Conclusions Large part of the public would likely support exempting orphan drugs from standard cost-effectiveness criteria. However, our results indicate considerable preference heterogeneity and the preferences of many depend on patients, disease, and drug characteristics. The results provide insight into the circumstances in which offering a waiver to orphan drugs may receive public support and inform reimbursement decisions in healthcare.

| 121:poster | PRIMARY CARE PHYSICIANS AS A GATEKEEPER AND PATIENTS' AMBASSADOR: AN INTERVIEW STUDY IN ENGLAND AND JAPAN |

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Background Gatekeeper is one approach to efficiently allocating healthcare resources in primary care. In Japan, there has been an ongoing argument that the absence of gatekeeping might have contributed to excess demand in specialist or hospital care. By contrast, general practitioners (GPs) in England have played the role of gatekeeper since the establishment of the National Health Service (NHS). This study investigated how primary care doctors in both countries manage patients' demands during the consultation while acting as a patients' advocate.

Method We conducted in-depth interviews with primary care doctors in England and Japan via an online videoconferencing platform or face-to-face between July and December 2021. We elicited participants' experiences and views about rationing and managing patients' demands in practice; hypothetical consultation scenarios were also used. Interview transcriptions were thematically coded and analysed in the original language. Emerging codes and themes were constantly compared to develop understanding and build analytic frameworks.

Results In total, 8 GPs in England and 15 primary care doctors in Japan participated in the interviews. Most UK GPs expressed their frustrations over the growing pressure to handle rationing by the NHS. They had to manage patients' expectations and offer alternative options when expecting a long wait or difficulty in accessing services within the NHS. Some of them shared the local guidance on referral during discussions with patients. By contrast, primary care doctors in Japan rarely mentioned their need to commit to priority setting. However, several physicians reported struggling to decline patients' requests for unnecessary care and tended to use implicit judgement criteria in the absence of an explicit gatekeeping system.

Discussion Although clinicians in both contexts struggled to manage patient demands, the presence of explicit gatekeeping seemed to increase the prominence of priority setting in practitioners' minds and give them an additional mandate for action.

| 122:oral | PRIORITY SETTING IN VACCINE ALLOCATION IN JAPAN |

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Background The COVID-19 pandemic highlighted the necessity of allocating limited healthcare resources both fairly and effectively. Like many other countries, Japan decided to set priorities for the distribution of COVID-19 vaccines. Prior to this, priority setting had not been common in the healthcare setting in Japan. Japan's vaccination programme was initiated in February 2021 and is carried out by local governments and social health insurers, following national guidelines which state that priority should be given to members of high-risk groups according to their age and clinical condition. We investigated how local governments in Japan apply this policy and how, through their websites, they describe it to local communities.

Methods We reviewed and analysed the official websites of 47 prefectures and 20 municipalities in Japan. The contents were reviewed to see (1) what priority framework they applied (2) whether municipal governments explained how priority was set and (3) how they implemented their policy. We also investigated how the terms 'priority' and 'fairness' were used on their websites.

Results Due to the limited supplies of vaccine provided by the central government, many local governments needed to set their own priorities within the framework provided by the government. Examples include Osaka City, which prioritised elderly people living in care homes. At least 40 prefectures decided to allocate vaccines first to their capital city. Kagawa prefecture decided not to announce which cities they allocated vaccines to, out of a sense of 'fairness'.

Discussion Although Japan achieved high vaccination acceptance in the short term, the government's guidance on priority setting for vaccines lacked specificity and it was unclear how important it was to follow their guidance. The government left many decisions to local municipalities and did not clarify the concept of 'fair allocation', leading to geographical inequalities in the distribution of vaccines.

| 210:oral | PROCEDURAL FAIRNESS AND UHC RESILIENCE: THE CASE OF HEALTH FINANCING REFORM UKRAINE |

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Across the globe, the pandemic has struck social compacts no less than individual lives. Falling incomes and escalating healthcare needs have amplified public concerns over government choices in healthcare financing, stimulating new research on what could be realistically done to increase the perceived fairness of these decisions. This case study is part of a series of case studies contributing to development of guidance for policy makers on procedural fairness in health financing. The study examines applicability of the newly proposed criteria to the experience of the 2016-2017 health reform in Ukraine, focusing on the decisions of the Government to choose general taxation as the funding source for a newly established benefit package and the decision to replace a highly decentralized health financing system with a single-purchaser model.

The study is based on qualitative methods. Using a desk review, it examines the evolution of regulations and supportive documents, expert analysis and media content. This is supplemented by semi-structured interviews with the reform stakeholders, deliberately covering respondents with diverse opinions on the process and outcomes of the reform. The