Dear “Generation Now”:

We’re talking to you: AVAC partners, Fellows, ROAR members, COMPASS coalition comrades, along with all the other young and emerging activists worldwide, including the many we haven’t met, who know that our bodies and our planet are on the line.

If you’ve been anywhere near an AIDS presentation in the past year, chances are you’ve heard about the “youth bulge”. Maybe you thought: Wow, that’s an unflattering phrase. Or: Hey, that’s me. Or: Why is the speaker who is talking about youth so old? Maybe you thought: If there are so many of us, why isn’t the work getting any easier? Why is there still so much to do? All of those thoughts are fair.

We’re living in a perilous time. Authoritarianism is rising, economies are struggling, education and employment aren’t keeping up, access to basic health care is improving in some places and not in others. And in the midst of it all, HIV isn’t going away. Now what?

First of all: please keep on doing what you do so well. You’ve questioned WHO, country governments and researchers about the implications of the ECHO trial result, rallied slow-moving governments to do more, faster to bring PrEP to adolescent girls and young women, and asked the hard questions about how research trials are conducted and designed.

Next: we hope you will continue to put the focus on the future you want to see. As your peers and friends, the leaders of the Climate Strike (see box, pg. 14), have said so eloquently, today’s leaders are accountable to the world’s youth. The same is true regarding HIV. Choices are being made right now about which experimental products to test, which concepts to shelve, which existing strategies to implement at-scale, all of which impact you and your communities. Today’s research trials could find powerful prevention strategies for your youngest siblings—or future children—to use when they become sexually active. With your power and vision, you can catalyze social movements to ensure that children come of age in societies that honor their minds and bodies, their freedom from coercion, their right to choice. We want and need you to continue to lead this work. And we hope you’ll take on some of the critical questions that the HIV field is facing today.

On research:

- Are you and your peers being asked your opinions, treated like experts and engaged throughout the research process? If not, what needs to change to create the research engagement structures you want and need? In 2019, we cheered on the AfroCAB, a self-organized group of activists, primarily people living with HIV, as they did an exceptional job of holding the WHO accountable for its recommendations around the antiretroviral dolutegravir. The AfroCAB is now widely recognized as a civil society group that must be consulted on critical issues. There are a range of groups in East and Southern Africa that play roles like this in the HIV prevention space, yet these groups aren’t always considered essential to have at the table. That’s starting to shift, and we think 2020 is the year to secure decisive change.

- Generation Now says it like no one else: women and girls and all people need to be seen as whole humans by a health system that is centered around their needs. Can you help drive a new, transformative agenda that links contraception, sexual and reproductive health and rights and HIV prevention? We hope so!

As you can see in the timeline on page 27, the coming year could bring results from trials
of antibody-mediated prevention, a recommendation on the vaginal ring from the European Medicines Agency, the launch of new trials and approaches—and more. You’ve got enormous energy and yet still probably agree that if we take each trial individually and weigh each against the others, we’ll be worn thin and the story will get fragmented. Can you lead the discussion about the principles needed to guide all of this work? These principles might include:

1. Equity in access that starts with equity in investments in research such that relevant data on safety and efficacy are gathered for all bodies at risk of or living with HIV. We need to know how things work for men and women, cis- and transgender alike.

2. Accuracy on the part of product developers and funders in describing new strategies including the risks and benefits compared to existing ones, and likely time to market. These groups must also work with civil society to make decisions about advancing products in the pipeline.

3. Responsiveness from research funders, governments and other partners to civil society’s clear demand for good-enough strategies now and innovation in the future. Research resources need to go to things that can get to public health programs sooner and those that will take more time.

4. A funded commitment to program design. No product works unless people can get it and use it. For primary prevention, good programs start by learning who people are and how they make decisions. This human-centered-design approach is underfunded and not yet considered core HIV prevention business.

**On implementation:**

- You are the implementation experts. You live and breathe the realities of today’s approaches every day. You know that not all AGYW programs are created equal and not all programs for sex workers or men who have sex with men or people who inject drugs are truly community-based, bias-free and meeting milestones for preventing or treating HIV. It’s up to you to ask hard questions of the people paying for and providing prevention services. These might include some of the questions listed here:

  - How do you measure how many prevention services a single person is receiving in a program that seeks to “layer” biomedical, social and structural interventions?
  - What evidence do you have that a service is reducing HIV risk or improving health outcomes for people living with HIV?
  - How did you come up with your messages and which segments of the population (e.g., within groups of adolescents, young men, sex workers) are they aimed at?
  - How many peers do you have working in your program, what are they paid and what is their job description?

Demand that the work gets done—and only take it on yourself if it’s part of your activist plan.

- Demand that the work gets done—and only take it on yourself if it’s part of your activist plan. One of the ways that activist power gets diluted is when we take on tasks that may or may not be on the critical path to a goal. Does a funder or implementer want you to deliver services, assess capacity, sit on a technical working group, monitor their own programs? Increasingly, civil society is being asked to do all of these things. And while they are important, this can also be a way of co-opting activist time and energy that’s needed for bold work. Some of that work may involve taking on the implementers who are offering you work and funding. Here are some things to consider:
If you’re doing community-led monitoring, (i.e., visiting sites to collect information on what’s working well or not), are you planning how you will act immediately on any urgent findings via meetings, social media, demonstrations or other tactics? Have you made it clear to your partners and your funders that monitoring and action go hand in hand?

If you’ve been asked to create messages for a campaign, what’s your in-house expertise? Do you have a clear sense of what the current best practice is for human-centered design, and can you lead on this or ensure that the team includes a group with that essential expertise?

If you’ve been asked to be on a technical working group, what decisions will that group be making? Who will chair it—will you? What power does it have, and if the power to effect change lies elsewhere, what influence can it exert?

These are some of the questions we ask ourselves every day at AVAC and in the coalitions we work with. These also might not be your questions. As your influence and power grows, we hope you’ll be as critical and choosy and focused as you can be—and already are. That’s one of the profoundly rewarding things about working on HIV/AIDS: every victory has been won by people who set the terms for saving their own lives and the lives of people they loved and then wouldn’t back down. We all draw strength from that. You’re next.

You’re now!

AIDS and Climate Justice Activism

2019 saw remarkable youth-led leadership for climate justice. This includes Irsa Hirsi, a leader of the US Youth Climate Strike, who claims climate justice as an issue for people of color, pointing out that America’s racial inequities extend to the impacts of environmental degradation. It also includes Greta Thunberg, who told the US Congress that “science tells of unspoken human sufferings, which will get worse and worse the longer we delay action—unless we start to act now.” The health of the planet and the health of the community and the individual are intertwined. Here are two examples of global demands that, if met, could drive the agenda for climate justice and HIV.

• **Ensure that existing and new donors fund, without restriction, direct action, activism and advocacy.** Direct action works. People who put the time and energy into planning strategy and taking risks need to be compensated. Networks need to be sustained and expanded so that insights flow across fields and between generations. Yet the current global development arena is fragmented, with resources from more private-sector investors and from countries that don’t have a clear human-rights agenda. In a survey of more than 90 development stakeholders published early in 2019, the majority voiced concern about “closing civil society space” around the world. Funders can and must step in with resources for groups that take risks and demand accountability.

• **Build research and scientific literacy for everyone.** Thirty years ago, people living with the virus mastered immunology, virology and the details of clinical trial design in order to build a movement to save their lives. Today’s young leaders are doing the same thing with climate science. No one needs an advanced degree to master the concepts that are critical to crafting an agenda for revolutionary change. But they do need education that’s free, accessible and high-quality. All children, of all genders, need and deserve this.

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