

# Call to Action - Peers to Zero

## The Dar es Salaam Peer Supporter Declaration

1. We, the peer supporters and network representatives of young people living with HIV from Cameroon, the Democratic Republic of Congo, Ethiopia, Malawi, Tanzania, Uganda, Zambia and Zimbabwe have assembled at the PATA-AY+ Youth Summit in June 2016.
2. We are inspired by the resilience, creativity and courage of our young African peers who have led the way before us. Many of these young people lost their lives as we waited for treatment access to be realised.
3. The end of AIDS is now much closer, and with enthusiasm and dedication we embrace the vision of the Fast-Track strategy to end AIDS by 2030, including 95-95-95, 200,000 new infections among adults and zero discrimination.
4. We are, however, dismayed and concerned that AIDS-related illness is the leading cause of death among adolescents in Africa, and that adolescents have worse treatment outcomes, higher rates of loss to follow-up and worse adherence than adults.
5. We call for the rapid fulfilment of international commitments to make viral load testing and free treatment available to all, including young people.
6. We ask for easier-to-take medication; including fewer, smaller and better tasting tablets, as well access to longer-lasting treatment options.
7. Young people offer a unique voice in the global fight against HIV. We play a crucial role as peer educators and peer supporters, providing and linking youth to quality HIV and SRH services.
8. We must be genuinely involved and at the forefront of developing, implementing, monitoring and evaluating services that affect us and organisations that seek to represent us. Our voices count and must be heard.
9. Peer service provision is work and should be taken seriously. We call for remuneration, guidance, supervision, training, capacity-building, resources, autonomy and belonging. We also require investment in young peer supporters beyond delivering services, and request the creation of study, livelihood and income generating activities for us.
10. We are more than just our HIV status, and our holistic wellbeing is important. We cannot give wellbeing if we are not well ourselves. We ask for positive, supportive and enabling environments to receive and deliver healthcare.
11. As young people, we need HIV and SRH services that are comprehensive and integrated. A comprehensive package should include private and confidential HIV prevention, treatment and monitoring; supportive psychosocial and mental health services; and sex-positive messaging and counselling. We demand options for unwanted pregnancy and access to a range of family planning methods, including regular cervical screening.
12. We request friendly and sensitised healthcare workers with positive attitudes and ask that HIV and SRH services be provided to us with care, acceptance, respect and without judgement. We should be provided with comprehensive information and recognised as capable of making our own decisions. Don't lecture us, empower us!
13. We call for accessible adolescent- and youth-friendly services. Let us move beyond a checklist and ensure that services are appropriate and context-sensitive.
14. We insist on access for all, as we are! As young people, we are not all the same. We acknowledge that access may be more difficult for key and vulnerable populations, including young men who have sex with men, young women who have sex with women, transgender and intersex young people, young people who use substances, young people who sell sex, young people with disabilities, orphaned youth and pregnant/young mothers. We call for innovative and creative efforts to engage difficult-to-reach populations. Services should recognise our diversity and strive to be inclusive. As peer providers, we will endeavour to reach these populations and ensure that all young people – including the most marginalised – receive services free from stigma and discrimination.
15. Transition to adult health care, as well as to tertiary education or boarding school is a time where many of us falter. We call for greater attention, strategies and services to support us in making transition safer.
16. We acknowledge the physical, economic, and social factors that make accessing services and staying in care difficult, and call for creative, positive and youth-sensitive responses that address the socio-economic drivers that render us vulnerable.
17. As young peers living with HIV, we commit to providing services as we wish to receive them. We endeavour to actively listen, understand the needs of young people, be patient and address our own stigma. We will act as positive role models to our peers and dedicate our efforts so that future generations of young people will not live with the burden of HIV and AIDS.

FOR ALL  
 ...nce & active  
 ...addressing our own  
 ...self-stigma!  
 \* Peer outreach - to  
 ...people IN & OUT  
 \* Be a role model - be  
 ...change we want to  
 \* Advocate for needs  
 ...especially for the  
 ...marginalised!

