Editorial

SDG 3.4 Calls for Biopsychosocial Approach

In the year 2015, the United Nations established 17 Sustainable Developmental Goals (SDG). The target 3 in the list is good health and wellbeing. The target year of achieving these goals is set for the year 2030. Target 3 has a number of sub-goals. Out of this, target 3.4 states – "By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being". This comes against the background of a UNDP report that mentions that every two seconds someone between the age group of 30-70 years dies prematurely due to non- communicable disease. Four non-communicable diseases are identified as the major cause of mortality, viz- Cardiovascular diseases, Cancer, Chronic respiratory diseases and Diabetes. In the year 2021 the mortalities due to the four major NCDs accounted for 43 million. Out of this 18 million died before the age of 70 and 73% of these deaths were in low and middle-income countries. The data revealed that about 19 million deaths were due to cardiovascular diseases, 10 million due to cancer, 4 million due to chronic respiratory diseases and 1.6 million due to diabetes. The data thus indicates that about 35 out of 43 million deaths are due to the four major NCDs while the other NCDs account for the 8 million deaths. This justifies the identification of the four major NCDs as the target for reducing the premature mortality.

The member countries are expected to work towards this goal. The primary steps taken towards this ambitious goal are tobacco, and alcohol control and effective health system at national level. While the impact of these steps cannot be undermined, they alone cannot be considered as optimal effort. The NCDs are lifestyle related diseases. They have very significant relationship with the psychological factors such as cognition, affect state, and health behaviour. The time-frame for goal

attainment leaves five years for the member countries. Only an all-out effort can lead the countries close towards the goal. The concerned governments should plan their action points both at macro and micro levels. While tobacco and alcohol control at the policy levels of supply, accessibility and pricing may successfully control the risk behaviour to some extent, attention should also be focused on behaviour change at micro level. Owing to the fact that sustenance of treatment outcomes in NCDs depend on adherence to health behaviour, it is essential to take a biopsychosocial approach to meet the goals within the target time of 2030. The trajectory to change in health behaviour is traced from cognition, affect, motivation and behaviour. Further, the behaviour change to be sustained calls for repeated interventions at individual and group levels. As pointed by Allen (2012) a universal approach of psychotherapy may not reap a positive outcome. Individual variations based on the unique personality make-up, cognitive base, affect management skills, level of self-efficacy, social support network, and social skills need to be introduced in psychosocial intervention module. There is a need to integrate into the policy the research and practice of Behavioural Cardiology, Behavioural Pulmonology, Psycho-Oncology and Behavioural Diabetology at health care organizations at all levels. Policies sans the holistic approach to NCDs at diagnostic, treatment and management levels are likely to bring only suboptimal results. It is time that the nations adopt multidisciplinary approach to attain SDG 3.4.

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