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**INEQUITIES IN EMERGENCY CARE**

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Time sensitive emergency medical conditions such trauma, myocardial infarctions, sepsis, severe dehydration and peri-partum bleeding are responsible for a large proportion of disease burden globally, especially in low and middle income countries. Quality of care provided at the health facility is important an important determinant, often it is the delay in reaching the appropriate hospital which contributes to poor outcomes. Emergency Medical System, or a pre-hospital treatment and transport system is considered a key intervention for reducing the mortality from large number of diseases including trauma. Perceived cost associated with setting up and running of the system is one of the reasons for poor investment in this area. In this presentation we present a model for a basic but effective level of emergency medical system that responds to the perceived community needs as well as improving health of a population. The presentation reviews the costs associated with the EMS from a 'developing world' point of view and discusses ways to fund such an activity in the state funded system as well as mixed payer model.