MULTISECTORAL INITIATIVES IN CANCER CONTROL: FARE CONCESSIONS FOR CANCER PATIENTS ON INDIAN RAILWAYS


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Access to cancer care is not just about affordable medicines and treatment facilities, it can also be about removing physical barriers to receiving treatment. For increased early detection and the problems of late presentation, lowering the cost of travel for patients and their carers can be a constructive initiative. Since 1957, the Ministry of Railways in India has developed a concession scheme for cancer patients and their carers which has proved beneficial and evolved with new features over the decades. This is a practical, and copyable, example of a multisectorial approach to cancer care.

The political declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases that was adopted by the UN General Assembly as Resolution 66/2 at its third plenary meeting on 19 September 2011 placed a strong emphasis on the need to create multisectoral solutions to control the growing epidemic of non-communicable diseases (NCDs) in low- and middle-income countries (see Table 1). This emphasis reflected the growing recognition that very few of the social determinants of health can be directly influenced by health care professionals or health policy-makers alone. A "whole-of-government" approach is required that addresses NCDs and ensures that health-related considerations are taken into account as an integral part of the policy-making process of all government departments.

A high proportion of patients presenting with advanced cancers in developing countries may be largely due to the lack of knowledge (public, professional and political) about the early signs of cancer, to the lack of local and regional infrastructure, poverty and the high cost of treatments but a further reason is also the recurrent cost of journeys to distant centres for treatment. India has a long running scheme that helps defray the rail travel costs of cancer patients and their carers attending hospital for treatment. *Cancer Control* invited the Ministry of Railways in India to provide the following description of its concessionary fare scheme as an example of an established multisectoral approach designed to improve access to treatment for cancer patients on lower incomes.

Fare concessions for cancer patients

Indian Railways offer a wide range of rail travel services among which lower class travel is one of the most inexpensive transportation services in the world. Apart from being a low-cost passenger transportation system and the largest passenger transportation system in terms of passenger kilometres, Indian Railways has also been discharging a critical social obligation towards nation building. This social obligation manifests itself, among other things, in the form of concessions extended to various travellers which include senior citizens, the disabled, students, *kisans* (small farmers and agricultural workers), war-widows and people with life-threatening diseases. The travel concessions offered to cancer patients also demonstrates how Indian Railways discharge their social obligations entirely on a voluntary basis.

Background to concessions for cancer patients

In post-independence India, travel concessions were introduced in the early 1950s for students and *kisans* with the twin purpose of furthering education and nation building. Available records show that the concession for cancer patients was first introduced in 1957. The concession offered the following features:

➤ The concession was 75% of the full fare.

Table 1: **Excerpts from the Annex Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, Resolution 66/2 adopted by the General Assembly at its third plenary meeting, 19 September 2011**

Responding to the challenge: A whole-of-government and a whole-of-society effort	
33	Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard
36	Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development
39	Recognize that the incidence and impacts of non-communicable diseases can be largely prevented or reduced with an approach that incorporates evidence-based, affordable, cost-effective, population-wide and multisectoral interventions
42	Acknowledge the need to put forward a multisectoral approach for health at all government levels, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively
Reduce risk factors and create health-promoting environments	
43.	Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors
43(a)	Encourage the development of multisectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives
43(b)	Develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, including through evidence-based education and information strategies and programmes in and out of schools and through public awareness campaigns, as important factors in furthering the prevention and control of non-communicable diseases, recognizing that a strong focus on health literacy is at an early stage in many countries
43(l)	Scale up, where appropriate, a package of proven, effective interventions, such as health promotion and primary prevention approaches, and galvanize actions for the prevention and control of non-communicable diseases through a meaningful multisectoral response, addressing risk factors and determinants of health
Strengthen national policies and health systems	
45	Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and the objectives contained therein, and take steps to implement such policies and plans
45(f)	Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and decrease the rising trends of obesity in child, youth and adult populations, respectively
Research and development	
61	Call upon the World Health Organization, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop, before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases.
Follow-up	
64.	Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership
65	Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed-development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases

- If accompanied by an attendant, the concession was reduced to 50% for both the patient and the attendant – issued as a combined ticket.
- The concession was offered to cancer patients travelling for admission to hospitals or institutes or after discharge from these institutions.
- In 1961, the concession was extended to outward and return journeys i.e., the outward journey for admission to the cancer hospital or institute or in connection with re-examinations or periodical check-ups and the return journey after discharge.

Since its inception the concession for cancer patients has evolved in the following manner:

Year	Concession
1969	A 75% concession was allowed on second class mail and express trains.
1981	The same concession was extended to both first class and second class.
1986	After the introduction of sleeper class, the same concession was allowed for this.
2003	The same concession was extended to 3AC and AC CC and 50% concessions were offered for 2A and 1A classes.

Present policy

At present cancer patients are eligible for 100% concession in AC 3 tier/sleeper; a 75% concession on second class, AC Chair Car; and a 50% concession in AC 2 tier and AC first class. These are allowed on the basic fares of mail and express trains.

The escorts of cancer patients are also eligible for a 75% concession in second class, sleeper, AC Chair Car, AC-3-tier and a 50% concession AC 2 tier and AC first class. They are allowed only on basic fares for mail and express trains.

The procedure for obtaining cancer patient concessions

Concessional tickets are issued on production of a certificate from the head of a cancer hospital or institute where the patient is being treated. Outward journey concessions are issued from the station where the patient boards to the hospital where they are being treated. The return journey concessions are issued from the treatment/check-up/discharge centre to the patient's place of residence.

A large number of cancer patients have been using this facility. During 2012–13 approximately 1.5 million passengers have used the concession; of which 900,000 passengers have reserved tickets and nearly 600,000 passengers used un-reserved tickets. The total monetary value of concessions given to cancer patients in 2012–13 was approximately US$ 5.88 million (Rs 375 million).

Facilitating travel with reserved seating

Apart from the support given in the form of fare concessions, Indian Railways also facilitates the travel of cancer patients by providing a special quota of reserved seats. Such quota is earmarked on approximately 150 mail and express trains covering the major metros where the hospitals and institutes for specialized treatment are located. In addition, cancer patients who use the concessions are also given limited direct access and preference in the allotment of an emergency quota of seats which helps travel at very short notice. Therefore, to some extent, cancer patients are given adequate priority over the other categories of traveller including those travelling on duty, senior officials, etc.

The figures cited above are impressive and encourage further research. It would be interesting to know how many other countries (high, middle or low income) are operating similar concessionary fare programmes for cancer patients and their carers. Even more importantly, what evidence there is that providing cheaper or free travel for patients leads to any or all of the following outcomes: downstaging at the point of diagnosis; increased attendance and adherence to treatment protocols; improved availability for follow-up and improved survival rates? *Cancer Control* would be interested in receiving summaries of these data from major treatment hospitals in India whose patients are known to have benefited from these concessionary fares. ●

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