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

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 (NCD GAP)* 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*. The NCD GAP includes a target for reducing the global prevalence of tobacco use by 30% by the year 2025, relative to 2010. The SDG Target 3.a is to "Strengthen the implementation of the WHO FCTC in all countries, as appropriate", for which the official indicator used to measure progress is 3.a.1, "Age-standardized prevalence of current tobacco use among persons aged 15 years and older". To guide and support Member States to accelerate progress and reorient and accelerate their domestic action plans, the Implementation road map 2023–2030 for the NCD GAP was agreed at the Seventy-fifth World Health Assembly in 2022.[1] In 2023, the Seventy-sixth World Health Assembly endorsed the 2022 update of Appendix 3 of the NCD GAP,[2] which contains "best buys" and other recommended interventions to reduce tobacco use towards the target.

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.

---

[1] Decision WHA75(11). Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. In: Seventy-fifth World Health Assembly. Geneva, 22–28 May 2022: resolutions and decisions, annexes. Geneva: World Health Organization; 2022:47-48 (WHA75/2022/REC/1; https://iris.who.int/handle/10665/365610)

[2] Agenda item WHA76(9). Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health WHA76(9). Geneva: World Health Organization; 2023 (https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76(9)-en.pdf)

3. The present technical paper provides an update of WHO estimates and projections for the global target 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 2025 reporting cycle, is presented in document FCTC/COP/11/4.

4. 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. WHO Member States, including those that are Parties to the WHO FCTC, report such data regularly to WHO. Additionally, progress in research and surveillance is also reported by the WHO FCTC Parties as part of their biennial WHO FCTC implementation reports.

5. In the 2025 reporting cycle under the Convention, adult tobacco use data reported by Parties were collected mostly 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 often from the Global Youth Tobacco Survey (GYTS), the Health Behaviour in School-aged Children (HBSC) survey, and other national school-based surveys covering the population aged 13-15 or equivalent school grades. 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

6. 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. WHO collated data on the prevalence of tobacco use from all Parties to the WHO FCTC that have completed a national population survey since 1990 and released the results before 28 February 2025. WHO applied a statistical model to these data to calculate underlying trends and to project rates in tobacco use for men and women for each country.[3] The model attempts to overcome issues concerning comparability between national surveys arising from the variety of indicators, and age ranges of surveys. The results are age-standardized using the WHO World Standard Population.[4] WHO conducted a country consultation in March-May 2025 about the estimates produced and published the results in the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030*.[5]

Prevalence trends

7. Since the previous results delivered at COP10[6] in a similar information document, 100 Parties released new national surveys reporting prevalence of tobacco use. Data from these surveys were combined with

[3] The WHO World Standard Population is a construct published by WHO for allowing standardization of country data against an average world population age-structure 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

[4] 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. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60264-1/fulltext

[5] WHO global report on trends in prevalence of tobacco use 2000-2024 and projections 2025-2030. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

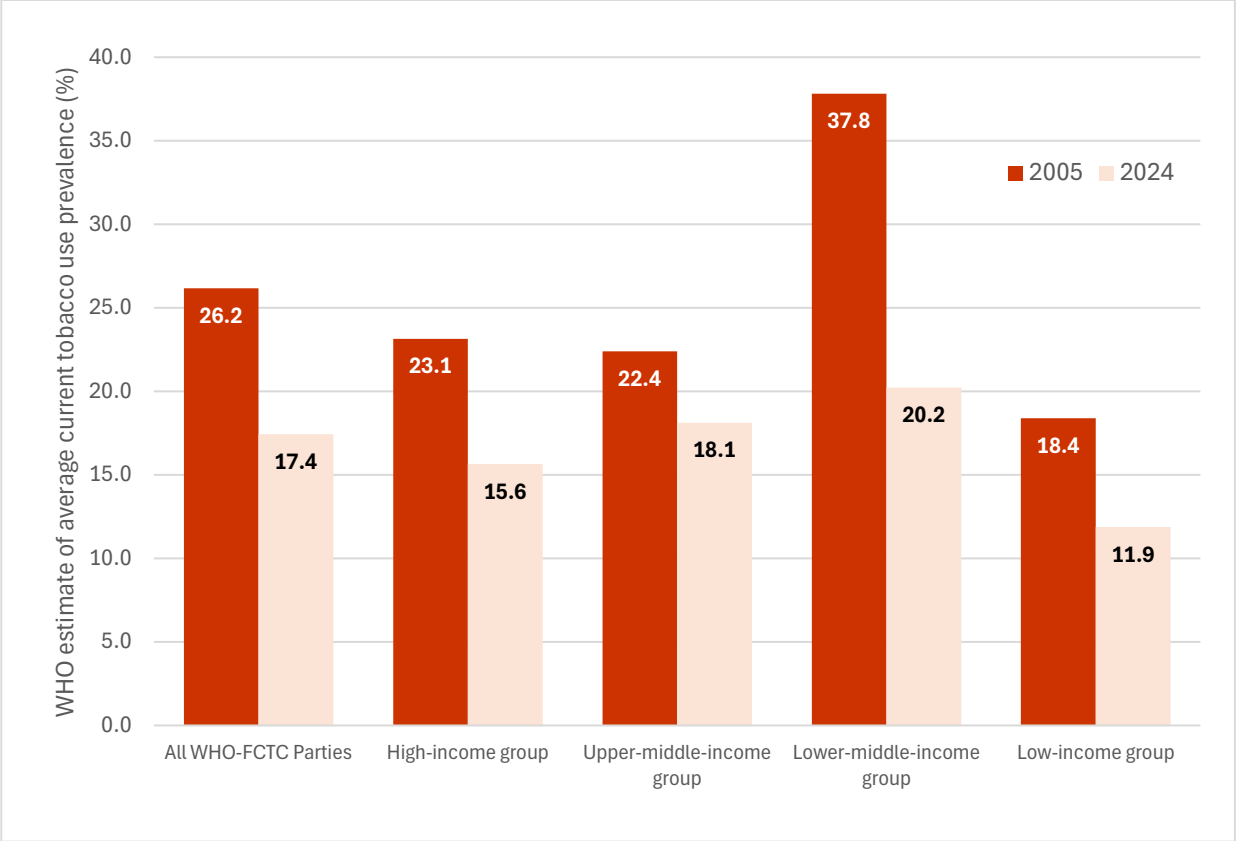
[6] FCTC/COP/10 Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on the reduction of tobacco use.

the earlier surveys back to 1990, and WHO estimates of trends in tobacco use prevalence were recalculated using the complete set of surveys. 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.

8. 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 26.2% in 2005 (40.6% among males and 11.7% among females) to 17.4% in 2024 (29.1% among males and 5.8% among females).

9. The average prevalence of current tobacco use has declined in all World Bank income groups of Parties between 2005 and 2024 (Fig. 1). In 2005, lower-middle-income Parties collectively had the highest tobacco use prevalence at 37.8%, but achieved the largest relative reduction, reaching 20.2% by 2024. The slowest progress is occurring among the upper-middle-income Parties, with an overall reduction from 22.4% in 2005 to 18.1% in 2024. The lowest prevalence group in 2005 was the low-income group of Parties with 18.4% in 2025, remaining the lowest in 2024 with 11.9%. The high-income group is reducing at a similar pace to the low-income group, but with higher levels of use at 23.1% to 15.6% over the period.

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

10. Regarding tobacco use among young people, the majority of Parties are monitoring prevalence among adolescents over time, particularly among those aged 13–15 years. Some 157 Parties completed

a national school-based survey between 2014 and 2024 which measured current tobacco use or current cigarette smoking in this age group. Together, these surveys cover 86% of the total population[7] aged 13–15 living in a Party to the WHO-FCTC.

11. Using data from these surveys, the average prevalence of tobacco use among children aged 13–15 was 9.7% overall (11.8% for boys and 7.4% for girls). In 73% of Parties, the proportion of boys using tobacco was higher than the proportion of girls. Looking only at cigarette smoking reported in these surveys, the average prevalence among children aged 13–15 was 4.7% overall (6.0% for boys and 3.2% for girls). In 75% of Parties, the proportion of boys smoking cigarettes was higher than the proportion of girls.

12. Translating the prevalences into an estimate of the number of children aged 13–15 across all Parties (using the same population source) who are currently using some form of tobacco yields a total of 35 million children, among whom 17 million are smoking cigarettes. The number of boys using tobacco is estimated at 22 million, of whom 11 million smoke cigarettes, while the number of girls using tobacco is estimated at 13 million, of whom 6 million smoke cigarettes.

Projections on achieving the tobacco prevalence reduction target by 2025

13. As no national surveys completed in 2025 were available when these estimates were calculated, all estimates regarding 2025 are projections. Given the time it typically takes for survey results to be released, final target achievement results may not be known for some years. Using the same results which produced the trend lines in Fig.1, WHO estimates show that 59 Parties,[8] or one-third of Parties, are likely to achieve the global NCD tobacco target by 2025 (Fig. 2). An additional 74 Parties have rates reducing, but slower than 30%. Of note, 14 Parties are expected to experience no decrease in smoking prevalence, and another 12 Parties can expect tobacco use rates to increase unless effective policies are urgently put into place. Trends are unknown in 23 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 GAP target.

14. Among World Bank income groups of Parties, the best progress towards the target is being made in the low-income group, where over 80% of Parties are on decreasing trends, and 50% are currently on track for the target. The upper-middle-income group is making the slowest progress, with under 70% of Parties on decreasing trends, and only 15% of Parties currently on track to meet the target. The 14 Parties on flat trends and the 12 Parties with prevalence continuing to rise are evenly spread across the high-, upper-middle and lower-middle-income groups.

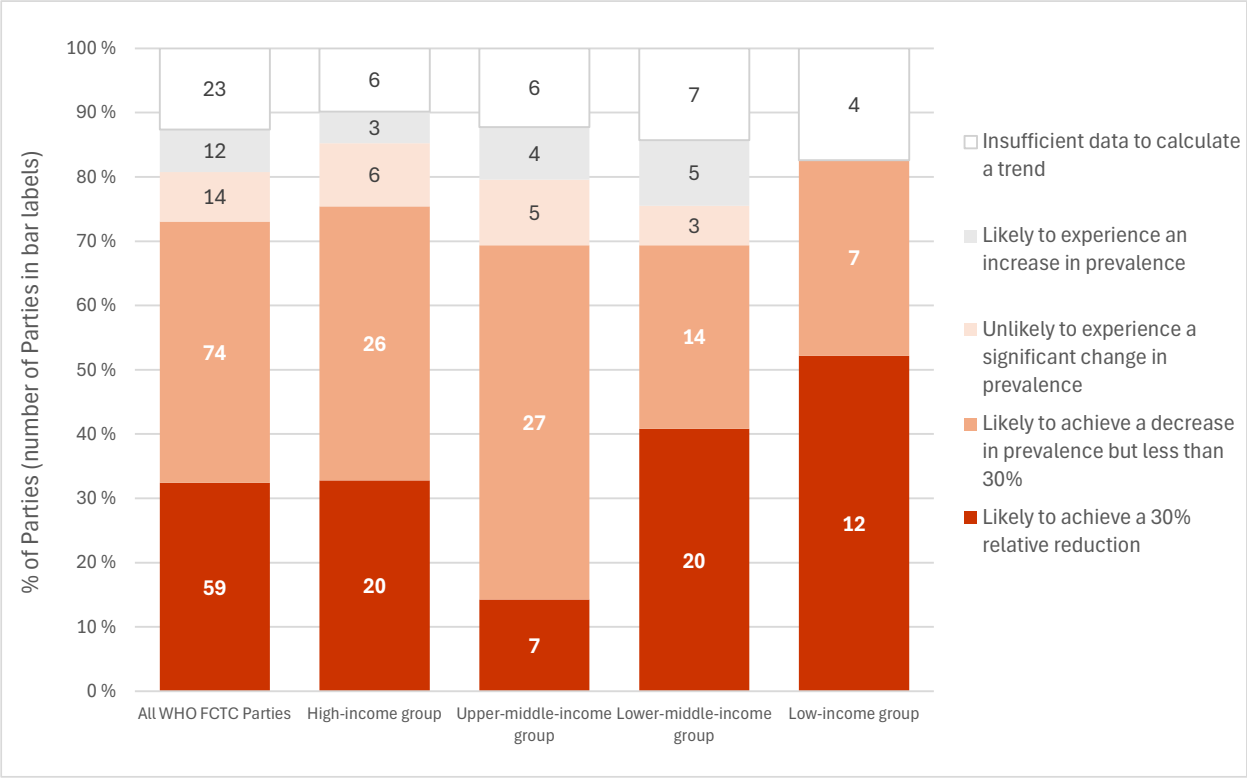
15. These trend estimates reflect the effects of tobacco control actions already implemented by the Parties prior to conducting their most recent survey. Where no survey has been conducted since a policy was implemented, the effects of the new policy will not be seen until the next survey has been conducted.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

---

[7] World Population Prospects, 2024. New York: United Nations, Department of Economic and Social Affairs, Population Division, 2024. https://population.un.org/wpp/downloads

[8] As compared to 55 Parties in 2022. See paragraph 11 of the supplementary information document from the Tenth session of the Conference of the Parties to the WHO FCTC: https://fctc.who.int/resources/publications/i/item/fctc-cop-10-contribution-and-impact-of-implementing-the-who-fctc-on-achieving-the-noncommunicable-disease-global-target-on-the-reduction-of-tobacco-use

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.

CONCLUSIONS

16. 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 aged 15 or older, averaged across all Parties, is estimated to have reduced from 26.2% in 2005 to 17.4% in 2024, progress is uneven. Of note, 100 Parties are not on track to achieve the reduction target unless additional policies and stronger enforcement are urgently put in place. A further 23 Parties are yet to sufficiently monitor their trend in tobacco use.

17. The 35 million children aged 13–15 who report current use of tobacco products points to an urgent need to work harder on measures to counter youth access and initiation. Further, among a quarter of Parties, tobacco use prevalence among girls is the same or higher than among boys. The Article 5.2(b) requires Parties to adopt and implement effective measures to prevent and reduce not only tobacco consumption and exposure, but nicotine addiction. Most of the regular smoking initiation occurs before the age of 20.[9] Several Parties have recently raised age-of-sales limits to 20 or 21 years, or are advancing generational sales bans, leading the way in protecting present and future generations in line with the Article 5.2(b). Additionally, as recommended in the "Specific guidelines to address cross-border tobacco

[9] Reitsma, Marissa B et al. Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and initiation among young people in 204 countries and territories, 1990–2019. The Lancet Public Health, Volume 6, Issue 7, e472 - e481. https://www.thelancet.com/article/S2468-2667(21)00102-X/fulltext

advertising, promotion and sponsorship and the depiction of tobacco in entertainment media for implementation of Article 13 of the WHO FCTC"[10], Parties should ensure that comprehensive TAPS bans and their enforcement are an integral part of efforts to protect young people online and promote a safer internet.

18. As part of the effort to track burden 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. Further, reporting on SDG Target 3.a in Voluntary National Reviews should be increased, as it is an important component of WHO FCTC implementation through highlighting achievements, learning from peers, strengthening connections between the WHO FCTC and sustainable development, and in showcasing the positive impact of implementing the WHO FCTC. Support for this is available in the ‘‘Guide for WHO FCTC Parties on including SDG Target 3.a in voluntary national reviews"[11], published by the Convention Secretariat in 2021.

19. 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 titled "Integration of WHO FCTC implementation with the control and prevention of noncommunicable diseases"[12], available for the use of Parties.

= = =

[10] https://fctc.who.int/resources/publications/m/item/guidelines-for-implementation-article-13
[11] https://iris.who.int/bitstream/handle/10665/341558/9789240014046-eng.pdf?sequence=1
[12] https://fctc.who.int/resources/publications/m/item/integration-of-who-fctc-implementation-with-the-control-and-prevention-of-noncommunicable-diseases