

2009



ANNUAL REPORT



SOMMAIRE

A word from the President and the vice president	p.2
2009 In images	p.4
Supporting research	p.8
HIV prevention and supporting people living with HIV	p.14
AIDS in developing countries	p.20
International Dimension	p.24
A word from the CEO	p.26
Sidaction's organization in 2009	p.27
A word from the treasurer	p.32
Thank you to our partners	p.47

A WORD FROM THE PRÉSIDENT...



Economic slump: our donors shrug it off, but not the State

Of course we were, and still are, worried about the economy. But our generous donors did not shirk in 2009; they did not forget Sidaction and once again showed their support. To them we extend our deepest gratitude.

But while the economic conditions did not hamper Sidaction's fundraising efforts in 2009, the effects have been felt elsewhere – in the unprecedented disengagement of the State. With the reason and excuse of the economic crisis, the ministries are losing interest in the fight against AIDS and preparing us for decreased funding. The Ministry of Health, and many other political decision-makers, clearly no longer see AIDS as a public health priority. In terms of the grants we receive, the State's reduced participation will have little impact; we have already operated without major State funding for fifteen years, and it makes up less than 5% of our budget. But this disengagement does have unacceptable repercussions on the fight against AIDS overall. How can one consider that this epidemic is no longer a priority? The number of HIV-positive people in our country is not shrinking, the infection is not striking less; on the contrary, it is just as frequent, particularly among young homosexuals. The advances in treatment and lower death toll mean that the number of people living with the virus is rising, and like all of society, these people are struggling with financial insecurity. There are new

problems to face, such as dealing with the ageing of this population, and providing a scientific and medical response to neuro-AIDS and related cancers. Knowing that vaccine research requires long-term projects, spanning 15 to 20 years, how can one say it is adequate to stabilise, rather than increase, the budget for the National Agency for Research on AIDS and Viral Hepatitis, one fourth of which is allocated to hepatitis?

How can the State or its representatives, with many local governments following suit, reduce their grants to associations and not provide information on the level or payment of funding until the second half of the year?

These organizations have no other choice but to turn to us to fill this gap. Fifteen percent of our budget enables us to be a watchdog, monitoring the epidemic, identifying problems and finding innovative funding solutions. All the rest goes to what is, in fact, substitution funding. It is up to the State to fulfil this mission. It is the State's duty to conduct large-scale information campaigns. Today, the only event which brings broad attention to the epidemic in France is the televised Sidaction weekend, along with the World AIDS Day on December 1st. This is not enough. The lack of media coverage causes latent discrimination which is detrimental to the cause. The short bursts, the opportunistic and occasional communication operations that the State likes to use to justify its action and its lack of long-term investment, do not serve the fight against AIDS.

Long-term commitment is essential if the fight against AIDS is to be effective and produce results. In 2009, our donors provided us with a fund base on the rise, and with their donations, submitted their ever-greater encouragement: we owe them results, we owe them a sure and lasting investment. The State must resume its role and fulfil its responsibilities.

Pierre Bergé

President of Sidaction

A handwritten signature in black ink, which appears to read 'Pierre Bergé'.

... AND THE VICE-PRESIDENT



In 2009, Sidaction was 15 years old – it marked an odd moment in our history.

The year was filled with emotion, memories, generosity and worry.

2009, Sidaction's 15th year; this was an anniversary we did not want to celebrate. When we began in 1994, we hoped to achieve a victory in just a few years, however for we are still far from that victory. We never thought we would still be here before you today, reporting on our activities.

We remembered the urgency of our origins; the memory of so many friends lost, and also looked proudly on the many battles we have won since those days. Patients now live longer thanks to tri-therapies, and HIV-positive women can envisage pregnancy with minimal risk in our countries... But sadly, the years pass and AIDS is still here. The virus is very virulent and continues to present researchers with new challenges in their work.

The year 2009 also proved significant with the publication of the Court of Auditors (Cour des Comptes) report last June, recognising Sidaction's sound management of funds, its rigor and transparency, and qualifying Sidaction as a major player in the fight against HIV/AIDS... What a wonderful reward for the years in which Sidaction fought diligently, with its loyal donors, volunteer workers and patients at its side, never giving up in spite of the many obstacles encountered. You were right to put your faith us!

It was also exciting to read the first results of the

vaccine tests conducted in Thailand, which reduced transmission by 30%. This offers unprecedented hope for our researchers and above all, for patients!

Another highlight was Sidaction 2009, when for the first time since the event resumed, the funds raised hit a new record with almost 6.6 million euros raised. This was possible thanks to the increased participation of our 16 media partners, more significant regional events, a higher-publicity media plan, and 31 free call centres where 4500 volunteer workers were on hand to take pledges... People living with HIV shared moving, first-hand accounts of their experiences that will stay embedded in our memories for a long time to come.

From the bottom of our hearts, dear donors, partners and volunteer workers, thank you so much for having maintained your support at a time when the struggling economy continues to cause hardship. You understood that our needs are just as significant as ever, and that without you Sidaction would not be able to meet its commitments to the researchers and patients that it finances.

Line Renaud

Vice-presidente of Sidaction

A handwritten signature in black ink, reading 'Line Renaud' in a cursive script.

2009 IN IMAGES

29 January

Sidaction "Dîner de la Mode"



This dinner event, which corresponds with the end of the designer fashion shows in January, is an annual gathering of all the haute-couture fashion houses and personalities who want to join our efforts to fight AIDS. With notables including Pierre Bergé and Mme Carla Bruni Sarkozy (the sponsor of this 7th edition), the 764 guests in attendance followed the dinner with dancing. The event raised 708 000 euros.

January - February

Publication of No. 46 of Transversal - "Africa, facing the realities"



This bimonthly magazine is printed in 10,000 copies and distributed on a subscription basis to readers including professionals and individuals who are interested in HIV and related news. The report in this issue deals with the 15th International conference on AIDS and STI in Africa, held in December 2008 in Dakar (Senegal). Discussion at this event centred on paediatric care and treatment for HIV-positive mothers. This issue also included a study on risk taking among activists involved in the fight against AIDS, a fairly taboo subject.

19, 20 and 21 February

AIDS association committee

At this session, the committee examined 59 applications for funding totalling 972 002 €; 35 of these were accepted, for a total of 712 156 € which breaks down as follows:

- Tender for partner associations : 477 249 €
- Tender for Gay Prevention associations : 18 207 €
- Tender for Employment associations : 38 000 €
- Tender for Prison Mission associations : 34 400 €
- Tender for DFA associations : 46 300 €.

5 March

Concert with Radio France benefit for Sidaction



For the second time, the National Orchestra of France and Radio France joined forces with Sidaction in organizing this special evening, the proceeds of which, i.e. 30 000 €, went to the association.

6, 7 and 8 March

Student Fair (Salon de l'Étudiant)



For the past three years, Sidaction has been reaching out to students. The stand drew over 1000 visitors, offering Sidaction the opportunity to convey prevention messages and recruit new volunteers.

9 March

Sidaction 2009 launch evening in the VIP ROOM



The evening began with the traditional press conference with Pierre Bergé and Line Renaud, attended by more than 600 people, including media partners, researchers, associations, patients and donors.

12 March

Scientific and medical AIDS committee

At the first session for the 2009 scientific and medical tender, the committee examined 25 applications for funding, and approved funding awards totalling 730 498 euros.

20 March

Screening of "DRH & VIH" (Human Resources and HIV) and presentation of the study "Working and Living with HIV-HCV" in Montpellier

20, 21 and 22 March

Sidaction 2009



A three-day media campaign devoted to informing, increasing awareness and raising funds. Our 16 media partners dedicated all or part of their programming to the cause, and broadcast special shows on the subject of AIDS. Sidaction 2009:

- A special telephone number (110) open from 9 March to 11 April to take calls from donors making pledges

- A special SMS number (33 000)
- 4500 volunteers working at the telephone platforms
- 300 events throughout France

In all, Sidaction 2009 raised 6.6 million euros.

23 March

Board of Directors meeting, by correspondence

At this Board meeting, Sidaction allocated 49 475 euros to its international programs and 110 200 euros to French associations:

March - April

Publication of No. 47 of Transversal - "Access to treatment: patients under threat"



For the 15th anniversary of Sidaction, 15 figures from the fight against AIDS – a difficult choice to say the least – were selected and presented in this issue, with brief portraits. Also in this issue: a report on factors which are threatening access to treatment in France, and an article on infected patients who naturally control the HIV virus (HIV controllers). This group offers hope in the area of therapeutic and vaccine research.

6 April

Training committee

At this session, the committee examined 68 applications for funding, and attributed funding awards totalling 513,500 euros.

23 April

Board of Directors meeting

At l'issue de ce Conseil d'administration, At this Board meeting, Sidaction allocated 741381 euros to research programs, 580,309 euros to international programs and 658,200 euros to French associations.

29 April

First meeting of the "Youth Prevention" expert panel

Sidaction has brought together professionals in prevention issues and sexuality among youth, in order promote practical dialog, define priorities and help in the mission efforts.

May - June

publication of No. 48 of Transversal - "Treatment without hospitalization: what solutions exist?"



This issue includes a report on treatment possibilities not requiring hospitalization in France, for HIV-positive patients. Solutions exist, but how long will they last? One article discusses the importance and difficulty of measuring viral load in the South, and another presents the various methods of medical assistance for procreation available for couples concerned by HIV.

7 May

"Croisons nos regards", an interactive play on the theme of employment

CJD Marseille, Sidaction and Le Tipi (an association working to fight AIDS) have joined forces for this unprecedented theatrical project: young executive directors and HIV-positive people on stage together, spectators become actors using their emotional responses, humour, self questioning, groans and clenched teeth...an all-around compelling performance. Innovating, helping remove barriers, introducing new representations to promote a more tolerant and open-minded society, increasing diversity in the business world, bridging the gap between jobs and the people farthest from employment: these are the goals behind this initiative.

25 May

Benny Berthet Day in Roland Garros



The proceeds of this event, held annually since 1977, were shared between 5 associations this year for the last time. Sidaction received 42 000 euros.

28, 29 et 30 May

AIDS association committee

Three days of reflection on:

- specific missions: gay prevention, youth prevention, employment and prison,
 - this committee's operating procedures,
- These days were also the opportunity to welcome the new committee members and to thank the outgoing members for their service.

2 June

AssociaSciences Day in Montpellier



The goal of this day was to bring together the associative and research sectors in a context of presentations "for the general public" on the work being done by some of the teams of researchers at the Molecular Genetics Institute of Montpellier (IGMM), particularly on the subject of AIDS. Members of the Sidaction team, 5 donors and several journalists took part in this meeting.

11 et 12 June

Scientific and medical AIDS committee

At the second session for the 2009 scientific and medical tender, the committee examined 58 applications for funding, and approved funding awards totalling 2 079 768 euros.

17 June

Publication of the report by the public finance court (Cour des Comptes)

In 2008, the public finance court conducted an audit of the use of resources collected from the public during the 2001 to 2007 fiscal years, in view of assessing the application of its previous recommendations. The report emphasizes the association's transparency. The court recognises Sidaction as a major player in the fight against AIDS. For all those who support us, this is positive feedback is very rewarding.

21 June

Music Day (Fête de la musique) at "L'Artère"



Sidaction, APSV and Parc de la Villette used the theme of Music Day (Fête de la musique) to increase local public awareness of the existence of "L'Artère", and in terms of HIV prevention. Theme: French songs, love songs on "L'Artère" – participants were invited to sing pop songs with a piano accompanist and professional singers (Gigi Fleur de Montmartre): La vie en rose, La javanaise, Une belle histoire, Aux Champs Elysées... Approximately 200 people took part in this fun and festive gathering.

24 June

Board of Directors meeting

Annual Meeting.

25 June

Prison Day "Prison syringe exchange programs"

Exchanging syringes: a real public health issue: representations, pertinence and feasibility in the context of French prisons.

September - December

Publication of No. 49 of Transversal - "Twenty years old and HIV-positive"



In this issue, an extensive interview with Willy Rozenbaum (CNS) provides an up-to-date look at the use of treatments for prevention. The report covers the subject of young people born with HIV or contaminated at an early age, and the specific difficulties they face. Finally, an article presents the often overlooked issue of transgender people with SIDA.

29 September

Board of Directors consideration meeting

This annual day allows Sidaction's directors to analyse proposals submitted by the various committees and by the Sidaction team. This day culminates in the definition of the association's strategic guidelines and annual priorities: for 2010, developing new fundraising tools and means of supporting young researchers, local prevention and patient aid programs in priority sectors, improving quality of treatment, and training in developing countries...

11 au 17 October

University of Young Researchers (UJC)



For this 7th edition, held in Carry-le-Rouet near Marseille, the goal was to provide the young researchers with a basic grasp of the issues facing HIV/AIDS research through a multidisciplinary approach.

16 et 17 October

AIDS association committee

At this session, the committee examined 86 applications for funding totalling 1 634 223 €; 35 of these were accepted for a total of 712 156 €, which breaks down as follows:

- Tender for partner associations: 86 statements of intent reviewed, for funding requests totalling 1 634 223 € - 25 statements of intent rejected, for a total of 626 607 €
- Tender for Gay Prevention associations 18 207 € for 3 projects and one project refused for 7 659 €
- Tender for Employment associations 3 statements of intent reviewed, for funding requests totalling 25 500 €
- Tender for Prison Mission associations: 7 statements of intent reviewed, for funding requests totalling 145 300 €
- Tender for DFA associations: 11 statements of intent reviewed, for funding requests totalling 227 809 €

27 October

Conference on the "Creation of the Pierre Bergé allocated fund"



Pierre Bergé has created an allocated fund for the fight against AIDS – dedicating 2 million euros per year for 5 years. This fund will be dedicated to prevention actions, training actions in developing countries and research programs, and will be managed by Sidaction starting in 2010.

3 November

Doctoral Candidates Day (Journée des Doctorants)



At this event, open to the first recipients of this category of funding award, the participants were able to discuss their research projects and get to know Sidaction.

9 et 10 November

Scientific and medical AIDS committee

At the third session for the 2009 scientific and medical tender, the committee examined 50 applications for funding, and approved funding awards totalling 1 786 372 euros.

17 November

Growing Committee ("Grandir")

At this session, the Growing ("Grandir") committee examined 14 applications for funding, and attributed funding awards totalling 356 200 euros.

19 et 20 November

International committee

At this session, the committee examined 76 applications for funding, and attributed funding awards totalling 2 014 400 euros.

28 November

Commemoration ceremony at Fabrice Hyber's "L'Artère"



For the second year, within hours of World AIDS Day, Sidaction and Parc de La Villette co-organized an homage to all those who have passed away as a result of this epidemic, thus reviving the memorial aspect of the work by Fabrice Hyber. At the ceremony, the patchwork quilt of all the names was unfolded to the singing of gospel hymns, in memory of those no longer with us.

Solidarity chain, Pont des Arts



This was the third edition of the solidarity chains throughout France on World AIDS Day: approximately 2500 volunteers took part.

30 November

3 hours together

Some twenty donors and partners attended this event at the Sidaction locale from 6pm to 9pm, in order to meet the team and speak with the researchers and associations funded by Sidaction.

1st December

World AIDS Day



All of the associations involved in the fight against AIDS gathered together after the traditional Act-Up march to join in celebrating the 25th anniversary of Aides, 20th anniversary of Act Up and 15th anniversary of Sidaction. These noteworthy dates also serve to remind us that the years pass, but AIDS is still here. The fight must go on.

HIV Pocket Film contest launch



Conducted in partnership with CRIPS and the Forum of Images, the aim of this contest was to encourage involvement among the general public, to spark dialog about HIV in the broad population, and to use new technologies as means of conveying information and promoting prevention.

14 December

Board of Directors meeting

As per the last Board meeting in 2009, Sidaction has allocated 7 515 172 euros for its first funding awards in 2010, which break down as follows:

- 2 654 000 € for prevention and patient aid
- 1 786 372 € for research
- 2 743 400 € for developing countries.

SUPPORTING RESEARCH



Paola De Carli, director of Sidaction's scientific and medical programs

Sidaction's strategies for promoting research on HIV and improving treatment

How to promote commitment to HIV among researchers?

In 2009, Sidaction set up new initiatives designed particularly for young researchers: the University of Young Researchers (UJC) in October and the Doctoral Candidates Day (Journée des Doctorants) in November. In addition, we contributed to the participation of 24 young researchers from southern countries in two international gatherings on HIV/AIDS held in France in 2009: the Dormont and Aids Vaccine conferences. This commitment to promoting multidisciplinary and encouraging the young people in the complex field of the fight against AIDS was a great success in 2009, and will certainly be repeated.

How to adapt research subjects to the realities in the field?

Since 2006, Sidaction has set up an initiative specifically dedicated to social science missions, which offers support for researchers aiming to provide a better understanding of the obstacles to prevention and therapeutic treatment of the HIV epidemic. We are now providing funding for many young researchers who are studying these issues in the field, particularly in the EDPs. For example, the project by Fatimatou Mounsade Kpoundia, who received support in 2009 for her first year of dissertation work with Dr Laurent Vidal's team, analyses how members of charity associations in Cameroon are developing professional skills in psychosocial treatment and are integrated into the hospital environment.

How to promote projects to improve quality of life for people living with HIV?

This is one of Sidaction's main priorities. The organizations supported by the quality of life and quality of treatment mission take into account the experience and feelings of people living with AIDS in the treatment they offer, and provide adapted additional activities and dialog and leisure times. Sidaction expanded this commitment in 2009 - in choosing to help fund the equipment for a new Specialised Care Home (MAS). This home is intended for HIV-positive people who have lost their autonomy, and will open its doors in 2010 (see box on page X).



Pr. Yves Levy, Chairman of Sidaction's Scientific and Medical Committee

Update on research

What progress was made in HIV/AIDS research in 2009?

The current HIV treatments slow the development of the infection but do not eliminate the virus. Better control of the viral replication will only be possible with new knowledge from basic research, particularly in virology, immunology and physiopathology. The hopes that emerged this year with the modest but encouraging results of the vaccine trial in Thailand only confirm the need to continue this research.

What impact does Sidaction's support have on AIDS research?

An output analysis on the researchers supported by Sidaction, conducted recently by INSERM, shows that we have contributed to a large number of scientific publications on HIV/AIDS, of outstanding quality. The findings of this research hold a significant place in the fields of immunology, clinical medicine and microbiology, and are well-known within the international scientific community. Sidaction's funding choices are thus very positive and oriented towards research projects of far-reaching scientific significance.

What are the needs in terms of research today?

The budgets granted to French researchers are too small to fund new avenues for study. Moreover, it is increasingly difficult to recruit talented young people in the field of research, and HIV/AIDS is no exception to the trend. To make research careers more attractive, there needs to be access to high-quality training with recognised teams and the guarantee of appropriate salaries, such as those offered by Sidaction.

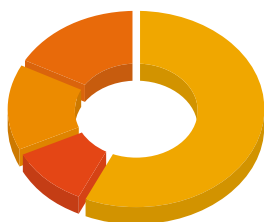
RESEARCH FUNDED IN 2009

Over the course of 2009, Sidaction supported 171 research projects, representing a total of 3.5 M euros of funding paid in the form of team aid for a given project or individual nominative funding for young researchers. Sidaction's financial commitment to HIV/AIDS research has grown considerably in the past two years. The field which receives the most support is still that of basic research (constituting 57% of the projects in progress, and a total of 2,1 M euros). Virology, physiopathology and immunology make up 68% of the topics covered.

TEAM AID AWARDS

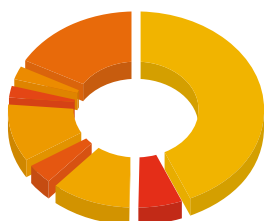
97 Team Aid programs received funding in 2009, i.e. a total contribution of 1.7 M euros to the operating, equipment and salary expenses for the public laboratories required for each of these projects.

Breakdown of 2009 research funding per field



- Basic Research 57%, i.e. 98 aid awards totalling 2 083 727 €
- Clinical Research 11%, i.e. 18 aid awards totalling 346 524 €
- Applied Research 15%, i.e. 26 aid awards totalling 557 103 €
- Social Science Research 17%, i.e. 29 aid awards totalling 496 692 €

Breakdown of 2009 funding for biomedical research per discipline



- Virology 44%, i.e. 75 aid awards totalling 1 500 970 €
- Immunology 6%, i.e. 11 aid awards totalling 178 689 €
- Treatments 11%, i.e. 19 aid awards totalling 347 188 €
- Coinfections 5%, i.e. 8 aid awards totalling 212 789 €
- Physiopathology 11%, i.e. 18 aid awards totalling 313 573 €
- Vaccines 3%, i.e. 5 aid awards totalling 268 203 €
- Epidemiology 3%, i.e. 6 aid awards totalling 165 944 €
- Social Science Research 17%, i.e. 29 aid awards totalling 496 692 €

How HIV goes into latency to create storage areas

HIV uses the cells it infects to replicate and produce new viral particles. However, it may also go into latency after making its way into certain cells, where it remains silent. In this case, it is impossible for the antiretroviral medicines to reach it, and it cannot be eradicated from the body. Thus, in spite of treatment, viral replication may resume at any time. Dr Edouard Bertrand's team at the Institute of Molecular Genetics in Montpellier studies the mechanisms associated with this entry into latency. Virus

replication begins with the production of viral RNAs in quantities which vary widely from one cell to another. Which factors affect the rate of production of viral RNAs? How are the viral RNAs produced in the cells' nuclei transported into the cells' cytoplasm? Is there a checkpoint in the transport of viral RNAs? Using cutting-edge techniques, this highly reputed team is working on answering these questions. In 2009, Sidaction provided funding for this project in the amount of 160 000 euros.

YOUNG RESEARCHERS

Over the course of 2009, Sidaction granted 74 funding awards for young researcher salaries; these awards, totalling 1.8 M euros, were paid to the organizations managing the research. The percentage of doctoral candidates among the young researchers who received funding increased, in direct connection to the dissertation funding system set up two years ago (see box). Moreover, the number of doctors and pharmacists who received funding for their research projects doubled from 2008 to 2009. It is interesting to note the increasing recruitment of young researchers working on setting up or monitoring cohorts and clinical trials, representing 5 of the 17 projects in progress at the EDPs.

PUBLICATIONS OF INTERNATIONAL EXCELLENCE

For the first time in 2009, Sidaction asked the Inserm bibliometrics unit to do a study to assess the output, in terms of the publication of their findings, of the researchers supported by Sidaction, and to evaluate how far-reaching their publications are in the international scientific community. The study covered 375 researchers funded by at least one team aid award and/or young researcher funding award between 2002 and 2007. The research conducted by these recipients produced 827 publications on HIV between 2003 and 2008. Sidaction has thus contributed to more than 100 publications per year, i.e. 13% of the French output (France is ranked 3rd worldwide in terms of the number of publications in this area). The projects supported produced an average of 2 publications. The publications have a very good level of notoriety: 26 articles appeared in prestigious journals (Nature, Science, etc.) and 2.8% are among those most frequently cited by the scientific community. It appears, therefore, that the researchers supported by Sidaction are major players in the international research on HIV/AIDS who have produced works of significant renown. The report in its entirety is available on our website.

http://www.sidaction.org/e_upload/pdf/rapportbibliometrie_sidaction

RECRUITING AND SUPPORTING YOUNG RESEARCHERS FROM THE START OF THEIR DISSERTATION WORK

Sidaction supports young researchers wishing to undertake research on HIV/AIDS from the start of their dissertation work by offering a specific form of funding for them, which was set up in 2008. The choice of candidates is intentionally highly selective: in 2009, only 5 young researchers with excellent profiles were selected from the applications received. This is a long-term commitment, especially since in 2009, the periods of funding for doctoral dissertations was extended from 2 to 3 years in order to bring the awards into line with decree No. 2009-464 dated 23 April 2009*. To ensure fairness, funding for the 1st and 2nd years of dissertation work which were already in progress in 2009 were also extended to a total duration of 3 years.

*Obtaining 3 years of funding is a requirement for enrolment in a dissertation program at a University.

UNIVERSITY OF YOUNG RESEARCHERS (UJC) 2009

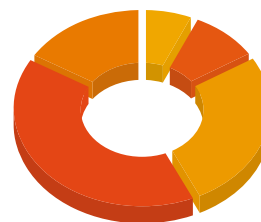
The 7th UJC was held from 11 to 17 October in Carry-le-Rouet, near Marseille. Of the 79 applications received, 42 young researchers involved in HIV research, from all fields of research, were selected to participate, including 18 from developing countries or countries in transition. The goal was to provide the young researchers with a basic grasp of the issues facing HIV/AIDS research through a multidisciplinary approach. Of the various sessions, that on designing a multidisciplinary project met with the most enthusiasm. The UJC also allowed the young researchers to reflect on the challenges faced by people living with AIDS in the North and in the South. We applaud the excellent work by the 11 members of the steering committee and the strong dedication of the 33 speakers who made this training course a true success; 94% of the participants stated that the UJC fully satisfied their expectations. Thus, the feedback was extremely positive for this financial investment representing a total budget of about 65 000 euros, of which 48 000 euros was co-funded by five partners: the pharmaceutical company JANSSEN CILAG via its subsidiary Tibotec, the National Agency for Research on AIDS and Viral Hepatitis (ANRS), the international pharmaceutical company Gilead Sciences, the Mérieux Foundation and the biotechnologies company Bio-Rad. The next edition of the UJC (planned for 2011) is eagerly awaited.

A clinical trial aimed at improving prevention of mother-to-child transmission of HIV

HIV can be transmitted from mother to child during pregnancy, delivery and nursing. If no preventive antiretroviral treatment is administered, one HIV-infected woman in three, in countries with limited resources, transmits HIV to her child. In these countries, Nevirapine is the antiretroviral molecule most frequently used to prevent mother-to-child HIV transmission (PTME). However, it has been demonstrated that HIV can develop resistance to Nevirapine very quickly, even after a single dose, thereby reducing the effectiveness of subsequent antiretroviral treatments.

Dr Elise Arrivé, a young doctor on the "HIV Africa" team at the INSERM 897 Laboratory at ISPED (University of Bordeaux 2), received support from Sidaction to ensure the coordination and monitoring of a clinical trial conducted in Africa and Asia. The aim of the trial is to evaluate the use of two other antiretroviral molecules, Tenofovir / Emtricitabine, in association with Nevirapine for the prevention of mother-to-child transmission of HIV, and to determine the posology. The initial findings, which were presented at an international conference (CROI 2010), demonstrated that this new antiretroviral combination for the prevention of mother-to-child transmission is well adapted and safe for both the infant and the mother, and confirmed the absence of viral resistance. Sidaction contributed around 29 343 euros over a 12-month period to help cover for Dr Arrivé's salary.

Status breakdown for 2009 funding to young researchers



- 5 Doctoral candidates in their first year of dissertation work
- 7 Doctoral candidates in their 2nd year of dissertation work
- 20 Doctoral candidates in their last year of dissertation work
- 30 Postdoctorands
- 12 Doctors / Pharmacists

SOCIAL SCIENCES: RESEARCH TO DEFINE CLEARER TARGETS IN THE FIGHT AGAINST AIDS

En interrogeant les facteurs comportementaux, sociaux, By studying the behavioural, social, economic or cultural factors tied to HIV/AIDS, the research projects in the social sciences supported by Sidaction have helped produce a clearer understanding of the dynamics relating to the epidemic. For example, the models estimating HIV incidence in France, developed by Virginie Supervie,

have revealed variance in diagnosis time depending on the means of transmission and the population category. This research is part of an effort to renew testing strategies in France; also involved in this effort is the clinical research program conducted by Prof Anne-Claude Crémieux on the importance of offering systematic HIV testing in emergency rooms.

This juncture between research and prevention, testing and treatment programs is one of the targets of the Social Science mission. Thus in 2009, Sidaction dedicated extraordinary funding to a preliminary study for a test on the means used to measure the reduction of infectious risk, particularly HIV-related risk, in French prisons.

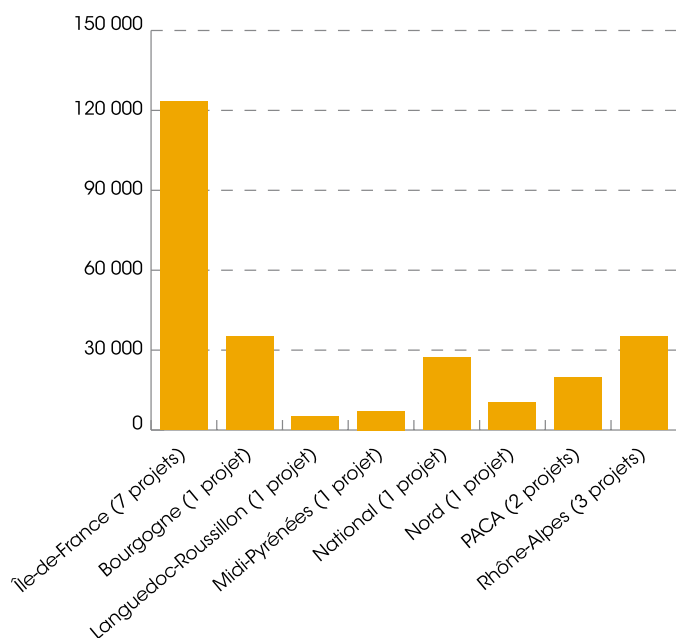
QUALITY OF LIFE AND QUALITY OF TREATMENT: RESPONDING TO THE FIRST PRIORITIES

In 2009, Sidaction supported 17 action projects in the area of quality of life as experienced by people living with HIV and promoting dialog between HIV-positive people and health care workers, for a total of 262 831 euros (11 programs supported in 2008). The Quality of Life and Quality of Treatment Committee, made up of representatives from the research, treatment and associative sectors, awarded funding to 21 of the 28 funding requests received. The credits incurred in 2009 total 331 402 euros, i.e. a 37% increase from the previous year. Of note in the projects selected are 3 action programs aimed specifically at improving the sexual health of people living with HIV, a priority defined by the Quality of Life/Quality of Treatment Committee for its 3rd request for proposals.

"Time out for well-being in dealing with the disease"

The association Nova in Lyon has set the goal of overcoming the isolation associated with the disease by offering spaces for dialog and exchange, expression and creative activities for people living with AIDS, in addition to hospital care. The project entitled "Time out for well-being in dealing with the disease" (Pause bien-être face à la maladie) aims to improve quality of life and image for people affected by the disease. Sidaction provides financial support for kinesitherapy sessions and for the association's operating expenses in the amount of 34 000 euros over a 2-year period.

Breakdown of quality of life/quality of treatment funding per region



ORGANISATIONS SUPPORTED IN 2009	AREA
AIME	Île-de-France
ADIS	Nord
ARAVIH	Rhône-Alpes
ARCAT	Île-de-France
FEDOSAD	Bourgogne
Hôpital Pitié-Salpêtrière	Île-de-France
LA PLAGE	Île-de-France
LE LAC D ARGENT	Rhône-Alpes
NOVA	Rhône-Alpes
RESSOURCE	Île-de-France
Réseau Santé Provence	PACA
Réseau Santé Vieux Port	PACA
Réseau Ville Hôpital Val de Seine	Île-de-France
SEPIA	Midi-Pyrénées
SFLS	National
SOL EN SI	Île-de-France
VIVRE	Languedoc-Roussillon

A strong commitment to the future Specialised Care Home (MAS) in Saint Denis:

As life expectancy increases thanks to anti-retroviral treatments, ageing people with HIV require specific medical care, sometimes intensive (neurological impairment, loss of autonomy, cardiovascular and metabolic disorders...) and do not find adapted care in the existing facilities. In order to meet these urgent and growing needs, in 2009 Sidaction made an extraordinary commitment. It decided to help fund the equipment for the future specialised care home (MAS) managed by the Association SOS Habitat et Soins, in Saint Denis. With a capacity for 63 patients and made up of small units, this facility will offer ageing people with HIV a pleasant and adapted living environment, with the equipment needed to handle their loss of autonomy.

2009 FUNDING FOR YOUNG RESEARCHERS

Dr Safwat ABDEL AZEIM, CNRS UMR 8113, LBPA, ENS de Cachan, CACHAN, Molecular dynamics study on the mechanisms of resistance to HIV integrase inhibitors • **Dr Mireille AL HADDAD – LAFORGE**, Laboratory on Normal and Pathological Lymphoid Development during HIV infection, Henri Mondor Hospital, CRETEIL, Study on the role of type I interferons in the appearance of immune deficiency and T lymphocyte apoptosis in AIDS • **Dr Elise ARRIVE**, INSERM U897 – “Epidemiology and Biostatistics” Research Centre, ISPED, Victor Segalen University - Bordeaux 2, BORDEAUX, Preventing peripartum transmission of HIV-1 in countries with limited resources (TemAA trial, ANRS 12109) • **Elodie BEAUMONT**, INSERM U966, School of Medicine, François Rabelais University, TOURS, In vivo emergence of an HIV-1 variant bearing envelope glycoproteins naturally truncated in their cytoplasmic domain and compensatory mutations in the protein matrix • **Dr Anna BERGAMASCHI**, Lentiviral Infection Regulation Unit, Institut Pasteur, PARIS, Mechanisms of inhibition of AIDS virus infection of human macrophages activated by immune complexes • **Pierre BONNY**, Reception team 4050 Haute Bretagne, University of Rennes II, RENNES, Apparent irrationality of gifts and their contextual psychological factors • **Yair BOTBOL**, CNRS URA 3015, Department of Virology, Institut Pasteur, PARIS, Role of integrase and chromatin cofactors in HIV-1 integration • **Carla BOTTIGLIERI**, Analysis of discourse and practices in the choreographic field, University of Paris VIII, SAINT-DENIS, From representation to production of the self: the impact of somatic methods on the quality of life of people living with HIV • **Dr Olivier BOURRY**, INSERM U625, GERHM, University of Rennes 1, RENNES, Identification of liquid seminal factors modulating the sexual transmission of HIV/SIV • **Sylvie BOYER**, UMR 912 SE4S (INSERM-IRD-University of the Mediterranean), ORS, MARSEILLE, Decentralisation and performance of care services for people living with HIV/AIDS in countries with limited resources: Cameroon’s experience • **Dr Nelly BRIAND**, French Perinatal Study, INSERM U822, Kremlin-Bicêtre Hospital, LE KREMLIN-BICETRE, Study on the development of children born to HIV-positive mothers • **Dr Sylvie BROUSSOUS**, CNRS UMR 5247, IBMM, MONTPELLIER, New nucleoside and nucleotide analogues with anti-HIV effects • **Eve BUREAU**, Epi-Ethno Santé - Public Health Action Research Institute, IRD, PARIS, Roles, issues and impact of the involvement of HIV-positive people in the fight against HIV/AIDS in Cambodia • **Laeticia CARTHAGENA**, INSERM U567 - CNRS UMR 8104, Department of Infectious Diseases, Institut Cochin, PARIS, Role of TRIM proteins in the anti-retroviral activity of interferons • **Dr Nicoletta CASARTELLI**, CNRS URA 1930 - Virus and Immunity Group, Institut Pasteur, PARIS, Mechanisms of presentation of viral antigens and of cell-to-cell transfer of HIV: role of APOBEC3G and tetherin • **Melaine CERVERA**, OEP Graduate School, UFR - ECONOMICIS, University of Paris-Est, MARNE LA VALLEE, AIDS, Employment & Handicap • **Fanny CHABROL**, INSERM U723 - CNRS UMR 8156, EHESS, BOBIGNY, The exception of Botsswana? National undertaking, public health policy and HIV/AIDS • **Thomas CHERRIER**, INSERM U575, Neurochemistry Centre, STRASBOURG, Regulation of pTEFb elongation complex by the CTP12 cofactor • **Isabelle CLERC**, CNRS UMR 5236, CPBS, MONTPELLIER, Role of HIV-1 antisense protein (ASP) in viral infection • **Dr Ahuatchi Patrick COFFIE**, INSERM U897, “Epidemiology and Biostatistics” Research Centre, ISPED, BORDEAUX, Prevention of mother-to-child HIV transmission (PTME) in the era of anti-retroviral multi-therapies in Africa • **Bridgette Janine CONNELL**, CNRS UMR 5075 / CEA, IBS, Joseph Fourier University, GRENOBLE, Structural bases for interactions between gp120 and mCD4-HS, a potential viral attachment and entry inhibitor • **Dr Jérôme COURDURIÉS**, SHADYC - CNRS UMR 8562, EHESS, MARSEILLE, Gay marriage and HIV prevention: representations and practices over the course of conjugal life • **Dr Frédéric COUTANT**, CNRS URA 3015 - Molecular Virology and Vectorology Group, Institut Pasteur, PARIS, Optimisation of vaccine protection achieved through a prime-boost protocol using TRIP lentiviral vectors in the SIV/macaque model & development of non-integrative lentiviral vectors • **Dr Pierre-Marie DAVID**, Individual and Societal Health Laboratory, Claude Bernard University - Lyon 1, LYON, Social impact of antiretroviral treatment in the Central African Republic • **Carolina DE ROSIS**, CNRS ESA 8038 / IRD UMR 194, CEAF, EHESS, PARIS, HIV policies and “feminine identities” in the context of the fight against the epidemic in the city of Gondar (Amhara region, Ethiopia) • **Dr Pierre DEBEAUDRAP**, UMR 145, Societal Health Department, IRD, MONTPELLIER, Contribution to optimising follow-up on people living with HIV and under anti-retroviral treatment in a limited resources context using a statistical modelling approach • **Dr Lise DENOEUD-NDAM**, Parasitology Laboratory, IRD, PARIS, Malaria prevention in pregnant HIV-infected women in Benin: randomised trial comparing cotrimoxazole prophylaxis and intermittent preventive treatment with mefloquine • **Dr Catherine DESCHAMPS**, CNRS EA2324, CERPOS, University of Paris X, NANTERRE, Multi-partner women in Paris. Space, mixing and HIV risks • **Lucie ETIENNE**, UMR 145, IRD, University of Montpellier 1, MONTPELLIER, Assessment of current risks of new inter-species transmissions of HIV from monkeys to humans • **Dr Laurent GAISSAD**, CNRS EA2324, CERPOS, University of Paris

X, NANTERRE, Construction of sexual compulsivity, addictions and multiple risks in homosexual men • **Dr Yonatan GANOR**, INSERM U567-CNRS UMR 8104, Department of Cellular Biology, Institut Cochin, PARIS, HIV transmission at the foreskin epithelium • **Dr Boyan GRIGOROV**, INSERM U758 - Human Virology Laboratory, ENS de Lyon, LYON, Investigating the trafficking and assembly of HIV-1 in primary blood cells • **Dr Pascale HANCART-PEITET**, CRECSS (JE 2424), MMSH, Paul Cézanne University - Aix-Marseille III, AIX-EN-PROVENCE, HIV transmission and reproductive health care in Cambodia, an anthropological approach • **Dr Fatoumata HANE**, UMR 912 SE4S (INSERM-IRD-University of the Mediterranean), ORS, MARSEILLE, HIV treatment, between new actors and new actions: the role of national and international NGOs in Senegal • **Fabienne HEJOAKA**, CNRS ESA 8038 - IRD UMR 194, CEAF, EHESS, PARIS, Children and AIDS. Anthropological angles on how the disease is experienced and social uses of medicines in Burkina Faso • **Judith HERMANN**, UMR 912 SE4S (INSERM-IRD-University of the Mediterranean), ORS, MARSEILLE, The “miraculous” curing of AIDS cases in Ethiopia. Socio-anthropology of the involvement of the EOC (Ethiopian Orthodox Church) in fighting the epidemic • **Allal HOUSSAINI**, INSERM UMR 943, UPMC, PARIS, Development of statistical methods for the construction of resistance algorithms - Zhaoyu HU, LCOM - CNRS UMR 8182, ICMMO, University of Paris-Sud 11, ORSAY, Optimisation and simplification of the oligosaccharide part of an HIV-entry inhibitor glycoconjugate active on the X4, R5 and dual tropic strains • **Dr María Candela IGLESIAS**, INSERM U543, Pitié-Salpêtrière Hospital, PARIS, Relationship between effectiveness characteristics of CD8 T cells in HIV-1 infection • **Dr Solen KERNEIS**, INSERM UMR 5707, Pierre and Marie Curie School of Medicine, St-Antoine site, PARIS, Modelling of responses to vaccination after administration of the hepatitis A vaccine in HIV-infected patients • **Dr Emmanuel LE BOUDER**, INSERM U 563, Institut Curie, PARIS Characterisation of molecular motors involved in HIV-1 assembly in infected macrophages • **Camille LÉCURoux**, INSERM U802, School of Medicine of the University of Paris-Sud 11, LE KREMLIN BICETRE, Generation of memory HIV specific CD8+ T L • **Dr Angélique LEVOYE**, INSERM U819, Institut Pasteur, PARIS, Determination of the functional properties of CXCR4/CXCR7 heterodimer and the role in HIV infection • **Marine MALBEC**, Virus and Immunity Unit - CNRS URA 3015, Institut Pasteur, PARIS, HIV and lymphocyte biology: from cell mobility to viral transmission • **Romain MARLIN**, Lentiviral Infection Regulation Unit, Institut Pasteur, PARIS, Interactions in the decidua between antigen-presenting cells and natural killer cells in HIV-1 infection • **Dr Guillemette MASSE**, INSERM U 567/ CNRS UMR 8104, Department of Infectious Diseases, Institut Cochin, PARIS, Study on the role of the SWI/SNF chromatin remodelling complex in the regulation of HIV-1 expression • **Dr Saori MATSUOKA**, Antiviral Research Unit - INSERM U 552, Bichat-Claude Bernard Hospital Group, PARIS, Diversity in cellular restriction in infection by HIV-1 recombinants bearing primary Gag proteins • **Ehadj Mamadou MBAYE**, PACTE - CNRS UMR 5194, Institute of Political Studies - Pierre Mendès France University, SAINT MARTIN D’HERÈS, Public action between immigration policy and policy on fighting AIDS in France • **Gaëlle MERCENNE**, RNA Architecture and Reactivity Laboratory - CNRS UPR 9002, IBMC, Louis Pasteur University - Strasbourg 1, STRASBOURG, Role of HIV-1 Vif protein in the interaction with APOBEC3G mRNA and the inhibition of its translation • **Dr Veronique MERSEMAN**, Virology Department, Institut Pasteur, PARIS, Role of type I interferons in SIV infection • **Dr Christian MOUALA**, Clinical and therapeutic epidemiology of HIV infection - INSERM U720, Pitié Salpêtrière Hospital, PARIS, Malaria and HIV coinfection • **Dr Shahul MOUHAMED**, INSERM U841, School of Medicine, CRETEIL, Study on physiopathological mechanisms (cellular and molecular) involved in CD4 T-lymphocyte depletion in AIDS • **Fatimatou MOUNSADE KPOUNDIA**, UMR 912 SE4S (INSERM-IRD-University of the Mediterranean), ORS, MARSEILLE, AIDS and employee transfers in the health care establishments of Cameroon: the example of “psychosocial care” • **Dr Miral NAKAMURA**, CNRS UPR 1142, IGH, MONTPELLIER, Regulation of HIV-1 Basal Transcription by PAA1 and the Implications for the Control of Latency • **Dr Camille NDONDOKI**, INSERM U897, Epidemiology and Biostatistics” Research Centre, ISPED, BORDEAUX, Assessment of care for HIV-infected children following treatment to prevent mother-to-child HIV transmission in Africa: access, effectiveness and determining factors • **Dr Cinzia NOBILE**, Immunity and Cancer Laboratory - INSERM U563, Institut Curie, PARIS, Effect of HIV-1 on dialog between dendritic cells and CD4+ T lymphocytes • **Mary-Ashley OUVRIER**, CRECSS (JE 2424), MMSH, Paul Cézanne University - Aix-Marseille III, AIX-EN-PROVENCE, Anthropology of medical research in Senegal: “Communities” and research studies on HIV and Meningitis • **Maryse PERESSIN**, Nervous System Physiopathology Unit - INSERM U575, IBMC, STRASBOURG, Study on antibody inhibition mechanisms when Langerhan dendritic cells and interstitial dendritic cells are the targets of HIV-1 • **Dr Karine PRADEAU**, CNRS UMR 7104, Department of Biology and Structural Genomics, IGBMC, ILLKIRCH GRAFFENSTADEN, Structural studies on the complexes formed between HIV integrase and the cellular protein partners • **Dr Romina QUERCIA**, Antiviral Research Unit - INSERM U552, IJH, Saint Louis Hospital, PARIS Virological mechanisms influencing the selection of HIV mutations of resistance to integrase

inhibitors • **Salomeh RAFIE**, INSERM U567 / CNRS UMR8104 - Cellular Biology and Host-Pathogen Interactions, Institut Cochin, PARIS, Nef and the endocytosis pathway: impact on HIV-1 assembly and infectious strength • **Loïc ROUX**, AFMB, CNRS UMR 6098, University of Aix-Marseille 1 & II, MARSEILLE, Adethiovir and Tenothiovir: steps towards preclinical development • **Dr Jean-Michel SALIOU**, CNRS UMR 7178, IPHC, ECPM, STRASBOURG, Study on the regulation of HIV-1 RNA splicing through the combined use of the proteomics approach and mass spectrometry supramolecular analysis • **Boubekour SAMAH**, CNRS UMR E01 - Antiviral Immunity, Immuno-Virology, CEA, FONTENAY AUX ROSES, Role of neurotrophins in inflammation and HIV infection • **Maryline SANTERRE**, CNRS UMR 7567, School of Sciences, UHP, NANCY, Study of the action of nuclear proteins binding in the HIV-1 RNA region containing the A7 splice site and regulation components, on splice effectiveness in this site and Rev-dependent RRE activity • **Dr Virginie SUPERVIE**, INSERM U943, Pitié-Salpêtrière Hospital, PARIS, Mathematic modelling of HIV: assistance for public health decisions in France • **Lucas SCHETGNA**, CEPED - UMR 196 Paris Descartes/INED/IRD, School of Human and Social Sciences, PARIS, Contextualising the rationality of players involved: notions of protection/under-protection of Cameroonian youth against the risk of HIV • **Dr Michel THEPAUT**, CNRS UMR 5075, Institute of Structural Biology, University of Joseph Fourier, GRENOBLE, DC-SIGN and Langerin, two HIV receptors in dendritic cells: development of new glycomimetic ligands and inhibitors and structural and functional characterisation • **Dr Thomas d’Aquino TONI**, EA 2968 - Virology Laboratory, University of Victor Segalen Bordeaux 2, BORDEAUX, Molecular epidemiology and description of primary resistance of HIV-2 to ARV in Ivory Coast • **Dr Hapsatou TOURÉ**, INSERM U897, “Epidemiology and Biostatistics” Research Centre, ISPED, BORDEAUX, Study on the medical and economic aspects relating to large-scale expansion of programs aimed at preventing mother-to-child HIV transmission (PTME) in Africa: Ivory Coast Case Study • **Béatrice VALDES**, IEDUB, PESSAC, Demographic analysis of the incidence of AIDS in France, Spain and Switzerland since 1978, and HIV diagnoses in France since 2003 • **Dr Sébastien VITALE**, INSERM ER121 - “Infection, Inflammation and Carcinogenesis” Laboratory, School of Medicine, NICE, Is Epstein-Barr virus more dangerous to AIDS patients? • **Mehwish YOUNAS**, INSERM U841, University of Paris 12, CRETEIL, Study of the effect of regulator T lymphocytes on the CD8 T function in HIV infection. Role of PD1/PDL1 pathways and CD39 in suppression mechanisms • **Dr Alessia ZAMBORLINI**, CNRS URA 7151 - Pathology and Molecular Virology Laboratory, Institut Pasteur, PARIS, Mechanisms of molecular latency of the HIV-1 virus in cell storage compartments

TEAM AID AWARDS 2009

Prof Sophie ABGRALL, Department of Infectious and Tropical Diseases, Avicenne Hospital, BOBIGNY, Study on the reciprocal pharmacokinetic interactions between protease inhibitors/non nucleoside reverse transcriptase analogues and anti-malarial drugs in migrant patients of African origin • **Dr Fabienne ANJUERE**, INSERM Unit U634, UNSA, NICE, Combined cutaneous/sublingual immunisation against genital HIV-1 infection • **Dr Gérard AUDRAN**, Chirotechnology Laboratory: Enantioselective catalysis, CNRS UMR 6180, Saint Jérôme University, New nucleoside and nucleotide analogues with anti-HIV effects • **Prof Elmoustafa BAHRAOUI**, Primate Lentivirus Immuno-Virology Laboratory - EA 3038, University of Paul Sabatier, TOULOUSE, Study on the role of TLR4 as a receptor for HIV-1 Tat protein in the induction of IL-10 by monocytes • **Dr Stéphane BASMACIOGULLARI**, Department of Infectious Diseases - INSERM U 567/CNRS UMR 8104, Institut Cochin, PARIS, Determination of the role of Nef in increasing the ineffectiveness of HIV-1 • **Dr Jean-Luc BATTINI**, CNRS UMR 5535, IGMM, MONTPELLIER, Cellular factors involved in Lv1 / TRIM5 anti-retroviral restriction • **Prof Philippe BENAROCHE**, Immunity and Cancer Laboratory - INSERM U 563, Institut Curie, PARIS, Characterisation of the role of the cytoskeleton and molecular motors required for HIV-1 assembly in infected macrophages • **Dr Henri BENECH**, Medicine Metabolism Laboratory, CEA, GIF-SUR-YVETTE, Development of a band test to measure concentrations of Efavirenz and Lopinavir • **Dr Serge BENICHOUI**, Department of Cellular Biology - INSERM U 567/ CNRS UMR 8104, Institut Cochin, PARIS, Study of the role of phospholipid scramblase 1, a CD4 receptor partner, in HIV-1 entry? Role of the nuclear form of uracil DNA glycosylases in HIV-1 replication: positive or negative factor? • **Dr Moncef BENKIRANE**, Department of Genomics and Chromatin Dynamics - CNRS UPR 1142, IGH, MONTPELLIER, Interaction between miRNA machinery and HIV-1 replication, Understanding HIV-1 latency and reactivation: involvement of heterochromatin complexes and Rnai machinery • **Dr Edouard BERTRAND**, CNRS UMR 5535, IGMM, MONTPELLIER, A real-time view of HIV-1 transcription and splicing • **Dr Martine BIARD-PIECHACZYK**, Retroviral Infections and Cell Signalling Laboratory, Institute of Biology, MONTPELLIER, Control of autophagy in HIV-1-infected CD4 T cells • **Dr Stéphane BLANCHE**, Virology Unit, Necker Hospital - Child Patients, PARIS, Evaluation of the virologic effectiveness and the genotypic resistance of HIV-1 in children treated with antiretroviral drugs at Maputo

Central Hospital, Mozambique • **Dr Franck BOCCARA**, Cardiology Department, Saint Antoine Hospital, PARIS, PACS Study: Prognosis after acute coronary syndrome in HIV patients • **Dr Serge, BOUAZIZ**, School of Pharmacy - INSERM U 640 - CNRS UMR 8151, Chemical and Genetic Pharmacology Unit, PARIS, Structural and functional studies of the inhibitive effect of PA-457 and its derivatives on the assembly and maturation of the viral particles of HIV-1 • **Dr Pierre BOULANGER**, Virology Laboratory - CNRS FRE 3011 - CNRS FRE 3011, Lyon Laennec School of Medicine, LYON, Structural and functional studies of the inhibitive effect of PA-457 and its derivatives on the assembly and maturation of the viral particles of HIV-1 • **Dr Denys BRAND**, Virology Unit, François Rabelais University of Tours, TOURS, Study on the morphogenesis of primary HIV-1 bearing envelope glycoproteins naturally truncated in their cytoplasmic domain • **Dr Véronique BRAUD**, CNRS UMR 6097, IPMC, VALBONNE, Role of CD161 receptor (NKR-P1A) and its ligand LLT1 (Lectin-Like Transcript 1) in anti-HIV immunitory responses • **Dr Anne BRELOT**, Department of Cellular Biology - INSERM U 567/ CNRS UMR 8104, Institut Cochin, PARIS, Intracellular traffic of CCR5: towards new antiviral targets • **Dr Laurence BRIANT**, CPBS - CNRS UMR 5236 - Institute of Biology, MONTPELLIER, Influence of the organization and stability of HIV-1 cores on early stages in the replication cycle: intracellular traffic and reverse transcription • **Dr Johann CAILLOU**, Department of Infectious and Tropical Diseases, Avicenne Hospital, BOBIGNY, Evaluation of the frequency of chronic renal disease in HIV-infected patients in Burundi • **Dr Sophie CAILLAT-ZUCMAN**, Immunology, Genetics and Treatment of Metabolic Diseases and Diabetes - INSERM U561, Saint Vincent de Paul Hospital, PARIS, Phenotypic and functional anomalies in NK cells during KSHV infection • **Prof Jacqueline CAPEAU**, Laboratory for Hepatobiliary physiology and insulin resistance, Saint Antoine School of Medicine, PARIS, Lipodystrophy and premature ageing induced by antiretroviral molecules in patients' fatty tissue: what problems have appeared, with which antiretroviral molecules, are they reversible? • **Dr Pierre CAU**, Cellular Biology Laboratory - INSERM UMR 910, Timone Hospital, MARSEILLE, Genomic anomalies in nuclear, mitochondrial and cytosolic proteins targeted by antiretrovirals: role in accelerated ageing of HIV-infected patients • **Dr Olivier CHASSANY**, Department of Clinical Research, Saint Louis Hospital, PARIS, International development of a questionnaire assessing health-related quality of life for patients living with HIV/AIDS • **Dr Andréa, CIMARELLI**, Human Virology Unit - INSERM U758, ENS de Lyon, LYON, Study of the role of the SIVSM/HIV-2 VPX protein in the infection of primary myeloid cells • **Dr Pierre CORBEAU**, CNRS UPR 1142, IGH, MONTPELLIER, Role of microRNAs in the development of HIV-1 infection in vivo • **Prof Anne-Claude CREMIEUX**, Department of Acute Specialised Medicine - Versailles University - Raymond Poincaré University Hospital Centre, GARCHES, The public health interest of systematic HIV testing using quick test in hospital emergency rooms in Ile de France (Paris area) • **Prof Jean-Luc DARLIX**, Human Virology Unit - INSERM U758, ENS de Lyon, LYON, Study on the synthesis of the HIV-1 Tat transactivator and its interactions with the viral genome • **Dr Nathalie DEJUCQ-RAINSFORD**, GERHM - INSERM U 625, Beaulieu Campus, RENNES, Identification of liquid seminal factors modulating the sexual transmission of HIV/SIV • **Dr Alain DOGLIO**, INSERM ER121 - "Infection, Inflammation and Carcinogenesis" Laboratory, School of Medicine, NICE, Physiopathological aspects of the infection of phagocytes by the Epstein-Barr virus in HIV-infected patients • **Prof Michel DUPON GECSA** - INSERM U593, ISPED, BORDEAUX, Study of renal tubular function in people infected with HIV in the ANRS CO3 Aquitaine cohort • **Dr Sylvain FERREZ**, SANTESIH - JE 2516, University of Montpellier 1, MONTPELLIER, Access to physical and athletic activities for HIV-positive people • **Dr Franck FIESCHI**, Membrane Protein Laboratory, CNRS UMR 5075, Institute of Structural Biology, GRENOBLE, DC-SIGN and Langerin, two HIV receptors in dendritic cells: development of new glycomimetic ligands and inhibitors and structural and functional characterisation • **Prof Hervé FLEURY**, Virology Laboratory - CNRS IFR 66, Victor Segalen University - Bordeaux 2, BORDEAUX, Development of recombinant tests to study HIV-1 B and non-B resistance to integrase inhibitors • **Dr Camille FONTAINE**, Department of Infectious and Tropical Diseases, Tenon Hospital, PARIS, Study on the prevalence of renal function anomalies in people living with HIV in two treatment centres in Burkina Faso • **Dr Vincent FRANCOIS**, Department of Human Genetics - CNRS UPR 1142, IGH, MONTPELLIER, Receptors coupled with G proteins expressed on the surface of CCR5+ T4 cells and which interfere with R5 HIV-1 infection: physiopathological role and therapeutic pathway. • **Dr Isabelle FUNCK-BRENTANO**, Paediatric Haematology Immunology Unit, Necker Hospital-Child Patients, PARIS, The psychological and social development of teens and young adults infected with HIV during the perinatal period • **Dr Christian GENIN**, GIMAP - EA 3064, University of Saint Etienne, SAINT-ETIENNE, Identification of gp41 epitopes which trigger neutralising mucus responses • **Dr Marie Lise GOUGEON**, URE - Antiviral Immunity, Biotherapies and Vaccines, Institut Pasteur, PARIS, Innate Immunity: impact of the interaction between dendritic cells (DC) and natural killer (NK) cells on the persistence of HIV in the DCs and the DC editing process • **Dr Cécile GOUJARD**, Internal

Medicine Service, Bicêtre Hospital, LE KREMLIN BICETRE, SIGMA study: ageing and HIV • **Dr Jean-Baptiste GUIARD-SCHMID**, Department of Infectious and Tropical Diseases, Tenon Hospital - Pierre et Marie Curie School of Medicine, PARIS, Peripheral neuropathies in HIV-infected people in Burkina Faso: study on prevalence and development of a management strategy for diagnosis and administration of therapy • **Dr Anne-Geneviève HELIOT-MARCELIN**, Virology Laboratory - EA 2387, Pitié-Salpêtrière Hospital, PARIS, Study on the determinism of genetic pathways for non-response to raltegravir • **Prof Pascal HINTERMEYER**, Laboratory of Cultures and Societies in Europe - CNRS UMR 7043, SSPSD, STRASBOURG, Anthropology of neo-traditional AIDS treatments in West Africa • **Dr Catherine ISEL**, RNA Architecture and Reactivity Laboratory - CNRS UPR 9002, IBMC, STRASBOURG, Identification of a cellular factor involved in HIV-1 replication and resistance to nucleoside retrotranscriptase inhibitors (NRTIs) • **Dr Corinne ISNARD-BAGNIS**, Nephrology Department, Pitié Salpêtrière Hospital, PARIS, Non invasive markers for estimating glomerular filtration rate in HIV-infected patients. Role of corporal composition • **Dr Yannick JACQUES**, Department of Cancerology - INSERM U601, Institute of Biology - Nantes University Hospital Centre, NANTES, Evaluation of the potential of an IL-15 (RL) superagonist as an immunotherapeutic adjuvant in the treatment of HIV infection • **Dr Katy JANVIER**, Department of Infectious Diseases - INSERM U 567/ CNRS UMR 8104, Institut Cochin, PARIS, Cooperation between the ESCRT complex protein HR23 and APT1 adaptor complexes in the production of HIV-1 infectious particles • **Dr Rosemary KIERNAN**, Department of Genomics and Chromatin Dynamics - CNRS UPR 1142, IGH, MONTPELLIER, Characterization of a novel Tat cofactor and its role in the ubiquitin/proteasome system-mediated co-activation of HIV-1 transcription, Ubiquitin Interactions in the Regulation of HIV-1 Transcription, Regulation of HIV-1 Transcription by PAAF1 and the Implications for the Control of Latency • **Dr Guido KROEMER**, "Apoptosis, Cancer and Immunity Laboratory" - INSERM U848, Institut Gustave Roussy, VILLEJUIF, Role of P2X receptors in apoptosis induced by the HIV-1 envelope. In vitro and in vivo studies • **Dr Karine LACOMBE**, Department of Infectious and Tropical Diseases, Saint-Antoine Hospital, PARIS, Determination of new biological markers of hepatic fibrosis: mass spectrometry measurement of serum biliary acid profiles in the context of HIV-HBV coinfection • **Dr Olivier LAMBOTTE**, Immunity Laboratory, School of Medicine - Paris Sud, LE KREMLIN BICETRE, HIV storage areas: Study of HIV controller patients and treatment prospects • **Dr Charles-Henry LECHELLIER**, CNRS UMR 5535, IGMM, MONTPELLIER, Interaction between miRNA machinery and HIV-1 replication • **Dr Valérie LEROY**, Epidemiology Laboratory, Public Health and Development - INSERM U330, ISPED, BORDEAUX, Prevention of postnatal transmission of HIV in Africa: pooled analysis of Ivory Coast and South Africa data, Budget increase for the ARVAM-CI study: Antiretroviral treatment for HIV-infected nursing women in Ivory Coast: distribution, compartmentalization and effect on viral load in breast milk and in the nursing child, Development and psychosocial impairment of HIV-infected teens in Abidjan in the ACONDA treatment program (CEPREF, YOPUGON University Hospital Centre) PRADO-CI • **Prof Yves LEVY**, Department of Immunology - INSERM U841, Créteil School of Medicine, CRETEIL, Study on the effect of regulatory T lymphocytes on CD8 T function in HIV infection, role of the PD1/PDL1 pathways and CD39 in suppression mechanisms • **Dr Michèle MALLIE**, HIV and Related Diseases Laboratory - IRD UMR 145, UFR - Pharmaceutical and Biological Sciences, MONTPELLIER, Genetic and phenotypic diversity in the resistance of isolated strains of *Cryptococcus neoformans* in Cameroon in HIV+ patients • **Dr Fabrizio MAMMANO**, Department of Virology - Virus and Immunity Group, Institut Pasteur, PARIS, Comparative analysis of viral populations from acute and chronic stages of HIV infection • **Dr Patrick MARCELLIN**, Laboratory of Physiopathology and Treatment of Viral Hepatitis - INSERM U773, Bichat Beaujon Biomedical Research Centre, CLICHY, Use of an in vitro culture system to study the resistance of the Hepatitis B virus to antiviral molecules in HIV/HBV coinfecting patients • **Dr Florence MARGOTTIN-GOGUETI**, Department of Infectious Diseases - INSERM U 567/ CNRS UMR 8104, Institut Cochin, PARIS, Role of the DDB1/CuI4A/DCAF complex in regulating the biological activities of VPR and VPX1 • **Dr Stefano MARULLO**, Department of Cellular Biology - CNRS UMR 8104/INSERM U567, Institut Cochin, PARIS, Regulation of HIV receptor cell surface expression • **Dr Bernard MASQUELIER**, EA 2968 - Virology Laboratory, University of Victor Segalen Bordeaux 2, BORDEAUX, Molecular epidemiology and description of primary resistance of HIV-2 to ARV in Ivory Coast • **Dr Olivier MAUFFRET**, LBPA - CNRS UMR 8113, LBPA, ENS de Cachan, CACHAN, Topological description of the viral DNA-integrase interface of the HIV-1 virus using a simplified interaction model Application to the understanding of the operating and acquisition mechanism for new enzyme inhibitors. • **Prof Elisabeth MENU**, Retroviral Infection Regulation Unit, Institut Pasteur, PARIS, TNF- α in response to a *Plasmodium falciparum* antigen: its role in HIV-1 replication in placental cells • **Dr Jean-Luc MEYNARD**, Department of Infectious and Tropical Diseases, Saint-Antoine Hospital, PARIS, COHORT 036: post-trial monitoring of the patients included in the KALESOLO trial over a

period of 48 weeks • **Dr Laurent MICHEL**, Maison Solenn - INSERM U 669, Institut Cochin, PARIS, Research and intervention program for the prevention of infectious risk in inmates (PR12DE): inventory project • **Dr Romain MICOL**, Virology Unit, Necker Hospital - Child Patients, PARIS, Study of CMV and HHV-6 infections in a cohort of 441 HIV-infected Cambodian patients consulted during the CRYPTO-COST study • **Dr Arnaud MORIS**, INSERM U 945, Pitié Salpêtrière Hospital, PARIS, Presentation of HIV-1 antigens by infected APCs and the quality of the HIV-1-specific CD8+ T responses • **Dr Marylène MOUGEL**, CPBS - CNRS UMR 5236, Institute of Biology, MONTPELLIER, Mutations of the nucleocapsid generate HIV-1 containing DNA • **Dr Jean-François MOUSCADET**, CNRS UMR 8113, LBPA, ENS de Cachan, CACHAN, Study on the determinism of genetic pathways for non-response to raltegravir • **Dr Delphine MURIAUX**, Human Virology Laboratory - INSERM U758, ENS de Lyon, LYON, Role of the actin cytoskeleton and membrane dynamics in the biogenesis of HIV-1 • **Dr Théophile OHLMANN**, Human Virology Laboratory - INSERM U758, ENS de Lyon, LYON, Search for mutations in the gene of the protease which affects the translational properties of the HIV-1 virus • **Dr Jean-Christophe PAILLART**, RNA Architecture and Reactivity Laboratory - CNRS UPR 9002, IBMC, STRASBOURG, Effect(s) of splice machinery on the dimerization and packaging of genomic and sub-genomic HIV-1 RNAs • **Dr Gianfranco PANCINO**, Retroviral Infection Regulation Unit, Institut Pasteur, PARIS, Mechanisms of Fc γ R-mediated inhibition of lentiviral replication in primary macrophages • **Dr Nadia PATINO**, Laboratory for the Chemistry of Bioactive Molecules and Aromas - CNRS UMR 6001, School of Sciences, NICE, New structures of "Amino Acid Polyamides as specific HIV TAR RNA ligands: Combinatorial synthesis and studies on the correlation between structure and activity" • **Dr Stéphane PAUL**, GIMAP - EA 3064, Saint Etienne School of Medicine, SAINT-ETIENNE, Evaluation of anti-HIV vaccine strategies based on the use of SigA as mucus selection molecules • **Dr Jean-Luc PERFETTINI**, Apoptosis, Cancer and Immunity Laboratory - INSERM U848, Institut Gustave Roussy, VILLEJUIF, Panxin-1: a new virologic synapse protein initiated by the HIV-1 envelope • **Dr Christian PERIGAUD**, CNRS UMR 5247, IBMM, MONTPELLIER, New nucleoside and nucleotide analogues with anti-HIV effects • **Dr Claudine PIQUE**, Department of Cellular Biology - INSERM U 567/ CNRS UMR 8104, Institut Cochin, PARIS, HIV-1 assembly: characterisation of a new cellular compartment promoting the generation of infectious virions • **Dr Marie Lise POUPART**, Department of Infectious and Tropical Diseases, Avicenne Hospital, BOBIGNY, Update on drop-outs from a study cohort of people infected with HIV in Bujumbura, Burundi • **Dr Meja RABODONIRINA**, Societal Health Department - IRD UMR 145, IRD, MONTPELLIER, Chronic diarrhoea in HIV/AIDS-infected patients in the Democratic Republic of Laos: prevalence of opportunistic parasitoses and molecular characterisation of *Cryptosporidium* spp isolates • **Dr Bénédicte ROCHA**, Laboratory of Thymic and Physiological Differentiation of T Lymphocytes - INSERM U591 I, School of Medicine - Necker site, PARIS, Correlation between the properties of HIV-specific T CD8 cells and the disease's evolution • **Prof Olivier ROHR**, Nervous System Physiopathology Unit - INSERM U575, Neurochemistry Centre, STRASBOURG, Role of CTIP2 and its associated enzymatic complex in post-integration latency of HIV-1 and pharmacological targeting of this cofactor • **Dr Jacques ROYER**, Synthesis and Structure of a Molecule of Pharmacological Interest - CNRS UMR 8638, School of Pharmaceutical and Biological Sciences, PARIS, Structural and functional studies of the inhibitive effect of PA-457 and its derivatives on the assembly and maturation of the viral particles of HIV-1 • **Dr Bruno SARGUEIL**, Crystallography and Biological NMR Laboratory - CNRS UMR 8015, School of Pharmacy Paris 5, PARIS, Structural dynamics of the RNA regulating the initialisation of HIV virus translation • **Dr Bruno SPIRE**, ORS PACA, MARSEILLE, Study on the quality of life of patients coinfecting with HIV and hepatitis: developments towards HIV-HBV coinfection • **Dr Naomy TAYLOR**, CNRS UMR 5535, IGMM, MONTPELLIER, Metabolism and development of T CD4 thymocytes and lymphocytes + in response to IL-7 and HIV-1 susceptibility • **Dr Alain VENET**, Laboratory of Immunopathology of HIV Infection - INSERM U802, School of Medicine - Paris Sud, LE KREMLIN BICETRE, Characterisation of HIV-specific T CD8 lymphocytes in HIV-controlling patients and comparison with specific T CD8+ lymphocytes in non-controlling patients • **Dr Laurent VIDAL**, SE4S - R912 - INSERM U 379, PACA Regional Health Observatory, MARSEILLE, Associations working to fight AIDS in Cameroon: new social, activism and medical configurations • **Prof Yazdan YAZDANPANAH**, CNRS UMR 8179, CRESGE - ICL, LILLE, Cost involved in treating patients living with HIV/AIDS. Tourcoing Hospital Centre, 1998-2005

- 1: received two team aid awards in 2009
- 2: received three team aid awards in 2009
- 3: received four team aid awards in 2009

HIV PREVENTION AND SUPPORTING PEOPLE



Marc Dixneuf, Director of Associative Programs

Major reforms require ongoing support.

What was memorable in the fight against AIDS in the patient aid and prevention actions in 2009?

The year 2009 was marked by the enactment of the "Hospital, patients, health and territories" (HPST) law. This new law introduces major changes in hospital organization and the territorial organization of health care policies, and incorporates directions in health care policy from previous years, the question of the rights of patients and their representatives. The law confirms the health care policy funding system set up in recent years, particularly for hospital funding, which, on many counts, is problematic. The contacts and authorities for health care policy-related issues have been made regional; associations now have to learn to work at the regional level. The money allocated to HIV is increasingly challenged by other pathologies. From this perspective, the HPST law is in a sense the final step in the Regional Public Health Group (GRSP) plan, implemented in 2005. It is a continuum which is not incoherent. There is also a new divide between health care and social services: social policies are excluded from all Regional Health Care Agencies (ARS). We will have to learn a new administrative architecture with new skills, and a new geographical breakdown. This also has an impact on financial backers, who may not take an interest in small organizations, at least initially. The consequences will have an impact for us in 2010.

The other event is the COREVIH (regional coordination of the fight against HIV) system, created two years ago, has been fully functioning for one year. Associations now have to affirm their place in these coordination units. To help them, we organized an inter-association workshop in October 2009, following the French Society for Fighting AIDS (SFLS). By holding workshops, we have tried to assist associations in adopting strategies with techniques for defining common agendas, sponsoring these agendas so that they are recognised by other members of the COREVIH, and then establishing their reputation externally. The structure is in place, but we now need to make it work, and this is not necessarily an easy task. Finally, the question will be raised of how the COREVIHs will be integrated into the new regional organization of health care policies.

Above all, for the entire sector involved in the fight against AIDS, 2009 was marked by the distribution in April of the report by the National AIDS Council (CNS) which foresees the role antiretroviral drugs could play in prevention strategies for people living

with HIV. This is a fundamental change. Nothing has changed for those who know they are HIV-negative or do not know their HIV status: condoms are still the only form of prevention available. But now for the first time, a prevention strategy exists for people who are HIV-positive, and their partners, in addition to condoms.

Did you encounter any particular difficulties in 2009?

There are specific difficulties, such as those encountered by the associations working on prevention with prostitutes. They have been dealing with these difficulties for the past seven years, and there are increasingly stringent conditions for to migrate legally to France, even for those who are ill. Migrants once eligible for a resident permit due to illness are now escorted to the border. Thus, we support associations defending people's rights through advocacy, such as Act-up, Cimade and Comède. Upholding fundamental human rights is key to an effective strategy in responding to the HIV epidemic. The fight against HIV is not based solely on prevention and promoting the use of condoms; a rule of law respectful of people's rights is essential.

In addition, there are difficulties relating to the health care policy reform, which overlooks, or in any case fails to fully address patients' difficult economic situation; they are asked to pay an increased direct contribution for their medical treatment, adding to the economic insecurity of people living with HIV. This approach to health care funding makes it much more difficult and expensive to ensure access to treatment. Public authorities need to support major reforms, which will offer an effective approach in terms of addressing the needs of the people affected.

What are your goals for 2010?

To successfully realise the creation of the ARS, and manage to ensure that the funds allocated to HIV are not lost amidst the hospital's general finances. This transformation cannot be paid for by people living with HIV, by diminishing their quality of life and sacrificing public support for the associations doing important and effective fieldwork.

Sidaction needs to reinforce its internal structure which is already based on regional centres. This organization has allowed us to understand the specificities of each region and for the local associations to identify a unique project manager at Sidaction. With the reform, this will make even more sense. Another aspect that is not new, but has been brought into the spotlight again by CNS's report, is the needs of couples with different HIV status – both the prevention and the desire to have children.

Of course, we have to continue our efforts in bridging the "major gaps" between the highly diverse needs of an increasingly heterogeneous HIV-positive population. This group includes young men and women, who discover that they are HIV-positive and begin treatment, and those who have lived for years with the infection, with the associated problems of side effects and related mortality. From one generation of HIV-positive people to another, their experiences are vastly different. We have to address the wide range of needs, and take into account the diversification of people living with HIV in terms of their age – their biological age and their age in the illness.

LIVING WITH HIV



Bastien Noel, President of Aids association committee

“Resistance begins with knowledge”

2009 was a year of great change. Life expectancy for people living with HIV is rising, prevention treatments are showing promising results, with for the first time, results confirming their potential in vaccine research... At the same time, enormous questions have been raised. Such as the issue of HIV testing, particularly among gays. Rapid HIV testing in France is still possible only in scientific studies. On this issue, as with others, Sidaction and its associative committee are continuing their efforts to create impetus and provide resources in areas in which public authorities are inactive. We are made to believe that the reduction of the State's investments is unavoidable. I for one disagree; it is a political choice. And if we want to reach the WHO objective, eradicating HIV by 2050, we need to be proactive on a political and financial level. Sidaction also plays a major role in providing aid and support. As we did in the area of risk reduction, which led to the creation of the CAARUD care centres, Sidaction supports lobbying efforts and works with associations that provide support for prostitutes and inmates. The approach is the same; it always depends on proven results.

Finally, there is the major public policy reform with the HPST law, which is a deep concern for associations, especially small ones. This represents an enormous challenge for Sidaction, which, as in the case of the COREVIHs, has to support the organizations so that they are able to develop and find their place. They need to be trained and informed, because resistance begins with knowledge.”

With around 7000 people discovering they are HIV-infected per year, HIV-infection has decreased slightly in France. The National Health Watch Institute (INVS) estimates that there are 120,000 HIV-positive people in France, and the National AIDS Council (NCS) estimates that some 40,000 are unaware that they are HIV-positive. The number of AIDS cases, however, has not decreased. This slight turnaround in new cases may mean two things: either that just as many people are being tested in advanced stages, or that medical treatment programs lose track of some people, i.e. they stop treatment.

The populations most affected are men who have sex with men, representing 48% of new cases in 2008, and people from sub-Saharan Africa, although there has been a slight decrease in cases of infection among women in this category.

SIDACTION, EMPHASIS ON HARM REDUCTION IN THE GAY POPULATION

One of the main problems in the French HIV epidemic is still the delay in testing, particularly among men with men who have sex with men, which is why Sidaction is especially committed to this problem. One of the first projects to receive funding in this field was the Checkpoint which is based on projects in Holland and Switzerland. The Checkpoint opened in Paris recently, at the initiative of the association Kiosque Info Sida, which offers testing which is quick, easily accessible and adapted to this group's unique requirements . The 2009 funding provided by Sidaction filled a flagrant budget gap. The project to caters to the specific needs of men who have sex with men, both logistically (location, hours of operation) and fundamentally (taking sexuality into account). There is an offer of quick testing and, if necessary, psychological support and medical treatment. The Centre for Sexual Health, which is a community based health service, initiated by Sida Info Service with funding from Sidaction, has the same goal as the project Checkpoint- promoting global health-care, prevention, medical treatment and social support. In 2009, 16 funding applications were filed; of these, 13 were approved, and 3 were refused. The funding granted totalled 227,200 euros.

SIDACTION, A THEMATICALLY-ORGANIZED REGIONAL TEAM

This amount is more or less the amount of the budget allocated to each of Sidaction's missions (see boxes). But the Sidaction committee also conducts a funding tender, with a 2.8 million-euro budget in 2009. The tender is managed by a team distributed between various regional centres: Ile-de-France (Paris area), Provence-Alpes-Côte d'Azur, Rhône-Alpes, Toulouse, Languedoc-Roussillon and Bordeaux. For a given region, a member of the team knows the local authorities, the city hospital networks, the local context and associations. Each person is also responsible for a specific theme: prostitution, migrants, housing, teens and HIV. Thus, each member of the team plays a dual-role which allows them to have a broad vision of the thematic and regional issues at stake. They are able to identify crucial points which emerge from their contact with the associations and therefore develop highly specific tools and skills. Sidaction's associative programs are often equipped with multiple tools which can be adapted according to context. This organization allows Sidaction to delegate the different working groups when the Ministry of Health,

or another public partner, launches a program to fight HIV. Five people from Sidaction have been delegated, either to the workshops run under the National HIV Program, or to thematic working groups – always in order to discuss the guidelines for the future. Moreover, Sidaction’s social mission – providing funding for associations – is best fulfilled when regional issues are managed well, and when there is effective participation in the highest decision-making spheres.

SIDACTION, BALANCED SUPPORT

Sidaction’s associative programs aim to develop and maintain a balance between peer associations, community-based associations, associations of doctors, and associations which work directly with hospitals.

The diversity of the programmes ranges from associations such as Grisélidis or Cabiria, which work on prostitution issues with prostitutes, to organizations doing harm reduction work with populations of African origin, such as Afrique Avenir. Other associations specialise in the support for hospitalized people, such as Uraca or Bondeko.



It is also very important to support associations which take a global approach to health care, such as La Case de Santé (Toulouse) which was created by doctors and nursing staff, or the Centre for Sexual Health run by Sida Info Service (Paris). Thus, we support projects initiated by medical professionals, but which take an associative approach, providing direct support for diverse publics. This offer supplements the care available through the medical system. The associative programs also provide support to associations which interface between care for the public directly concerned and the medical sector. These associations endeavour to ensure effective social support, in terms of therapeutic observance and in patient relations with the medical services. These associations are based in or very near the hospitals, and their staff are on hand to meet patients who are new to the hospitals, to talk regularly with the medical staff to share information on the people involved and help understand their difficulties. This type of organisation is found mainly in Paris, Lyon and Marseille.

Finally, in order to monitor the proper use of funding, Sidaction has included assessment as a priority area in terms of support for the associative funding tender. The goal is to improve the implementation of the actions within associations, by creating a reference base, comparing data and evaluating results. In December 2009, Sidaction organized a workshop on this theme, with the participation of specialists from INPES and the Rhône Alpes Health Observatory, in order to inform organizations about this objective.



THE EMPLOYMENT MISSION IS FORGING AHEAD

Sidaction’s employment mission is continuing its activities to build awareness among employers: a theatre forum workshop in Marseille, organized in partnership with the Marseille Centre for Young Business Executives (CJD), the association Le Tipi and a theatre company called Théâtre de l’Opprimé, with two public performances – one in Marseille and one in Paris – and another in Lorient, in partnership with the employer group Akene A, the association Resonance and Théâtre de l’Opprimé. Symposiums were also held, providing the opportunity for the people funded through the mission to meet and share their experiences, implementation strategies, and the difficulties they have encountered. A new development in 2009 is the start of discussions with large companies, after working primarily with small and medium businesses. These companies are members of the Global Business Coalition and already have HIV-response projects in their international subsidiaries. This time, the goal is to get them involved in France.

PRISON, ADVOCACY AND ACTION

2009 was an important year for prison issues, particularly through the awareness actions conducted by associations fighting AIDS in Martinique and Guadeloupe.

The national Prison Day was also a highlight, and had a positive impact on syringe exchange programs in prisons. While they exist in other countries, these programs are met with reticence by the administration, inmates (except injection drug users) and the UCSA doctors (penitentiary medical and health services) who are not always well-informed about risk reduction and substitution therapy. Advocacy in this area is based on a clear political principle: inmates have the right to the same level of prevention as people who are not incarcerated.

While recent, the prison mission, like the employment mission, is a “historic” mission. As Sidaction could not keep up with the fast growing number of organizations needing support within the framework of the missions, we had to adapt the missions. Other support strategies have to be deployed. The associations participating in the panel of prison experts share their skills and knowledge with new prison organizations, creating a collaborative joint effort and transfer of skills which has led to the creation of a prison good practices guide to be published in 2010.

A PANEL OF EXPERTS FOR PREVENTION AMONG YOUTH

The "Youth prevention" panel of experts was created in 2009, and is made up of professionals in prevention issues and sexuality among youth, in order to promote practical dialog, define priorities and help in the mission efforts.

The HIV Pocket Film contest, launched December 1st in partnership with CRIPS and the Forum of Images in Paris, gave youth over and under 18 years of age the opportunity to create their own film, on the theme of HIV, using their mobile phone. The awards ceremony will be held in 2010, at the Pocket Film Festival. Promoted in upper secondary schools by the Ministry of National Education, this contest met with great success. The most interesting aspect, aside from producing the film, is the work that precedes filming: choosing the theme, creating the plot and dialog, deciding how to treat the subject, etc.



Of course, Sidaction continued its mission among youth at fairs, particularly student and education fairs, with the help of Cristina Cordula, a public personality who is very committed to the cause. Very popular with young people, she spends a great deal of time meeting them and encouraging them to take a quiz on their HIV knowledge. She is a highly reputed volunteer who does valuable work in the field, in direct contact with the public.

THE FRENCH WEST INDIES (DFA), A DIFFICULT BUT INNOVATIVE YEAR

The start of 2009 was marked by social difficulties which weighed on the associations and the entire social sector in all of the following months.

However, new advances were also implemented.

In French Guiana, Sidaction conducted an audit of all the associations receiving funding, to which nearly 70% of the DFA budget allowance is allocated; the department of French Guiana has the country's highest prevalence of HIV. This audit allowed Sidaction to monitor how its funds are used, improve the procedures and strengthen procedural governance. The audit is a working tool shared with the associations to improve the support provided, particularly for organizations that are having difficulties.

In Martinique, new associations received support: this was an opportunity to develop new contacts in these countries with the associations that work with vulnerable populations, and to strengthen our relations with the associations with which we have worked in the past.

In Guadeloupe, a highlight in the year was the opening of a Sidaction office, which will allow the Mission Officer for these three overseas French departments, who lives there, to meet the public partners or associations in an identified locale. This initiative

shows Sidaction's dedication to this region. The next step is to continue promoting the development of this mission and strengthening its abilities to take action.

In the three departments, the goal was to develop good relations with the local managers and COREVIHs, and include the local association managers in the national initiatives, by paying for their travel expenses to Paris for various HIV-related meetings and symposiums.

Extra ordinary funding 2009

Amount pledged : 66 328 €

Organizations	Type of project
ACTION SIDA MARTINIQUE	Participation in the Women and HIV conference in Paris
ASM: ACTION SOLIDARITÉ DE MARSEILLE - ASFCF	Participation in the Women and HIV conference - Indian Ocean
ASUD	Organization of EGUS 2009
DESSINE MOI UN MOUTON	Participation in the 7th meeting for young people affected by HIV/Aids (Barcelona)
GROUPE INTER ASSOCIATIF TRT-5	Organization of the 1st interassociative forum on the sexual transmission of HIV
SIDA INFO SERVICE	Organization of the Women and HIV conference - "Removing the masks"
UNALS	Organization of Assises de la prostitution"
MFFP	Parliament conference - Women and HIV

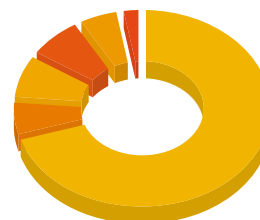
Emergencies

Amount pledged : 46 800 €

Organizations	Type of project
AUTRES REGARDS	Emergency assistance
CABIRIA	Emergency assistance
MEDECINS D'AFRIQUE/EUROPE	Emergency assistance
NOUVELLE OUVERTURE VERS L'AVENIR - NOVA	Emergency assistance

Amounts awarded by area of intervention

Amount pledged : 4 150 828 €



- Tender for partner associations 2009 (2 922 800 €)
- Tender for DFA associations (258 400 €)
- Tender for Employment associations (322 800 €)
- Tender for Prison Mission associations (306 500 €)
- Tender for Gay Prevention associations (227 200 €)
- Extra ordinary funding 2009 (113 128 €)

Amounts awarded by area of intervention

Association name	Theme
Midi-Pyrénées region (Total commitments : 285 900 €)	
ACT UP- Southwest France	Information, prevention, access to rights and treatment
GRISELIDIS	Prevention, access to rights and treatment for prostitutes
LA CASE DE SANTE	Care for inmates, testing, health care for women and migrants
SEPIA	Care, listening and support, presence in hospitals
Rhône-Alpes region (Total commitments : 555 400 €)	
ACTIS	Prevention among men with homosexual relations, testing, preparation for release from prison, support
ASSOCIATION DE LUTTE CONTRE LE SIDA (ALS)	Information, prevention, care
ASSOCIATION FRANCO MAGHREBINE DU RHONE	Information, prevention
BASILIADE	Care, support
CABIRIA	"Community health, outreach with prostitutes"
CEFRA PROJETS SOLIDAIRES	Occupational integration
CENTRE INTER CULTUREL FRANCO MAGHRÉBIN	Information, prevention
ENTRAIDS	Support, aid
FRISSE	Training, sexual risk reduction
IDEO	Occupational integration
KEEP SMILING	Prevention, risk reduction (drug use, sexual risks) in festive contexts and among gays
TEMPO	Diet counseling, quality of life, rejuvenation and energy boosting
PACA region (Total commitments : 334 551 €)	
ACTION POUR LA CITOYENNETÉ ET L'EDUCATION À LA SANTÉ - ACCES	Support, counseling, and access to treatment for the deaf
ACTION SANTÉ ALTERNATIVE	Discussion groups
AFRISANTE	Care, medical and social support, prevention
ASM: ACTION SOLIDARITÉ DE MARSEILLE - ASFCF	Prevention among migrants
ASUD March SAY YEAH	Drug users: nutrition, personal assistance, women's programs
AUTRES REGARDS	Community health with prostitutes
LE TIPI	Help with day-to-day life, quality of life, occupational integration
LIRE LA VILLE	Occupational integration
RÉSEAU SANTÉ MARSEILLE SUD	Emergency assistance, nutrition
SOLIDARITE ENFANT SIDA	Access to rights and citizenship, support for volunteers
Languedoc-Roussillon region (Total commitments : 205 600 €)	
ARAP. RUBIS	Community health for prostitutes, help with day-to-day life
ARBOR/SOS HABITAT ET SOINS	Care, support, prevention
ENVIE	Information, occupational integration, discussion groups
LA TREV'	Support for drug users
MFPF 34	Sexual health check-ups
MFPF 34 - ELLES POSITIVES DU SUD	Dialog between women
REDUIRE LES RISQUES	Support for women and their families
SOCIETE D'HEPATO-GASTROENTEROLOGIE DE CATALOGNE ROUSSILLON	Reducing viral contamination in prison

Association name	Theme
Ile-de-France region (Total des engagements : 1 848 259 €)	
ACT UP PARIS	Advocacy for access to treatment and rights
ACTIF SANTÉ	Treatment information
ACTIONS TRAITEMENTS	"Support, treatment information
AERI (ATELIERS EXPERIENCE REDYNAMISATION ET INSERTION)	*
AFRIQUE AVENIR	Finding impetus, occupational integration
AFRIQUE PARTENAIRES SERVICES	Prevention, cultural mediation, support
ARCAT	Care, support, prevention, mediation, emergency assistance
AREMEDIA	Prevention in Spanish-speaking milieus, information
ASSOCIATION DES FEMMES MÉDIATRICES SOCIALES ET CULTURELLES DE PANTIN	Testing, prevention
ASSOCIATION DES TUNISIENS EN FRANCE	Nutrition improvement for patients
ASSOCIATION MARIE MADELEINE	Awareness among migrant populations
ASSOCIATION RÉSEAU DE SOINS 92	Finding impetus
ASSOCIATION SANTE, MEDIATION ET DEVELOPPEMENT- ASSAMEDE	Direct assistance for patients
ASUD	Health education in detention centres, support for HIV-positive inmates
BASILIADE	Information, communication
BONDEKO "LA FRATERNITÉ"	Care, support, occupational integration
CENTRE GAI ET LESBIEN	Public health mediation, support for pregnant women and women with children, improving nutrition for patients
CIRQUE ET PARTAGES	Health, prevention, psychological support for LGBT people
COLLECTIF RELOGEMENT ESSONNE	Integration, social support, maintaining housing rights, finding new housing
COMEDE	Access to care and rights for aliens living with HIV
DEME	Prevention and social support in migrant worker residences
DESSINE MOI UN MOUTON	Care, support, and aid for children and teens, residential treatment programs
DIAGONALE ÎLE-DE-FRANCE	Care, support for children, prevention among prostitutes
ELLE EPHEMERE	Care, support, mutual aid
FEDERATION NATIONALE DES HEBERGEMENTS VIH	Coordination of the national network
FÉDÉRATION DES TUNISIENS POUR UNE CITOYENNETÉ DES DEUX RIVES	Access to treatment and rights, prevention
FÉDÉRATION RÉGIONALE ILE-DE-FRANCE DU MFPF	Coordination of sexual risk reduction programs
GROUPE INTER ASSOCIATIF TRT-5	Coordination of the interassociative treatment and research group
HF PRÉVENTION	Prevention and risk reduction among men with homosexual relations
IKAMBERE LA MAISON ACCUEILLANTE	Counseling, support, overall care for women
LA CONTREMARQUE	Mediation, support, integration
LA MAIN FINE	Workshop on integration for women
LA MARMITE	Mediation in hospitals, nutrition, mediation
LA PLAGE	Support for access to treatment in hospitals
LA RÉSILIENCE	Public health mediation, prevention, support, psycho-social support

Association name	Theme
LE KIOSQUE INFOS SIDA ET TOXICOMANIE	Gay Prevention
LIGNE DE VIE	Occupational integration for multi-drug users
MEDECINS D'AFRIQUE/EUROPE	Access to treatment, nutrition workshop
MÉDECINS DU MONDE	Prevention, information among prostitutes
MIGRATIONS SANTÉ	Prevention and promoting testing in migrant worker residences, overall support
OBSERVATOIRE INTERNATIONAL DES PRISONS - SECTION FRANÇAISE	Monitoring access to care and access to rights for inmates
PARI-T	Support centre for transgender people
PRÉVENTION ACTION SANTÉ TRAVAIL POUR LES TRANSGENRES	Aid, support, follow-up for transgender inmates
RAMM-VIH	Emergency assistance
SIDA INFO SERVICE	Prevention and theme workshops in prisons, sexual health centre
SIDA PAROLES	Support and risk reduction in prisons
SOL EN SI	Access to treatment and rights, support for volunteers, support for teens
TJENBE RED	Prevention among LGBT populations from overseas French territories
URACA	Community support for hospitalized patients from Africa

Region	Association name	Theme
DROM-COM (Total commitments : 344 400 €)		
Guadeloupe	INITIATIVE ECO	Emergency personal assistance, information, prevention
Guyane	ASSOCIATION DE SOUTIEN AUX FAMILLES DES MALADES ET DE FORMATION	Support, follow-up for women
	CFAES-L'ARBRE FROMAGER	Prevention among prostitutes
	ENTRAIDES GUYANE	Quick testing, promoting health care (migrants, undocumented immigrants)
	MÉDECINS DU MONDE	Training and support for women contacts
	MOUVEMENT FRANÇAIS POUR LE PLANNING FAMILIAL DE GUYANE	Social and cultural mediation, information, prevention
	RÉSEAU MATOUTOU	Care, support in prisons, training for associative and professional volunteers
	SIDA INFO SERVICE	Prevention, risk reduction
	UNION DE LA COMMUNAUTÉ HAÏTIENNE DE GUYANE	Prevention among prostitutes and men with homosexual relations
La Réunion	ARPS	Occupational integration, psycho-social support
	RIVE	Insertion professionnelle, accompagnement psychosocial

Region	Association name	Theme
Martinique	ACTION SIDA MARTINIQUE	"Training, assistance, support"
	ASOCIACION LATINOS UNIDOS	Prevention among prostitutes
	ASSOCIATION DÉPARTEMENTALE POUR LA SANTÉ MENTALE	Prevention in prisons
	FANM POU FANM	Sexual risk reduction
Martinique, Guadeloupe et Guyane	CHRÉTIENS ET SIDA	Information, training, support
Other regions (Total commitments : 453 600 €)		
Alsace	ASSOCIATION SOCIALE ALSACE VIH	Fighting exclusion
	MIGRATIONS SANTÉ ALSACE	Sexuality, motherhood, prevention, women's rights
Aquitaine	GAPS	Global support
	IPPO	Access to care and rights, prevention for prostitutes
	MANA	Prevention, promoting testing
	MFPF 24	Prevention, sexuality education
	RESEAU SANTE VIH CÔTE BASQUE	Prevention in prisons
Basse-Normandie	SID'ACCUEIL BASSE-NORMANDIE	Care, support, aid and prevention
Bretagne	EPICES	Occupational integration
	RÉSONANCE	Occupational integration, prevention and information for companies and people working on employment
	SID'ARMOR	Personal assistance
Centre	A DOMICILE 45	Women contacts
	ALIS 36	Prevention
	ASUD LOIRET	Care, support, risk reduction and prevention
	GROUPE ACTION GAY ET LESBIEN - LOIRET	Gay health project
	HEPSILO - RÉSEAU VILLE HÔPITAL 45	Employment, occupational integration
	MFPF 37	Prevention, aid, treatment and prevention in prisons
Limousin	ENTRAIDSIDA LIMOUSIN	Prevention among homosexual populations
Lorraine	LES PETITS DEBROUILLARDS DE LORRAINE	Sexuality resource centre (La sexothèque)
Nord-Pas-de-Calais	ADIS	Prevention in prisons, discussion group, support
Pays de la Loire	REVIHEP NANTES	Care in host families
	MEDECIN DU MONDE	Prevention among prostitutes
	SIDA INFO SERVICE	Prevention in gay meeting places

AIDS IN DEVELOPING COUNTRIES



Claire Magone, Director of international programs

"A sense of worry"

What are the primary aspects of the fight against AIDS in developing countries/countries in transition in 2009?

Failure and a sense of worry. Of course access to treatment and care has improved considerably in developing countries, particularly in Africa, where, until not long ago, becoming infected with HIV meant almost certain death. However, contrary to G8 statements of intent promising universal access in 2010, the obstacles remaining are still numerous: the quality of care is limited, particularly due to the lack of tools ensuring efficient biological monitoring and viral load measurement; health care services are inadequate in rural areas; paediatric care is still inadequate; second-line ARV supplies are often erratic... There are still many challenges to overcome, but the resources allocated to dealing with the epidemic are decreasing: Global Fund budgets are getting smaller, and the establishments created specifically to respond to the epidemic are increasingly being integrated into the national public health systems. Reducing resources for dealing with HIV/AIDS basically says that the epidemic is considered "normalised", yet it is the leading cause of death for adults in Africa today, and the number of new cases continues to rise! In Developing Countries, this is still a devastatingly severe epidemic of massive proportions. And we firmly believe that it still needs to be treated accordingly.

What aspects marked Sidaction's operations in Developing Countries in 2009?

We have continued to expand our financial transfers to associations, particularly in Africa where we allocated 68% of our finances in 2009. We have also developed our support for excluded populations, by creating new partnerships with associations, e.g. in Ukraine (program for children in institutions) and in Azerbaijan (risk reduction program for drug users, see box). Finally, Sidaction strengthened its commitment to building skills among caregivers involved in overall treatment in 2009, with increased funding for projects managed by associations and by university- hospital establishments working in or with countries in development and in transition.

Did you encounter any particular difficulties in 2009?

The year 2009 cruelly illustrated the difficulties faced by the associations fighting HIV-AIDS which run programs for populations that are socially-marginalised and excluded from treatment, particularly men who have sex with men. Just days after the December 2008 ICASA conference in Dakar, where the need to respond to the epidemic among men with homosexual relations in Africa was recognised as a priority, 9 men from the staff a Senegalese HIV-prevention association that works with this population were arrested and sentenced to 8 years imprisonment without parole for "indecent behaviour and acts against nature and associating of wrongdoers". Luckily, thanks to support from their partners in the North and South alike, they were released several months later. In Burundi, despite the advocacy efforts of the national associations, 2009 was also a dark year for men who have sex with men, with the enactment of a law declaring homosexuality a crime. These harsher circumstances obviously had an impact on our work with the associations, whose day-to-day work is thus significantly hampered.

What are your goals for 2010?

We would like to do even more in terms of building the skill bases of the associations we support, and in promoting and increasing recognition of their skills with decision makers and opinion leaders. The institutional actors defining the treatment models and systems often want to confine them to compassionate support for patients or local social assistance, whereas associations are the major players in the overall response to HIV-AIDS: in Burundi or Mali, 60% of the people taking ARV drugs receive them through associations.

Also in our aim to increase our support, we would like to create a closer and specific partnership that enables us to better apply our technical and financial assistance to targets negotiated together, and to provide aid increasingly tailored to their needs and requirements. In 2010, Sidaction will notably continue its efforts to build skills in the area of financial, administrative and human resources management in Burkina Faso, by decentralising part of its activities.

At the end of 2008, according to UNAIDS, there were 33.4 million people living HIV worldwide, a number which continues to rise. This increase is due to the still high number of new cases (2.7 million) and broader access to treatment. At the end of 2008, approximately 4 million people in low and middle-income countries were receiving antiretroviral drugs. Approximately two million people die each year as a result of the infection. Africa remains the continent the most affected, with 70% of new cases, 67% of the population living with HIV, and 70% of the related deaths worldwide. Sidaction's international team is continuing its work for developing countries by maintaining its support for associations and patients through its various requests for proposals, and through technical support and skill building programs corresponding to specific identified needs. Of these various areas, two key themes were emphasized in 2009.

SIDACTION, TARGETING EXCLUDED POPULATIONS

Sidaction has chosen to actively develop projects aimed at excluded populations, groups that are particularly exposed to HIV infection and subject to harsh discrimination. The target groups for the projects in this framework are the disabled or handicapped, inmates, drug users, sex workers, men with who have sex with men (MSM) and transgender people. Notably, for the past two years, in partnership with the association Aides and with the support of the French Development Agency (AFD), Sidaction has been conducting a project aimed at increasing access to HIV testing and treatment for men who have sex with men in French-speaking Africa. The goal of this project is to provide support for identity-based community organizations or general care facilities running programs for this population. In 2009, these organizations were the recipients of financial support, training, technical support missions and experience sharing.

SIDACTION, BUILDING SKILLS

In 2009, we confirmed the success of the training tender, which received 80 applications for funding – twice as many as in 2008. Of these applications, 31 projects were selected, including 3 from universities (offering two degree programs) and 28 managed by associations, based mainly in Sub-Saharan Africa. These organizations offer training courses for their staff (medical and psycho-social) or for professionals working for other associations. Special emphasis is placed on counsellors and mediators, who cannot obtain a particular degree for their function and have a real need for further training, especially given the importance of the support they provide for HIV-positive people.

SIDACTION, SUPPORTING AFRICAN INITIATIVES

How can we be involved in HIV research in Africa? How can we help impoverished populations negotiate the terms for their participation in clinical trials? This was the challenge Sidaction addressed in 2006 with the support of ANRS, by providing technical and financial support to African associations involved with these issues. For three years, they worked together to educate and inform on the thorny issue of ethics and research operations, thus multiplying the opportunities for pooling skills between countries.

In 2009, Sidaction has gradually reduced its involvement in coordinating this program in order to allow the dynamic created to become autonomous. This process was completed in September with the official creation of Respect, a trans-African coalition currently comprising six associations: REDS (Cameroon), Kasabati and RAME (Burkina Faso), CRCF (Senegal), NHVMAS (Nigeria) and Chigata (Ivory Coast). The goal of Respect is to defend the rights of participants in research studies through training, awareness, information and advocacy actions.

SIDACTION, PROMOTING EXPERIENCE SHARING

The community pharmacies supported by Sidaction during the past three years have become considerably stronger and more autonomous: as a result of this progress, Sidaction has offered resources for continuing collective education courses for pharmacy staff to encourage the emulation and sharing of experience. In 2009, two local workshops were held in Burkina Faso (Bobo Dioulasso) and in Togo (Lomé). They were attended by some twenty pharmacy managers and demonstrated the use of reproducing this type of workshop in other countries. In 2010, Sidaction's international medical pole also aims to assist associations with the implementation of medical projects (setting up an internal laboratory and biological follow-up access system, etc.)

SIDACTION, MAKING UP FOR LOST TIME IN PAEDIATRICS IN AFRICA

In 2009, the Growing (Grandir) program conducted in partnership with Initiatives Développement, Sol En Si and Sidaction, with the support of AFD, provided care and support for more than 3500 children, including 1500 HIV-infected children, i.e. 25% more than when the project began in 2007. Some fifteen associations from West and Central Africa now receive technical and financial support in the area of overall care children infected with, affected by or exposed to HIV. As an up-close observatory for the practices and real circumstances in the field, the Growing (Grandir) mission identified two major themes, on which the team concentrated its expertise throughout 2009: testing for and treating malnutrition in infected children, a crucial aspect which is all too often overlooked, and psychological support for the children, especially in connection with the announcement that they are HIV-positive. In October 2009, a training course on this theme was organized in Bamako (see box), with all the Growing (Grandir) partners. Growing (Grandir) now has to move into the next gear, by defining new goals for 2011-2014.

AZERBAÏDJAN: REDUCING RISK IN A HOSTILE CLIMATE

Sidaction provided support for two community risk reduction organizations in Azerbaïdjan, where the environment is hostile. In Baku, the capital, the local teams reach out to drug users in order to guide them through their treatment needs (such as HIV, TB and Hepatitis C screening). The patients can be treated in the same place for their ARV drugs and their daily dose of methadone, as the association Struggle also has a team on the site. While a true model for aid, this example is a small-scale display, and due to the country's political

gridlock, cannot aspire to expansion. In Ganja, 300 kilometres to the west, there is nothing – except the association Healthy Life, made up of 4 fervent activists. They build privileged professional ties with the doctors and drug users in the area, to trade syringes, talk and listen, creating relationships based on trust. Throughout the country, the police forces are an omnipresent threat. This climate forces users to stay in their homes, sharing and reusing the same syringes, and not going out to seek treatment.

IVORY COAST: CARE FOR MEN WITH WHO HAVE SEX WITH MEN

As of June 2009, as part of the project called "Homosexuals in Africa" conducted with Aides and cofinanced by AFD, Sidaction is providing support for the "Espace confiance" (Trust centre), in order to increase the clinic's capacity and help it to intensify its actions for men with who have sex with men. In December 2009, Sidaction organized a workshop with a proctology surgeon in order to develop the clinic's capabilities in

terms of diagnosis, care and treatment of the clinic staff. This mission concluded that, with the adequate technical support, the association could become a training centre for other organizations that want to provide the same type of care and support, particularly by hosting caregivers from other African associations through south/south internships organized by Sidaction and Aides.



In Bamako, Mali in October 2009, the Growing program held a training program on psychological care and counselling for children infected or affected by HIV. The first of its kind, this course was organized for 27 partners of the Growing project, all members of the associative sector who are active in providing psychological support for children affected by HIV and their families. The discussions centred on the announcement to the patient – a crucial moment in terms of psychological support. In addition to providing skills and knowledge, the training

course aimed to allow participants to reflect on the difficulties and obstacles to psychological support and high-quality counselling. The obstacles faced include the stereotypes and preconceptions that adults have about children (e.g. "the child is too young; he doesn't understand" or "he won't be able to keep the secret"), which often lead the adults to delay in telling the child about their HIV-positive status. The participants also reflected on the child's place in society, caught between "responsibility" and "no responsibility", which determines whether or not the child is prepared to hear and understand that he/she is HIV-positive.

Thanks to the wealth of experiences shared, this training course brought new awareness which will help improve the psychological care given to children affected and infected by HIV.

Avec le soutien de



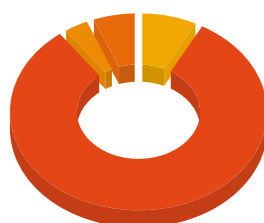
Fondation Le Mascaret

Partner associations financed

Country	Projects	Organizations
AFRIQUE DU SUD	3	1
AZERBAIJAN	3	2
BENIN	4	2
BURKINA FASO	23	8
BURUNDI	10	3
CAMEROUN	14	5
CHINE	2	2
CONGO REP. DEM.	4	3
CONGO BRAZAVILLE	1	1
CÔTE D'IVOIRE	17	8
DJIBOUTI	3	2
FRANCE	8	8
GEORGIE	2	1
INDE	1	1
INDONESIE	1	1
KENYA	3	1
MALI	9	2
MAROC	3	2
MAURICE	2	1
NEPAL	3	2
NIGER	2	1
NIGERIA	5	4
PORTUGAL	1	1
ROUMANIE	2	1
RUSSIE	4	2
SENEGAL	3	2
TCHAD	1	1
THAÏLANDE	1	1
TOGO	12	4
UKRAINE	6	3
ZIMBABWE	2	2
Total	155	78

Amounts pledged in 2009 by geographical area

Geographical area	%	Organization	Area	Projects
ASIA	8 %	9	6	11
AFRICA	82 %	53	19	121
EUROPEAN UNION	4 %	9	2	9
EASTERN EUROPE	6 %	7	4	14
Total	100 %	78	31	155



■ Asia
■ Africa
■ European Union
■ Eastern Europe

Amounts pledged in 2009 by project type

PROJECTS	Amounts pledged			
	€	Project	Cancellation	%
Community projects Training	1 265 170 €	34	14 037 €	34 %
Formation PED	497 500 €	30	32 629 €	14 %
Marginalized people	468 530 €	22		13 %
Paris Sida Sud	383 408 €	5	50 000 €	10 %
Grandir	375 973 €	18		10 %
Ethics	199 225 €	13		5 %
MSM in Africa	190 347 €	17	15 000 €	5 %
Financements exceptionnels	171 000 €	9		5 %
Conférence	98 525 €	2		3 %
Handicap	20 000 €	4		1 %
Emergencies	2 041 €	1		0 %
Total général	3 671 719 €	155	111 666 €	100 %

INTERNATIONAL DIMENSION



Eric Fleutelot, Deputy Managing Director – International

“AIDS is going to be around for a long time to come”

Measurable progress at last?

Yes, and we can celebrate the progress that has been made. In Cape Town, South Africa, in July 2009, the WHO announced that as of the end of 2008, more than 4 million people were under treatment worldwide. Just a few years ago, some thought this was an impossible feat. But the problem today is this: for every two people who commence treatment, five others are infected. The epidemic is progressing faster than us!

How can we advance more quickly?

We absolutely need more money. Clearly, today, the funds are insufficient. We tremble at the thought that the Global Fund could be reduced to rationing its funding for vital programs. The current financial crisis has not helped, but nevertheless, it is inadmissible for the poorer countries to have to pay for the wealthy countries’ broken banks, is it not? Moreover, even if the rich countries’ budgets are limited, we and a growing number of other voices are calling for the creation of a minute tax on financial speculation. Applied to the world’s five strongest currencies, this tax would raise several tens of millions of dollars, an amount that could easily fund the fight against AIDS and malaria, and a range of other health and environmental problems. This would also be a good response to those who prefer to oppose these causes, which are all urgent priorities.

Is money enough to overcome the obstacles?

Even if we had all the money we needed, money alone is not enough. We have to work on cutting costs, by extending what was achieved for first-line antiretroviral treatments to 2nd and 3rd line treatments, and to the reagents needed for biological monitoring. Then, we need all the players involved to commit to building the force of health care professionals, which are cruelly lacking in some countries, and ensuring respect for human rights.

Why emphasize the importance of human rights in the fight against AIDS?

Stigmatization and discrimination prevent millions of people from benefiting from prevention, care and treatment efforts. The injustices to which many women are victim help propagate the AIDS epidemic; there is a proven connection between violence against women and the transmission of HIV. Finally, it has also been proven that HIV hits particularly hard in certain populations suffering from discrimination. In Senegal or Kenya, men with homosexual relations are eight to twenty times more affected by HIV than the general population. Thus, in the fight against AIDS, it is essential to integrate efforts to ensure respect for basic human rights. AIDS is going to be around for a long time to come.



SIDACTION, INTERNATIONAL ADVOCACY AND SUPPORT ACTIONS

In 2009, Sidaction's advocacy actions centred on funding for the global fight against AIDS and related issues. Frequently within the framework of an inter-association unit, these actions placed stronger pressure on the French government to ensure that the fight against AIDS remains a priority in public aid for development. The issue of reconstituting the Global Fund, i.e. the promises made by the Fund donor countries (such as France), required efforts at high levels. Today, as the needs continue to grow, particularly to ensure universal access to treatment, donor countries are more reticent than ever in committing to provide long-term funding for the fight against AIDS.

Another finely connected effort involved lobbying carried out with networks of people living with HIV, in order to obtain the revision of the World Health Organization (WHO) recommendations. The issue at stake was for WHO to recommend commencing treatment at a CD4 count of 350 or lower (as in Northern countries) rather than the CD4 count of 200 as recommended previously. This revision was introduced in the autumn of 2009.

In addition, continuing advocacy actions were carried out to improve the situation for homosexuals in Africa, who face increasing infringement on their rights and loss of liberty, particularly with the enactment of new laws making homosexuality a crime. Legislation in Africa is very severe, with laws that are sometimes old as in Senegal, or brand new, as in Burundi. This adds

considerable complexity to efforts to fight HIV among homosexuals – whereas it has been established that they are the group hardest hit by HIV.

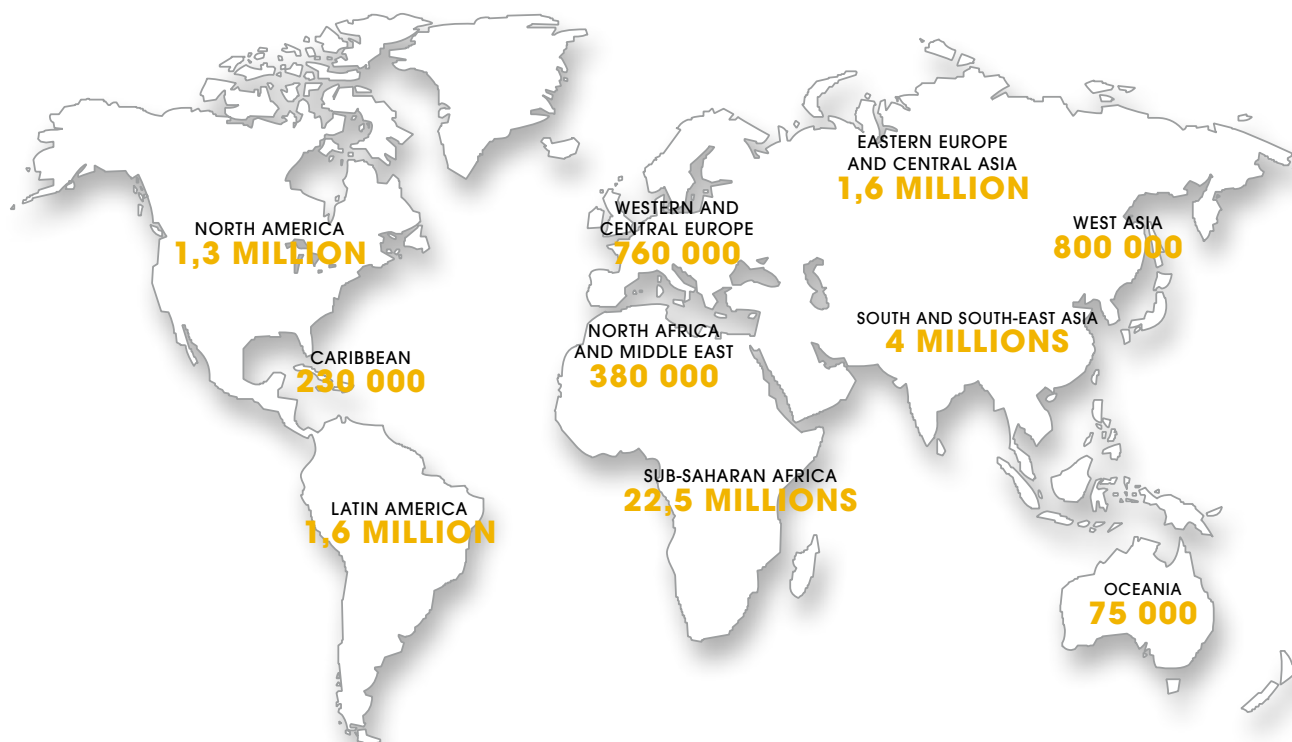
More now than ever, Sidaction is committed to promoting the work conducted by its partners and defending the goal of universal access to prevention, care and treatment. Thus, the team has become more and more involved in the organization of major international conferences, such as the 5th French-speaking conference on HIV-AIDS (scheduled for 2010). Sidaction is a major contributor to this event, in terms of both financial support and scientific contributions.

Following the Sidaction Morocco 2008 event (which raised just under a million euros in December of 2008), the Support for Partner Organizations Fund was created in first quarter 2009 by Sidaction's local partner, ALCS. This fund has enabled support for some ten programs working to fight AIDS, set up by Moroccan associations or laboratories. These programs supplement those set up by ALCS with the funds raised by Sidaction Morocco.

As part of Sidaction's effort to develop international programs, Sidaction's Burkinese partners met to work on setting up a Sidaction antenna in Burkina Faso. With this intent, a housing agreement for the antenna was signed with the Aidsetti organization in Ouagadougou. The aim of this antenna is to promote the development of Sidaction's support for its partners, while also ramping up the technical support it provides.

HIV EPIDEMIC AROUND THE WORLD

(source : Onusida 2007)



A WORD FROM THE CEO



“The Sidaction association has confirmed its role as a major player in the fight against HIV-AIDS.”

In June 2009, the Court of Auditors (Cour des Comptes) punctuated the publication of its report on the management of Sidaction with a number of positive appraisals. Given our especially stringent standards on monitoring the use of our funds, this opinion was particularly important to us. We are proud to have been identified as an example of an association which is managed well.

Today, in spite of a difficult economic climate and the State’s commitment, which is becoming increasingly hard to read and less and less visible, we aim to fulfil our mission and our role, which now more than ever are indispensable. The epidemic has a strong impact on homosexuals, the sustainability of the funds provided by the Global Fund to Fight AIDS is not guaranteed, the new “Hospital, patients, health and territory” law introduces major changes in hospital organization, where everything is now billed on a per-act basis, the public funding devoted specifically to the fight against AIDS is continually decreasing, and AIDS is clearly no longer a public health priority. Confronted with these signs, we are obligated to increase our investment still further, and work with even greater commitment. Beyond our mission to provide funding, we have developed our role as an expert and as a leader of a network. This allows all players in the fight against AIDS to join forces and together carry out the advocacy work needed to make lasting core progress. Thanks to the support from our loyal and generous donors, for the people affected, and for all those involved in the fight against AIDS, we undertake to maintain this standard in good governance, transparency and above all, results in the field.

Bertrand Audoin
Director général

SIDACTION'S ORGANIZATION IN 2009

OUR VALUES

To better meet the needs of people living with HIV and the evolution of the epidemic, Sidaction has focused its organization on strong core values:

Effectiveness

Staying close to the field, pooling skills and know-how by sharing experiences, and building expertise are constant priorities.

Focusing on patients

The actions have to be able to help all patients, without distinction. Defending their rights is an integral part of the fight against AIDS. Sidaction undertakes to conduct lobbying actions when these rights are not respected.

Commitment

Reflecting the multiplicity of its fields of action, Sidaction's Board of Directors is a balanced and diverse panel including pioneers in AIDS activism – guarantors of the association's history and commitment.

Independence

Thanks to the political and financial independence ensured by its hundreds of thousands of loyal donors, Sidaction is free in its policy and decision making.

Ethics

Ethics are central to Sidaction's approach: respect for people, human rights, moral research rules and non-discrimination are values Sidaction aims to uphold in all of its actions.

Transparency

A moral obligation to patients, researchers and donors, transparency is ensured by the annual publication of the association's business report and financial report, which is available to all. This transparency has been recognised by the General Inspectorate for Social Affairs (IGAS), which stated that Sidaction provides "guarantees above and beyond the legally stipulated requirements for donor protection and transparency". This rigour and transparency were also confirmed by the publication of the public finance court (Cour des Comptes) report in June 2009, which recognised Sidaction as a major player in the fight against AIDS.

The organizations supported by Sidaction are required to justify the use of the allocated funds by sending us their accounts annually, along with a detailed statement on the status of their programs. Each year, Sidaction also mandates an independent auditing firm to carry out on-site monitoring of an average of twenty associations and research organizations.

For this purpose, the association has set up an organization system based on seven volunteer-run authorities and theme-based panels of experts, assisted by a team of permanent staff.

The Board of Directors,

Made up of four colleges, each representing one fourth of the members:

- France associative sector college
- scientific and medical college
- international college
- college of qualified people.

Only the Board of Directors has the authority to approve or refuse funding. The Board generally makes its decisions based on the recommendations of the association's committees, which it queries accordingly. The Board also defines the association's priorities and determines its strategy.

The scientific and medical committee

This committee is in charge of assessing applications for funding for young researchers and research programs. It is made up of clinicians, researchers in basic research and in the social sciences, as well as two associative representatives, in order to incorporate the patient viewpoint into the committee's considerations.

The AIDS associative committee

This committee is in charge of assessing applications for funding for patient aid or prevention programs submitted by French associations. It is made up of players in the health care or social work fields and doctors and caregivers working within French local or national associations, whether AIDS specific or not, in the Paris area or elsewhere in France.

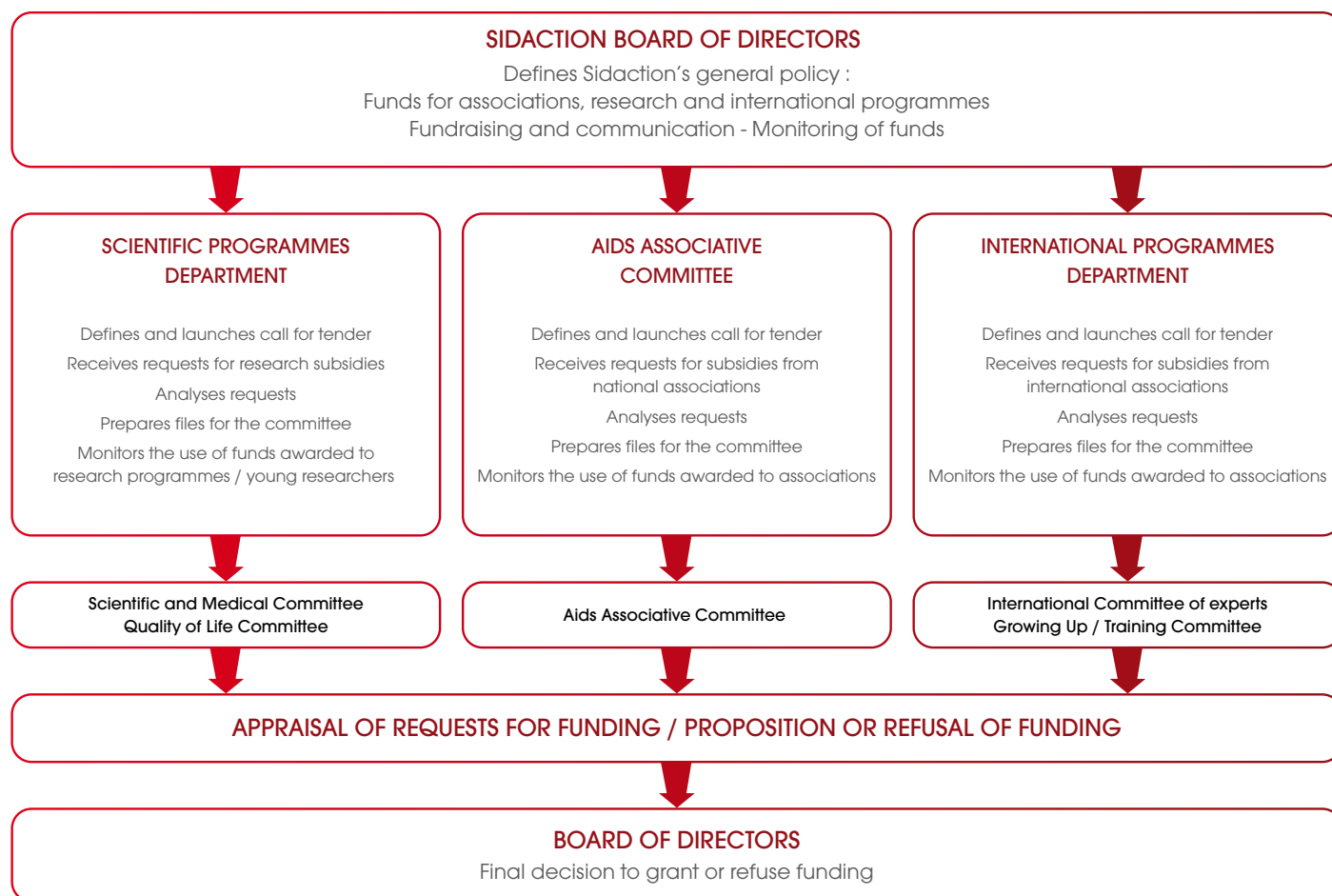
The "improving quality of life and treatment" committee

Sidaction has developed a specific request for proposals to provide funding for programs aimed at this aspect of life for people living with HIV/AIDS. The Committee is made up of caregivers working within associations or departments offering care for people affected, activists in the field and experts in quality of life for HIV-positive and AIDS patients.

The international committee, "Training in developing countries" committee and "Growing" (Grandir) committee

These committees are made up of members of foreign associations and French experts who are active in fighting AIDS in developing countries. These committees are in charge of assessing applications from foreign associations within the framework of the international request for proposals, PAARV, Sidaction Communities and Ethics proposals, applications for support for training programs in developing countries, and finally proposals submitted to the "Growing" ("Grandir") tender.

SIDACTION ORGANIZATION DIAGRAM



BOARD OF DIRECTORS

Mr Pierre BERGE

Chairman

Mrs Line RENAUD

Vice President

Mr Olivier SEGOT

Secretary General

Mr Edmond-Luc HENRY

Treasurer, Chairman of the French Association of Haemophiliacs

Mr Hugues CHARBONNEAU

Director

Mr Louis GAUTIER

Director, Chief consultant at the public finance court (Cour des Comptes)

Mr Yves DUPONT

Director

Associative college

Dr Claire BOUGARAN

Director, Partner associations, Chair of "Dessine-moi un Mouton"

Mrs Marjolaine DEGREMONT *

Vice President, Chair of Act Up-Paris

Mr Hugues FISCHER *

Substitute, Vice President Act Up-Paris

Mr Stéphane VAMBRE**

Director, Chairman Act Up-Paris

Mr Christian DOUBRERE

Director, Partner associations, Chair of the AIDS-Drug Abuse information stand

Dr Carine FAVIER

Director, Chair of "Planning Familial"

Mr Bruno SPIRE

Director, Chairman of "Aides"

Scientific college

Prof Françoise BARRE-SINOUSI

Nobel Prize in medicine and physiology 2008, Director, Institut Pasteur

Mr Renaud BECQUET **

Director, INSERM

Prof Jean-François DELFRAISSY

Director, Bicêtre Hospital, Director of ANRS

Dr Denis LACOSTE

Director, SFLS

Prof Yves LEVY

Chairman of the Scientific and Medical Committee

Prof Jean-Paul MOATTI*

Director, Institut Paoli Calmette

Prof Christine ROUZIOUX

Director, Necker Hospital

Mrs Anne SIMON

Substitute for Dr Denis LACOSTE, SFLS

International college

Mrs Jeanne GAPIYA-NIYONZIMA

Director, ANSS (Burundi)

Prof Hakima HIMMICH

Director, ALCS (Morocco)

Dr Philippe MSELLATI

Director, IFEHA, Cultures Health Societies Research Centre

Mrs Martine SOMDA

Director, REVS+ (Burkina Faso)

Mr Yves SOUTEYRAND

Director, World Health Organization

Mr Issoufou TIENDREBEOGO

Director, Association African Solidarité (Burkina Faso)

Mr Bastien NOËL

Chairman of the AIDS Associative Committee

Mr Pascal OBISPO

Distinguished member

*outgoing in 2009

** incoming in 2009

SCIENTIFIC AND MEDICAL COMMITTEE

Prof Yves LEVY

Chairman – Clinical Immunology Service – Mondor Hospital – Créteil

Dr Ali AMARA

Molecular Viral Pathogenesis Unit - INSERM U819 - Institut Pasteur - Department of Molecular Medicine – Paris

Dr Geneviève BECK-WIRTH

Department of Clinical Haematology - Emile Muller Hospital - Mulhouse

Dr Monsef BENKIRANE

Laboratory of Fundamental Virology - CNRS UPR1142 – Institute of Human Genetics (IGH) – Montpellier

Dr Eric BILLAUD

Infectious Diseases Service – Nantes University Hospital Centre (CHU) - Nantes

Dr Sophie CAILLAT-ZUCMAN

Immunology Laboratory – AVENIR-PASTEUR team – Necker Hospital – Child Patients – Paris

Dr Bruno CANARD

Architecture and Function of Biological Macromolecules Laboratory – Luminy Engineering School (ESIL) – Marseille

Dr Guislaine CARCELAIN

Cellular and Tissue Immunology Laboratory – INSERM U543 – Pitié Salpêtrière Hospital – Paris

Dr Patrizia CARRIERI**

Epidemiology & Social Sciences Applied to Medical Innovation - INSERM U379 - Institut Paoli-Calmettes – Marseille

Dr Andrea CIMARELLI

Human Virology Laboratory - INSERM U758 - Ecole Normale Supérieure de Lyon - Lyon

Dr Cécile GOUJARD

Internal Medicine Service - Bicêtre Hospital - Le Kremlin-Bicêtre

Dr Sophie GRABAR

Biostatistics and Medical Information Technology Laboratory - Cochin Hospital - Paris

Prof Roger GUEDJ

Bioorganic Chemistry Laboratory - CNRS UMR 6001 – University of Sciences – Nice

Dr Anne-Geneviève HELIOT-MARCELIN

Virology Service – Pitié Salpêtrière Hospital – Paris

Dr Claire HIVROZ

Immunity and Cancer Laboratory – Institut Curie – Paris

Dr Christiane MOOG

Pathogenesis of Persistent Viral Infections Laboratory - UNV40961- Louis Pasteur University - Strasbourg

Dr Laurence MORAND-JOUBERT

Bacteriology and Virology Service - Saint-Antoine Hospital - Paris

Dr Jean-François MOUSCADET

Biotechnology and Applied Genetic Pharmacology Laboratory (LBPA) - UMR8113 CNRS - Ecole Normale Supérieure de Cachan - Cachan

Dr Matteo NEGRONI

Molecular and Cellular Biology Institute - Strasbourg

Dr Georges POINT

“Dessine-moi un mouton”/TRT-5 – Pantin

Mr Frank RODENBOURG

“Action Traitements” /TRT-5 – Paris

Dr Olivier SCHWARTZ

Virus and Immunity Group – Virology Department – Institut Pasteur – Paris

Dr Bernard TAVERNE

CReCSS /IFEHA – CNRS UMR 145 – IRD, Paul Cézanne University – Aix-en-Provence.

Dr Naomi TAYLOR

Immunomodulation and Immunotherapy Group - CNRS UMR 5535 – Molecular Genetics Institute of Montpellier (IGMM) – Montpellier

Dr Rodolphe THIEBAUT

Institute of Epidemiology, Public Health and Development - INSERM E338 - Victor Segalen University, Bordeaux 2 - Bordeaux

Dr Jean-Paul VIARD

Infectious Diseases Service – Necker Hospital - Paris

QUALITY OF LIFE AND QUALITY OF TREATMENT COMMITTEE

Mrs Hélène BOUDE-HEN

Psychologist, Mulhouse University Hospital Centre (CHU), haematology service, infectious disease service, member of Association ReVIH, Mulhouse.

Dr Agnès CERTAIN

Hospital pharmacist practitioner, Bichat-Claude Bernard Hospital, Pharmacy Service, Paris.

Dr Anne DULIOUST

Doctor, Bicêtre University Hospital, Internal medicine and infectious diseases service, Le Kremlin-Bicêtre.

Dr Martin DURACINSKY

Hospital doctor, Bicêtre University Hospital, Internal Medicine and Infectious Diseases service, researcher in health-related quality of life, Le Kremlin-Bicêtre.

Dr MOURS

General Practitioner and Medical Coordinator for the Provence Health Network (RSP), Venneselles.

Mrs Laurence POTTE-BONNEVILLE

Regional Delegate for “SOS Habitat et Soins”, Paris area – Medical/social sector, Paris.

Dr Anne-Marie PY

Coordinating doctor, Pau University Hospital Centre (CHU), Ambulatory Care for Infectious Diseases and Drug Abuse, Medical coordinator for Rézopau, Pau.

Dr Véronique RELIQUET

Hospital doctor, Nantes University Hospital Centre (CHU), chair of “Réseau ville hôpital”, Nantes.

Dr Véronique TIRARD FLEURY

Public health doctor, consultant, Bagnolet.

Mrs Marie-Hélène TOKOLO

Representative of an association of people living with HIV, chair of the association Marie-Madeleine, Maurepas.

AIDS ASSOCIATIVE COMMITTEE

Mr Bastien NOËL

Director, Envie, Montpellier, Chairman of the Committee

Mrs Elisabeth AVRIL

Doctor and coordinator of the methadone bus, Médecins du Monde (GAÏA), Paris – Committee Vice President

Mrs Geneviève BARATON

Department Head, MIJAOS, Paris

Mr Eric BARTHELEMY

Finance Director, AERI, Montreuil

Mrs Hortense BLE**

Uracq, Paris

Mr Fabrice BOUDINET *

Coordinator, AIDES - Seine et Marne Delegation, Torcy

Mr Jean-Jacques BOUYER

Director, GAPS, Bordeaux

Mr Marc BRISSON**

Departmental office of AIDS prevention, Grenoble

Mr Stéphane CRIEDLICH

Associative, administrative and accounting coordinator, Actis, St Etienne

Mrs Séverine FOURAN

Director, “Action Traitements”, Paris

Mrs Florence GARCIA

Director, Cabiria, Lyon

Mrs Anne-Marie GOSSE

Director, Basiliade, Paris & Lyon

Mr Omar HALLOUCHE

Coordinator of the prevention among migrants program, ALS, Lyon

Mrs Adèle KALDE**

“Petits débrouillards de Lorraine”, Nancy

Mr Jean-Régis PLOTON**

“Autre Regard”, Marseille

Mr Nicolas SOLERES**

Act Up-Southwest France, Toulouse

INTERNATIONAL COMMITTEE

Mrs Emma ACINA

Republic of Djibouti

Mr Samuel Hinton AVRETT

New York

Mr Hubert BANGUISSA

Avenir Positif, Congo-Brazzaville

Mr Vincent BASTIEN

Kasabati, Burkina Faso

Mr Fabrice CLOUZEAU

Sida Info Service, France

Mrs Nicoleta DASCALU

ARAS, Romania

Dr Joseph ESSOMBO

Elizabeth Glaser Paediatric Aids Foundation, Ivory Coast

Dr Alice GOUGOUNON

Racines, Benin

Dr Isaline GREINDL

AEDS, Belgium

Mrs Christine KAFANDO

La maison des associations, Burkina Faso

Dr Othman MELLOUK

ALCS, Morocco

Dr Steave NEMANDE

Alternatives Cameroun, Cameroon

Mrs Espérance NKINABACURA

APECOS, Burundi

Dr Françoise RENAUD-THERY

WHO, Switzerland

Mr Nicolas RITTER

PILS, Mauritius

Dr Margaret SANGA

SWWA Littoral, Cameroon

Mr Stéphane SIMONPIETRI

Aides, France

Mr Mohamed TOURE

Kéné Dougou Solidarité, Mali

Mr Alexander TSEKHANOVICH

Humanitarian Action, Russia

Mr Arnaud WASSON-SIMON

Aides, France

Mrs Coentine ZANKPE YOVO

ELSA, France

Mr Omar AMRI

Aides, France *

GROWING COMMITTEE ("GRANDIR")

Mrs Emma ACINA

Republic of Djibouti

Mr Hubert BANGUISSA

Avenir Positif, Congo-Brazzaville

Prof Stéphane BLANCHE

Necker Hospital, Paris, France

Prof Alice DESCLAUX

IRD, Senegal*

Mrs Rose DOSSOU

Chigata, Ivory Coast*

Dr Joseph ESSOMBO

Elizabeth Glaser Paediatric Aids Foundation, Ivory Coast

Dr Albert FAYE

Robert-Debré Hospital, Paris, France

Dr Alice GOUGOUNON

Racines, Benin

Mrs Christine KAFANDO

La maison des associations, Burkina Faso

Dr Pierre Claver KARIYO

Burundi*

Dr Valériane LEROY

ISPED, France

Mrs Espérance NKINABACURA

APECOS, Burundi

TRAINING COMMITTEE

Mrs Emma ACINA

Republic of Djibouti

Mr Vincent BASTIEN

Kasabati, Burkina Faso*

Mrs Anne BEUGNY

ESTHER, France

Mrs Amina BODA AYOUCHE

Saint-Antoine Hospital, Paris, France

Mr Jacques CHAPALAIN

TENON Hospital, Paris, France

Mrs Jovite de COURLON

France*

Dr Joseph DRABO

Yalgado Ouédraogo University Hospital Centre (CHU), Burkina Faso

Mrs Delphine FLOURY

France*

Dr Jean Baptiste GUIARD-SCHMID

WHO, Burkina Faso*

Mrs Latifa IMANE

Paris, France

Mr Adama KOMPAORE

AAS, Burkina Faso*

Mrs Madina KOUYATE

Arcad-Sida, Mali

Dr Françoise LINARD

TENON Hospital, Paris, France

Mrs Sophie MATHERON

Bichat Claude Bernard University Hospital Centre (CHU), Paris, France

Mrs Marie-Josée MBUZENAKAMWE

Ministry of Health, Republic of Djibouti

Mr Louis PIZZARO

SOLTHIS, France

Dr Emmanuel RICARD

French Public Health Society (SFSP), France*

Mr Guy-Bertrand TENGPE

Association 3SH, Cameroon

Dr Siaka TOURE

Aconda, Ivory Coast*

Mrs Catherine TRUDAL

Aides, France

Dr Roland TUBIANA

Pitié Salpêtrière Hospital, France*

Prof Laurence WEISS

Georges Pompidou European Hospital, France*

*outgoing in 2009

** incoming in 2009



SIDACTION TEAM AS OF JUNE 1ST 2010

Top Management

Bertrand Audoin

Chief Executive Officer

Eric Fleutelot

Deputy Managing Director – International

Anne Schaezel

Deputy Managing Director – Administration and Finance

Administrative and financial department

Lamia BELAIB

Maintenance officer

Soraya BELAIB*

»Maintenance officer

Loanie BIEN AIME

Reception and administrative management officer

Leah DE CAUPENNE

Legal manager

Catherine BROSSARD*

Bequests, life insurance and donations manager

Patrice CHAMPEY

IT project manager

Isabelle DEVILLAINE

Payroll and staff administration manager

Marianne DUVAL

Bequests, life insurance and donations manager

Maryse LE PALMEC

Accountant

Anna NDIAYE

Management auditor

Charlotte PARADIS

Accounting and finance manager

Milko PARIS

General resources manager

Esteban VIGET

Chief executive assistant

Scientific and medical programs department

Paola DE CARLI

Director of scientific programs

Nadia ABID

Scientific funding manager

Théréna DIALLO

Administrative assistant

Karine FOREST

Mission officer – “Quality of life and treatment”

Sophie LHUILLIER

Scientific communication officer

Véronica NOSEDA

Mission officer – “Social Sciences”

Sandrine PERRIN

Scientific communication associate

Gwendoline DE PIEDOUE*

Scientific communication officer

Associative programs department

Marc DIXNEUF

Director of associative programs in France

Emmanuelle BARTHELEMY

Mission officer – “French Departments of America”

Mélanie CHARBONNEAU

Mission officer – “Youth Prevention”

Jennifer COUBARD

Project analyst

Vincent DOURIS

Development manager

Aurore DUMONT

Project analyst

Séverine FOURAN PERALTA

Mission officer – “Employment”

Sandrine FOURNIER

Mission officer – “Gay Prevention”

Corinne LE HUITOUZE

Association funding manager

Christine MOUCAZAMBO*

Project and association follow-up officer

Ridha NOUIOUAT

Mission officer – “Prison”

Frédérique VIAUD

Project coordination manager

International programs department

Claire MAGONE

Director of international programs

Julie LANGLOIS

Pharmacist

Michel MAIETTA

Mission officer - “MSM in French-speaking Africa”

Laura MARTELLI

“Excluded Populations” centre manager

Marie NAQUET

Finance department manager

Florence THUNE

“Training Unit” manager

To - Chau TRAN

Administrative assistant

Réjane ZIO

Children’s centre manager

Fundraising and communication department

Christine Tabuenca

Director of fundraising and communication

Miassa Aimene

Webmarketing manager

Lionel Cassegrain

Direct marketing manager

Mélanie Desprez

Donor relations and events assistant

Charlotte Garcia *

Donor relations and events assistant

Thomas Gautier – Lallia

Events and partnerships manager

Francis Gionti

Press relations and media manager

Françoise GODARD

Regional events manager

Romain GUILLIOU *

Webmarketing manager

Neijma LECHEVALLIER

Editor-in-chief of Sidaction publications

Marina JACOB

Direct marketing assistant

Bruce MAC ARTHUR

Officer of relations with relays and events logistics

Koffi MESSAN

Events and partnerships manager

Christelle MUNDALA

Donor relations manager

Renaud PERSIAUX

Assistant editor for Sidaction publications

Bérénice PIERSON

Communication officer

Laurence TAILLEFERD

Executive assistant

**Substitutes*

With special thanks to all the interns who assisted the various teams in 2009:
Nsiama ASALOA, Souad BENZIANE, Elise DUFFAU, Emilie HAMADI, Matthew KALAMAR,
Fatime KONE, Jérôme LORUSSO, Coralie MILAZZO, Samantha PEAUGER, Soëli
SOUQUES, Benjamin VERITAS.

A WORD FROM THE TREASURER



Working to fight AIDS with rigorous standards and professionalism.

After registering a slight loss in 2008, Sidaction's accounts restabilised in 2009. In spite of concerns due to the struggling economy and increased fundraising by the charity sector in general, funds donated by the public (canvassing resources) rose by 1.6 million euros, i.e. an increase of more than 9%. Taking into account the decrease in public funding and financial revenue, overall revenue still increased by 1 million euros, representing growth of 5.4%. Sidaction 2009, conducted in partnership with 14 media organizations, raised 6.53 million euros and still represents one third of the association's revenue.

Even though almost 95% of the association's revenue in 2009 was the result of public generosity, Sidaction was able to control its fundraising costs in order to allocate an even larger share of its revenue to social missions, i.e. 13.8 million euros, or 70.7% of the resources used over the course of the year. There was also an increase in financial transfers to organizations working to fight AIDS in the areas of prevention, patient aid, research and the improvement of quality of life and quality of treatment in France and in developing and transition countries, which totalled 10.82 million euros in 2009, i.e. an increase of 6.5%.

Across its entire scope of operations, Sidaction continued its efforts to support the organizations it funds, to provide associations with greater resources and to create stronger networking between the

different players in the fight against AIDS. Sidaction also intensified its advocacy actions in France and abroad, to call for greater funding for the fight against AIDS in a context of government budget cuts, and to fight discrimination against people living with HIV.

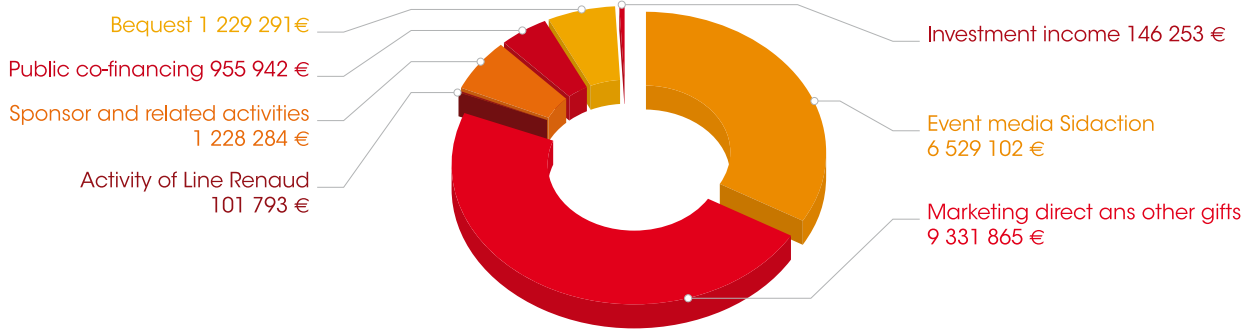
The coordination of the funding we grant and monitoring of how funds are used has always been a priority for Sidaction, guaranteeing proper use of the funds collected from the public. In addition to the monitoring work done by the Sidaction teams, who verify the use of granted funds through paper checks and field visits, this year Sidaction again called on the Deloitte firm to audit 12 organizations, research laboratories or associations which have received funding from Sidaction in the past few years.

In a report made public in June 2009, the French Court of Auditors (Cour des Comptes) applauded Sidaction's good management practices and professionalism. This positive feedback validates the choices we have made and encourages us to continue our action in keeping with the strong principles which have always guided Sidaction and ensured our effectiveness: focusing on patients, defending populations who are excluded from prevention actions and treatment, working as a network, professionalism and rigorous standards, evaluating the actions carried out, and transparency with regard to the donors who trust us and who enable us to continue making progress.

Edmond-Luc Henry

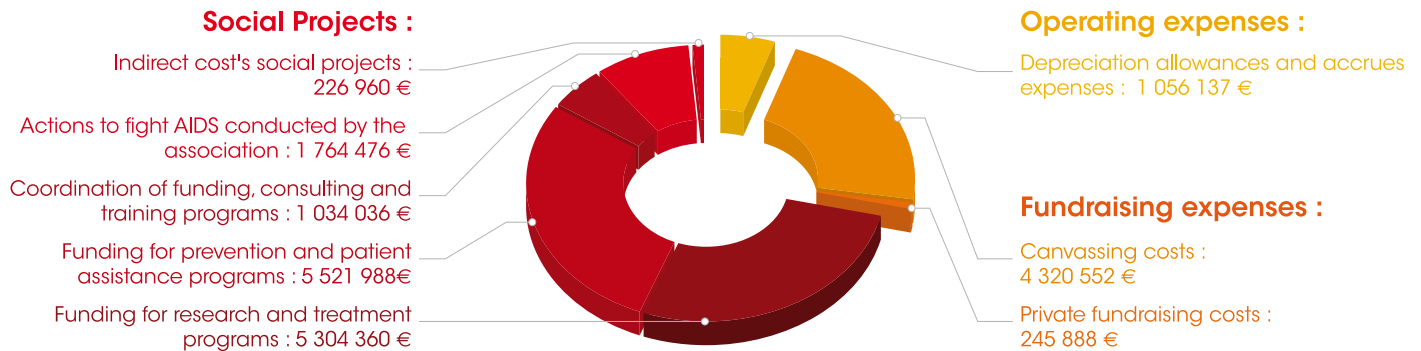
RESOURCES COLLECTED IN 2009:

Breakdown by resource type in accordance with the annual statement of use of resources collected from the public.
Total resources for the fiscal year included in the income statement (I): 19 522 530 euros



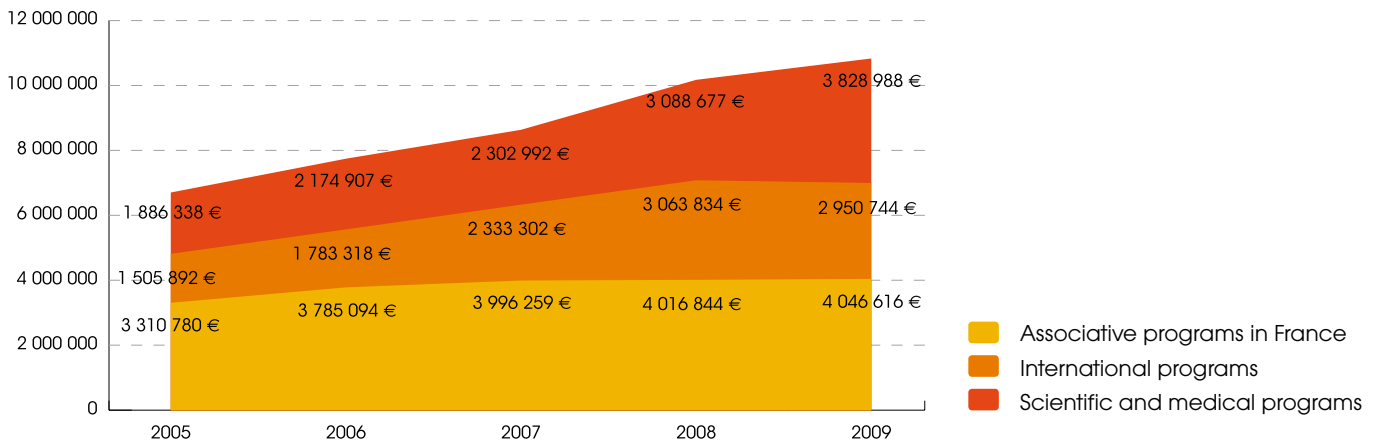
USE OF RESOURCES COLLECTED IN 2009:

Breakdown of use of resources collected in accordance with the annual statement of use of resources collected from the public.
Total use of resources for the fiscal year included in the income statement (I): 19 474 397 euros



TREND IN FUNDING PAID OUT SINCE 2005:

Source: 2005, 2006, 2007, 2008 and 2009 income statements)



COMPTE D'EMPLOI ANNUEL DES RESSOURCES COLLECTÉES AUPRÈS DU PUBLIC

au 31 December 2009

EMPLOIS		Emplois de 2009 = Compte de résultat	Affectation par emplois des ressources collectées auprès du public utilisées sur 2009	RESSOURCES		Ressources collectées sur 2009 = Compte de résultat	Suivi des ressources collectées auprès du public utilisées sur 2009
				Report des ressources collectées auprès du public non affectées et non utilisées en début d'exercice			0
1 - Missions sociales		13 851 820	12 184 732	1 - Ressources collectées auprès du public		17 224 006	17 224 006
1-1 Réalisées en France				1-1 Dons et legs collectés			
Actions réalisées directement		1 910 469	1 680 541	Dons manuels non affectés		0	0
Versements à d'autres organismes agissant en France		7 875 604	6 927 763	Dons manuels affectés		15 190 550	15 190 550
1-2 Réalisées à l'étranger				Legs et autres libéralités non affectés		0	0
Actions réalisées directement		1 115 003	980 810	Legs et autres libéralités affectés		1 229 291	1 229 291
Versements à d'autres organismes		2 950 743	2 595 617	1-2 Autres produits liés à l'appel à la générosité du public		804 166	804 166
2 - Frais de recherche de fonds		4 566 440	4 215 123	2 - Autres fonds privés		1 196 329	
Frais d'appel à la générosité du public		3 444 545	3 444 545				
Frais de recherche de fonds privés		245 888	0	3 - Subventions et autres concours publics		955 942	
Frais indirects de recherche de fonds		876 007	770 578				
3 - Frais de fonctionnement		1 056 137	824 151	4 - Autres produits		146 253	
I TOTAL DES EMPLOIS DE L'EXERCICE INSCRITS AU COMPTE DE RESULTAT		19 474 397	17 224 006	I TOTAL DES RESSOURCES DE L'EXERCICE INSCRITES AU COMPTE DE RESULTAT		19 522 530	17 224 006
II DOTATIONS AUX PROVISIONS ET AMORTISSEMENTS		106 159		II REPRISES DES PROVISIONS et AMORTISSEMENTS		32 465	
III ENGAGEMENTS A REALISER SUR RESSOURCES AFFECTEES		19 554 995		III REPORT DES RESSOURCES AFFECTEES NON UTILISEES DES EXERCICES ANTERIEURS		19 580 556	
IV EXCEDENT DE RESSOURCES DE L'EXERCICE		0		IV VARIATION DES FONDS DEDIES COLLECTES AUPRES DU PUBLIC (cf. tableau des fonds dédiés)			
V TOTAL GENERAL *		39 135 552		V INSUFFISANCE DE RESSOURCES DE L'EXERCICE		39 135 552	17 224 006
Total des emplois financés par les ressources collectées auprès du public			17 224 006	Total des emplois financés par les ressources collectées auprès du public			17 224 006
				Solde des ressources collectées auprès du public non affectées et non utilisées en fin d'exercice			0
EVALUATION DES CONTRIBUTIONS VOLONTAIRES EN NATURE							
Missions sociales		9 836		Bénévolat		191 847	
Frais de recherche de fonds		1 282 309		Prestations en nature		1 097 712	
Frais de fonctionnement et autres charges		654		Dons en nature		3 240	
Total		1 292 799		Total		1 292 799	

*NB : Conformément à la réglementation, le total général est la sommation mathématique des produits et des charges de l'année 2009.

NOTES SUR LE COMPTE D'EMPLOI ANNUEL DES RESSOURCES COLLECTÉES PAR SIDACTION

Règles et méthodes d'établissement du CER

Le règlement du comité de la réglementation comptable n° 2008-12 du 7 May 2008 afférent à l'établissement du compte d'emploi annuel des ressources des associations et fondations, homologué par arrêté du 11 December 2008, prévoit désormais un cadre normalisateur applicable à compter du 1^{er} janvier 2009. Il s'agit du 1^{er} exercice d'application par l'association Sidaction.

A - Note sur les emplois

La nouvelle présentation du CER fait apparaître les charges totales de l'année et la part financée par les ressources collectées auprès du public. Le total des emplois est de 19 474 397 euros.

1 - Information sur les missions sociales

Conformément aux statuts de Sidaction, les missions sociales se définissent comme suit :

« Sidaction mène des actions de lutte contre le sida par la collecte et la répartition de fonds destinés au financement de la recherche et des activités de prévention, d'entraide, d'amélioration de la qualité de la vie et de soutien aux personnes atteintes par l'infection à VIH et/ou à leurs proches. L'association soutient la réalisation de nouvelles actions et le développement et l'extension des actions entreprises à cette fin. »

Avec le cadre normalisateur du compte d'emploi annuel des ressources collectées auprès du public (CER), les missions sociales sont réparties entre :

- les actions réalisées en France
 - les actions réalisées à l'étranger
- et en deux secteurs d'activités distincts :
- les actions menées directement par Sidaction,
 - les versements à d'autres structures associatives ou de recherche menant des actions de lutte contre le sida.

1.1 – Information sur les actions réalisées en France

Actions réalisées directement

Les programmes en France soutenus par Sidaction pour un montant total de 1 910 469 euros se décomposent comme suit :

- 945 781 euros pour les actions d'information, de prévention et d'aide aux malades en France dans le cadre des missions Départements Français d'Amérique, Milieu carcéral, Emploi, Prévention jeunes,
- 611 930 euros pour les actions en direction de la recherche scientifique et médicale et d'amélioration de la qualité de vie des malades et des soins menées en France ou portées par des structures de recherche basées en France dans le cadre des missions Sciences sociales, Qualité de vie et qualité des soins et recherche dans les PED,
- 352 758 euros pour l'information et les événements d'échange et de visibilité, tels que le magazine Transversal ou les guides thématiques, l'Université des jeunes chercheurs et les actions de sensibilisation autour du 1^{er} December.

Les actions menées en propre par Sidaction regroupent les coûts directs et indirects affectés aux missions sociales qui disparaîtraient, conformément à la réglementation, si la mission sociale n'était pas réalisée.

Ces coûts se répartissent en 3 grandes familles :

- les coûts directs des missions
- Ce sont les achats, les prestations de services, les frais de déplacements, les frais d'audit et les salaires et charges sociales des chargés de missions.

- le suivi des financements, conseil et formation

Ce sont les coûts d'instruction et de suivi des projets financés (réunion des comités, suivi des structures financées) et les coûts des salaires et charges et des frais généraux directs des services de programmes (associatifs, scientifiques et internationaux), hors frais liés aux missions conduites en propre par l'association.

- Les frais indirects des actions réalisées

Cette rubrique comprend un pourcentage des frais de structure, principalement des frais généraux liés au bâtiment et au matériel. Comme en 2008, la clé de répartition de ces frais de structure est les m² de bureaux utilisés par service et projet. Chaque année, le tableau des m² est revu en fonction des embauches et départs et des nouvelles répartitions des locaux.

Versements à d'autres organismes agissant en France

Cette rubrique comprend les financements accordés par Sidaction à des structures menant des actions de lutte contre le sida en France, que ce soit pour les programmes d'information, de prévention et d'aide aux malades, pour la recherche scientifique et médicale et les projets d'amélioration de la qualité de vie des malades, ou la participation au financement de conférences.

Les financements des programmes en France se répartissent comme suit :

	Versements effectués en 2009
Financements aides aux malades	4 046 616 €
Solde appels d'offres antérieurs	129 282 €
Appel d'offres 2009	2 716 649 €
Appel à projets Départements Français d'Amérique	247 318 €
Appel à projets Emploi	311 250 €
Appel à projets en milieu carcéral	302 086 €
Appel à projets Prévention Gay	202 903 €
Fonds associatifs d'urgence	137 128 €
Financements jeunes chercheurs	1 786 622 €
Solde appels d'offres antérieurs	1 601 013 €
Appel d'offres permanent 2009	185 609 €
Subventions de recherche	1 697 425 €
Solde appels d'offres antérieurs	1 328 213 €
Appel d'offres permanent 2009	369 212 €
Amélioration de la qualité de vie	262 831 €
Solde appels d'offres antérieurs	250 831 €
Appel d'offres 2009	12 000 €
Soutien aux conférences	82 111 €
TOTAL FINANCEMENTS "France"	7 875 604 €

1.2 – Information sur les actions réalisées à l'étranger

Actions réalisées directement

Les programmes à l'étranger soutenus par Sidaction sont l'ensemble des programmes menés en Afrique, en Asie, en Europe de l'Est et en Amérique du Sud gérés par le service des programmes internationaux et portent sur :

- le développement de nos actions à l'internationalisation,
- les actions de lutte contre le sida menées dans les pays en développement ou en transition,
- le soutien aux conférences internationales de lutte contre le sida.

Ces actions s'élèvent à 1 115 003 euros et regroupent les missions :

- Paris Sida Sud,
- Formation dans les pays en développement,
- Populations Exclues,
- Ethique dans la recherche,
- Homosexuels en Afrique (MSM),
- Grandir-pôle enfants,
- Médicaments,
- Financements exceptionnels,

ainsi que les lignes Echanges et Urgence, plaidoyer et la mise en place de nouveaux projets.

Versements à d'autres organismes agissant à l'étranger

Cette rubrique comprend les financements accordés par Sidaction à des structures menant des actions de lutte contre le sida de prévention et d'aide aux malades et de recherche dans les pays en développement ou en transition, ou la participation au financement de conférences.

Les financements des programmes à l'international se répartissent comme suit :

	Versements effectués en 2009
Financements aides aux malades et recherche	2 425 468 €
Solde appels d'offres antérieurs	1 138 819 €
Appel d'offres étranger 2009 et PAARV	56 611 €
Appel Paris Sida Sud	354 491 €
Appel Populations Exclues	267 930 €
Appel Ethique	102 225 €
Appel Grandir	351 361 €
Appel MSM	114 032 €
Soutiens exceptionnels	40 000 €
Financements Formation PED	431 550 €
Soutien aux conférences	93 725 €
TOTAL FINANCEMENTS "International"	2 950 743 €

2 - Information sur les frais de recherche de fonds

Les coûts affectés aux frais de recherche de fonds s'élèvent à 4 566 440 euros et sont répartis en :

- Frais d'appel à la générosité du public
- Frais de recherche de fonds privés
- Charges liées à la recherche de subventions et autres concours publics.

2.1 Frais d'appel à la générosité du public

Cette rubrique comprend tous les coûts directs liés aux appels à dons (conception, réalisation et diffusion de mailing, newsletters, organisation de l'événement Sidaction médias...), au traitement des dons (émission de reçu fiscaux, base de données, frais financiers...), ainsi que les frais liés à la communication institutionnelle à destination principalement des donateurs (site Internet, rapport d'activité) ou des notaires et du grand public dans le cadre de la politique de développement des legs.

Le Sidaction médias a engendré des coûts à hauteur de 599 740 euros, comprenant les frais des opérations de marketing direct menées en parallèle de l'opération et y prenant appui pour susciter les dons (332 256 euros).

Les coûts directs d'appel à la générosité publique représentent un total de 3 444 545 euros. Ils se décomposent, en plus des 599 740 euros des coûts d'organisation du Sidaction médias, en :

- coûts d'appel à la générosité publique (2 667 659 euros),
- coûts d'appel à la générosité publique sur le web (91 292 euros),
- coûts de compte-rendu aux donateurs et aux partenaires de l'association et coûts « relations médias » (49 634 euros),
- coûts de traitement des legs et de communications auprès des notaires et du grand public (36 220 euros).

Par ailleurs, cette rubrique comprend aussi les frais de fonctionnement directs du service collecte et communication, achats de biens et de services, frais de participation à des conférences, salaires et charges, le pourcentage de répartition des frais de structures, conformément à la clé de répartition par superficie des bureaux, ainsi que les frais de communication tels que les relations presse et la communication institutionnelle.

Les frais indirects s'élèvent à 876 007 euros et se décomposent en :

- 819 530 euros pour le service collecte et communication,
- 36 146 euros pour les relations presses,
- 20 331 euros pour la communication institutionnelle.

2.2 Frais de recherche de fonds privés

Cette rubrique comprend les frais liés à la recherche de partenaires d'entreprises et de mécénats, à la boutique, aux événements de prestige et aux soirées organisés tels que le Dîner de la mode et les Chefs solidaires (achats de matériel, frais de logistique et d'organisation, conception, fabrication et diffusion de documents...).

Les coûts directs des autres activités liées à la collecte de fonds représentent un total de 245 888 euros dont 183 108 euros pour l'organisation du Dîner de la mode de janvier 2009.

3 - Information sur les frais de fonctionnement

Sont affectés aux frais de fonctionnement toutes les charges relatives à la gouvernance de l'association (organisation des conseils d'administration, voyages et déplacements des administrateurs, assurances des membres des différentes instances), au service administratif et financier (frais de comptabilité et d'audit annuel des comptes, frais du service juridique, gestion des ressources humaines, salaires et charges sociales, frais financiers non directement liés aux missions sociales ou aux opérations de collecte...), à la direction générale (missions, déplacements et salaires), ainsi que la part des charges de structures affectées au service administratif et financier et à la direction générale, conformément à la clé de répartition par superficie des bureaux.

Le montant total des frais de fonctionnement de l'association, pour son administration, est de 1 056 137 euros.

B - Note sur les affectations par emplois des ressources collectées auprès du public utilisées sur 2009

La nouvelle présentation du Compte d'emploi annuel des ressources (CER) appelle à un traitement différencié des emplois en fonction de l'origine des fonds qui ont permis leur financement. En dehors des frais directement liés à la générosité du public et de ceux qui en sont totalement exclus, il est déterminé une clé de répartition de l'affectation des seules ressources collectées auprès du public par type d'emplois qui est calculée sur la base du pourcentage des emplois réalisés par rapport au budget global de Sidaction.

Ainsi, les ressources de Sidaction issues de la générosité du public sont affectées de façon homogène aux emplois qui n'ont pas de financement dédié.

1 - Missions sociales financées par la générosité du public

Le pourcentage de réalisation des missions sociales par rapport au budget global de Sidaction est le même que celui financé par la générosité du public. Pour l'année 2009, les missions sociales représentent 70,74 % de l'activité générale, soit 12 184 732 euros financés par la générosité du public.

Seules certaines recettes, issues des financeurs publics et de quelques financeurs privés, essentiellement des fondations d'entreprise, font l'objet d'un fléchage précis en termes d'emploi. Les emplois prévus dans ces conventions de financement ont un suivi spécifique en comptabilité analytique, et sont donc exclus de la partie financée par la générosité du public.

1.1 – Information sur les actions réalisées en France

Actions réalisées directement

Les actions en France financées par la générosité du public s'élèvent à 1 680 541 euros soit :

- 831 955 euros pour les actions d'aide aux malades et de prévention,
- 538 283 euros pour les actions de recherche scientifique et médicale,
- 310 303 euros pour les événements d'échanges et de visibilité.

Versements à d'autres organismes agissant en France

Les versements en France financés par la générosité du public s'élèvent à 6 927 763 euros soit :

- 3 559 600 euros pour des structures menant des actions d'aide aux malades et de prévention,
- 3 295 935 euros pour des structures menant des actions de recherche scientifique et médicale,
- 72 229 euros de soutien pour des conférences.

1.2 – Information sur les actions réalisées à l'étranger

Actions réalisées directement

Les actions à l'étranger financées par la générosité du public s'élèvent à 980 810 euros.

Versements à d'autres organismes agissant à l'étranger

Les versements à l'étranger financés par la générosité du public s'élèvent à 2 595 617 euros.

2 - Frais de recherche de fonds financés par la générosité du public

Pour l'année 2009, les frais de recherche de fonds financés par la générosité du public représentent 24,47 % de l'activité, soit 4 215 123 euros.

Ils se décomposent comme suit :

- les frais direct d'appel à la générosité du public s'élèvent à 3 444 545 euros et sont exclusivement couverts par les seules ressources collectées auprès du public.
- les frais indirect d'appel à la générosité du public s'élèvent à 770 578 euros. Ils représentent 4,47 % de la part financée par la générosité du public.

Les frais de recherche de fonds privés sont couverts par les fonds privés collectés. Ils sont donc exclus des frais financés par la générosité du public.

3 - Frais de fonctionnement financés par la générosité du public

Une fois les frais de missions sociales et de recherche de fonds totalement financés, nous avons affecté une partie du fonctionnement sur les fonds restant issus de la générosité du public. Ils s'élèvent à 824 151 euros et représentent 4,78 % de l'activité.

C - Information sur les dotations aux provisions et amortissements (II)

Les dotations aux provisions et amortissements s'élèvent à 106 159 euros et sont constituées :

- des provisions pour risques suite à des litiges en cours (29 112 euros),
- des provisions pour risques sur une subvention 2007 non encaissée (5 000 euros),
- des amortissements de l'année (72 047 euros).

Les dotations aux provisions et amortissements, exceptés dans le cas d'achats d'équipements prévus par des conventions de financement, sont couverts par les autres produits.

D - Engagements à réaliser (III)

Les engagements à réaliser correspondent à la variation des fonds dédiés comptabilisés annuellement conformément au plan comptable.

E - Note sur les ressources

La nouvelle réglementation pour l'établissement du CER fait une distinction entre les fonds directement collectés auprès du public et ceux issus d'opérations de collectes et autres ressources de l'association. Le total des ressources est de 19 522 530 euros.

1 - Information sur les ressources collectées auprès du public

Durant l'exercice 2009, les opérations faisant appel à la générosité publique ont permis de collecter 17 224 006 euros auprès de particuliers, d'entreprises, d'associations ou de collectivités locales.

Conformément à l'article 19 des statuts de Sidaction qui précise : « Les ressources nettes collectées par l'association après déduction des frais de gestion et de collecte des fonds sont réparties par le conseil d'administration à raison de :

* 50 % pour financer des travaux de recherche et d'amélioration de la qualité de la vie des personnes atteintes par l'infection à VIH en France et à l'étranger,

* 50 % pour financer des activités d'information, de prévention, d'entraide et de soutien aux personnes atteintes par l'infection à VIH et/ou à leurs proches, en France et à l'étranger. », toutes les ressources de Sidaction sont réputées affectées.

1.1 Information sur les dons et legs collectés

Dons manuels affectés

Les dons collectés auprès de particuliers s'élèvent à 15 190 550 euros et se décomposent comme suit :

- 5 973 838 euros ont été collectés à l'occasion du Sidaction médias des 27, 28 et 29 March 2009, contre 5 366 227 euros pour l'opération organisée en 2008,
- 8 423 451 euros sont issus des opérations de marketing direct contre 8 279 958 euros pour 2008.

Ces opérations ont utilisé le fichier des donateurs issu des campagnes de collecte de fonds menées par l'association de 1994 à 2009, ainsi que des adresses obtenues par échange avec d'autres organismes faisant appel à la générosité publique,

- 145 007 euros proviennent d'opérations de collecte destinées au financement d'équipements d'une maison d'accueil spécialisée (MAS) en cours de construction à Saint Denis, Seine-Saint-Denis. Les sommes collectées font l'objet d'un suivi spécifique dans nos fonds dédiés.
- 648 254 euros proviennent de la collecte web.

Legs et autres libéralités affectés

Au cours de l'année 2009, nous avons encaissé 1 229 291 euros provenant de

- 15 legs (1 048 478 euros),
- 7 assurances-vie (167 913 euros)
- 1 donation (5 936 euros)
- et des dons transmis par notaires (6 964 euros).

1.2 Information sur les dons et legs collectés

Les dons collectés auprès de sociétés se composent des dons issus des opérations de collecte auprès du public au niveau national ou régional. Ils s'élèvent à 804 166 euros et se décomposent comme suit :

- 555 264 euros à l'occasion du Sidaction médias,
- 98 015 euros issus des opérations de marketing direct,
- 12 310 euros dédiés à la MAS de Saint-Denis,
- 4 828 euros provenant de la collecte web,
- 133 749 euros issus des collectivités régionales.

2 - Information sur les autres fonds privés

Les autres fonds privés regroupent l'ensemble des opérations de collecte de Sidaction hors appel à la générosité du public. Ils s'élèvent à 1 196 329 euros et se décomposent comme suit :

- 101 793 euros ont été collectés grâce à l'action de Madame Line Renaud. Le « fonds Line Renaud » est constitué des ressources des albums (ventes et droits d'auteurs pour 29 492 euros), de recettes des manifestations organisées au bénéfice de l'association (42 301 euros) et de partenariats (30 000 euros),
- 364 635 euros proviennent des mécénats et partenariats d'entreprises tels qu'avec la Fondation Mac (128 250 euros), la Fondation Mascaret (42 000 euros), la Fondation Areva (30 000 euros) et Webhelp (50 000 euros dont 10 000 euros sont dédiés à la MAS de Saint-Denis).
- 729 900 euros proviennent de soirées et événements organisés au profit de Sidaction. En 2009, Sidaction a lancé « les Chefs solidaires » qui ont rapporté 9 843 euros, en plus du traditionnel dîner de la mode qui a permis de collecter 714 057 euros.

3 - Information sur les subventions et autres concours publics

Dans le cadre des missions menées en propre par Sidaction, nous faisons des demandes de subventions auprès des organismes publics. En 2009, nous avons obtenu les subventions suivantes pour un montant total de 955 942 euros :

- 350 000 euros de la Mairie de Paris pour le programme Paris Sida Sud,
- 325 934 euros du ministère des Affaires étrangères et européenne (MAEE) pour les programmes Grandir et, en partenariat avec Aides, MSM en Afrique.
- 107 540 euros de l'Agence Nationale de Recherche sur le Sida (ANRS) pour le programme Ethique et l'Université des Jeunes Chercheurs,
- 90 000 euros de la Direction Générale de la Santé (DGS) pour les programmes dans les Départements Français d'Amérique (DFA) et la mission Milieu carcéral,
- 45 513 euros de l'Education nationale pour la prise en charge d'un poste salarié détaché,
- 30 000 euros du ministère de la justice pour la mission Milieu carcéral,
- 6 956 euros de l'Onusida pour la mission Populations exclues.

4 - Information sur les autres produits

Les autres produits s'élèvent à 146 253 euros. Ils se décomposent en :

- 6 854 euros d'abonnements au magazine Transversal et au journal Ensemble,
- 25 732 euros de ventes de la boutique,
- 33 747 euros de produits de gestion,
- 72 887 euros de produits financiers qui concernent les plus-values générées par les placements à court terme de la trésorerie de l'association,
- 7 033 euros de produits exceptionnels et transferts de charges.

E - Information sur les reprises des provisions et amortissements (II)

Les reprises des provisions et amortissements s'élèvent à 32 465 euros et concernent :

- des primes de précarité versées en fin de CDD,
- une rupture conventionnelle effective,
- un litige fournisseur définitivement réglé.

F - Report des ressources affectées non utilisées (III)

Cette nouvelle présentation du CER a été prévue pour pouvoir suivre d'année en année les fonds issus directement de la générosité du public non affectés et non utilisés. Or dans le cas de Sidaction, du fait de notre obligation statutaire, l'ensemble de nos fonds est réputé affecté. A ce titre, le tableau des fonds dédiés est présenté ci-après.

Les reports des ressources affectées non utilisées sur l'exercice antérieur correspondent à la part des fonds dédiés utilisés au cours de l'exercice.

G - Contributions volontaires en nature

Cette nouvelle rubrique permet de suivre les contributions volontaires chiffrables dont bénéficient Sidaction au cours de l'année.

Les contributions volontaires en nature se décomptent comme suit :

- 191 847 euros de bénévolat
- 1 097 712 euros de prestations en nature
- 3 240 euros de dons en nature

Elles sont affectées dans nos trois grandes familles de coûts, en fonction de la destination des contributions :

- 9 836 euros de missions sociales
- 1 282 309 euros de frais de recherche de fonds
- 654 euros de frais de fonctionnement.

L'essentiel des heures de bénévolat que nous avons pu chiffrer concerne l'opération Sidaction médias. La générosité de 4 000 bénévoles, dans le cadre de l'opération Sidaction médias 2009 pour assurer la réception des appels des téléspectateurs souhaitant faire une promesse de don, a apporté 12 860 heures de réponse téléphonique à l'association valorisées pour un total de 172 944 euros.

Il en est de même pour les prestations en nature, le Sidaction médias, qui permet de collecter un tiers environ des ressources annuelles de l'association, ne pouvant exister sans la générosité de nos partenaires.

Il est impossible d'évaluer précisément la valeur des gratuités dont nous bénéficions, faute de référence, aucune opération de ce type n'étant menée par le secteur lucratif. Pour l'année 2009, nous pouvons valoriser une partie de ces gratuités pour un montant total de 987 776 euros dont 976 621 euros de gratuités pour la diffusion de la campagne d'appel à dons.

Nous avons aussi bénéficié de gratuités pour l'organisation du Dîner de la mode pour un montant de 107 717 euros, ainsi que pour diverses opérations de collecte et de communication.

Tous les dons en nature ont été valorisés au coût réel de la prestation ou du bien lorsque nous avons l'information, ou au coût d'une prestation ou d'un bien équivalent.

La gouvernance de l'association Sidaction repose sur le Conseil d'administration composé de membres bénévoles, acteurs de la lutte contre le sida en France et à l'étranger, dans les domaines de la prévention, l'aide aux malades, la recherche et les soins médicaux.

Pour l'instruction des demandes de financement, et à travers la mise en place de groupes d'experts dans différents domaines, Sidaction fait appel à des responsables d'associations, des scientifiques et des médecins qui apportent bénévolement leur expérience de la lutte contre le sida.

La diversité des situations professionnelles et personnelles de chacune de ces personnes, qui apportent toutes une expertise de qualité, ne permet pas de valoriser financièrement les 7 732 heures de travail qui nous sont offertes.

BILAN DE SIDACTION

au 31 December 2009

ACTIF	BRUT	amortissements et provisions	NET	NET 2008
Actif immobilisé	1 695 694	398 712	1 296 982	1 239 592
Immobilisations incorporelles	74 401	74 401		
Immobilisations corporelles	1 572 882	324 311	1 248 571	1 194 099
Immobilisations financières	48 411		48 411	45 493
Actif circulant	10 563 868		10 563 868	10 509 888
Créances	65 659		65 659	531 057
Valeurs mobilières de placement	8 680 932		8 680 932	8 361 219
Disponibilités	1 817 277		1 817 277	1 617 612
Comptes de régularisation	163 147		163 147	202 494
Charges constatées d'avance	163 147		163 147	202 494
TOTAL ACTIF	12 422 709	398 712	12 023 997	11 951 974
PASSIF	BRUT	amortissements et provisions	NET	NET 2008
Fonds propres	2 070 665		2 070 665	2 070 665
Réserves statutaires	46 175		46 175	46 175
Autres réserves	2 024 490		2 024 490	2 024 490
Résultat	0		0	
Provisions pour risques et charges	34 112		34 112	23 607
Fonds dédiés	8 402 636		8 402 636	8 274 670
Dettes	1 397 704		1 397 704	1 357 615
Dettes fournisseurs	760 714		760 714	683 553
Dettes fiscales et sociales	582 425		582 425	619 535
Autres dettes	54 566		54 566	54 527
Comptes de régularisation	118 880		118 880	225 417
Produits constatés d'avance	118 880		118 880	225 417
TOTAL PASSIF	12 023 997		12 023 997	11 951 974

INFORMATIONS RELATIVES AU BILAN

ACTIF

Immobilisations incorporelles

Total au 31/12/08	Acquisitions 2009	Diminutions 2009	Total au 31/12/09
74 401 €	0 €	0 €	74 401 €

(Amortissement linéaire sur durée de vie du bien)

Immobilisations corporelles

La durée réelle d'utilisation des immobilisations corporelles est prise en compte comme base de calcul. Les durées d'amortissement sont donc les suivantes :

- 5 ans pour les travaux et les imprimantes
- 3 ans pour le mobilier de bureau
- 3 ans pour les ordinateurs fixes
- 2 ans pour les ordinateurs portables.

Total au 31/12/08	Acquisitions 2009	Diminutions 2009	Total au 31/12/09
1 090 997 €	0 €	0 €	1 090 997 €

Construction de l'association (non amortissable - œuvre d'art)

Installations du siège de l'association

Total au 31/12/08	Acquisitions 2009	Diminutions 2009	Total au 31/12/09
118 796 €	69 662 €	0 €	188 458 €

(Amortissement linéaire sur la durée de vie du bien)

Matériel informatique

Total au 31/12/08	Acquisitions 2009	Diminutions 2009	Total au 31/12/09
250 683 €	58 194 €	41 030 €	267 847 €

(Amortissement linéaire sur la durée de vie du bien)

Mobilier de bureau

Total au 31/12/08	Acquisitions 2009	Diminutions 2009	Total au 31/12/09
38 449 €	0 €	12 869 €	25 580 €

(Amortissement linéaire sur la durée de vie du bien)

Immobilisations financières

Ce montant correspond principalement au dépôt de garantie versé par l'association pour ses locaux administratifs. Il s'agit donc de créances à plus d'un an.

Créances

Les créances s'élèvent à 65 659 euros. Elles concernent les postes suivants :

- Créances sur partenaires 12 975 euros
- Acomptes sur salaires 20 244 euros
- Etat à recevoir 32 440 euros

Les créances sur partenaires correspondent :

- aux frais engagés par Sidaction pour le compte de l'association Aides dans le cadre de notre partenariat MSM pour 11 850 euros
- aux factures établies dans le cadre de la prise en charge du plan de formation pour 1 125 euros.

Les acomptes sur salaires sont remboursables par les salariés en une ou plusieurs mensualités, sous réserve de validation par la Direction Générale et le Trésorier.

Les créances « Etat à recevoir » d'un montant de 32 440 euros correspondent à des subventions accordées à Sidaction dans le cadre de ses missions sociales qui se décomposent comme suit :

- 27 440 euros du ministère des affaires étrangères et européennes pour 2009
- 5 000 euros du Conseil régional de Picardie pour 2007.

Toutes les créances sont d'échéance à moins d'un an.

Valeurs mobilières de placement

Le stock de valeurs mobilières de placement constaté au 31 December 2009 représente une valeur liquidative totale de 8 680 932 euros. Le montant des plus-values latentes est de 51 553 euros.

Disponibilités

Les disponibilités sont constituées :

- des valeurs à l'encaissement de dons reçus au mois de janvier 2010 mais datés de l'année 2009 pour un montant de 789 439 euros,
- des comptes bancaires et postaux courants de l'association qui affichent une situation positive pour une valeur globale de 1 023 423 euros
- de la caisse pour un montant de 4 415 euros.

Charges constatées d'avance

Les charges constatées d'avance s'élèvent à 163 147 euros. Il s'agit :

- des contrats d'abonnement et de maintenance courant sur plusieurs exercices, des assurances et des loyers du premier trimestre, pour un montant de 87 511 euros.
- des prestations réglées en 2009 correspondant à :
 - des opérations de collecte du premier trimestre 2010 (opérations de mailing et Sidaction médias 2010) pour un montant de 65 296 euros.
 - des déplacements qui ont eu lieu début 2010 pour un montant de 4 480 euros.
 - de la communication institutionnelle, des publications et des événements 2010 pour 5 860 euros.

PASSIF

Fonds propres

La dotation statutaire de 46 175 euros est maintenue. La réserve votée par l'Assemblée Générale en 1998 (1 524 490 euros) a été augmentée d'une partie du résultat 2007 pour 500 000 euros par l'Assemblée Générale en 2008, elle s'élève à 2 024 490 euros.

Provisions pour risques et charges

Les provisions pour risques et charges d'un montant de 34 112 euros correspondent à une subvention 2007 non encaissée, à deux saisines aux Prud'hommes et à un licenciement en cours au 31/12/2009.

Fonds dédiés

L'appel à la générosité publique nous impose la présentation en compte d'emploi de nos dépenses et recettes annuelles.

Le déroulement de l'activité de Sidaction n'étant pas calé sur l'année civile, les fonds dédiés nous permettent de respecter la volonté du Conseil d'administration et de ses votes en fonction de nos engagements, tout en respectant les règles de présentation annuelle, les fonds dédiés étant les fonds de l'association préaffectés aux actions de Sidaction en fonction des décisions du Conseil d'administration.

RESSOURCES	Fonds à engager au début de l'exercice	Emploi comptabilisé au cours de l'exercice	Ressources comptabilisées au cours de l'exercice	Fonds restant en fin d'exercice
	A	B	C	A-B+C
Fonds dédiés Aides aux malades				
Subventions associatives versées		5 521 988		-5 521 988
Cofinancements des financements			560 727	560 727
Actions de lutte contre le sida		985 526		-985 526
Actions de lutte contre le sida dédiées à la MAS				0
Frais d'instruction et de suivi		565 953		-565 953
Emplois nets de l'année		614 632		-614 632
Ressources nettes de l'exercice			9 202 720	9 202 720
Restitutions			88 868	88 868
Coûts liés aux opérations de collecte et de communication (50 % consommé au titre de l'aide aux malades)		2 282 097		-2 282 097
Fonds dédiés Aides aux malades	-591 840	9 970 196	9 852 315	-709 721
Fonds dédiés Recherche				
Subventions scientifiques versées		5 304 360		-5 304 360
Cofinancements des financements			395 215	395 215
Actions de lutte contre le sida		765 722		-765 722
Frais d'instruction et de suivi		565 953		-565 953
Emplois nets de l'année		614 632		-614 632
Ressources nettes de l'exercice			9 151 419	9 151 419
Ressources dédiées à l'opération MAS			167 317	167 317
Restitutions			64 660	64 660
Coûts liés aux opérations de collecte et de communication (50 % consommé au titre de la recherche)		2 282 097		-2 282 097
Fonds dédiés Recherche	8 866 510	9 532 764	9 778 611	9 112 358
dont fonds dédiés Maison d'Accueil Spécialisée	98 005		167 317	265 322
TOTAL FONDS DEDIES	8 274 670	19 502 960	19 630 926	8 402 636
TOTAL ENGAGEMENTS	7 368 429			9 331 570
dont engagements pour 2010				7 954 095
dont engagements pour 2011-2012				1 377 475

Dettes

Les dettes fournisseurs (760 714 euros) correspondent à des frais du dernier trimestre 2009 dont le règlement interviendra en 2010 (460 017 euros), à des factures non parvenues (261 223 euros), à des avances permanentes pour des fournisseurs réguliers et des salariés engageant beaucoup de frais pour le compte de l'association (-30 689 euros), à des acomptes de réservation de tables pour le Dîner de la Mode 2009 qui auraient dû être remboursés si l'opération avait été annulée (54 200 euros) et enfin aux comptes associés (15 962).

Les dettes fiscales, sociales et autres dettes (636 990 euros) correspondent :

- aux provisions pour congés payés (514 422 euros),
- aux charges salariales du quatrième trimestre 2009, réglées en janvier 2010 (45 703 euros),
- à la provision pour prime de précarité sur les CDD en cours au 31/12/2009 et pour rappel de salaire (11 951 euros),
- à des remboursements CPAM (10 349 euros),
- aux charges fiscales 2009, réglées en February 2010 (31 809 euros).

euros),

- à un reliquat de la subvention Education nationale à reverser à l'Etat dans le cadre d'un détachement de fonctionnaire (22 756 euros).

Toutes les dettes sont d'échéance à moins d'un an.

Produits constatés d'avance

Les produits constatés d'avance s'élèvent à 118 880 euros. Il s'agit de produits encaissés en 2009 pour des projets 2010 correspondant à :

- des ressources liées à des opérations de collecte et de communication pour 1 138 euros,
- une subvention de l'ANRS pour 17 250 euros,
- une subvention du ministère des affaires étrangères et européennes pour 100 492 euros.

NOTES SUR LES ENGAGEMENTS HORS BILAN

Missions sociales

Dans la procédure d'attribution de subventions, les engagements du Conseil d'administration ne deviennent exécutoires qu'à compter de la signature d'une convention de financement avec le tiers destinataire des fonds. Toutefois, il a paru utile de faire figurer ici l'ensemble des décisions du Conseil d'administration portant sur les subventions. En 2009, les engagements sont donc les suivants :

	Solde restant à verser au 01/01/2009	Nouveaux engagements 2009	Modifications sur engagements	Versements effectués en 2009	Reliquats et restitutions sur financements	Solde restant à verser au 31/12/2009
	A	B	C	D	E	A+B+C-D+E
Solde appels d'offres antérieurs	207 408		-79 055	129 282	606	-323
Appel d'offres 2009		2 922 800	5 073	2 716 649	-78 832	132 392
Appel à projets Départements Français d'Amérique	50 160	258 400	-9 500	247 318	-6 082	45 660
Appel à projets Emploi	27 750	322 800	-32 200	311 250	-6 700	400
Appel à projets Prévention et soutien en milieu carcéral	10 000	306 500	-14 414	302 086		
Appel à projets Prévention Gay	60 100	227 200	-50 893	202 903	-28 497	5 007
Fonds d'urgence associatif	28 000	113 128		137 128		4 000
TOTAL FINANCEMENTS ASSOCIATIFS FRANCE	383 418	4 150 828	-180 989	4 046 616	-119 505	187 136
Solde appels d'offres antérieurs	1 152 800		-11 468	1 138 819	-2 514	
Appel d'offres étranger 2009 et PAARV		1 287 211		56 611		1 230 600
Appel Paris Sida Sud	379 491	383 408	-50 000	354 491		358 408
Appel Populations Exclues	228 750	468 530		267 930		429 350
Appel Ethique	37 000	199 225		102 225		134 000
Appel Grandir	338 494	375 972		351 361		363 106
Appel MSM	89 000	190 032	-15 000	114 032		150 000
Soutiens exceptionnels		171 000		40 000		131 000
Conférences		100 000		93 725		6 275
Appel d'offres 'Formation PED'	86 950	513 500	-52 129	431 550	2 629	119 400
TOTAL FINANCEMENTS INTERNATIONAUX	2 312 485	3 688 878	-128 597	2 950 743	115	2 922 138
Financements jeunes chercheurs	2 150 626	3 072 316	393 858	1 786 622	12 460	3 842 640
Solde appels d'offres antérieurs	2 150 626		756 298	1 601 013	12 460	1 318 372
Appel d'offres permanent 2009		3 072 316	-362 440	185 609		2 524 267
Subventions de recherche	2 222 212	1 535 205	-60 612	1 697 425	15 516	2 014 896
Solde appels d'offre antérieurs	2 222 212		-60 333	1 328 213	15 516	849 182
Appel d'offres permanent 2009		1 535 205	-279	369 212		1 165 715
Amélioration de la qualité de vie	299 688	343 402	-9 500	262 831	-6 000	364 759
Solde appels d'offres antérieurs	299 688		-9 500	250 831	-6 000	33 357
Appel d'offre 2008		343 402		12 000		331 402
TOTAL FINANCEMENTS SCIENTIFIQUES ET MEDICAUX	4 672 526	4 950 923	323 746	3 746 877	21 976	6 222 295
TOTAL EXERCICE 2009	7 368 429	12 790 629	14 160	10 744 237	-97 414	9 331 570

Les soutiens financiers en faveur des programmes dans les pays en développement sont affectés pour moitié au fonds recherche et pour moitié au fonds prévention et aide aux malades.

COMPTE DE RÉSULTAT DE SIDACTION

au 31 December 2009

	2009 12 mois	2008 12 mois
Produits d'exploitation	19 479 666	18 162 049
Recette nette des opérations exceptionnelles	32 586	23 034
Subventions d'exploitation	955 942	1 273 073
Reprises sur provisions et transferts de charges	37 056	40 722
Dons, droits et autres produits	18 454 082	16 825 220
Charges d'exploitation	19 575 400	18 774 895
Charges courantes et de collecte	5 043 144	5 120 564
Impôts, taxes et versements assimilés	257 198	242 015
Salaires et traitements	2 070 040	2 010 890
Charges sociales	1 058 436	958 941
Dotations aux amortissements	72 047	51 746
Dotations aux provisions	34 112	8 801
Subventions versées	10 826 348	10 169 355
Autres charges	214 075	212 583
RESULTAT D'EXPLOITATION	(95 734)	(612 846)
Produits financiers	72 887	337 921
Produits nets sur cession de SICAV	72 887	337 921
Charges financières		
RESULTAT FINANCIER	72 887	337 921
Produits exceptionnels	2 442	419
Produits sur opérations de gestion	2 442	419
Charges exceptionnelles	5 156	21 667
Charges sur opérations de gestion	5 156	21 667
RESULTAT EXCEPTIONNEL	(2 714)	(21 248)
SOLDE INTERMEDIAIRE	(25 561)	(296 173)
Reprise sur fonds dédiés	19 580 556	18 796 562
Affectation aux fonds dédiés	(19 554 995)	(18 500 389)
EXCEDENT / DEFICIT		0

INFORMATIONS RELATIVES AU COMPTE DE RÉSULTAT

Ventilation des produits d'exploitation

Les opérations de ventes de marchandises se composent :

- des abonnements aux journaux Transversal et Ensemble pour 6 854 €
- de la boutique sur notre site internet pour 25 732 €.

Les subventions d'exploitation (955 942 €) se composent :

- des subventions du ministère des affaires étrangères et européennes (325 934 €), de la Mairie de Paris (350 000 €), de l'ANRS (107 540 €) et de l'Onusida (6 955 €) dans le cadre des projets internationaux,
- des subventions de la Direction Générale de la Santé (90 000 €) et du ministère de la justice (30 000 €) dans le cadre des projets de prévention et d'aide aux malades en France,
- de la subvention de l'Education nationale pour le détachement d'un salarié (45 513 €).

Les reprises sur provisions (32 465 €) concernent :

- des primes de précarité versées en fin de CDD,
- une rupture conventionnelle effective,
- un litige fournisseur définitivement réglé.

Les transferts de charges se composent :

- des prises en charge de frais par le notaire dans le cadre d'un legs (4 591 €).

Les autres produits concernent :

- les redevances, droits d'auteurs et de diffusion sur les albums « Ensemble », « Noël Ensemble », « Love United », « 10 ans ensemble »... (39 921 €),
- les dons du public (15 729 415 €),
- les produits des différentes opérations de collecte menées au profit de Sidaction (1 439 102 €),
- les produits des legs encaissés durant l'exercice, après autorisation préfectorale, ainsi que des assurances vie (1 211 897 €),
- les cotisations des membres (1 020 €),
- les produits divers de gestion (32 727 €).

Les produits financiers (72 887 €) concernent les plus values générées par les placements à court terme de la trésorerie de l'association. Tous les placements sont à capital garanti.

Charges exceptionnelles

Les charges exceptionnelles sont essentiellement composées :

- de pertes sur l'année pour 1 376 €,
- des charges sur l'exercice antérieur pour 3 781 €.

Remboursements des frais aux administrateurs

En 2009, Sidaction a pris en charge les frais engendrés par la participation aux Conseils d'administration et Assemblée générale des administrateurs pour un montant de 34 998 euros. Ces frais correspondent essentiellement aux déplacements des membres du collège international.

Information sur la rémunération des 3 plus hauts cadres dirigeants au sens de l'article 20 de la loi du 23 May 2006

Les 3 plus hauts cadres dirigeants de l'association Sidaction sont le Président, la Vice-présidente et le Trésorier. Ces 3 plus hauts cadres dirigeants ne perçoivent aucune rémunération de l'association Sidaction.

Information sur les 5 plus hautes rémunérations

Le montant annuel brut des cinq rémunérations les plus importantes s'élève à 310 188 euros.

Information sur les provisions pour indemnités de départ à la retraite des salariés

L'application des modalités du droit du travail pour le calcul des provisions d'indemnités qui seraient dues aux salariés de l'association au titre de leur départ à la retraite détermine une somme dont l'impact est négligeable pour l'exercice 2009. Aucune provision n'a donc été constatée pour ce poste.

Information sur le DIF (Droit Individuel à la Formation) des salariés

Le volume d'heures de formation cumulé correspondant aux droits acquis au titre du DIF par les salariés est de 2 808 heures. Deux salariés ont fait des demandes à ce titre au cours de l'exercice.

Modification de la composition du personnel

Catégorie	Effectif au 31/12/08	Entrées (1)	Départs (1)	Effectif au 31/12/09
Non-cadres	14 CDI 5 CDD	6 CDI 5 CDD	5 CDI 8 CDD	15 CDI 2 CDD
Cadres	34 CDI 0 CDD	9 CDI 2 CDD	6 CDI 0 CDD	37 CDI 2 CDD
TOTAL	53	26	22	56*

(*) correspondant à 54 Equivalent Temps Plein.

(1) Y compris les passages d'un statut non-cadre à cadre, ou les transformations de CDD en CDI.

Information sur les honoraires des Commissaires aux comptes

Conformément au décret n° 2008-1487 du 30 December 2008, le montant des honoraires du commissaire aux comptes figurant au compte de résultat de l'exercice clos le 31/12/2009 est de 9 873 euros au titre du contrôle légal et de 48 975 euros au titre des prestations de services entrant dans les diligences directement liées à la mission de contrôle légal des comptes.

Information sur les legs et donations à réaliser

3 assurances-vie et 23 legs acceptés par le Conseil d'administration, sous réserve de la non opposition de la Préfecture de Paris, permettront à l'association d'entrer en possession des biens et liquidités suivants :

Numéro du dossier	Nature du legs	Montant estimé
97/001/L	Biens immobiliers (terres)	Nc
01/006/L	Droits d'auteur	Nc
01/007/L	Nc	Nc
02/006/L	Liquidités (solde des comptes parvenus au notaire + restitution de droits)	9 000 €
03/001/L	Liquidités (comptes hors titres) et bien immobilier	44 000 €
03/002/L	Bien immobilier	2 200 €
03/004/L	Liquidités (comptes bancaires dont titres)	15 000 €
03/006/L	Liquidités et biens immobiliers	40 000 €
06/001/L	Liquidités (solde) et bien immobilier	500 € (sans BDI)
06/002/L	Comptes bancaires (dont titres) et biens immobiliers	37 000 € (hors titres) et 550 € (BDI)
06/005/L	Liquidités (solde reçu par le notaire) et biens immobiliers	1 460 000 € (fonds + 4 BDI)
07/001/L	Comptes bancaires et parcelles	129 000 €
07/003/L	Comptes bancaires (dont 1 compte-titres) et biens immobiliers	25 000 € (sans le compte-titre)
07/006/L	Liquidités (somme d'argent)	2 400 €
07/007/L	Liquidités (comptes bancaires dont titres)	6 500 €
07/008/L	Liquidités et biens immobiliers	195 000 €
08/001/L	Liquidités (comptes bancaires dont titres)	Nc
09/001/L	comptes bancaires dont titre à réévaluer	Nc
09/002/L	Sans objet	Nc
09/004/L	Liquidités (somme d'argent)	40 000 €
09/005/L	Liquidités (somme d'argent)	Nc
09/006/L	Liquidités (Plan d'épargne)	25 700 €
09 /006/A	Assurance-vie	14 860 € ⁽¹⁾
09/007/A	Assurance-vie	50 251 € ⁽¹⁾
10/002/A	Assurance-vie	151 273 € ⁽¹⁾

(1) : Montants encaissés au début de l'année 2010

Nc : Non connu au 31 December 2009

BDI : Biens et Droits Immobiliers

Tenant compte de la situation de crise financière et économique débutée en 2008, nous avons pris en compte le risque encouru sur les valeurs immobilières et les placements pour chacun des legs en cours. Nous avons donc appliqué une décote de 20 % dès 2008.

Evénements postérieurs à la clôture des comptes 2009

Cette année encore, Sidaction est particulièrement vigilant à l'éventuel impact que pourrait avoir la crise sur ses recettes. Si nous n'avons pas enregistré de baisse des dons suite à nos opérations de collecte du premier trimestre, les résultats du week-end Sidaction qui s'est déroulé du 26 au 28 March 2010 nous font craindre un impact de la crise économique sur notre collecte annuelle. En effet, nous avons enregistré 5 200 263 euros de promesses de dons pendant le week-end en 2010, contre 5 801 056 euros en 2009, avec une diminution du nombre de dons, mais une augmentation du don moyen, qui passe de 51 euros en 2009 à 53 euros en 2010. Il est cependant trop tôt pour en tirer des conclusions définitives, la remontée de tous les dons n'étant pas achevée, et l'opération Sidaction touchant des donateurs occasionnels.

L'intégralité du rapport de gestion et des comptes 2009 certifiés par le Commissaire aux comptes sont disponibles sur notre site

www.sidaction.org

THANK YOU TO OUR PARTNERS

Their gratuitous services and equipment, the voluntary involvement of their teams and their financial support allow Sidaction to save considerable time and money and help us reach a wider audience.

SIDACTION 2009 PARTNERS

Media partners



110 partners

Above contact, Actel, Affaire des contacts, Ajilon, American express, Annuaire Inversé, Axa Atout Cœur, Canal +, Finaref, Free, Macif, Oracle, PJMS, Prosodie, SFR, Sitel, Webhelp.

Media Plan partners

Avenir Publicité, Clearchanel, Decaux, Giraud signalétique, G&B affichage, France Affiche, Insert, Viacom Outdoor

Internet partners

TF1.fr, M6.fr, France Télévisions interactive, Rtl.fr, Europe1.fr, Canal Plus.fr, TV5Monde.fr, Groupe Lagardère, MSN, Myspace, Virginradio.fr, Citegay, Homosphère, Doctissimo, JDD.fr

Other

Augure, AREVA, Cirette, Durex, Eurofleunist, Hors Antenne, IdTGV, Mac Aids Fund, Mairie de Paris/ Vélib, Ricard, VIP Room Theater.

DÎNER DE LA MODE 2009 PARTNERS

Thank you to the volunteer members of the dinner organizing committee, which has ensured the success of this event for the past 7 years:

Pia de Brantes & Associés, Jacques Babando, Eliane de la Béraudière, Robin Fournier-Bergmann, Christophe Carrère, Pauline Chevallier, Dominique Deroche, Patricia Goldman, Virginie Legay, Jean Jacques Picart, Christine Pietri, Jimmy Pihet, Laurence Sudre.

Dinner partners :

C-lagence, Club sandwich (Emmanuel Orazio et Marc Zaffuto), Domaine Baron de Rothschild-Lafite, Dom Pérignon, Florence Doré, Doré sécurité, Fédération Française de la couture et du prêt-à-porter, Fondation Pierre Bergé - Yves Saint Laurent, Grey Goose, JJP Conseil, Patricia Goldman Communication, Lomarec, Mac Aids Fund, Pavillon d'Armenonville, Potel & Chabot Ricard, Ulfi fruit.

2009 SOLIDARITY PRODUCTS

Aubade, BNP, Boîte à papillon, BRM, Equitel, Hermès, HOM, Lamarthe, Redline.

HIV POCKET FILM CONTEST PARTNERS

CRIPS ÎLE-DE-FRANCE, Ile-de-France Regional Council, Dailymotion, France 5, Forum des images, High Commissioner for Youth, INPES, League for Education, Council of Paris (Mairie de Paris), Ministry of Health and Sports, Ministry of National Education, Ministry of Food, Agriculture and Fisheries, MGEN, Bristol-myers squibb, Skyrock, Realgraphic.

SIDACTION'S YEAR-ROUND PARTNERS

ANRS, AGEFIPH, Centre for Young Executive Directors (CJD), Ministry of Health and its General directorate for health, Ministry of Justice and its Prison administration directorate, Ministry of Social Affairs and its General directorate for employment and job training, Regional Public Health Groups, France 5, Air France Foundation, AREVA Foundation, Mascaret Foundation, Tsadik Foundation, Webhelp Foundation, MAC Aids Fund, Council of Paris (Mairie de Paris), Ministry of Foreign Affairs, Ministry of Agriculture, Ministry of Overseas Departments and Territories (DOM-TOM), Ministry of National Education, Ministry of Youth and Sports, UNAIDS, UNALS.

PARTNERS OF THE UJC

ANRS, Bio-Rad, Gilead Sciences, Fondation Mérieux, JANSSEN CILAG via sa filiale Tibotec.

REGIONAL EVENTS ORGANIZERS

Association Mercure of ESSCA in Angers, Cercle Gaillon in Paris, Thema in Reims, association Donne Di Costa Verde in Poggio Mezzana - Corsica, association SAVIHEP in Chambéry, association of kinesitherapy students of Echirrolles, Tarn French boxing committee, association Roller Eagles in Cergy-Pontoise, Vip night club in Beauvais, Collège la Fontaine des Prés de Senlis, association IPPO in Bordeaux, the Mende AIDS collective, association Sida Solidarité 39 in Lons le Saunier, association ALIS 36 in Châteauroux, association Présence-Ecoute in Boulogne sur Mer, Stéphanie Legendre in Pauillac, association les Nougats Roulants in Montélimar, association Roll'N Cy in Annecy, association Nantes Roller, the city of Cournon in Auvergne, association Rainbhospital in Paris, the city of Mâcon, the Orléans AIDS collective, association Point de Départ in Caen, the youth centre and association Pep's in Rungis, association Actis in Saint-Etienne, association Pari-Jeunesse in Carros, association of medical students in Créteil, association IRO de l'ESC in Rennes, association Sid'Avenir in Pau, CODES in Aurillac, association Tempo de Grenoble, Lycée Senghor in Evreux, municipal orchestra of Hagueneau, Eclac collective in Lyon, Lycée de la Côte d'Albâtre in St Valéry en Caux, Youth city council in Montrouge, Lycée Hector Berlioz in Côte St André, AJMS in Toulouse, association Preservtavi in la Roche sur Yon, the DJ David Vendetta, Xyphos in Couzon au Mont d'Or, association Entre-Nous in Mimizan, Fête des Vignes in Montpellier, EFREI in Villejuif, Aviation Club of France, Insolite Club in Paris for the "Noces Blanches", Social Club of Paris



Design and production : kamankai.com

Photo credits : Bruno Thomas, Sidaction, la Ligue de l'enseignement.

Printed by Numéri'scan 37 at Tours



228 rue du Faubourg Saint-Martin - 75010 Paris
+33 (0) 1 53 26 45 55

www.sidaction.org

A public benefit organisation
Autorised to accept inheritance and donations