METHODS
In 2018, Paediatric-Adolescent Treatment Africa (PATA) conducted a cross-sectional semi-structured survey with 25 YPLHIV engaged as peer supporters in 49 health facilities across 12 sub-Saharan African countries. Surveys aimed to survey and understand young peer supporters’ perspectives and experience of having power to influence and change adolescent programmes and policies that affect them. Descriptive statistics and thematic coding were used to analyze quantitative and qualitative data.

ADVOCACY IN ACTION
Advocacy means different things to different people.

Here is one helpful definition provided by the International Planned Parenthood Federation (IPPF):
“Advocacy means identifying and calling for change. Advocacy calls for changes in laws, policies, practices and structures in order to improve people’s lives.”

Advocacy is not just about raising awareness of an issue, it is about trying to seek change in the policies, practices, systems, structures, decisions and attitudes that cause discrimination, exclusion or injustice.

Advocacy activities included:
- Education and support
- Peer-to-peer outreach and awareness raising
- Community outreach
- Advocacy training
- Providing peer-to-peer education and support
- Improving access to services
- Other work

Peer representation on various platforms

RESULTS
Respondents were 60% female, with a mean age of 22 years.
Almost all (98%) peer supporters considered themselves advocates.
Advocacy activities included:
- Community outreach and awareness raising
- Providing peer-to-peer education and support

How often does this lead to improvement at your health facility?
- Frequently: 32
- Quite often: 18
- Sometimes: 10
- Never: 1
Total: 61

52%
30%
16%
2%

Peers generally engage directly and in-person with their supervisor or colleagues about challenges and recommendations.

Most peer supporters (82%) reported that making recommendations and discussing challenges leads to service improvement.

Peers are well-placed to mobilise and facilitate patient, health provider and facility-level advocacy. With links to peer-led networks and community structures, peer supporters can participate in broader health system advocacy.

CONCLUSIONS
Findings suggest that peer supporters understand themselves to be agents of change beyond their better-understood role of task-shifting and supporting service delivery.
Young peer supporters report being advocates for their peers and frequently leverage their experience to proactively raise issues, challenge existing practices, provide feedback and make recommendations.

Go to work
Most peer supporters (82%) reported that making recommendations and discussing challenges leads to service improvement.

For peer supporters, advocacy training should be integrated into peer support curricula to build skills and capacity to successfully effect change.
Additionally, a vital health facility staff should be orientated toward receiving feedback from peer supporters, with facilities establishing mechanisms for intergenerational dialogue between service users and providers to leverage this advocacy potential.