, brands and waterpipe tobacco package weights (30). Also, national data on market shares and prices of waterpipe tobacco are lacking.

Tobacco-related health disparities are key in the delivery of tobacco tax. The existing *ad valorem* system is susceptible to undervaluation and can lead to lower prices. However, specific excise tax yields higher prices, particularly for low-priced products, and can discourage consumption of tobacco products irrespective of their price (14, 37). The particularities related to waterpipe tobacco render tax enforcement challenging. Smokers use waterpipe tobacco for socializing in commercial waterpipe-serving venues, where they pay for both waterpipe tobacco and venue services (30). However, tobacco laws have overlooked this consumer interface. Also, coordinating tax enforcement is complex because tobacco control governance is fragmented. Tobacco industry interference continues to increase in Egypt, scoring 14 points higher in 2021 than in 2013 (64 vs 50 out of 100) (5). However, tobacco control is a political decision and governments should address it as a health issue independently of economic issues.

Involvement of stakeholders in the development of the policy brief and policy dialogue enabled us to link research findings to practical policy actions. This engagement established stakeholders' trust in the evidence synthesis process and fostered its utilization to advocate restructuring of the waterpipe tobacco tax system in Egypt, underlining the validity and feasibility of the evidence-based policy brief. Our partnership with a reputable NGO and WHO enabled us to reach a diverse group of stakeholders. These multisectoral inputs strengthened the knowledge-to-policy translation process and resulted in formulating a phased action plan involving relevant stakeholders in short, intermediate and long-term actions to achieve the recommended policy change. However, our role as researchers limited how far we could advance our proposed policy change. Stakeholders highlighted some challenges and implications for the proposed waterpipe tobacco tax policy change. The policy change needs to be discussed with decision-makers from the perspective that the taxes imposed on waterpipe tobacco are lower than on cigarettes. The lower price in turn promotes the spread of the practice, which is evident in the rising rate of its spread among young men and girls (3, 7–9).

Profits from smoking waterpipe tobacco accrue to service providers in commercial places, cafes and youth gathering areas. Therefore, fees must be applied to retail and commercial outlets. The government pays for treating diseases associated with waterpipe tobacco

smoking; therefore, taxes must be raised to increase government revenue. A societal dialogue should be conducted through civil society organizations, engaging different community sectors, to form a base in support of this proposal. Raising the price could face opposition if the importance of implementing this policy is not clear enough to the citizens. Also, the societal base would better appreciate the benefits of implementing such a policy if the revenues were used for investment in comprehensive health insurance.

The policy brief needs to be discussed as one of the proposed solutions to curb waterpipe tobacco smoking, emphasizing that it is one of the tobacco products to which all articles of the National Tobacco Control Law must apply. Tobacco control policies such as prevention of smoking initiation, protection from passive smoking, and smoking cessation are applicable to all tobacco products, including cigarettes, electronic nicotine delivery systems and heated tobacco products. Stakeholders emphasized that the policy change must be implemented in a comprehensive multisectoral approach along with other interventions, such as raising awareness and cessation services. For example, stakeholders highlighted the need to learn from the COVID-19 pandemic, including the government's ability to ban waterpipe tobacco smoking in public places (42), and the need to continue to do so in indoor public spaces. Stakeholders commended the success achieved by the Egyptian government in creating an economic model related to cigarettes, and thus inferred that improving the tax policy on waterpipe tobacco is also within the power of decision-makers.

Conclusion

We have described our experience in evidence-informed policy-making to develop an improved waterpipe tobacco tax policy in Egypt. Our application of the knowledge-to-policy translation framework was instrumental in bridging the gap between evidence synthesis and politically framing the need for a policy change. Engaging stakeholders in the knowledge production and uptake process was crucial to producing an impact-oriented policy brief and policy dialogue. First, it facilitated stakeholders' understanding of the evidence synthesis process and their acceptance of the proposed evidence-based elements. Second, it fostered their usage of the policy brief as a guide in advocating for the required improvements with relevant agencies. Third, it persuaded stakeholders to develop a multisectoral phased action plan for practical policy impact. Finally, it promoted their transparent acknowledgment of the foreseen challenges in implementing the policy change and encouraged them to provide solutions. More effort should be made to strengthen evidence-informed policy-making and to evaluate the impact of knowledge translation strategies, particularly in settings where tobacco control governance is fragmented and tax policies are applied nonuniformly to tobacco products, and tobacco industry interference is high.

Acknowledgement

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Élaboration d'une note d'orientation en vue de réformer la taxation du tabac pour pipe à eau en Égypte

Résumé

Contexte : Le tabagisme par pipe à eau est en augmentation en Égypte, bien que plusieurs interventions aient été mises en place afin de le réduire.

Objectif : Décrire l'élaboration d'une note d'orientation en vue de réformer la taxation du tabac pour pipe à eau en Égypte.

Méthodes : Entre 2019 et 2022, nous avons synthétisé les données bibliographiques disponibles relatives à la taxation du tabac pour pipe à eau en Égypte et dans d'autres pays. Nous avons ensuite organisé un dialogue politique impliquant diverses parties prenantes afin de discuter et de finaliser un projet de note d'orientation pour l'Égypte.

Résultats : La note d'orientation propose trois éléments en vue d'améliorer le système de taxation à cet égard en Égypte : la mise en place d'une plateforme publique pour les données nationales sur l'économie du tabac pour pipe à eau ; la modélisation des avantages économiques et de santé publique que pourrait présenter un système de taxation amélioré en la matière ; et l'augmentation du niveau des taxes sur ces produits ainsi que la réforme de la structure fiscale.

Conclusion : La mise en œuvre de la transposition des connaissances en politiques a joué un rôle essentiel dans la réduction de l'écart entre la synthèse des données probantes et la formulation de politiques pour la note d'orientation. Il est nécessaire de déployer davantage d'efforts afin de renforcer l'élaboration de politiques basées sur des données probantes, notamment dans les contextes où la gestion de la lutte antitabac est fragmentée et où les politiques fiscales ne sont pas appliquées de manière cohérente.

إعداد موجز سياسات لإصلاح الضرائب المفروضة على تبغ النرجيلة في مصر

آية مصطفى

الخلاصة

الخلفية: يشهد تدخين التبغ باستخدام النرجيلة تزايداً في مصر، رغم وجود عدة تدخلات للحد منه.

الهدف: هدفت هذه الدراسة الى بيان خطوات إعداد موجز سياسات لإصلاح ضرائب تبغ النرجيلة في مصر.

طرق البحث: خلال الفترة من 2019 إلى 2022، جمعنا الدراسات المتاحة عن فرض ضرائب على تبغ النرجيلة في مصر وبلدان أخرى. ثم أجرينا حواراً بشأن السياسات لإشراك مختلف الأطراف المعنية في مناقشة مسودة موجز سياسات لمصر ووضعه في صيغته النهائية.

النتائج: يقترح موجز السياسات ثلاثة عناصر لتحسين فرض الضرائب على تبغ النرجيلة في مصر: إنشاء منصة عامة للبيانات الوطنية المتعلقة باقتصاديات تبغ النرجيلة؛ وإعداد نماذج للفوائد الاقتصادية وفوائد الصحة العامة المترتبة على تحسين نظام ضرائب تبغ النرجيلة؛ وزيادة مستوى الضرائب المفروضة على تبغ النرجيلة، وإصلاح الهيكل الضريبي.

الاستنتاجات: كان لتطبيق إطار تحويل المعلومات إلى سياسات دور أساسي في سد الفجوة بين توليف الأدلة ووضع الإطار السياسي لموجز السياسات. وتبغى مواصلة بذل الجهود لتعزيز رسم السياسات المستنيرة لأدلة، ولا سيما في الأماكن التي تتسم فيها حوكمة مكافحة تعاطي التبغ بالتجزؤ، ويغيب فيها الاتساق عن تطبيق السياسات الضريبية.

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