

Forum: World Health Organization (WHO)

Issue #1: Measures to address mandatory vaccination policies for global health crises

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“Health and self autonomy considerations in mandatory vaccination mandates in global health emergencies.” “Ethical Considerations for a COVID-19 Vaccine Mandate.” *Society of Critical Care Medicine (SCCM)*, 2025, www.sccm.org/blog/ethical-considerations-for-a-covid-19-vaccine-mandate. Accessed 29 May 2025.

Introduction

Mandatory vaccination policies are regulatory measures that force individuals or populations to receive specific vaccines, particularly during international health crises such as epidemics or outbreaks of highly contagious diseases. These policies are designed to rapidly increase immunization rates, reach herd immunity, and protect susceptible populations from illness and death. While mandatory vaccination has worked to control the spread of measles, polio, and COVID-19, among others, it also

raises important ethical, legal, and societal concerns. Concerns surrounding individual autonomy, informed consent, and discrimination or unequal access to vaccines are usually raised. Misinformation and distrust of health authorities could also lead to resistance from the public, making such policies hard to enforce. The international community needs to weigh the societal benefit of mass vaccination against respect for individual liberty and cultural diversity, and at the same time ensure that policies are grounded in science and transparency. These complexities point to the struggle between public health interests and human rights, showing that mandatory vaccination is a multifaceted and complex issue in global health governance.

Definition of Key Terms

Mandatory Vaccination: A policy that requires individuals or groups to receive specific vaccines, normally enforced by governments or national authorities.

Herd Immunity: The indirect protection from diseases that occurs when a large percentage of a population becomes immune to the disease, reducing the spread.

Immunization Coverage: A certain percentage of the population has received the recommended number of vaccines by the government.

Vaccine Hesitancy: Refusal to vaccinate despite the availability of vaccines.

Public Health Emergency: A situation where the health of a population is at risk due to the widespread spread of a disease, such as a pandemic, requiring urgent action.

Informed Consent: The process by which people are provided with information about vaccination allows them to form an opinion and decide whether to accept or refuse it.

Equitable Access: Ensuring that all people, regardless of their background, have a fair opportunity to receive vaccinations.

Regulatory Authority: A national or international body responsible for evaluating and

approving all safety and quality standards of vaccines before they are released to the public.

General Overview

Context

Mandatory vaccination policies are one of the most complicated and controversial global public health issues. Some countries have mandatory vaccine policies for children and adults, others have voluntary vaccination policies, others have voluntary vaccination policies, and many have either limited access to vaccines or limited ability to mandate vaccines due to economic or logistical issues. Whether to mandate or not mandate vaccines is impacted by a multitude of considerations, including the nature of the healthcare system, the confidence in the government and trust in science, historical experiences with outbreaks of disease, and vaccine-preventable illness prevalence rates in the community. In high-income countries, there are often arguments made in support of mandates based upon “community immunity” to protect vulnerable populations (National Strategic Plan). In low and middle-income countries, sometimes the issues are less ethical and more practical considerations in light of weak health systems, shortages in vaccine supply and distribution, and more. COVID-19 highlighted those disparities as global demand for vaccines outpaced the supply in many low-income and middle-income countries, and also intensified the issue around the ethics and practicality of mandates during a public health emergency (“Vaccination and Immunization Statistics - UNICEF DATA”).

Balancing Individual Rights and Public Health in Mandatory Vaccination Policies

The most contentious issue that surrounds mandatory vaccination policies is the balancing act of individual rights and communal health. Supporters of vaccination mandates argue that they are needed to improve immunization rates, to prevent vaccine-preventable outbreaks, and to protect the health of others who cannot receive vaccinations for medical reasons, like children with immunocompromised conditions. However, those opposed to mandatory vaccination argue that individuals have the freedom to make their own choices about how they manage their health. Critics also express concern about personal autonomy, including religious or

philosophical beliefs, when it comes to the moral implications of mandatory vaccinations, and not having faith in their governments' actions with vaccination mandates (Gro Harlem Brundtland and Hussein). Public health professionals are facing increasing levels of vaccine hesitancy for several reasons like, misinformation, a legacy of colonialism, threatening the values of free will, and fear of adverse reactions from vaccines, ultimately leading to protests, threatening the judiciary, and in the worst case, a decrease in vaccination rates in the healthy population. These contexts are different by region, and the attitudes of the public towards vaccination mandates may differ based on the political and social context, which affects how governments come to respond to vaccination mandates (World).

Regulatory Issues and Implementation

Implementing mandatory vaccination policies presents a complex variety of legal, ethical, and operational challenges. Countries need to create clear exemption processes, adequate fines for non-compliers, and ensure that mandates do not unfairly disadvantage marginalized or vulnerable groups. Learning from prior experiences, we can see that mandated vaccinations that are poorly designed can subsequently exacerbate resistance and mistrust in health authorities. On the other hand, mandates that are coupled with solid public education, clear communications, and accessible vaccination tend to elicit greater acceptance and better health outcomes. The World Health Organization (WHO) and other international organizations have provided guidance on the best practices for developing and implementing mandates, but no policy will be a perfect fit for every scenario, and policy positioning must be based on localized realities (De Serres et al).

Major Parties Involved and Their Views

United States of America

The United States has played a central role in the worldwide vaccination landscape, influenced by its internal policies and its leadership on the international stage. Within the country, the U.S has established vaccine mandates for school admission in numerous states and has actively discussed the equilibrium between public health regulations and personal liberties, particularly during the COVID-19 pandemic. Globally, the U.S has

played a significant role in vaccination initiatives by offering financial aid, vaccine supplies, and technical assistance to lower and middle-income nations. Its activities are motivated by a blend of health, economic, and national security priorities, acknowledging that managing infectious diseases worldwide is crucial for safeguarding Americans and ensuring global stability. (Morrison et al.)

Israel

Israel has set itself apart in the international vaccination landscape by achieving rapid and extensive vaccine coverage via voluntary participation and creative public health approaches, rather than sweeping legal requirements. The nation initiated its COVID-19 vaccination initiative, "Give a Shoulder", in December 2020, promptly obtaining a substantial stock of Pfizer-BioNTech vaccines and giving priority to high-risk populations like seniors and healthcare workers. ("Lessons in COVID-19 Vaccination from Israel") By taking an optional and voluntary approach to their mandatory vaccination program, Israel has caught the attention of other countries because of their priority in letting the public choose rather than making a vaccine mandatory. Israel has not established a universal legal requirement for vaccination; rather depends on strong recommendations and initiative from the population. (Wilf-Miron et al.)

China

China's approach to vaccination in global health emergencies, especially the COVID-19 pandemic, has been marked by effective government coordination and swift, large-scale immunization campaigns (Zheng et al.). The national initiative focused on high-risk groups initially before extending to the broader population, attaining one of the highest vaccination rates globally through a mix of free vaccines, extensive public health communication, and mandatory vaccination. Although vaccination was technically voluntary, local officials put in place incentives and limitations to promote participation, such as restricting access to public areas for those who were unvaccinated. Moreover, China has played a significant role in global vaccine distribution, sending domestically produced vaccines to various nations as part of its international health diplomacy efforts. (Meng et al.)

Austria

Austria has pursued a different approach when it comes to mandatory vaccination, which has been marked by major policy changes and public debate over mandatory vaccination. In the middle of the COVID-19 pandemic, Austria emerged as the first European nation to implement a nationwide vaccine mandate for adults, enacting legal obligations and penalties for those who do not comply. (Reuters) Nonetheless, the mandate encountered significant public opposition, legal obstacles, and challenges concerning proportionality, personal rights, and societal division. In the end, the government revoked the mandate prior to its complete implementation. From that moment on, Austria prioritizes the nation's point of view and their own rights. (Schuetze) Giving them the decision to vaccinate themselves or not. The Austrian situation highlights how the enforcement and later lifting of a mandatory vaccine illustrate conflicts between public health needs and the safeguarding of individual freedoms.

Timeline of Events

Date	Description of Event
1777	General George Washington took the risky and unpopular step in 1777 to inoculate all new arrivals against smallpox, a method that entails being exposed to a small amount of the live virus to gain immunity. Marking the first mandatory vaccination order.
1803	Spain's global smallpox immunization campaign, using orphaned children as live carriers to take the vaccine to colonies in Asia and the Americas, was one of the world's earliest mass vaccination campaigns.
1853	The UK passed the first nationwide law mandating universal smallpox vaccination of infants, provoking public opposition
1879-1885	Anti-vaccination leagues were formed in the US and the UK, There

were public demonstrations, as well as court cases challenging mandatory vaccination legislation

1905	The 1905 Supreme Court case <i>Jacobson v. Massachusetts</i> emerged when Henning Jacobs, a resident of Massachusetts, declined to adhere to a state law mandating smallpox vaccination amid a significant outbreak.
1984	Introduction of the expanded programme on Immunization (EPI) by the WHO and Unicef
1995-2010	Periods were when vaccines like varicella, rotavirus, and pneumococcal were introduced
2019-2021	The COVID-19 pandemic hit the world, triggering emergency vaccine creation and international mandates for healthcare professionals and the mass population

UN Involvement, Relevant Resolutions, Treaties, and Events

Agreement on the Establishment of the International Vaccine Institute (1997)

This treaty, signed at the United Nations Headquarters in New York, established the International Vaccine Institute (IVI), an intergovernmental institution dedicated to vaccine development and deployment for improving international health, and most especially in developing countries. The treaty has been amended many times since its inception and remains open to signature by states and intergovernmental organizations. The IVI is critical to conducting research, developing, and distributing vaccines fairly to aid international immunization efforts ("UNTC").

World Health Organization Pandemic Prevention, Preparedness and Response Accord (Pandemic Treaty) – Draft Agreement (2025)

After three years of negotiations under the auspices of the World Health Organization (a UN specialized agency), member states signed a binding pandemic treaty to improve global preparedness and response to future health emergencies. The treaty prioritizes

equitable access to vaccines, diagnostics, and treatments, rapid information sharing, transfer of technology, and pandemic prevention measures like surveillance of zoonotic spillover risks. It seeks to forestall the broken and unequal response to COVID-19 by necessitating collaboration and sharing of resources among countries. The treaty will be adopted at the World Health Assembly in 2025 and will require ratification by member states (Nolen and Anthes).

The United Nations Security Council Resolution 2177 (2014) on Ebola Virus Disease

During the historic 2014 Ebola epidemic in West Africa, which rapidly escalated to become a regional and worldwide health emergency, the United Nations Security Council took the unprecedented step of adopting Resolution 2177 on September 18, 2014. The resolution was a milestone because it represented the first time that the Security Council formally declared a public health emergency to be a threat to international peace and security and acknowledged the sweeping global implications of infectious disease epidemics beyond health systems. The resolution called on all UN member states and international agencies to mobilise resources and coordinate action with a sense of urgency to contain the outbreak of Ebola. It emphasised the need for the delivery of robust assistance to the infected countries- Guinea, Liberia, and Sierra Leone- through the strengthening of their health systems, increasing surveillance, and accelerating the production and distribution of vaccines and treatments.

The resolution also endorsed the creation of the United Nations Mission for Ebola Emergency Response (UNMEER), the first UN emergency health mission in history, to coordinate the international response in the field. In labeling Ebola as a security threat, the resolution galvanized historic political will, funding, and coordination among governments, NGOs, and the private sector that would ultimately prove critical in ending the outbreak. This landmark decision demonstrated the UN's growing capacity to put health emergencies into the overall framework of global security and confirmed the importance of rapid vaccine development and equitable distribution in curbing pandemics. It set a precedent for how the globe would respond to future plagues, including COVID-19 ("Item").

Evaluation of Previous Attempts to Resolve the Issue

Historical Smallpox Vaccine Mandates

Considerable effort was made to enforce involuntary vaccination for policies for global health emergency situations in response to outbreaks of smallpox in the late 19th century to the early 20th century. While many political bodies worldwide required the smallpox vaccine, by approximately 1900, large portions of state and local government in the US started implementing and enforcing decrees demanding the smallpox vaccine, in some cases requiring those who refused. Officials were understandably frustrated, knowing their limited ability to vaccinate people who dismissed their civic duty to obtain the smallpox vaccine. Almost ubiquitously, these communities repeated this process with their smallpox mandates as vaccination rates soared and their outbreaks were successfully contained. However, some people resisted compliance despite significant community vaccine uptake due to principled reasons referencing safety and efficacy, liberty, and/or government overreach. In terms of resistance to government mandates around vaccinations, like opposition to public health, the opposition may be organized groups such as the anti-vaccination league, which resisted complying, engaged in legal actions, when threatened by government intervention they believed impeded their liberty, and imposed community-based conversations and discussions about vaccination. Historical evidence shows that mandatory vaccination resulted in reduced disease, but it also further examined ideas around legitimate authority, trust in government, autonomy over one's body, fairness, and equity. Epoch-making, in the 1905 Supreme Court case, *Jacobson v. Massachusetts*, the court legally ruled that states had the power in the legislative form to mandate vaccination, and it is still cited over a century later in public health law.

Modern Mandatory Childhood Vaccination Policies

In the past decade, several European countries, most notably Italy and France, strengthened their vaccine mandate policies in response to recently falling vaccination rates and associated outbreaks of diseases like measles. These policies linked school attendance to proof of vaccinations and were publicly proclaimed as one of the reasons vaccination rates increased and mitigated or even controlled outbreaks. In their analyses, the researchers found a lack of detailed and systematic data documentation about the long-term effectiveness of mandatory childhood

vaccination policies. Although generally rejected, the stricter policies faced resistance from the public, with legal actions often resulting and implicating the complicated relationship between borderline ideological views about individual rights and collective health. (Kuznetsova et al) The COVID-19 pandemic also muddled the potential opportunity to evaluate their mandate effectiveness because routine childhood vaccinations were significantly disrupted during the pandemic, especially since discouraging vaccine hesitancy is essential to build a vaccination culture. Ultimately, while mandatory vaccination policies may be effective, their effectiveness really depends on public trust, strong legal statutes, and periodic evaluations to contextualize their continued use for diverse populations. Additionally, some studies suggest that mandatory vaccinations alone are weak policies, particularly if not accompanied by proactive education campaigns, providing counter misinformation, and sustainability efforts to quell vaccine hesitancy. The European experience also helps to highlight the importance of policies considering cultural and social contexts so as not to alienate communities by imposing ideologies around equitable access and social responsibility (Schmelz and Bowles).

Possible Solutions

Balanced Mandates with Safeguards

Balanced vaccination mandates and safeguards can support maximum public health benefits, limited social harms, and ethical questions. Governments and institutions should not immediately jump to punitive measures. They can use "soft mandates" to begin, which include regular testing for unvaccinated individuals or making vaccination a condition of participation in an activity (i.e., enrolling in school or traveling), while also ensuring that vaccines are provided free of charge and requirements for easy accessibility, especially for marginalized communities. (Promoting Vaccination) We must have clarity in the law; mandates should engage in a transparent, democratic process, not be made in a vaccine shops or general pay clinic, or use a "vaccine passport" to make paying for other services like food or utilities conditional on proof of vaccination, and include clear language on medical and religious exemptions to ensure that they are legitimate exemptions. Truly understanding mandates means we need to respect rights to privacy while increasing public trust and compliance,

decreasing the chances of polarization or backlash, and increasing the development of acceptance of vaccination policy.

Evidence from countries that legalized their mandates indicated that access to the vaccine cannot be separated from the enforcement of the mandate, and coupling was beneficial to uptake. Mobile/vaccination units in hard-to-reach populations, accompanied by a broadening of service scope with expanded hours, will improve vaccine uptake. Similarly, providing independent oversight bodies of the mandate implementation assisted in monitoring and provided accountability to avoid any discriminatory practices in regards to vaccine uptake. Lastly, we cannot forget to collect, review, and report data to inform both on vaccination rates and adverse effects, to continue to understand and meet public expectations, and to be able to respond on time to policy adjustments if warranted. (Saunders)

Community-Driven Strategies

By recruiting communities directly engaged in vaccination, communities can have meaningful input into action as a strategy for combating misinformation and increasing vaccination uptake. Training up trusted community members, i.e., health care workers, clergy, and community advocates to be pro-vaccine champions, public health campaigns can leverage local social networks to share organized messages to dispel myths and relay accurate information regarding the COVID-19 vaccine campaign, and vaccinations more generally. The stronger you engage with local culture, language, social dynamics, and genuine loves and concerns - humour, common relatable experiences, ingrained values - the greater the chance your outreach will be effective through vaccine education campaigns (Olick et al). Understanding and probing local sentiment through surveys or media allows health authorities to view and respond quickly to fear or rumour emerging on an ongoing basis, making their intervention timely, relevant, and allowing them to not only listen but also modify to respond to community-based feedback. Existing programs demonstrate the possibilities to utilize community leaders not only in planning and organizing vaccination drives, but in delivering vaccinations to marginalized or vaccine-skeptical populations that correspond to measurable increases in vaccination coverage.

Inclusive community planning provides further opportunity, and collaboration with faith-based organizations in large urban areas specifically increases acceptance by addressing community values and concerns specific to the culture of those communities. Sustained engagement beyond just the set-up, or immediate take-up after a campaign, ie, follow-up and feedback, shows help in embedding trust and likelihood of completing the full vaccination schedule suggested. (Kuznetsova et al)

Sustainable Development Goal (SDG)

Sustainable Development Goal 3: Good Health and Well-being

Mandatory vaccination is fundamentally tied to Sustainable Development Goal (SDG) 3, which aims to ensure healthy lives and promote well-being for all at all ages. More specifically, target 3.b focuses on supporting research and development and ensuring access to vaccines and essential medicines for communicable diseases, which are necessary for controlling global epidemics and pandemics. Mandatory vaccination is one component of increasing immunization coverage, preventing preventable diseases, and stopping outbreaks that harm public health and social stability. In addition, equitable access to safe and affordable vaccines is a step towards universal health coverage, a part of SDG 3. Otherwise, millions of children and vulnerable populations remain vulnerable and exposed to preventable illnesses, and efforts towards the reduction of child mortality and eradicating epidemics such as measles and diphtheria are hindered. Mandatory vaccination policies are an important step forward in meeting global public health challenges and advancing sustainable wellbeing in association with SDG 3. ("Goal 3 | Department of Economic and Social Affairs")

Appendix

The appendix offers delegates supplementary materials, reports, and overall pieces of information that will be useful and helpful. It is designed to offer additional context to the issue. It will help delegates think critically about the issue at hand and enhance their arguments in all relevant ways during debate. Delegates may use the appendix to find statistics, evidence, and overall information that will help them in

debate or inform them more about their country.

<https://www.who.int/teams/immunization-vaccines-and-biologicals/policies/position-papers>

Source A: World Health Organization (WHO) Position Papers: Documents that contain certain authoritative information prepared by the World Health Organization, which have evidence-based recommendations on the use of vaccines of international public health importance.

<https://www.statnews.com/2025/05/20/who-pandemic-treaty-tedros-us-covid/>

Source B: World Health Organization (WHO) Pandemic Treaty (2025): Landmark international agreement designed to enhance global preparedness and response to future pandemics. Aims to ensure equitable access to vaccines, diagnostics, and treatments in future health emergencies.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-brief-Mandatory-vaccination-2022.1>

Source C: World Health Organization Policy Brief: COVID-19 and Mandatory Vaccination - Ethical considerations: This policy brief for the World Health Organization discusses ethical considerations of adopting mandatory vaccination policies, focusing on COVID-19 but applicable to public health issues more generally.

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