

# The Burden of Non-Communicable Diseases: Insights on Non-Communicable Disease Management

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## ABSTRACT

Non-communicable diseases (NCDs) are a global health issue that accounts for a large proportion of deaths worldwide and the overall burden of disease. Despite continuous efforts to tackle NCD, a more robust response is required to reduce the disease burden and mortality, particularly among individuals already living with these conditions. This paper presents an integrated approach based on several priorities, including self-management of chronic diseases and long-term care supported by collaboration among healthcare professionals, families, communities, and health policies. Such a holistic strategy may reduce complications, improve quality of life, and contribute to sustainable development goals, thereby ensuring a sustainable response to the growing global challenge of NCDs.

**Keywords:** Non-Communicable Diseases, Burden of disease, Non-Communicable Disease Management, Individuals living with chronic conditions

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## INTRODUCTION

Non-communicable diseases (NCDs) also known as chronic diseases are not transmitted from person to person, often have long duration, slow progression, and require ongoing management. The four main types of NCDs including cardiovascular diseases (heart disease and stroke), cancers, chronic respiratory diseases (COPD/asthma), and diabetes are responsible for the majority of global morbidity and mortality.<sup>1</sup> Beyond these, NCDs include renal, neurological, endocrine, hematologic, digestive diseases, skin diseases, sense organ diseases, mental, and musculoskeletal disorders.<sup>2</sup>

## DETERMINANTS AND RISK FACTORS OF NCDS

NCDs arise from complex interactions of genetic, physiological, environmental, and behavioral factors. Additionally, the global health landscape has undergone significant changes due to factors such as globalization, economic growth, population increase, aging populations, longer life expectancy, unhealthy lifestyles, and environmental influences, all of which have contributed to the NCD burden.<sup>3</sup>

The major risk factors contributing to NCDs are behavioral factors or modifiable factors, including tobacco use, physical inactivity, unhealthy dietary habits, and harmful alcohol consumption. These modifiable risk factors contribute to metabolic or physiological risk factors such as elevated cholesterol, high blood glucose, hypertension, overweight, and obesity. On the other hand, non-modifiable or uncontrollable factors linked to NCDs include age, gender, family history, and genetic predisposition.

The Global Burden of Disease (GBD) study indicates that high systolic blood pressure (12.8% of age-standardized DALYs), dietary risks (10.0%), and tobacco use (9.9%) are the leading global risk factors, with the most pronounced increase observed in high body mass index (+57.8%).<sup>4</sup> Similarly, the World Health Organization (WHO) identifies unhealthy diets and physical inactivity as major contributors to metabolic risk factors such as elevated blood pressure, blood glucose, blood lipids, and body mass index, which in turn increase the risk of premature mortality from NCDs.<sup>1</sup>

In addition, environmental factors such as pollution, radiation, heavy metals, noise, land use patterns, occupational exposures, and climate change have been identified as contributors to non-communicable diseases.<sup>5</sup> Furthermore, urban lifestyle changes, such as increased consumption of processed foods and reduced physical activity, are closely associated with the development of NCDs.<sup>6</sup> Social determinants, including living conditions, income, ethnicity, low public health investment, and limited access to healthcare, also represent key drivers of the rising NCD burden.<sup>7</sup> Epidemiological evidence indicates

that NCDs are driven by a complex interplay of behavioural, metabolic, environmental, and social determinants. This evidence indicates that NCDs are driven by a complex interplay of behavioural, metabolic, environmental, and social determinants, underscoring the need for sustainable, comprehensive strategies that go beyond multisectoral actions to address individual, social, and environmental factors contributing to these chronic diseases. Hence, it demands a public health approach that is more focused on long-term prevention and management of chronic diseases.

## EPIDEMIOLOGY OF NCDS WORLDWIDE

Globally, NCDs account for over 74% of all deaths, including 17 million premature deaths before age 70, with 86% of these occurring in low- and middle-income countries (LMICs).<sup>1</sup> This disproportionate burden underscores the urgent need to prioritize NCDs within global development and public health agendas, especially in resource-limited settings.

Since 1990, diabetes and kidney diseases have shown the greatest increase, whereas chronic respiratory diseases have declined. In 2021, cardiovascular diseases, neoplasms, diabetes mellitus, and chronic respiratory diseases remained the leading causes of death globally.<sup>4</sup> These patterns demonstrated that an epidemiological transition characterized by changing disease composition, dominated by cardiovascular diseases, neoplasms, and chronic respiratory diseases as a threat to global health.

Among the six regions of the World Health Organization (WHO), namely Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia, and the Western Pacific, the Western Pacific region accounts for one-quarter of global deaths due to NCDs.<sup>8</sup> In the South-East Asia Region, NCDs account for almost two-thirds of all deaths from cardiovascular diseases, cancer, chronic respiratory diseases and diabetes with half of these deaths occurring in the age group 30-69 years.<sup>9</sup>

The African Region also faces an alarming epidemiological shift, with NCD-related deaths increasing over the past two decades. The proportion of deaths attributed to NCDs rose from 24.2% in 2000 to 37.1% in 2019. Between 2000 and 2019, cardiovascular diseases (CVD) recorded the largest absolute increase in mortality. Cancer-related deaths also increased, followed by diabetes mellitus. In contrast, chronic respiratory diseases (CRD) recorded the lowest number of deaths among the four major NCDs. Throughout this period, CVD remained the leading cause of death, followed by cancers (malignant neoplasms), diabetes mellitus, and CRD.<sup>10</sup>

In contrast, in the Americas, there were declines in age-standardized rates of mortality and disability due to NCDs between 2000 and 2019. During this period, the reduction in NCD mortality was primarily driven by substantial declines in cardiovascular dis-

ease and cancers. The age-standardized mortality rate for cardiovascular diseases decreased by 32.5%, while cancer mortality declined by 21.3%, reflecting reductions in major cancer types such as lung, breast, and prostate cancers. Similarly, age-standardized disability-adjusted life years (DALYs) decreased by 11.2%, indicating an overall improvement in population health status. Despite the decline in age-standardized mortality rates, the total number of NCD deaths continued to increase due to population growth and population ageing. The number of NCD-related deaths rose from 3.60 million in 2000 to 4.86 million in 2019, while total years lived with disability also increased significantly.<sup>11</sup>

This evidence shows that NCDs affect diverse geographic regions, contributing significantly to global disability and mortality, underscoring the need for stronger prevention and management strategies to mitigate the rising epidemic NCD burden and achieve overall health outcomes.

## NON-COMMUNICABLE DISEASES IN MALAYSIA

NCDs disproportionately burden low-and middle-income countries (LMICs), which are undergoing demographic transition, including countries in Asia.<sup>1</sup> As an upper-middle-income country, Malaysia is undergoing a rapid demographic and epidemiological transition, with NCDs accounting for the majority of morbidity and mortality. This transition is largely driven by rapid urbanization, industrialization, changing lifestyles, and an aging population.

The epidemic of NCDs in Malaysia is rapidly spreading and is responsible for 73% of all deaths, posing a significant public health challenge and disease burden in the country.<sup>12</sup> The burden of NCDs results in an estimated annual economic loss of RM 64.2 billion, which includes RM 12.4 billion for healthcare expenses and disability payments, as well as RM 51.8 billion in lost productivity. Overall, the social and economic impact of NCDs accounts for 4.2% of the Gross Domestic Product.<sup>13</sup> This reflects broader global concerns regarding the substantial impact of NCDs on economic productivity and development.

Data from the National Health and Morbidity Survey (NHMS) conducted by the Institute for Public Health indicate a persistently high prevalence of NCDs in Malaysia. Notably, the prevalence of overweight and obesity has shown a continuous upward trend, while the prevalence of diabetes and hypercholesterolemia fluctuated with worrisome patterns. In contrast, the prevalence of hypertension exhibited a slight but gradual decline. For instance, the prevalence of diabetes fluctuated from 11.2% in 2011 to 13.4% in 2015, rising further to 18.3% in 2019 before declining to 15.6% in 2023. A similar pattern was observed for hypercholesterolemia, which increased from 35.1% in 2011 to 47.7% in 2015, before decreasing to 38.1% in 2019 and further to 33.3% in 2023. In

contrast, the prevalence of hypertension declined steadily from 32.7% in 2011 to 30.3% in 2015, 30.0% in 2019, and 29.2% in 2023.<sup>14</sup> According to the WHO, the probability of dying from NCDs in Malaysia was estimated at 19.7% in 2019, with an uncertainty range of 14.9% to 26.3%. This reflects a slight improvement of 0.2 percentage points compared to 2018. The estimate represents the likelihood of dying between the ages of 30 and 70 years from major NCDs, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.<sup>15</sup>

In sum, Malaysia's experience with the burden of NCDs highlights the need for effective chronic disease management strategies, rather than relying solely on prevention and control, to address NCD challenges comprehensively. This transition is not only a local necessity but also a key public health priority for other countries with similar health systems, particularly in efforts to prevent disease progression and alleviate the financial burden on healthcare systems.

## NON-COMMUNICABLE DISEASE MANAGEMENT STRATEGIES

NCDs remain one of the global health threats, and Malaysia is not spared from the impact of NCDs crisis. The increasing burden of NCDs is a call to action. Despite extensive national-level efforts to prevent and control NCDs through the monitoring of key risk factors such as tobacco use, unhealthy diet, physical inactivity, and harmful alcohol consumption, which are intended to prevent the onset and progression of chronic diseases, the prevalence of NCDs remains persistently high. In addition, the growing population living with NCDs has shown that primary prevention strategies alone are insufficient to address the current burden. Therefore, we need to move from traditional healthcare delivery towards more sustainable, long-term management approaches supported by comprehensive and integrated healthcare systems.

In this context, given the growing burden of chronic diseases, identifying effective management strategies has become critically important. To ensure successful disease management, patients need to understand their conditions and actively engage in self-management practices. Thus, effective management of non-communicable diseases requires long-term ongoing treatment and self-care among patients.<sup>16</sup> Moreover, addressing NCDs requires multi-level strategies that encompass individual, community, national, and global efforts, supported by adequate resource allocation, multi-sectoral partnerships, effective knowledge and information management, as well as continuous innovation.<sup>17</sup> Evidence shows that effective non-communicable disease management is associated with improved clinical outcomes, including better glycaemic control, blood pressure regulation, reduced hospitalisation rates, and enhanced quality of life (QoL), while also contributing to reduced healthcare costs.<sup>18</sup> Non-communicable disease

management, therefore, is essential to both improving health outcomes and containing costs in the health care system, which represents a significant area within modern medicine and public health.<sup>19</sup>

Non-communicable disease management is fundamentally a form of self-management, which has become an essential component in managing chronic conditions such as hypertension, diabetes, and stroke.<sup>20</sup> According to Huang et al.<sup>21</sup> chronic disease self-management is the responsibility of patients with chronic diseases to manage their own health, including ensuring the continuous daily care of their conditions. Accordingly, non-communicable disease management is a practical approach to self-care by taking an active role in managing it. It is recommended that individuals living with these conditions learn about their illnesses and be encouraged to practice disease self-management. In line with this, concerted and sustained efforts are necessary not only to curb the progression of chronic diseases but also to support effective self-management among affected individuals, thereby enhancing population health and societal resilience.<sup>22</sup> However, the effectiveness of managing non-communicable diseases extends beyond individual responsibility. Self-management alone is often insufficient to produce sustained behavioural change without ongoing support mechanisms. This highlights the need for structured self-management that incorporates behavioural reinforcement, continuous follow-up, and system-level support. Thus, non-communicable disease management should be conceptualised not only as a patient responsibility but also as a measurable, outcome-driven process.

In this process, it is important to highlight the roles of healthcare professionals and patients, where healthcare professionals are responsible for equipping patients with the information and skills needed to become effective self-managers, thereby improving patient health outcomes. Furthermore, self-management of chronic diseases involve patients actively engaging in healthcare activities to strengthen problem-solving, manage their illness, and adjust their lifestyle to coexist with the disease in daily life. However, implementation across settings remains a challenge, particularly in resource-constrained environments. Therefore, effective non-communicable disease management also requires an integrated approach that actively involves individuals, families, and communities. Previous research has demonstrated that social support, defined as the material, emotional, and behavioural assistance provided by family, friends, or others in a social network, can positively influence an individual's self-management behaviours and health outcomes.<sup>23,24</sup> As such, individuals in conjunction with family, healthcare system support, community engagement, and accessible healthcare services play critical roles in managing chronic diseases. In addition, chronic disease management requires involvement, community alliances, resources, information advocacy, and policy support

systems to supplement health-related policies. Without these enabling environments, NCD management is unlikely to achieve optimal outcomes.

In this context, the Socio-Ecological Model (SEM) provides a conceptual framework for integrated non-communicable disease management, emphasizing interactions among individual, interpersonal, community, and policy-level factors. This model emphasises that effective non-communicable disease management requires not only individual behaviour change but also supportive environments and multisectoral relationships that facilitate healthy choices and sustained care. Such an approach aligns with national-level strategies, the Ministry of Health's National Strategic Plan for Non-Communicable Diseases (NSP-NCD) 2016–2025, which reflects this integrated framework by addressing both healthcare delivery and broader social determinants of health.<sup>25</sup> However, the effectiveness of such policies depends on their implementation, coordination across sectors, and the extent to which they translate into accessible, and patient-centred care. Strengthening these components is essential to ensure that policy-level commitments lead to tangible improvements in NCD outcomes.

## CONCLUSION

The rising global burden of NCDs has been recognized as a major challenge and threat to public health. Despite the important role of NCD prevention in targeting key risk factors to reduce the onset of NCDs, implementation of NCD prevention strategies remains limited. To effectively address the increasing burden of NCD, a shift from prevention approaches to integrated management strategies is necessary. In fact, addressing the needs of individuals living with NCDs has become a global health priority. Thus, this paper employs the SEM model, highlighting that effective management of NCDs depends on dynamic, multi-sectoral interactions involving individuals, families, friends, healthcare professionals, communities, and public health policy. Strengthening implementation, improving continuity of care, and translating policies into context-specific, and sustainable actions are essential. Hence, evidence-based strategies offer the potential to sustainably improve NCD outcomes and resilience against the global rise of chronic diseases.

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