

# Technical Advisers' Handbook

Supporting First Ladies  
in Cervical Cancer Advocacy



The Commonwealth





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COMPANION GUIDE

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in Cervical Cancer Advocacy



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# How to Use this Guide

This handbook is a companion to the *First Ladies for a Cervical Cancer-Free Future Toolkit*. Use them side by side. The *Toolkit* speaks to the First Lady. This guide tells you – the adviser – what to prepare, co-ordinate and protect so every engagement lands well.

## Your Role and Core Principles

This handbook is written for you – the chief of staff, programme co-ordinator, policy adviser or communications lead responsible for supporting a First Lady in their cervical cancer advocacy. Your role is not to advocate yourself. It is to make the First Lady the most credible, well-prepared and impactful advocate they can be – in their voice, reflecting their values and drawing on their authority.

## Three principles that run through everything

- You are the producer, not the performer. The First Lady's authentic voice is your most valuable asset – protect and enable it. A speech that sounds like them will always be more powerful than a polished one that does not.
- Quality over quantity. Two well-prepared, high-impact engagements per quarter are worth more than ten rushed, reactive ones. Plan ahead and hold the line on preparation standards.
- Never put the First Lady in a position they have not been briefed for. Credibility, once lost, is difficult to rebuild. Every engagement needs a brief – however short.

## What this handbook gives you

<b>What to know</b>	The minimum factual and contextual knowledge every adviser needs
<b>What to prepare</b>	Briefing templates, checklists and planning tools for each type of engagement
<b>What to protect</b>	Caution flags for the most common adviser mistakes
<b>How to measure</b>	A simple monitoring framework to track impact and report back

## Watch out

- Do not hand the First Lady a 10-page background document the night before an event. A one-page brief is almost always more effective.
- Avoid over-scheduling. Sustained, planned advocacy builds more credibility than reactive bursts of activity.
- Never speak on behalf of the First Lady in public – in writing, on social media or in meetings – without their explicit approval.

# What to Know and What to Source

## See First Lady Toolkit: Part 1 (At a Glance) and Part 3 (The Case for Action)

You do not need to be a medical expert. You need to know enough to brief the First Lady accurately, spot misinformation and help them speak credibly at any level from a village health post to a United Nations side event.

### The four facts every adviser must know

Figure	What it means
660,000	New cervical cancer cases globally in 2022
350,000	Deaths per year – over 90 per cent in low- and middle-income countries
90–70–90	World Health Organization (WHO) targets: 90 per cent of girls vaccinated by 15, 70 per cent of women screened by 35 and 45, 90 per cent of those identified receiving treatment – all by 2030
~100%	Preventable – through vaccination, screening and timely treatment

*The message is simple: vaccinate early, screen regularly, treat promptly. Make sure the First Lady can say this naturally in their own words.*

## National data: what you must source before any engagement

Global statistics are the baseline. National statistics are what make the First Lady's advocacy relevant to their own people. Before any major engagement, confirm:

### National Data Checklist

- Current cervical cancer incidence rate and ranking among women's cancers in your country
- Human papillomavirus vaccination (HPV) coverage rate – most recent year, by sex if available
- Cervical cancer screening coverage rate (percentage of eligible women screened)
- Whether a national cervical cancer elimination strategy exists and its current status
- Key gaps identified by the Ministry of Health
- Treatment facility availability and geographic distribution

### Watch out

- Never use unverified or outdated statistics in a First Lady speech. Confirm figures with the Ministry of Health before every major engagement.
- If national data is unavailable, use regional data and flag the gap publicly – this itself becomes an advocacy point.

### HPV and cervical cancer: the essentials

Concept	What it means for advocacy
<b>Cause</b>	Persistent infection with high-risk HPV strains – a very common virus most people encounter
<b>Primary prevention</b>	HPV vaccination – most effective at ages 9–14, before exposure
<b>Secondary prevention</b>	Screening (HPV DNA testing is gold standard; self-sampling expanding access)
<b>Tertiary prevention</b>	Timely treatment – early-stage cervical cancer has high survival rates
<b>The barrier</b>	Not science – it is access, stigma and system gaps Frame advocacy around equity and implementation

# Planning the Year and Briefing the First Lady

See [First Lady Toolkit: Annex 3 \(Annual Calendar\)](#) and [Part 2 \(How to Use This Toolkit\)](#)

## Building the annual engagement plan

The most effective First Lady advocacy is planned, not reactive. At the start of each year, build a 12-month calendar mapped to key dates, national moments and Commonwealth events. Aim for four to six flagship moments per year.

Engagement type	Frequency	Why it matters
Community/screening visit	1–2 per year	High visual impact; reaches women directly; ideal for media
School/vaccination event	1 per year	Targets primary prevention; broad appeal to parents and youth
Policy or ministerial meeting	1–2 per year	Influences budget and legislation; highest policy leverage
International event (United Nations General Assembly, Commonwealth Heads of Government Meeting)	As applicable	Multilateral visibility; engages global partners
Survivor-led engagement	1 per year minimum	Most powerful for stigma reduction; builds authentic connection
Social media/media moment	Monthly	Maintains public presence; responds to news moments

## Annual planning principles

- At least one engagement per year must be in a rural or underserved community – not only urban centres.
- Map everything to the Annual Calendar (Annex 3). January (Awareness Month) and 17 November (World Cervical Cancer Elimination Day) are your two anchor moments.
- Batch-record three or four short video messages (60–90 seconds) per site visit – these are the most cost-effective content assets and perform well on social media.

## Pre-engagement brief template

Every engagement needs a brief. Keep it to one page. It should take the First Lady no more than five minutes to read.

Field	What to include
Event	What, where, when and who will be there
Key message	The single most important thing to communicate at this event
Key national statistic	One verified national figure – source and date confirmed
Audience profile	Who they are speaking to and what this audience cares about
Sensitive areas	Local controversies, community concerns or media risks to flag
What success looks like	What we want media to report; what audience should leave believing
Running order	Arrival time, introduction, remarks length, Q&A, photo opportunity, departure
Follow-up actions	Press release, social post, ministerial note – who is responsible and by when

### Watch out

- Avoid jargon in briefs – write as you would explain it to a friend. If you write 'secondary prevention cascade,' the First Lady will not use it naturally in conversation.
- Always flag if the First Lady may be asked a question they have not been prepared for. Provide a bridge phrase: 'That is an important question – let me ensure you get the most accurate answer from our health team.'

# Six Advocacy Areas: Adviser Preparation at a Glance

## See First Lady Toolkit: Part 5 (Priority Areas for Advocacy)

For each of the six priority areas in the First Lady Toolkit, this table gives you the two or three most important things to prepare – and the most common thing that goes wrong.

Advocacy area	Key preparation (2–3 actions)	Most common mistake to avoid
<b>1. Raising awareness</b>	<ul style="list-style-type: none"> <li>Build a 12-month communications plan aligned to the annual calendar</li> <li>Prepare a media brief for journalists before any public event</li> <li>Track media reach after each engagement and report back – visible impact sustains motivation</li> </ul>	Posting generically without local statistics or images. Adapt every post to the national context.
<b>2. HPV vaccination</b>	<ul style="list-style-type: none"> <li>Align school visit timing with the national vaccination drive – join an existing event, do not create a parallel one</li> <li>Prepare myth-busting talking points before any faith community or rural engagement</li> <li>Confirm national policy on boys' vaccination and ensure messaging reflects it</li> </ul>	Sending the First Lady to a vaccination event without preparing her for likely hesitancy questions from parents.
<b>3. Screening uptake</b>	<ul style="list-style-type: none"> <li>Select a screening site that is visually compelling – ideally mobile or rural to illustrate access challenges</li> <li>Brief the First Lady on the screening method used at the site so they can speak to it confidently</li> <li>Draft and schedule the post-visit statement before the visit – publish within 48 hours</li> </ul>	Choosing a well-equipped urban facility that does not illustrate the equity challenge.

Advocacy area	Key preparation (2–3 actions)	Most common mistake to avoid
<b>4. Health systems</b>	<p>Request quarterly 90–70–90 progress data from the Ministry of Health and prepare a one-paragraph summary</p> <p>If a national elimination strategy does not exist, identify the right budget or legislative moment to raise it</p> <p>Use the First Lady’s convening power for a small, high-level roundtable – they convene, not chair</p>	<p>Engaging on health systems without a specific ask. Always enter with a concrete policy request.</p>
<b>5. Policy and legislation</b>	<p>Identify the budget or legislative moment in your calendar and time the First Lady’s statement to land just before it</p> <p>Prepare a one-page policy brief – not a speech – for ministerial one-on-one meetings</p> <p>Maintain a log of commitments made and delivered to enable respectful accountability</p>	<p>Scheduling a policy meeting without a clear ask. A meeting without a request is a missed opportunity.</p>
<b>6. Stigma and equity</b>	<p>Partner with a local non-governmental organisation (NGO) that already has community trust – they are strategic partners, not logistics providers</p> <p>Ensure at least one engagement per year is in a rural or underserved community</p> <p>Identify and prepare a survivor to speak at events – see Page 12 for the full protocol</p>	<p>Messaging that inadvertently reinforces stigma by associating cervical cancer with specific behaviours. Review all language before community events.</p>

# Stakeholder Co-ordination and Communications

See [First Lady Toolkit: Part 7 \(Stakeholder Engagement\)](#) and [Part 6 \(Key Messages\)](#)

## Stakeholder co-ordination: one principle per group

Do not attempt to engage all stakeholder groups simultaneously. Prioritise two or three based on the national moment. Depth matters more than breadth.

Stakeholder group	Key adviser principle
<b>Government/ Ministries</b>	Always enter a ministerial meeting with a specific ask. Follow up in writing within 24 hours confirming what was agreed. Time budget advocacy to land six to eight weeks before the national budget is presented.
<b>Faith leaders</b>	Meet faith leaders yourself before the First Lady does. Understand the specific theological or cultural concerns first. Frame the issue around care, stewardship and protection of the community – not clinical language.
<b>Civil society/NGOs</b>	Treat civil society organisations as strategic allies, not implementing agents. Establish regular communication, not just event-by-event contact. Ensure they are credited publicly for their work.
<b>Youth groups</b>	Peer-led education and social media campaigns are more effective than top-down messaging for this group. Support youth to create content in their own voice rather than asking them to amplify yours.
<b>Private sector</b>	Approach with a specific, costed ask – e.g. sponsoring a mobile screening day or funding an SMS reminder campaign. Ensure any partnership has a clear public benefit rationale.
<b>Survivors</b>	See Page 12 for the full survivor engagement protocol. Never arrange a survivor to speak publicly without following it.

## Communications: what to remember

### The golden rule and five principles

- Golden rule: all public communications must sound like the First Lady, not a policy document. Give the First Lady the substance; they provide the voice.
- Never post in the First Lady's name without their review and explicit approval of the final wording.
- Locally sourced photography outperforms stock images on every platform – invest in a photographer for key visits.

- Schedule posts around the annual calendar for maximum reach. Reactive posting is less effective than planned content.
- Have a protocol for responding to misinformation in comments – calm, factual, non-confrontational and agreed in advance.

## Handling difficult questions: bridge phrases

Likely question	Bridge phrase for the First Lady
'What are the vaccine's side effects?'	'The evidence for safety and effectiveness is overwhelming – for specific clinical detail, our health ministry team is the right source.'
'Why is screening coverage so low?'	'This is exactly the gap we are working to close – it is why I am here today.'
'Is government doing enough?'	'I am here because I believe more is possible, and I am committed to making that case.'

# Monitoring, Reporting and Event Checklists

## What to track: simple indicator framework

Indicator	What it measures	How often
Engagement count	Number of advocacy engagements delivered	Quarterly
Media reach	Estimated audience via press and broadcast coverage	Per event
Social media reach	Impressions and shares on key posts	Monthly
Vaccination coverage	National HPV vaccination coverage rate by sex	Annually
Screening uptake	Change in screening numbers in areas where First Lady has engaged	Biannually
Policy outcomes	Commitments made and delivered by government	Quarterly

Prepare a maximum two-page quarterly report for the First Lady summarising: what was achieved, two or three specific examples of impact, what is planned next quarter, any decisions needed from them.

## Master event checklist: all engagement types

Use the time horizons below for any major engagement. Scale up or down based on event size.

Timeline	Screening/ vaccination visit	Policy/ministerial meeting	Community/rural event
<b>Four weeks before the event</b>	<ul style="list-style-type: none"> <li>Confirm logistics with host and Ministry of Health</li> <li>Identify health worker or survivor to meet on-site (with consent)</li> <li>Draft post-event statement and social media post</li> <li>Confirm media attendance plan</li> </ul>	<ul style="list-style-type: none"> <li>Confirm ministerial attendees and positions</li> <li>Prepare one-page policy brief with clear ask</li> <li>Identify likely questions and prepare bridge phrases</li> </ul>	<ul style="list-style-type: none"> <li>Engage local NGO partner to co-design</li> <li>Confirm translation or interpretation arrangements</li> <li>Brief local community contact on what to expect</li> </ul>

Timeline	Screening/ vaccination visit	Policy/ministerial meeting	Community/rural event
<b>One week before the event</b>	<p>Prepare and share one-page brief with First Lady</p> <p>Distribute media brief to attending journalists</p> <p>Finalise photography plan – identify three key visual moments</p> <p>Confirm consent for photography of any participants</p>	<p>Finalise talking points and one concrete commitment to request</p> <p>Confirm follow-up note will be sent within 24 hours</p>	<p>Brief First Lady on local context and cultural sensitivities</p> <p>Identify a local woman or health worker to introduce First Lady to the community</p>
<b>Day of the event</b>	<p>Arrive early and walk through with site lead before First Lady arrives</p> <p>Manage media – no cameras in examination areas without consent</p> <p>Note any unexpected issues for debrief</p>	<p>Have one-page policy brief to hand for the First Lady to give the Minister</p> <p>Take brief notes of what is agreed</p>	<p>Allow extended Q&amp;A time – community events generate the most authentic exchanges</p> <p>Have a quiet space available if needed</p>
<b>Within 48 hours of the event</b>	<p>Publish post-visit statement and social media post</p> <p>Send thank-you note to site lead and health worker</p> <p>Log visit in engagement tracker</p>	<p>Send written follow-up note confirming commitments</p> <p>Update policy commitment log</p>	<p>Send thank-you to community organisers and NGO partner</p> <p>Note any follow-up actions committed on the day</p>

# Survivor Engagement Protocol and Myth-Busting

## Survivor engagement: the protocol

Survivor stories are the single most powerful tool for reducing stigma. But working with survivors carries ethical responsibilities. Follow this protocol for every survivor engagement – without exception.

Stage	What to do
<b>Sourcing</b>	Work through an established civil society partner, cancer organisation or health facility – never approach survivors directly without an intermediary who has an existing relationship of trust.
<b>Consent</b>	Written consent must be obtained specifying: what will be shared, where it will be published, whether name and photograph can be used. The survivor can withdraw at any point before publication. Store consent securely.
<b>Preparation</b>	Meet with the survivor before the event – not to rehearse a script, but to understand what she is comfortable sharing. Share the format, audience size and whether media will be present.
<b>On the day</b>	Ensure she is not pressured to say more than agreed. Have a support person with her throughout. Confirm media consent before the event, not on the day. Have a quiet space available if needed.
<b>After the event</b>	Debrief with the survivor – ask how she felt. Send a formal thank-you from the First Lady's office. Reconfirm consent before any further use of her story.
<b>The First Lady's role</b>	Introduce and acknowledge the survivor – do not narrate her story on her behalf. Invite her to speak for herself. The First Lady responds and thanks; they do not perform.

## Watch out

- Never use a survivor's story as a data point or to illustrate a statistic – her story is her own.
- If a survivor becomes distressed during an event, prioritise her well-being over the programme. Plan for this in advance.
- Do not source survivors from other countries where national survivors exist – a local voice will always resonate more.

## Myth-busting: advisor delivery tips

See First Lady Toolkit: Part 6 (Addressing Common Myths) – a full myth-busting table is in the First Lady Toolkit

Before any community event or faith leader engagement, identify which myths are most prevalent in that specific setting and prepare the First Lady with the relevant facts.

### Key delivery principles

Myth	The truth (in plain language)	Delivery tip
<b>HPV vaccine and behaviour</b>	The vaccine prevents cancer – it does not influence behaviour. Studies show no association with earlier sexual debut. It is equivalent to vaccinating against hepatitis B.	Acknowledge the question before correcting it. Never be dismissive.
<b>Vaccine side effects</b>	Rigorously tested; given safely to hundreds of millions. Mild temporary reactions are normal. Serious adverse events are extremely rare and are well monitored.	Validate that it is reasonable to ask about safety, then provide the evidence.
<b>Screening causes harm</b>	Screening tests are safe and do not affect fertility. They detect changes before cancer develops. Waiting for symptoms often means waiting too long.	Frame screening as proactive self-care, not a response to illness.
<b>No symptoms means no problem</b>	Cervical cancer is largely asymptomatic in early stages. Regular screening is how abnormal cells are caught before they become cancerous.	Use plain language – avoid 'asymptomatic' in community settings.

*When a myth comes up in public: pause, acknowledge, provide the fact calmly and offer to follow up through a health worker if the person wants more detail.*









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