

Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on the reduction of tobacco use

Report of the Convention Secretariat and WHO

Supplementary information for provisional agenda item 5 (Global progress in implementation of the WHO FCTC) at the Tenth session of the Conference of the Parties (COP10) to the WHO Framework Convention on Tobacco Control (WHO FCTC)

Related document(s): FCTC/COP/10/4

BACKGROUND AND DATA SOURCES

1. In 2019, in decision WHA72(11), the World Health Assembly decided to confirm the objectives of the World Health Organization (WHO) *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* as a contribution towards the achievement of Sustainable Development Goal (SDG) Target 3.4 and to extend the period of the action plan to 2030 in order to ensure its alignment with the *2030 Agenda for Sustainable Development*. Decision WHA74(10) requested the WHO Director-General to submit an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030. The purpose of the implementation road map, presented to Seventy-fifth World Health Assembly (A75/10 Add.8) in 2022, is to guide and support Member States to take urgent measures, in 2023 and beyond, to accelerate progress and reorient and accelerate their domestic action plans with a view to placing themselves on a sustainable path to meeting the nine voluntary global NCD targets and SDG target 3.4. Additionally, Appendix 3 of the Global NCD Action Plan 2013–2030 has been updated and now contains seven cost-effective interventions for the prevention and control of tobacco, as well as tobacco-related best buys, including the inclusion of mCessation into population-wide tobacco cessation intervention for all tobacco users. It also contains a new intervention capturing pharmacological interventions for tobacco cessation.

2. In decision FCTC/COP6(16), the Conference of the Parties (COP) to the WHO FCTC requested the Convention Secretariat to develop a technical paper in collaboration with WHO on the contribution and impact of implementing the WHO FCTC on achieving the reduction in the prevalence of current tobacco use, taking into account the current situation of the Parties. Further, the COP requested the Convention Secretariat to report to each regular session of the COP until the Twelfth session of the COP on the contributions that the Parties are making in the reduction in the prevalence of current tobacco use. The present technical paper provides estimates of tobacco-related mortality and an update of WHO estimates and projections for the global targets for the reduction of tobacco use. Global progress in the

implementation of the WHO FCTC, based on the reports submitted by the Parties in the 2023 reporting cycle, is presented in document FCTC/COP/10/4.

3. As part of their implementation of Article 20 (Research, surveillance and exchange of information) of the Convention, a large number of Parties collect their national data within global or regional surveillance systems focused on tobacco or NCDs. These data serve as basis for monitoring national, regional and global trends for tobacco use. Parties to the Convention report such data regularly, as part of their biennial implementation reports, and they also report such information to WHO. In the 2023 reporting cycle under the Convention, adult tobacco use data reported by Parties were collected within the WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS), the Global Adult Tobacco Survey (GATS) and national demographic or health surveillance systems. Data reported for adolescents originated from the Global Youth Tobacco Survey (GYTS), the Health Behaviour in School-aged Children (HBSC) survey, the Global School-based Student Health Survey (GSHS), the European School Survey Project on Alcohol and Other Drugs (ESPAD) or from national school surveys. The Convention Secretariat and WHO share the reported data with each other to ensure that the most recent information is used for monitoring purposes.

ESTIMATES AND PROJECTIONS ON TOBACCO USE AND TOBACCO-RELATED MORTALITY

4. For the purpose of a broad examination of progress towards global targets to reduce tobacco use and premature mortality from NCDs, the estimates of prevalence trends produced by WHO are presented in the following sections. The statistical model that calculates these estimates is designed to overcome issues concerning comparability between national surveys and populations surveyed, both by filling data gaps arising from the various indicators and age ranges of surveys, as well as by age-standardizing the results using the WHO World Standard Population.¹

Prevalence trends

5. In order to monitor global trends in tobacco use, WHO has collated data on the prevalence of tobacco use from all Parties to the WHO FCTC that have completed a national population survey since 1990. WHO applied a statistical model to the data to calculate underlying trends and to project rates in tobacco use for men and women for each country.² The results were discussed at a country consultation conducted by WHO and will be published during 2023 in the fifth edition of the *WHO global report on trends in prevalence of tobacco use 2000–2025*.

6. From 2020 to 2022, 61 Parties collected and published new nationally representative data on one or more indicators of tobacco use. These surveys were combined with earlier surveys back to 1990 for the estimation of trends in tobacco use. The earlier WHO estimates were recalculated using the complete set of surveys.

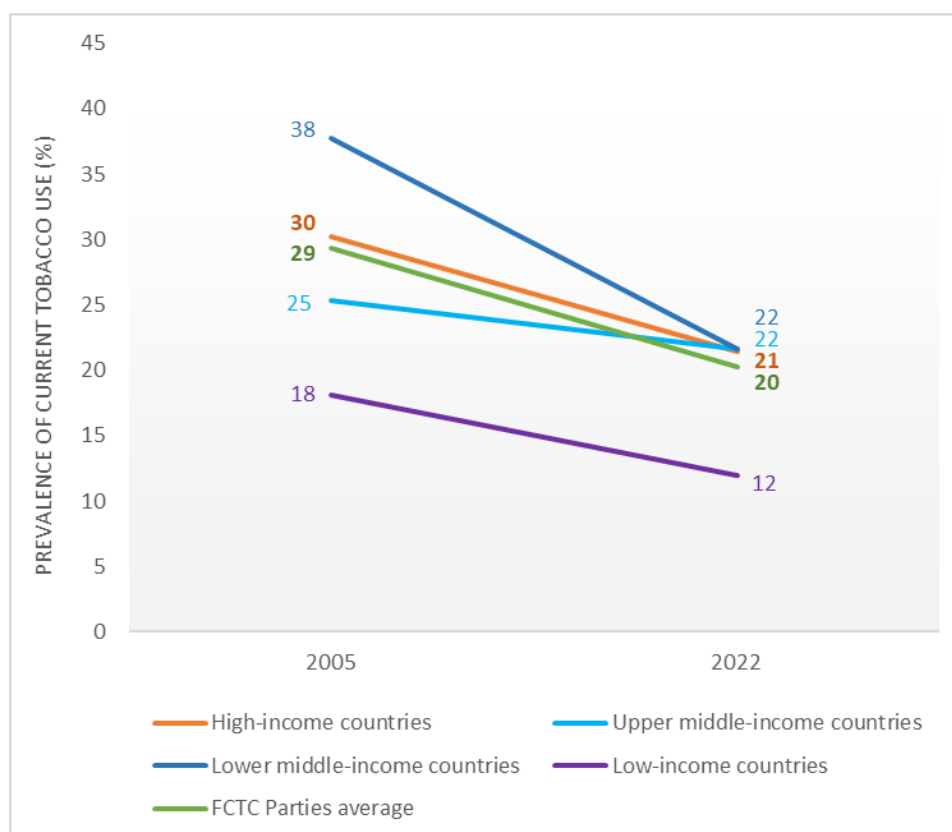
7. Based on these data, the prevalence of current tobacco use among people aged 15 or older, averaged across all Parties, is estimated to have reduced from 29% in 2005 (45% among males and 13% among females) to 20% in 2022 (33% among males and 7% among females). Tobacco use includes use of smoked and/or smokeless tobacco products, according to the varieties commonly used in and surveyed by each Party. Current use means either daily or occasional use at the time of the survey.

¹ The WHO World Standard Population is a construct published by WHO for allowing standardization of country data against an average world population age-structure, for the period 2000–2025, which then allows comparability of data across countries. (https://cdn.who.int/media/docs/default-source/gho-documents/global-health-estimates/gpe_discussion_paper_series_paper31_2001_age_standardization_rates.pdf)

² Ver Bilano, et al., Global trends and projections for tobacco use, 1990–2025: an analysis of smoking indicators from the WHO Comprehensive Information Systems for Tobacco Control, *Lancet* 2015; 385: 966–76, available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60264-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60264-1/fulltext)

8. Disaggregated by World Bank income groups of Parties, the average current tobacco use rates per group have declined between 2005 and 2022 (Fig. 1). All income groups are seeing reductions since 2005, and they are projected to reach similar rates by 2025 with the exception of low-income countries, whose prevalence is projected to be about half that of the other groups – around 12%. In 2005, lower-middle-income Parties collectively had the highest average tobacco use prevalence at 38%, but they achieved the largest relative decline in the tobacco use rate, reaching 22% by 2022. The slowest progress is occurring among the upper-middle-income Parties, with an overall reduction from 25% in 2005 to 22% in 2022.

Fig. 1. Estimated trend in current tobacco use prevalence, ages 15 years and older, average rate in the Parties to the WHO FCTC, by World Bank income groups (per cent)



Source: WHO estimates

9. Regarding tobacco use among young people, the majority of Parties are consistently monitoring rates among adolescents over time, particularly among those aged 13–15 years. Some 142 Parties completed a national school-based survey between 2012 and 2022 that measured current tobacco use or current cigarette smoking.

10. Using data from these surveys, the average prevalence of tobacco use among children aged 13–15 was 9.4% overall (11.8% for boys and 6.8 % for girls). On average, boys used tobacco at a rate close to double that of girls; however, in 25 Parties, girls used tobacco at the same or a higher rate than boys. Looking only at cigarette smoking reported in these surveys, the average prevalence rate among children aged 13–15 was 4.6% overall (6.1% for boys and 3.0 % for girls).

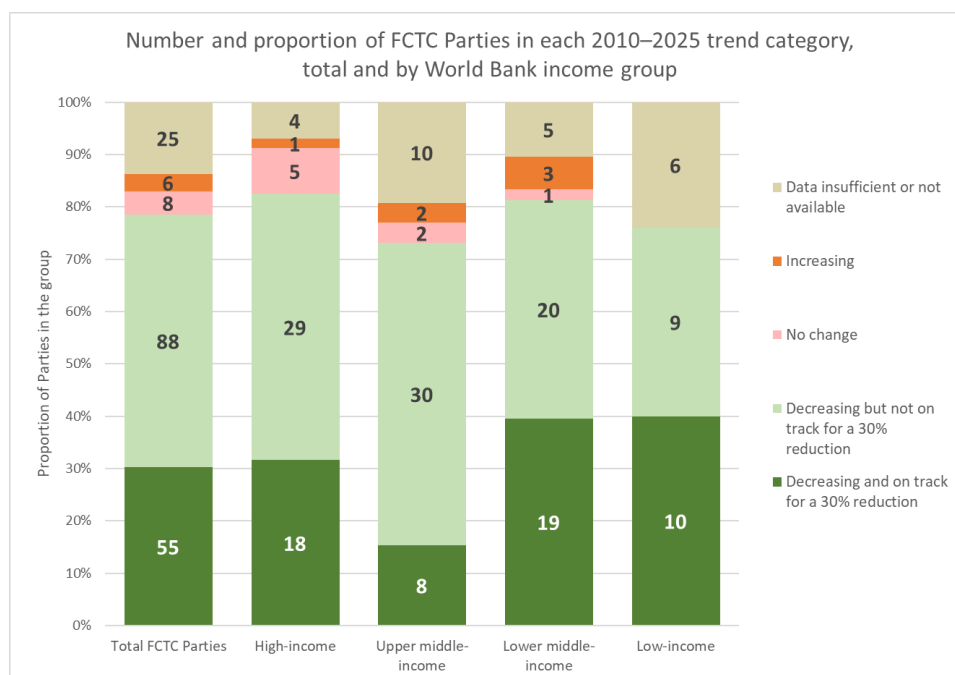
Projections on achieving the tobacco prevalence reduction target by 2025

11. WHO estimates show that 55 Parties,¹ or 30% of Parties, are likely to achieve the global NCD tobacco target by 2025 (Fig. 2). An additional 88 Parties have decreasing rates and need only accelerate the work they are already doing. Of note, eight Parties are expected to experience no decrease in smoking prevalence, and another six Parties can expect tobacco use rates to increase unless effective policies are urgently put into place. Trends are unknown in 25 Parties where insufficient nationally representative surveys have been reported. In summary, most Parties need to accelerate tobacco control activities in order to achieve the NCD target.

12. Progress towards the target is similar across World Bank income groups of Parties, with around one in three Parties within each group currently on track for the target. The exception is the upper-middle income group, where only one in six Parties is currently on track to meet the target.

13. These trend estimates reflect the effects of tobacco control actions already implemented by the Parties prior to conducting their most recent survey. Where no survey has been conducted since a policy was implemented, the effects of the new policy will not be seen until the next survey has been conducted. These projections, therefore, reflect only what has been captured in surveys to date, no matter how long ago they were conducted, and will be subject to recalculation as new surveys are released.

Fig. 2. Projections for Parties to the WHO FCTC on achieving the 30% relative reduction target in 2025, by World Bank income group



Source: WHO estimates

Note: In this this figure, the numbers inside the columns represent the number of Parties in the respective category.

Mortality due to tobacco

¹ As compared to 58 Parties in 2020. See paragraph 13 of the supplementary information document from the Ninth session of the Conference of the Parties to the WHO FCTC: https://untobaccocontrol.org/downloads/cop9/supplementary-information/COP9_Supplementary_information_Contribution_of_implementing_WHO_FCTC_on_NCD_target.pdf

14. One in five NCD deaths globally can be attributed to tobacco, either by direct use or exposure to second-hand smoke.¹ Therefore, reducing tobacco use will have a large impact on reducing premature deaths from NCDs and meeting SDG Target 3.4. Annually, around 40 million people aged 30 or over die from NCDs: 21 million men and 19 million women. Over one quarter of the NCD deaths among men in 2019 were attributable to tobacco (27% to their own tobacco use and 2% to exposure to second-hand tobacco smoke). Ten per cent of the NCD deaths among women were attributable to tobacco (8% to their own tobacco use and 3% to exposure to second-hand tobacco smoke).²⁴ Considering that tobacco-related deaths are completely avoidable, implementation of the WHO FCTC has the potential to avert over 8 million deaths every year. Implementation of WHO FCTC measures would in addition lead to a reduction in prevalence of tobacco use, as well as reducing the number of people suffering long-term illnesses from tobacco use and exposure to tobacco smoke.

CONCLUSIONS

15. Trends evident from surveys completed by Parties, with projections to 2025, show that most Parties need to accelerate tobacco control activities in order to achieve the voluntary target of the Global Action Plan 2013–2030 to reduce tobacco use by 30% between 2010 and 2025. While the prevalence of current tobacco use among people 15 or older, averaged across all Parties, is estimated to have declined from 29% in 2005 to 20% in 2022, progress is uneven. Of note, 102 Parties are not on track to achieve the reduction target unless additional policies and stronger policies are urgently put in place and effectively enforced. A further 25 Parties are yet to sufficiently monitor the trend in tobacco use.

16. As part of the effort to track burdens of disease and trends in risk factors, tobacco consumption and exposure – and other facets of tobacco use and control as outlined in Article 20 of the WHO FCTC – should also be measured. Implementation of this article should be strengthened, including the exchange of information available at the country level.

17. To effectively prevent and control NCDs, sustainably funded multisectoral policies and programmes are needed, with tobacco control as a key element in them. For this to occur, measures for tobacco control required under the WHO FCTC and in line with the Guidelines for implementation of specific articles adopted by the COP, as well as the Protocol to Eliminate Illicit Trade in Tobacco Products, need to be effectively integrated into national policies and programmes for NCD prevention and control. Examples of the potential for such integration at the global and national levels in a wide range of areas are presented in the report of the Convention Secretariat *Integration of WHO FCTC implementation with the control and prevention of noncommunicable diseases* (2023), available on the WHO FCTC website³ in the six official languages of the United Nations for the use of Parties.

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¹ Global Burden of Disease Study 2019. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020. Available from [https://http://vizhub.healthdata.org/gbd-compare/](https://vizhub.healthdata.org/gbd-compare/)

² Numbers do not sum to total due to rounding.

³ <https://fctc.who.int/publications/m/item/integration-of-who-fctc-implementation-with-the-control-and-prevention-of-noncommunicable-diseases>