Survey design The survey was carried out by the SAGE secretariat which, in addition to its role of leading all SAGE related activities, also has a wider coordination function concerning all matters of relevance to immunization policy at global, regional and country level. While stratification of survey responses was sys- tematically conducted per income classification and WHO region, only the most relevant results are commented on. The results of the survey were presented to the SAGE Working Group for COVID-19 and to SAGE members, who expressed their satisfaction with the findings. The 98 NITAGs contacted included the sub- regional Immunization Technical Advisory Group for the Caribbean region (CITAG) that encompasses 22 countries and territories/13 WHO Member States [9], and the 74 registered GNN members, as well as additional NITAGs for whom contact information was avail- able as a result of registration for SAGE meetings or communica- tions with WHO regional office focal points. In order to verify the survey was fit for purpose and to ensure all questions could be adequately interpreted and answered by NITAGs from broad-ranging geographic and economic settings, as well as levels of committee maturity, a brief piloting and validation of the survey was implemented, including the translated versions in Spanish and French Additional data on regional categories, World Bank incomelevel, and NITAG functionality status (accord- ing to WHO criteria) were added to the dataset to allow for addi- tional stratifications and comparisons, but these were not factors in the sample selection. Data collection A link to an online survey, created for maximum simplicity and efficiency through Microsoft Forms, was sent out in late November 2021 to a total of 98 NITAGs by email to both the secretariat lead and the chair of each advisory group, requesting a coordinated response and offering the option to complete a version in one of the four languages. Descriptive statistical analysis was conducted using Microsoft Excel, and grouped thematically by survey section, as well as through regional and economic stratification. A second section was dedicated to accessibility, suitability and usability of COVID-19 vaccine policy outputs published by WHO.2.2.2.3.