

Secretariat of the WHO Framework Convention on Tobacco Control

Full intervention planned to be delivered at the 79th World Health Assembly,
2026 for the agenda item 12.3: Communicable diseases – End TB Strategy

Thank you, Chairperson

On behalf of the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), I am delighted to provide the following reflections on how the implementation of the WHO FCTC can effectively **contribute** to improving tuberculosis (TB) prevention, treatment and care outcomes, thus contributing to the reduction of the persistently high global TB burden.

Evidence from robust research continues to demonstrate strong **links between tobacco use and the increased risks of tuberculosis across the full TB continuum, including infection, progression to disease, poor treatment and mortality.**

Recent evidence indicates that, in 2024, 700 000 new TB cases were attributable to tobacco use, making it one of the leading modifiable risk factors for TB worldwide. Smoking approximately doubles the risk of developing active TB and dying from TB, while exposure to second-hand smoke further increases TB risk, particularly among children and other vulnerable populations.

Based on current smoking trends, tobacco use is projected to result in millions of excess TB cases and deaths globally by mid-century, unless strong tobacco control measures are implemented. In addition, **tobacco use remains far more prevalent among TB patients than in the general population**; among men in several high-TB-burden countries, over one-third of TB cases are attributable to smoking. Smoking is a high-risk factor for acquiring TB and for poorer treatment outcomes, including treatment failure and mortality, particularly in low- and middle-income countries.

Both tobacco use and TB are intrinsically linked to the Sustainable Development Goals, especially SDG Goal 3, including targets on ending the TB epidemic by 2030 (Target 3.3); reducing premature mortality from noncommunicable diseases (Target 3.4); and strengthening the implementation of the WHO FCTC (Target 3.a). Failure to address tobacco use as a TB risk factor will undermine progress towards the End TB Strategy and the 2030 Agenda.

Upon mandate by the Conference of the Parties, the Secretariat of the WHO FCTC works with a broad range of stakeholders **to promote integration of tobacco control into TB responses at global, regional and national levels**, including within integrated TB, HIV and NCD services. In line with the Guidelines for implementation of Article 14, TB services should integrate brief advice and evidence-based tobacco cessation support as part of routine care, given clear evidence that cessation improves TB treatment outcomes and survival.

Despite these synergies, **policy coherence between tobacco control and TB responses remains insufficient**. We therefore urge Member States to integrate WHO FCTC implementation into national TB strategies, financing mechanisms and service delivery, including through smoke-free health facilities, protection from second-hand smoke, tobacco taxation and cessation services within TB care.

The Convention Secretariat is ready to continue working with WHO departments, the Stop TB Partnership, the Global Fund and other partners to promote integrated action on TB, tobacco use, HIV and noncommunicable diseases.

Thank you for your attention.