

# First Ladies for a Cervical Cancer- Free Future

A Cervical Cancer Advocacy Toolkit to  
Support and Empower Female Spouses  
of Heads of Government

May 2026



The Commonwealth





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# Foreword



Cervical cancer remains one of the most preventable health inequities of our time. Across the Commonwealth, women continue to die from a disease for which effective tools for prevention, early detection, and treatment already exist.

Although the Commonwealth represents a significant share of the global population, our member countries bear a disproportionate burden of cervical cancer. This reflects inequities in access and implementation, not limitations in medical knowledge or capability. Without accelerated action, this burden will continue to rise.

The World Health Organization's 90–70–90 targets provide a clear and achievable pathway to elimination. What is now required is sustained leadership, coordinated action, and advocacy at scale.

First Ladies and Partners have a unique capacity to mobilise public attention, influence national dialogue, and inspire action on issues of profound social importance. This Toolkit has been developed to support First Ladies and Partners in leading informed, strategic, and impactful advocacy for cervical cancer elimination across Commonwealth countries.

By placing women's health, equity, and dignity at the centre of national priorities, we can accelerate progress towards a future where no woman dies from a preventable disease.

Together, we can eliminate cervical cancer.

*Hon. Shirley Botchwey*  
*Commonwealth Secretary-General*

# Acknowledgments

The Commonwealth Secretariat gratefully acknowledges the contributions of the Health Team within the Social Development, Youth and Gender Directorate, under the leadership of Senior Director Jennifer Namgyal. We especially recognise the dedication of Janneth Mghamba, Emily Gilmour and Phyllis Ruzvidzo in developing this Toolkit.

We also extend our appreciation to the Organisation of African First Ladies for Development (OAFLAD) and the World Health Organization (WHO) for their valuable inputs, to Dr Esther Nayeu for her technical leadership, and to Roche Diagnostics for their generous support.

# Part 1: At a Glance – What You Need to Know

## Why Cervical Cancer – Why Now?

Cervical cancer is the fourth most common cancer in women globally and the leading cause of cancer deaths among women in low and medium-income countries (LMICs), yet it is one of the only cancers

the world has agreed we are able to eliminate. We have the vaccine, the screening tools, and the treatment. What is needed is leadership, sustained commitment and action.

<b>660,000</b> new cases in 2022	<b>350,000</b> deaths per year	<b>90%</b> Of deaths occurring in low- and middle-income countries	<b>100%</b> nearly preventable
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## The World Health Organization's 90–70–90 targets (by 2030)

<b>90%</b> Of girls vaccinated with the human papillomavirus vaccine by age 15	<b>70%</b> Or women screened with a high-performance test by ages 35 and 45	<b>90%</b> Of women identified with pre-cancer or cancer receiving treatment
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## Why First Ladies Matter

- You carry moral authority and public trust
- Your voice reduces stigma and misinformation
- Your visibility signals national priority
- Your leadership mobilises the whole-of-society to action

## Part 2: How to Use This Toolkit

This Toolkit is a practical reference guide developed in partnership with Commonwealth member countries, the Commonwealth Task Force for Cervical Cancer Elimination and the Organization of African First Ladies against HIV/AIDS to equip First Ladies of Heads of Government across the Commonwealth with the knowledge, language and tools to lead credibly on cervical cancer advocacy.

This toolkit functions as both a knowledge resource and an action guide, usable in full or section by section, depending on the advocacy moment, whether engaging communities, participating in national campaigns, visiting health facilities, or speaking at high-level events. The Toolkit is adaptable to different national contexts while maintaining alignment with the World Health Organization 90–70–90 targets framework and Commonwealth commitments. Above all, it reflects

a core conviction that leadership in women's health extends beyond policy, and to shape public perception, builds trust and strengthens national commitment to eliminating cervical cancer.

You may use this Toolkit to:

- Prepare speeches or public remarks
- Plan advocacy campaigns or outreach visits
- Engage ministers, parliamentarians and partners
- Support survivor-centred initiatives
- Align national messaging with global frameworks

Each section is clearly signposted to allow selective use depending on the advocacy moment.

Section	What it contains	Best used when...
<b>Part 3: The Case for Action</b>	Key facts, global burden, Commonwealth commitment	Preparing for a formal speech or high-level event
<b>Part 4: Your Role</b>	The 'why' behind First Lady advocacy	Onboarding a new team member or briefing the media
<b>Part 5: Priority Areas</b>	Six advocacy themes with action tables	Planning a specific campaign or initiative
<b>Part 6: Key Messages</b>	Ready-to-use messages	Preparing public remarks at any level
<b>Part 7: Stakeholder Engagement</b>	Engagement Strategy for six stakeholder groups	Partnership meetings, cross-sector events
<b>Part 8: How to get involved</b>	Tips on how to get involved	Planning to engage with stakeholders, partners, and the community
<b>Annexes</b>	Checklists, sample speeches, social media messages, calendar, resources, survivor story	Day-to-day implementation planning

# Part 3: The Case for Action

## The Burden

Cervical cancer remains the fourth most common cancer in women globally, with an estimated 660,000 new cases and more than 350,000 deaths recorded in 2022<sup>1</sup>. More than 90 per cent of these deaths occur in low- and middle-income countries<sup>2</sup>, a stark reminder that where a woman is born should not determine whether she lives or dies from an entirely preventable cancer.

Across the Commonwealth, the burden is disproportionately significant among the member countries in Sub-Saharan Africa, South Asia, and the Pacific, which bear a disproportionate share of this toll. Although the Commonwealth represents approximately 30 per cent of the global population, it carries around 40 per cent of global cancer incidence and 43 per cent of global cancer mortality. Cervical cancer continues to affect women in both small island states and larger developing economies, particularly those with limited screening coverage.

Projections indicate that without accelerated action, new cases and deaths are expected to rise by 2030. Many women are diagnosed at advanced stages, when treatment options are more complex and survival outcomes are reduced. Delayed diagnosis is often linked to limited awareness, stigma, geographic barriers, and under-resourced health systems. In many settings, women living with HIV face a significantly higher risk, underscoring the importance of integrated service delivery.

## The Process

Cervical cancer develops in the cells of the cervix and is caused primarily by persistent infection with high-risk types of human papillomavirus (HPV). HPV is a very common virus. Most people will be exposed to it at some point in their lives. In most cases, the infection clears naturally without causing harm. However, when certain high-risk HPV strains remain in the body for many years due to risk factors such as weak immunity, smoking, having multiple partners, and early sexual encounters, they can damage cervical cells, leading to the development of cancer cells if left untreated.

<h3>660K</h3> <p><b>New Cases Annually</b></p> <p>Estimated new cervical cancer cases recorded globally in 2022</p>	<h3>56</h3> <p><b>Commonwealth Members</b></p> <p>Countries united in the commitment to eliminate cervical cancer by 2030</p>	<h3>2030</h3> <p><b>Global Targets</b></p> <p>The WHO's goal year for achieving the 90-70-90 elimination milestones</p>
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1 WHO (2025) 'Cervical Cancer'. Fact Sheet, 2 December. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>

2 Singh, D., Vignat, J., Lorenzoni, V. etc. (2022) 'Global Estimates of Incidence and Mortality of Cervical Cancer in 2020: A Baseline Analysis of the WHO Global Cervical Cancer Elimination Initiative'. The Lancet Global Health 11: e197–e206.

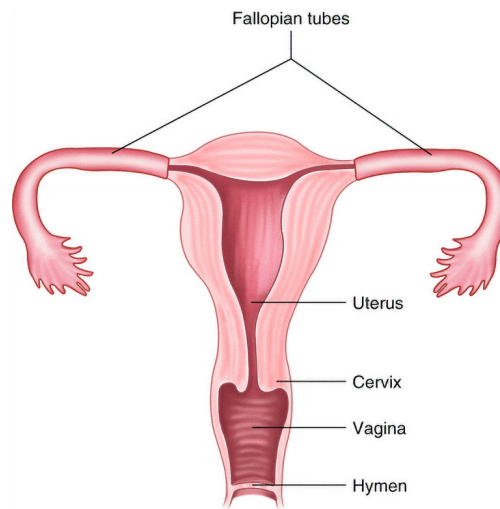
Elimination is possible through:

1. HPV vaccination (primary prevention) - When given before exposure to the virus, the vaccine protects against the strains responsible for most cervical cancer cases. Vaccination programs targeting adolescents have demonstrated high levels of protection and are central to global elimination efforts.
2. Screening with early treatment (secondary prevention) - Screening provides early detection. High-performance tests, including HPV DNA testing, can identify high-risk infections and precancerous changes long before cancer develops. Early detection and treatment of these changes prevent the disease from progressing.
3. Timely, appropriate care (tertiary prevention)- Third, timely and appropriate treatment significantly improves survival outcomes. When cervical cancer is diagnosed early, it is highly treatable. Strengthening referral systems and ensuring access to treatment services are essential to reducing mortality.

The challenge is not scientific uncertainty, but equitable access and sustained implementation.

### The Commonwealth and Global Commitments towards cervical cancer elimination.

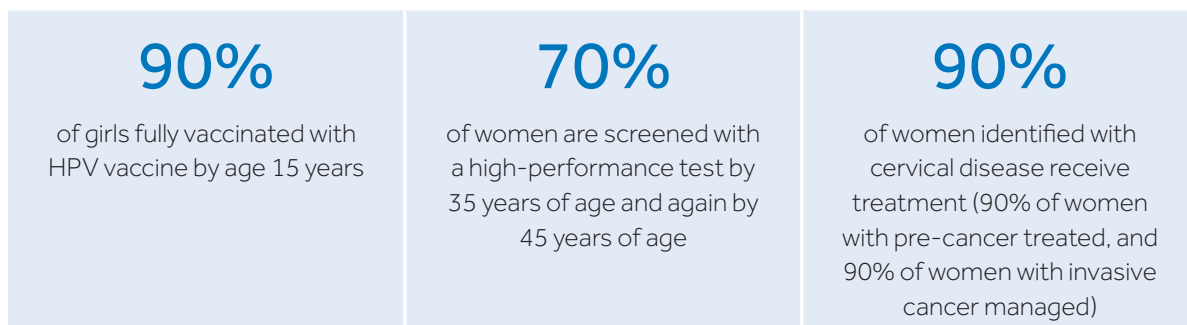
The Commonwealth has consistently recognised the growing burden of non-communicable diseases (NCDs), including cancer, as a major development and equity challenge. Cervical cancer has emerged as an urgent priority given its disproportionate impact on women in low- and middle-income countries within the Commonwealth.



Recognising this growing crisis, Commonwealth Health Ministers in 2018 called for collective action and increased investment in cancer prevention and treatment, with specific emphasis on access to affordable medicines and vaccines. This marked a turning point in positioning cancer prevention as both a health and development priority.

Building on this momentum, Heads of Government committed that all girls aged 9–13 across the Commonwealth should have access to the HPV vaccine. This commitment aligned the Commonwealth with the global movement toward cervical cancer elimination and reinforced vaccination as a cornerstone of prevention.

To support implementation, the Commonwealth International Task Force for Cervical Cancer Elimination was established in 2021 to provide technical guidance, coordination, and knowledge-sharing among countries. Political momentum has been further strengthened through the leadership of First Ladies of Heads of Government, particularly at the 2022 and 2024 Commonwealth Heads of Government Meetings.



At the global level, the World Health Organization's *Global Strategy to Accelerate the Elimination of Cervical Cancer* sets out the **90–70–90 targets by 2030**:

These targets are:

- **90** per cent of girls are fully vaccinated with the HPV vaccine by age 15
- **70** per cent of women are screened using a high-performance test by the ages of 35 and 45
- **90** per cent of women identified with precancer or cancer are receiving appropriate treatment

These targets provide a clear roadmap and reference point for national progress and accountability for countries. When achieved together and sustained over time, they can reduce cervical cancer incidence to below the elimination threshold.

These targets provide a clear reference point for national leadership and advocacy. For First Ladies, aligning messages and actions with this shared Commonwealth and global framework reinforces credibility, accountability, and impact. Clear and consistent messaging may include:

"Vaccinate early. Screen regularly. Treat promptly."

"We can eliminate cervical cancer in our lifetime."

"No woman should die from a preventable disease."

# Part 4: Your Role as a First Lady

First Ladies of Heads of Government hold a distinct and respected position within national life. While they may not hold elected office, their leadership often carries moral authority, public trust, and national visibility. In many Commonwealth countries, First Ladies have long championed issues affecting women, children, and vulnerable communities.

Your engagement humanises the issue and encourages women, families and communities to seek information and care. In contexts where misinformation persists or where cultural silence surrounds reproductive health, trusted voices play a critical role in building confidence and normalising conversation.

Cervical cancer elimination requires more than medical solutions. It requires sustained public attention, visible leadership and consistent messaging. First Ladies are uniquely positioned to elevate cervical cancer from a health sector issue to a national priority.

First Ladies also have the capacity to convene diverse stakeholders, including policy-makers, health professionals, faith leaders, youth advocates, private sector partners and civil society organisations. This ability to bring people together supports the multisector collaboration required to achieve the WHO 90–70–90 targets. They can also help bring sustained attention to policy, financing and service delivery gaps

Cervical cancer elimination is closely linked to broader goals of women's empowerment, gender equity and universal health coverage. Ensuring that women have access to vaccination, screening and treatment services reflects a national commitment to protecting dignity, opportunity and well-being.

## Five Ways First Ladies Make a Difference

1. Signal national priority through public visibility
2. Reduce stigma through open, compassionate messaging
3. Convene diverse stakeholders across sectors
4. Amplify the voices of survivors
5. Reinforce accountability for national elimination goals

# Part 5: Priority Areas for Advocacy

First Lady advocacy is most effective when focused on clear, actionable themes. The six areas below are not sequential; choose the areas most relevant to your national context.

## Awareness Raising and Communication

Many women remain unaware that cervical cancer is preventable, that vaccination protects against it, or that screening detects early changes before cancer develops. Visible leadership helps normalise conversations and encourage informed health decisions. First Lady advocacy is most effective when focused on clear, actionable themes.

<b>Key ask</b>	National awareness campaigns on cervical cancer prevention
<b>Who to target</b>	Ministries of Health, media outlets, civil society organisations and community members
<b>Actions</b>	Deliver public messages during national health days, visit screening sites, host survivor forums, record short video messages and lead community-level campaigns
<b>Progress indicators</b>	Reach of awareness campaigns, media engagement metrics and increases in screening inquiries

## Promoting HPV vaccination (Including for Boys) and Addressing Vaccine Hesitancy

HPV vaccination is the cornerstone of primary prevention. Expanding coverage and addressing misinformation are essential steps toward elimination, including, where national policy supports it, vaccination for boys.

<b>Key ask</b>	Universal access to HPV vaccination for eligible age groups, in line with national policy
<b>Who to target</b>	Ministries of Health and Education, school administrators, faith and community leaders and parent associations
<b>Actions</b>	Publicly endorse vaccination programmes, attend school vaccination days, engage faith leaders and address vaccine myths in public speeches
<b>Progress indicators</b>	HPV vaccination coverage rates, school participation rates and the reduction in reported vaccine hesitancy

## Increasing Screening Uptake and treatment accessibility

Screening allows early detection and prevents cervical cancer from progressing. Expanding access, especially in rural and underserved communities, is essential and must be linked to timely referral and treatment services.

<b>Key ask</b>	Expansion of high-performance screening, including HPV testing, improved referral pathways and accessible, affordable treatment
<b>Who to target</b>	Ministries of Health, regional health authorities and development partners
<b>Actions</b>	Visit screening programmes, highlight the importance of regular screening, encourage outreach to rural areas, support mobile screening initiatives and advocate for inclusion of treatment in national health insurance
<b>Progress indicators</b>	Percentage of eligible women screened, follow-up completion rates, and reduction in late-stage diagnoses

## Strengthening Health Systems for Women's Health

Elimination depends on functioning systems including trained personnel, reliable supply chains, digital tracking, laboratory capacity, and treatment availability.

<b>Key ask</b>	Investment in women's health infrastructure, digital registries and referral systems, dedicated budget lines
<b>Who to target</b>	Ministries of Health and Finance, national health agencies and development partners
<b>Actions</b>	Participate in high-level dialogues, support public discussion on health system strengthening and promote visibility of national elimination goals
<b>Progress indicators</b>	Availability of HPV testing services, treatment access rates and implementation of national registries or dashboards

## Influencing Policy and Legislation

Sustainable progress requires formal policy commitments and budget allocation. Aligning national strategies with global frameworks ensures coherence and accountability.

<b>Key ask</b>	National cervical cancer elimination strategies aligned with the WHO 90–70–90 targets, legislation mandating cervical cancer services
<b>Who to target</b>	Parliamentarians, Cabinet members, policy advisors, Ministry of Health
<b>Actions</b>	Speak at policy forums; highlight elimination commitments during national addresses, support inclusion of cervical cancer in broader health agendas
<b>Progress indicators</b>	Adoption of national elimination strategies, dedicated budget lines and development of policies on cervical cancer

## Reducing Stigma and Misinformation

Stigma and misinformation continue to discourage vaccination and screening in many contexts. Open and consistent messaging helps dismantle harmful myths.

<b>Key Ask</b>	Community dialogue and culturally sensitive education initiatives, use of trusted messengers to dismantle stigma
<b>Who to target</b>	Faith and traditional leaders, youth groups, community organisations and cancer survivors
<b>Actions</b>	Host community dialogues, engage survivor advocates, speak openly about prevention and promote accurate information through media
<b>Progress indicators</b>	Increased public awareness levels, reduced vaccine hesitancy and increased screening participation

## Women's Empowerment and Equity

Cervical cancer disproportionately affects women with limited access to health services. Elimination requires reaching rural, low-income and marginalised populations.

<b>Key ask</b>	Equitable access to vaccination, screening and treatment for underserved populations  Equity in all advocacies to ensure the most marginalised women, including rural, indigenous, and low-income women are prioritised
<b>Who to target</b>	Social protection ministries, rural health authorities, civil society organisations, and cancer survivor groups
<b>Actions</b>	Visit rural outreach programs; Emphasise equity in public messaging, Advocate for services in remote communities
<b>Progress indicators</b>	Screening coverage in rural areas, Vaccination rates among vulnerable groups and reduction in geographic disparities

# Part 6: What to Say: Key Messages

The messages below are ready to adapt. They are not scripts they are starting points. First Ladies and their teams are encouraged to reframe these in authentic, country-specific language that resonates with local communities.

## Core messages

### Cervical cancer is preventable

*"Cervical cancer is preventable. No woman should lose her life to a disease we have the tools to stop. Through vaccination, regular screening, and early treatment, we can protect our mothers, sisters, and daughters."*

### Vaccinate and screen for HPV

*"Vaccinate early. Screen regularly. These simple steps save lives. By vaccinating our children and encouraging women to be screened, we are protecting future generations."*

### Leaving no one behind

*"Eliminating cervical cancer means reaching every woman in rural communities, remote islands, informal settlements, and underserved areas. No woman should be left behind because of where she lives or what she earns."*

### We are all at risk

*"HPV is a common virus. It affects families across every community. Cervical cancer is not a matter of shame. It is a health issue, and we must address it openly and confidently."*

### Together we can

*"Together we can eliminate cervical cancer. Governments, health professionals, parents, educators, and communities all have a role to play. When we act together, we protect a generation."*

## Message to reduce stigma

*"There is no shame in prevention. There is strength in being screened. There is courage in seeking care. Talking about cervical cancer openly helps save lives."*

## Message on equity and reaching vulnerable women

*"Health services must reach every woman, not only those who live near hospitals. We must ensure that vaccination, screening, and treatment are accessible to all, especially the most vulnerable."*

## Message on support for survivors

*"To the women who have faced cervical cancer, your courage inspires us. Your voices remind us why prevention and early detection matter. We stand with survivors, and we commit to protecting future generations."*

## Addressing stigma, myths and misconceptions

When addressing myths publicly, tone matters. Messages should be reassuring, factual, and non-confrontational

Common myth	The truth
<b>Cervical cancer is a result of personal behaviour or moral failing.</b>	Cervical cancer is largely caused by HPV – a common virus that most people encounter. Infection is not a reflection of character. It is a medical condition.
<b>The HPV vaccine encourages early or inappropriate behaviour in adolescents.</b>	Scientific evidence does not support this claim. The HPV vaccine is a preventive health measure. It protects against cancer. It does not influence personal behaviour.
<b>Screening may cause infertility or harm.</b>	Screening tests are safe. They detect early changes before cancer develops and do not compromise fertility.
<b>Screening is necessary only when symptoms appear.</b>	Cervical cancer often has no symptoms in early stages. Screening detects changes before symptoms arise.
<b>A cervical cancer diagnosis is always fatal.</b>	When detected early, cervical cancer is highly treatable. Early detection dramatically improves outcomes.

# Part 7: Who to Work with: Stakeholder Engagement

Eliminating cervical cancer requires coordinated, multi-sector action. The table below outlines key stakeholder groups and how to engage them effectively.

Stakeholder	Why They Are Key	How to Engage	Suggested Outputs
<b>Traditional leaders</b>	<ul style="list-style-type: none"> <li>• Custodians of culture and community norms.</li> <li>• Strong influence in rural/semi-rural areas.</li> <li>• Help dispel myths and legitimise health behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-create culturally resonant messages. Host village screening days and community dialogues.</li> <li>• Promote self-sampling demonstrations led by respected women.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Leaders' Health Commitment Charter.</li> <li>• Local radio messages voiced by chiefs/elders. Community uptake scorecards.</li> </ul>
<b>Faith leaders</b>	<ul style="list-style-type: none"> <li>• Major moral authorities shaping beliefs and behaviours.</li> <li>• Reach large weekly congregations.</li> <li>• Help reduce stigma linked to sexual health.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide sermon notes linking health to faith stewardship.</li> <li>• Organise church/mosque health days with vaccination/screening.</li> <li>• Facilitate couples' talks to engage men.</li> </ul>	<ul style="list-style-type: none"> <li>• Faith-branded myth-busting leaflets.</li> <li>• Interfaith declarations on cervical cancer elimination.</li> <li>• Testimonial videos from faith leaders.</li> </ul>
<b>Youth groups</b>	<ul style="list-style-type: none"> <li>• Primary target group for HPV vaccination.</li> <li>• Strong influence through peer networks</li> <li>• Dominant presence on digital platforms where misinformation spreads.</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-led vaccine education clubs.</li> <li>• School assemblies, debates, and creative arts events.</li> <li>• WhatsApp/TikTok explainers created by youth.</li> </ul>	<ul style="list-style-type: none"> <li>• Youth HPV Ambassador Programme.</li> <li>• Viral social media challenges promoting vaccination.</li> <li>• Digital Q&amp;A sessions with clinicians.</li> </ul>
<b>Private sector partners</b>	<ul style="list-style-type: none"> <li>• Control logistics, storage, transport and communications infrastructure.</li> <li>• Workplaces provide direct access to adult women for screening.</li> <li>• Corporate Social Responsibility budgets can support public messaging.</li> </ul>	<ul style="list-style-type: none"> <li>• Support cold chain, distribution, and media airtime.</li> <li>• Host employer-led screening days and mobile clinics.</li> <li>• Partner with telecoms for SMS reminders.</li> </ul>	<ul style="list-style-type: none"> <li>• Employer Screening Day Toolkit.</li> <li>• Sponsored billboards and radio/TV segments.</li> <li>• Public-private partnerships for mobile outreach.</li> </ul>

Stakeholder	Why They Are Key	How to Engage	Suggested Outputs
<b>NGOs and CSOs</b>	<ul style="list-style-type: none"> <li>• Deep community reach and trust.</li> <li>• Bridge between policy and on-the-ground realities.</li> <li>• Provide survivor support, navigation, and follow-up services.</li> </ul>	<ul style="list-style-type: none"> <li>• Build survivor networks and peer educator groups.</li> <li>• Train community health workers for outreach.</li> <li>• Conduct community monitoring on equity and access.</li> </ul>	<ul style="list-style-type: none"> <li>• Survivor-led community dialogues.</li> <li>• Equity-focused monitoring reports.</li> <li>• Health worker training guides.</li> </ul>
<b>Ministry of Health and Parliament</b>	<ul style="list-style-type: none"> <li>• Set national vaccination/screening guidelines.</li> <li>• Control budget allocations and national legislation.</li> <li>• Manage national data dashboards and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Convene multi-sector briefings for policy and budget alignment.</li> <li>• Advocate for dedicated HPV vaccine and screening budget lines.</li> <li>• Promote transparent reporting on 90-70-90 progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Parliamentary Caucus on Cervical Cancer Elimination.</li> <li>• Annual national report cards.</li> <li>• Policy decrees enabling self-sampling and HPV testing scale-up.</li> </ul>
<b>Cancer survivors and champions</b>	<ul style="list-style-type: none"> <li>• Most trusted voices; reduce fear and stigma.</li> <li>• Provide lived-experience insights into system gaps.</li> <li>• Ideal co-designers of patient-friendly services.</li> </ul>	<ul style="list-style-type: none"> <li>• Share testimonies at events, media segments, and community forums.</li> <li>• Participate in co-design of screening &amp; treatment pathways.</li> <li>• Join national ambassador or advisory groups.</li> </ul>	<ul style="list-style-type: none"> <li>• “Aces of Courage” national testimonial series.</li> <li>• Survivor advisory panels.</li> <li>• Community dialogues co-led by survivors and nurses.</li> </ul>

# Part 8: Taking Action: How to Get Involved

First Ladies and their teams can act immediately across five proposed areas:

## Convening high-level policy dialogues

- Provide strategic remarks during ministerial meetings or high-level meetings
- Advocate to Parliament for dedicated budget lines for cervical cancer services
- Promote gender-responsive health policies and legislation
- Push for alignment with WHO 90–70–90 targets in national health strategies
- Engage bilateral and multilateral partners for funding and technical support
- Join the Commonwealth and other global cervical cancer initiatives/coalitions
- Be a Champion of Cervical Cancer in your country

## Launching national awareness campaigns

- Partner with national broadcasters for PSA placement
- Organise community outreach events in underserved areas
- Work with champions, survivors and influencers to amplify messaging
- Participate in the Annual Calendar of Cancer Events (see Annex 3)

## Visiting screening programmes

- Attend and publicise a cervical cancer screening event
- Advocate for mobile screening units in rural areas
- Partner with the Ministry of Health on “screen and treat” days
- Promote free or subsidised screening access via social media
- Champion integration of screening into maternal and primary health care

## Supporting survivor-led initiatives

- Attend or organise survivor-led meetings and events
- Publicly highlight and endorse survivor-led initiatives through speeches, social media and official engagements
- Invite survivors to speak for themselves at events and decision-making forums, rather than speaking on their behalf
- Promote inclusion by amplifying voices from marginalised or less visible survivor groups
- Advocate for survivor participation in policy design, advisory boards, and legal reform processes
- Maintain long-term engagement beyond awareness days, crises, or media attention
- Advocate for direct, flexible, and long-term funding for survivor-led organisations
- Bring survivor-informed evidence and solutions into conversations with government and institutions

## Visiting vaccination programmes

- Publicly endorse or attend an HPV vaccination programme
- Engage faith and traditional leaders to address vaccine hesitancy
- Advocate for inclusion of HPV vaccine in national immunisation schedules
- Champion vaccination for boys as well as girls
- Host a school-based vaccination awareness event

# Annex A: Social Media Toolkit

Below are ready-to-use draft posts for Twitter/X, Facebook, and Instagram. These can be adapted with local statistics and images.

## Sample posts – Twitter/X (adapt with local figures)

Theme	Sample Post
<b>Awareness</b>	Cervical cancer is preventable. Every woman deserves protection. Get vaccinated. Get screened. #EndCervicalCancer #CervicalCancerFreeFuture
<b>Vaccination</b>	Today I joined parents and young people to champion the HPV vaccine. Vaccinating our daughters and sons is one of the greatest gifts we can give them. #HPVAwareness #ProtectHerFuture
<b>Screening</b>	Have you been screened? Regular screening detects cervical cancer early – when it’s most treatable. Please don’t wait for symptoms. #ScreenAndTreat
<b>Survivors</b>	Proud to stand with cervical cancer survivors today. Your courage inspires action. Your voices save lives. #EndCervicalCancer

## Recommended Hashtags

#EndCervicalCancer

#HPVAwareness • #StopHPV •

#PreventCervicalCancer

#ScreenAndTreat • #CervicalCancerFreeFuture

#HPVFreeGeneration • #ProtectHerFuture •

#90-70-90

# Annex B: Key Commonwealth and Global Cancer Resources on Cancer



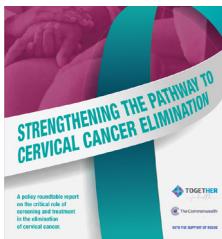
## Conquering Cervical Cancer in the Commonwealth: Addressing Myths and Misconceptions

Commonwealth Secretariat, 2022. Provides a practical guide to addressing myths and misconceptions around cervical cancer across Commonwealth member countries. Available at: <https://www.thecommonwealth-ilibrary.org/index.php/comsec/catalog/book/978>



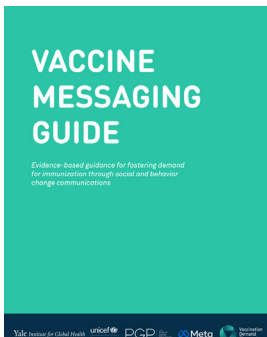
## WHO Global Strategy to Accelerate the Elimination of Cervical Cancer

World Health Organization, 2020. The foundational global strategy establishing the 90–70–90 targets and the roadmap for cervical cancer elimination by 2030. Available at: <https://www.who.int/publications/i/item/9789240014107>



## Strengthening the Pathway to Cervical Cancer Elimination

Commonwealth Secretariat and TogetherHER for Health, 2024. Outlines a vital path towards eliminating cervical cancer in Commonwealth countries. Available at: <https://thecommonwealth.org/news/saving-womens-lives-pathway-cervical-cancer-elimination-commonwealth>



## UNICEF Vaccine Messaging Guide

UNICEF. A practical guide to communicating about vaccines, including HPV vaccination, designed for advocates and communicators. Available at: [unicef.org/media/138031/file/](https://www.unicef.org/media/138031/file/)

# Annex C: Annual Calendar of Cancer Events and Media Opportunities

Month	Event / Opportunity
January	Cervical Cancer Awareness Month – entire month dedicated to awareness. Launch campaigns, host events, issue statements, and plan screening drives.
February	World Cancer Day (4 February) – Amplify cervical cancer messages as part of broader cancer awareness. Engage media and issue statements.
March	International HPV Awareness Day (4 March) - Raise awareness of the link between HPV and Cervical cancer. Participate in HPV vaccination exercise and screening outreach.  International Women’s Day (8 March) – Use the day to amplify messages on women’s health equity, cervical cancer prevention, and the link between gender justice and health access.  Commonwealth Day – Reinforce Commonwealth-wide commitment to cervical cancer elimination. Coordinate messaging across member countries.
April	World Health Day- Amplify cervical cancer messages as part of broader health awareness. Engage media and issue statements.
May	World Immunisation Week (last week) – Champion HPV vaccination as part of broader immunisation advocacy. Engage schools, health ministries, and community leaders.
June	African Union Day / Regional Health Summits – Coordinate with AU member states on regional elimination targets and cross-border vaccination initiatives.
August	Mid-year review – Review progress against national 90–70–90 targets. Issue a public statement on mid-year progress.
September	UN General Assembly / Sustainable Development Goals Summit – high-level advocacy opportunity. Engage in bilateral meetings with development partners and the WHO leadership.
October	Breast Cancer Awareness Month – opportunity to co-advocate for women’s cancer prevention more broadly, including cervical cancer.
November	World Diabetes Day (14 November) / NCDs – Integrate cervical cancer into broader NCD advocacy messaging.  World Cervical Cancer Elimination Day (17 November)- Host events, issue statements, and plan screening drives. Amplify messages on cervical cancer, attend cervical cancer awareness events.
December	Year-end review and planning – Issue annual impact report. Plan the following year’s advocacy calendar. Recognise champions and survivors.

# Annex D: Illustrative Speech Examples for First Ladies

*The examples below demonstrate tone and structure. They are not intended to be delivered verbatim.*

## Illustrative Example 1 – Community / National Event

### Distinguished Guests, Partners, Friends, and Families,

It is a privilege to stand before you today, not only as a leader but as someone who cares deeply about the well-being of our women and girls. Today, we come together around a cause that touches every home, every mother, every daughter, and every future generation: the elimination of cervical cancer.

Cervical cancer is one of the few cancers the world has agreed we are able to eliminate. We have the knowledge, the tools, and the science to prevent it. Yet far too many women continue to suffer, and far too many families continue to grieve. In 2022, the world recorded approximately 660,000 new cases and 350,000 deaths, with the greatest burden falling on low- and middle-income countries<sup>3</sup>.

But here is the truth we must hold onto: cervical cancer is preventable.

Through HPV vaccination, routine screening, and timely treatment, we can save lives. The World Health Organization has given us clear targets, 90 per cent of girls vaccinated, 70 per cent of women screened, and 90 per cent of those who need treatment receiving it. This is our moment to turn commitments into action.

As First Ladies, we hold a special place in the national conversation. We are connectors between government and community, between policy and people. We speak to families, mothers, fathers, youth, religious leaders, and traditional authorities. Our voices can bring comfort, confidence, and clarity, especially when misinformation or stigma causes fear.

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3 <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>

So today, I want to speak directly to:

### Parents:

Please, protect your daughters and sons. The HPV vaccine is safe, effective, and a gift of health we can give them before they reach adulthood. Studies show it is one of the most effective cancer-prevention tools ever developed<sup>4</sup>.

### Women:

Screening saves lives. With today's advances—including HPV DNA testing and self-sampling—screening is easier, more accurate, and more private than ever<sup>5,6</sup>.

### Community and Faith Leaders:

Your leadership shapes beliefs and behaviours. When you speak, communities listen. We need your help to dispel myths, encourage screening, and make health a point of unity.

### Survivors:

Your courage gives this cause a heartbeat. Your voices remind us why this work matters. Storytelling has changed public understanding around the world.

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4 The Commonwealth (2022) *Conquering Cervical Cancer in the Commonwealth: Addressing Myths and Misconceptions*. London: Commonwealth Secretariat.

5 Makanjuola, S., Shinkafi-Bagudu, Z., Woo, Y.L. and Felder, T. (2024) 'Beyond HPV Vaccination: Why We Need a Comprehensive Approach to Eliminate Cervical Cancer'. WEF, 17 September. [www.weforum.org/stories/2024/09/cervical-cancer-beyond-hpv-vaccination-comprehensive-approach/](http://www.weforum.org/stories/2024/09/cervical-cancer-beyond-hpv-vaccination-comprehensive-approach/)

6 World Health Organization (2021). WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention. Geneva: WHO.

**Policy-makers and partners:**

Let us continue to invest in vaccination programmes, strengthen our screening and treatment services, and build a health system where no woman is lost because of where she lives or what she earns.

*Today, let us make this promise together:*

- We will protect our girls and boys.
- We will support our women.
- We will educate our communities.
- We will eliminate cervical cancer in our lifetime.

*May this be our gift to the next generation, a future where no woman dies from a preventable disease.*

Thank you.

## Illustrative Example 2 – Short / Policy Audience

*“Cervical cancer is not a distant threat – it is happening in our communities, to our mothers, sisters, and daughters, right now.”*

**The case for action:**

*“Each year, [national figure] women in [country] are diagnosed with cervical cancer. The vast majority of these cases were preventable. We have the tools – what we need is the collective will to use them.”*

**Call to vaccinate:**

*“I urge every parent here today: vaccinate your daughters [and sons, where applicable]. The HPV vaccine is safe, effective, and free [where applicable].”*

**Call to screen:**

*“And to every woman over 25 – please get screened. Regular cervical cancer screening is quick and accessible, and can detect abnormal cells before they become cancer. Early detection saves lives.”*

**Call to leaders:**

*“I call on our government to ensure that cervical cancer prevention and treatment services are funded, staffed, and accessible to every woman – in our cities and in our most remote communities.”*

*“Together – as governments, communities, families, and advocates – we can eliminate cervical cancer within a generation. Let today be the day we recommit to that goal.”*

Thank you.”

# Annex E: Action Checklists

## Awareness and Communication Checklist

Activity	Completed?
Issue an annual public statement on cervical cancer	<input type="checkbox"/>
Use toolkit key messages in all public engagements	<input type="checkbox"/>
Record short video messages for social media	<input type="checkbox"/>
Share survivor stories and testimonies	<input type="checkbox"/>
Launch awareness campaigns during major health days	<input type="checkbox"/>
Promote infographics, reels, and visuals	<input type="checkbox"/>

## HPV Vaccination Checklist

Activity	Completed?
Endorse HPV vaccination publicly	<input type="checkbox"/>
Visit schools to encourage uptake	<input type="checkbox"/>
Engage with parents' associations	<input type="checkbox"/>
Advocate for the inclusion of boys in the vaccination plan in line with the national strategy	<input type="checkbox"/>
Partner with ministries to increase supply and outreach	<input type="checkbox"/>

## Community engagement checklist

Activity	Completed?
Hold community forums with women's groups	<input type="checkbox"/>
Work with faith and cultural leaders	<input type="checkbox"/>
Include cervical cancer in existing women's initiatives	<input type="checkbox"/>
Mobilise local NGOs and community organisations	<input type="checkbox"/>

## Policy and partnership checklist

Activity	Completed?
Meet with Minister of Health to discuss priorities	<input type="checkbox"/>
Advocate for a national cervical cancer action plan	<input type="checkbox"/>
Promote school-based vaccination policies	<input type="checkbox"/>
Encourage budget allocation for screening/treatment	<input type="checkbox"/>
Engage Parliament on legislative improvements	<input type="checkbox"/>
Build partnerships with the private sector, donors, NGOs	<input type="checkbox"/>

### Screening and Early Detection Checklist

Activity	Completed?
Promote screening for women aged 25+	<input type="checkbox"/>
Launch a national screening drive	<input type="checkbox"/>
Support mobile clinics for rural outreach	<input type="checkbox"/>
Encourage opportunistic screening at clinics	<input type="checkbox"/>
Advocate for self-sampling where available	<input type="checkbox"/>

### Digital Tools and Data Checklist

Activity	Completed?
Advocate for an online programme tracking system	<input type="checkbox"/>
Promote real-time dashboards	<input type="checkbox"/>
Request quarterly data updates from Ministry of Health	<input type="checkbox"/>
Use data during public engagements	<input type="checkbox"/>

### Annual Action Plan Checklist (Summary)

Area	Tasks	Completed?
Awareness	Monthly posts, press events, campaigns	<input type="checkbox"/>
Vaccination	Endorsement, school visits, policy push	<input type="checkbox"/>
Screening	National drive, rural outreach, self-sampling	<input type="checkbox"/>
Partnerships	High-level meetings, private sector outreach	<input type="checkbox"/>
Monitoring	Quarterly dashboards, progress meeting	<input type="checkbox"/>
Reporting	Annual impact report to the public	<input type="checkbox"/>

# Annex F: Voices of Courage – Survivor Stories

Survivor stories are among the most powerful tools available to advocates. When women speak honestly about their experiences – the fear before a diagnosis, the courage it takes to seek screening, and the hope that follows early treatment – they permit others to act. The two stories below reflect journeys from different parts of the world, but they share the same essential truth: early detection saves lives, and no woman should face this alone. These voices are shared here with full consent and in the spirit of solidarity.

## Story 1: “She saved my life” – Karen Nakawala, Zambia

**Age: 52 • Location: Lusaka, Zambia • Cancer survivor**

Karen Nakawala was not planning to be screened. Like many women, she had no symptoms and saw no reason to worry. It was her gynaecologist, a close personal friend, who kept gently urging her to go. Almost ten years passed. Then, one day,

Karen decided to get screened “just to get her off my back”. The result came back positive for cervical cancer.

“That cancer diagnosis was the end of my life as I knew it then, and the beginning of the rest of my life, as a survivor,” Karen reflects. Because the cancer was caught early, she was referred immediately to the Cancer Diseases Hospital in Lusaka, completed treatment within two months, and is today in complete remission. Her friend and doctor, she says simply, “She saved my life”.

The hardest part was the diagnosis itself – the rollercoaster of fear, anger, and anxiety that no textbook can prepare you for. But Karen made a decision: she would fight, if not for herself, then for her two daughters. “I had to swim to the other side”, she says, “and swim I did”. She was supported by a close mentor, who had recently lost her own husband to prostate cancer, and by her partner. Their quiet, steadfast presence made all the difference.



Today, Karen has given up her job to become a full-time cervical cancer advocate, a role she describes as deeply fulfilling, even when emotionally demanding. She lives with awareness of possible recurrence and manages lasting treatment side effects, but cancer has changed her relationship with life itself. "It has helped me live more positively and purposefully," she says, "appreciating every little thing."

Karen also benefited from free healthcare provided by the Zambian government – a reminder of how essential public health investment is for women who could otherwise never afford treatment. She is clear about what she wishes had been different: earlier education campaigns, wider screening availability, and more culturally sensitive outreach. "Greater investment in equitable healthcare systems and caregiver support networks," she says, "would have eased burdens and improved outcomes."

**Her message to women afraid of being screened:**

"Screening can feel frightening, but it is truly an act of self-care and empowerment. Early detection often means simpler treatment and better outcomes. Think of screening as giving yourself the best chance to stay healthy – for you and those you love. Courage here is a gift to your future."

**Her message to leaders and decision-makers:**

*"Cancer is not only a health issue, but a societal challenge. Invest in equitable access to care, early detection, and research that prioritises patient needs. Support caregivers. Ensure health professionals have the tools for compassionate, quality treatment. Policies rooted in empathy and inclusivity can transform lives and communities."*

## Story 2: "Do it not just for yourself, but for the people who love you" – Azura AR, Singapore

**Age: 34 • Location: Singapore • Pre-cancer survivor**

Mas Azura Binte Abdul Rahman, known as Azura AR, was 34 years old and had never been one

for routine screenings. "I tend to avoid them," she admits. But her doctor and a colleague encouraged her to get checked. She went – and did not expect the result to come back positive. Azura had a pre-cancerous condition of the cervix, requiring

a procedure called a cone biopsy. The procedure was daunting. Azura has a fear of needles and of operating theatres, and the experience was, in her words, "difficult and stressful." But throughout it all, her husband stood by her, providing the constant moral support that helped her get through it. He was her anchor.

Pre-cancer affected Azura's daily life in ways both visible and invisible. Emotionally, she carried anxiety about her health and her future. Mentally, the diagnosis was always present at the back of her mind, making it hard to relax or be present fully. At the same time, the experience made her more intentional about her well-being and more mindful of what truly matters.

Today, Azura's perspective on life has shifted profoundly. She appreciates life more deeply, cherishes time with her children, and has grown a stronger sense of gratitude. Her experience did not break her – it opened her eyes. She is clear on one thing: she is fortunate that her company insurance covered her treatment, and she knows not every woman is so lucky. That inequality troubles her deeply.

**Her message to women afraid of being screened:**

*"I understand the fear – it's something I felt too. But avoiding screening does not make the risk go away; it only delays finding out what is going on. Early detection can make a huge difference and can give you more options and peace of mind. The process may feel uncomfortable or scary, but it is usually quick, and it could truly protect your health. Do it not just for yourself, but for the people who love you – because*



*your life and well-being matter.*" Her message to leaders and decision-makers: "Fear, lack of awareness, and misconceptions often prevent women from going for screening. More needs to be done to make screening accessible, affordable, and less intimidating. Education and outreach are important, but so is creating a supportive environment where women feel safe and encouraged to take that first step. Early detection saves lives – and with the right support systems in place, more women would be willing to get screened."

**What these stories tell us: Both Karen and Azura were encouraged by someone they trusted – a friend, a doctor, a colleague. Neither expected a positive result. Both are alive today because the cancer or pre-cancer was found early enough to treat. Their stories reflect a simple, urgent truth that First Ladies are uniquely placed to amplify: a single conversation, a single screening, can save a life. When leaders speak openly about prevention, they give women like Karen and Azura and the millions of women still hesitating, permission to act.**



# Annex G: Case studies of First Lady Cervical Cancer Initiative

The following examples illustrate how First Ladies have led impactful cervical cancer advocacy across Commonwealth countries. Additional case studies will be added as the initiative develops.

Country	Initiative
Rwanda	<p>First Lady Initiative – Building clinical capacity for cervical cancer services in the Southern District. Demonstrates the value of First Lady-led community mobilisation alongside health system investment.</p> <p><a href="https://bvgh.org/2023/06/14/cervical-cancer-program-builds-clinical-capacity-in-southern-district-of-rwanda/">https://bvgh.org/2023/06/14/cervical-cancer-program-builds-clinical-capacity-in-southern-district-of-rwanda/</a></p>
Nigeria	<p>Renewed Hope Initiative of First Lady Oluremi Tinubu – N1 billion donation to fight cervical cancer, integrated into a national advocacy and awareness campaign.</p> <p><b>Renewed Hope Initiative of the First Lady of Nigeria, Oluremi Tinubu donates N1bn to fight cervical cancer in Nigeria – National Institute for Cancer Research and Treatment</b></p>

Note: Additional case studies will be forthcoming





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