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.

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.