ANNUAL REPORT

2017
2017 has been an unusual year for Sidaction. Over two decades, along with Pierre Bergé and thousands of volunteers, researchers, carers, charities and the media, we have won a number of battles. We have made scientific discoveries and raised awareness, thus contributing to the huge progress made against HIV. With Sidaction, Pierre had the bright idea of bringing together the charities, as well as creating links between researchers, associations and patients, to enable these separate entities to form a unified whole. Pierre passed away in 2017, after more than thirty years spent alongside us, fighting HIV and AIDS, reducing injustice and ensuring the respect of human rights.

Sidaction continues this fight, supporting both research and prevention/assistance charities in France and throughout the world. In 2017, Sidaction gave €3.39 million to prevention and assistance for people living with HIV in France, more than €5 million to international aid, supporting 35 projects in 18 countries, and €3.39 million to research, supporting 54 young researchers and 34 research projects. We may have won battles, but the war goes on. Worldwide deaths due to AIDS have fallen by 48% since 2005, but much remains to be done in the fight against HIV. Although scientific progress has slowed the carnage of the early years, the epidemic is not declining everywhere.

“ALTHOUGH SCIENTIFIC PROGRESS HAS SLOWED THE CARNAGE OF THE EARLY YEARS, THE EPIDEMIC IS NOT DECLINING EVERYWHERE.”
Today’s main challenges in the fight against HIV are of a political and social nature. For the epidemic to decline, prejudices must be reduced and human rights must be respected. Living with HIV often still means facing rejection and discrimination, if not persecution and even criminalization in some countries. Education and fighting prejudice are fundamental. The lack of information on HIV maintains the prejudices that result in the worst forms of intolerance and means that people do not protect themselves or seek treatment if they are concerned without knowing it. Ignorance feeds the epidemic. Scientific challenges also remain, since the interaction of this virus with the body is complex.

Treatments have improved significantly. More effective, easier to take and with fewer side effects, they control the amount of virus in the blood, but still do not enable the body to rid itself of the virus completely. Research continues on preventive vaccines and treatments that would enable patients not to have to take drugs for life, or to shift the virus from the viral reservoirs in the various parts of the body. We must also deal with the problems of coinfections and/or comorbidities facing people living with HIV. The main causes of death are no longer AIDS, but non-AIDS defining cancers, hepatic disorders and tuberculosis.

In 2017, in spite of an 11% fall in new HIV infections in adults worldwide since 2010 and a 47% fall in child infections, much remains to be done. Almost one in two HIV+ people do not have access to antiretroviral therapy and only 43% of children have access. Rights are dwindling, and we know that the HIV epidemic concerns those most at risk socially and economically. The pandemic continues to take a heavy toll on women and children, particularly in poor countries and in war zones, as well as discriminated populations, which are doubly exposed.

Our responsibility is to continue the fight, for everyone concerned, whether or not they are infected. United in this effort, we will continue to work to ensure Sidaction’s contribution to the combat against HIV/AIDS in France and worldwide.

Françoise Barré-Sinoussi and Line Renaud,
President and Vice-President of Sidaction
FACING THE HEADWINDS

2017 WILL REMAIN A UNIQUE YEAR IN THE HISTORY OF OUR ASSOCIATION. THE YEAR IN WHICH SIDACTION LOST ITS PRESIDENT, PIERRE BERGÈ, ONE OF ITS FOUNDERS, WHO NEVER STOPPED INSISTING THAT THE FIGHT AGAINST AIDS WAS A POLITICAL BATTLE.

We kept up this battle throughout 2017, in spite of worrying developments, both in France and abroad, in terms of human rights. During a meeting with the French President, the issue of humanity and dignity was discussed, but in the field, we have mostly seen discrimination, serious poverty, rejection and injustice for those most exposed to the risk of HIV contamination.

In France, the charities supported by Sidaction are more motivated than ever, in spite of the administrative obstacles, to offer the best possible welcome to those living with HIV, some of whom have fled from warfare, persecution and extreme poverty. Thanks to the donations of our supporters, these charities have continued their remarkable efforts in the fields of prevention and support, although some of them have been seriously affected by the sudden reduction in state-assisted contracts, voted by our elected representatives at the end of 2017.

We are proud to help those whose voices are not heard because of their ethnic origin, social situation, sexual orientation or practices; the Paris Community Declaration contains the international claims of people living with HIV or highly exposed to the risk of contamination. We have also campaigned to put an end to certain archaic French laws, such as the ban on embalming the bodies of HIV+ people.

We have provided information and conducted awareness campaigns among all populations, with a particularly emphasis on the young, of all sexual orientations, in France and in Africa.
On the African continent, we have supported charities that work to improve the overall health of the populations, even beyond HIV. We have consolidated the deployment of biological platforms to improve the monitoring of HIV+ patients and, with our partners, have continued our actions to ensure better consideration of the specific needs of children in terms of access to healthcare, early screening and suitable treatment.

We have assisted the charities financially of course, but also in terms of training and sharing of resources, notably in Sub-Saharan Africa. Similar support has also been provided to young researchers, who have benefited from the excellent “University for Young Researchers” in France or the “Global Fellows Research Academy” in South Africa.

In terms of research, we have supported fundamental and applied projects in social or clinical sciences, to find the routes that will lead to remission and, one day, we hope, to recovery. Vaccination research is also continuing, with each trial bringing its share of new knowledge, as well as new questions.

The times involved in research are long, and we will continue to assist the researchers for however long it takes, under the impetus of Françoise Barré-Sinoussi, the new President of Sidaction, appointed by the association’s board of directors in November 2017, after a unanimous vote. During this same meeting, Line Renaud was re-elected Vice-President, also unanimously.

“We have provided information and conducted awareness campaigns among all populations, with a particularly emphasis on the young, of all sexual orientations, in France and in Africa.”
Dîner de la mode

For the 15th fashion event organized by Sidaction, in collaboration with the French federation of haute couture and fashion, some 500 artists, media celebrities, actors and stylists came to the Grand Palais in Paris, to support the fight against AIDS. Catherine Deneuve, Isabelle Huppert, Diane Kruger, Kristin Scott Thomas, Monica Bellucci, Laetitia Casta, Jean-Paul Gaultier and Azzedine Alaïa all graced the event with their presence. This new edition was a good opportunity to attract the attention of the public and the media to HIV, while collecting €775,000 to fund research, prevention and support for people living with HIV.

Ifop and Bilendi survey

For Sidaction 2017, the association questioned a representative sample of the French population aged 15 years and above to find out what they knew about HIV. The results were edifying: 44% of those questioned said they were less at risk of contamination than others, 16% believe there is a risk of contamination from sitting on public toilet seats and 22% that treatment exists to cure AIDS... almost half consider they are well informed about where to go for HIV screening and 33% about the existence of emergency treatment in the event of exposure to the virus. This new survey highlights all that remains to be achieved to improve the knowledge of the French population, all generations included.

Sidaction 2017 weekend, based on the theme “In spite of our many victories, the battle is not over yet”, registered pledges of €4,075,000 to support research, prevention and assistance for people living with HIV in France and abroad. The Sidaction messages were broadcast by 26 media partners, with the support of numerous companies and thousands of volunteers and donors (see p. 36).
SIDACTION EXPERT COMMITTEE MEETING

Every year, the Sidaction independent expert committees meet to study the applications received in response to the association’s calls for projects, to propose projects and to participate in strategy workshops.

MAY 16

NOMINATION OF FLORENCE THUNE AS MANAGING DIRECTOR

Florence Thune was appointed Managing Director of Sidaction by Pierre Bergé, President of Sidaction. Florence Thune, who joined Sidaction in 2005 as training program manager for international programs, became Director of programs for France in 2015.

MAY 29 - 31

UNIVERSITY OF YOUNG RESEARCHERS IN SOUTH AFRICA

In the light of the success of the University of Young Researchers organized by Sidaction in France, this training program concept was exported, in collaboration with the International AIDS Society, as part of the Towards an HIV Cure initiative. The 3-day Global Fellows Research Academy in South Africa brought together 25 researchers and clinicians at the start or in the middle of their careers, working in countries where resources are limited or countries in transition (see p. 29). An opportunity to discuss research news in the field of HIV remission and to envisage future collaborative projects.

JUNE 17

DONORS VISIT THE LABORATORY

This year, the biology and applied pharmacology laboratory (LBPA) of ENS in Cachan (Val-de-Marne) opened its doors to a group of around fifty donors. During a fascinating, interactive visit, researchers explained the latest progress in their work to these curious visitors.

JULY 12

LIFTING OF THE EMBALMING BAN

After years of discrimination with no scientific justification and joint efforts supported by France’s national AIDS council, the administrative authority for the defense of rights, the inspectorate general of social affairs and the French high council for public health, the health minister, Agnès Buzyn, signed an order to lift the ban on embalming the bodies of HIV+ carriers or people with viral hepatitis (date of application January 1, 2018).

KEY EVENTS
KEY EVENTS

JULY

23 - 26

IAS 2017 CONFERENCE

This 9th edition of the International AIDS Society (IAS) world scientific conference, organized in Paris, attracted some 6,000 institutional, scientific and associative participants from all over the world. On July 21-22, before the conference, Sidaction partnered a conference on pediatric HIV. The day before the conference, a community symposium, held at Paris city hall, co-organized by Sidaction, resulted in the Paris Community Declaration. The text was presented at the opening of the world conference by Giovanna Rincon, director of the Acceptess-T charity. It makes proposals to improve the care provided to key populations by political and institutional decision-makers and the scientific community.

For this project, and to strengthen the community’s presence at the scientific conference, Sidaction contributed to the participation of 12 charities from France, Canada, the USA, Tunisia, Nigeria and Kenya. July 23, a Sidaction satellite enabled presentation of the role of the mucous membranes and myeloid cells in the pathogenesis of HIV to more than 200 participants. To optimize the participation of young French-speaking researchers at the IAS 2017 conference, Sidaction partnered the Paris 2017 initiative, “Tous unis contre le VIH”, supporting a grant program to enable attendance by 39 grant holders. In parallel to the 2017 event, HIV research representatives and charities, including the managing director of Sidaction, Florence Thune, were received by the French President.

SEPTEMBER

21

LINE RENAUD AT THE UN

The Vice-President of Sidaction, invited by Michel Sidibé, executive director of UNAIDS, spoke at the UN headquarters in New York (USA), on the topic of “Acceleration strategy: stepping up actions to bring the AIDS epidemic to an end”. To an audience comprising African heads of state, meeting in parallel to the UN general assembly, Line Renaud notably brought up the situation of children and teenagers in Africa.

OCTOBER

2-8

CHEFS SOLIDAIRES

The 2017 Chefs Solidaires event enabled professionals of the food industry to raise money for the fight against HIV. This year, the operation was extended over a full week, endorsed by Guillaume Gomez, president of Cuisiniers de la République Française and joint-president of Euro-Toques, and Christian Millet, president of Cuisiniers de France. More than 30 apprenticeship training centers and hotel schools participated.
UNIVERSITY OF YOUNG RESEARCHERS (UJC)

The 6th Sidaction University of Young Researchers (UJC) was held in Carry-Le-Rouet (Bouches-du-Rhône). Around fifty young researchers from France and French-speaking African countries met with experts to discuss the challenges and progress of HIV research, the role of culture and the media in the fight against HIV and the screening experience. This unique training session is an opportunity for participants to meet with researchers from other disciplines and to familiarize themselves with scientific approaches that are not part of the expertise they are developing.

FRANÇOISE BARRÉ-SINOUSSE TAKES OVER AS PRESIDENT OF SIDACTION

Professor Françoise Barré-Sinoussi, Nobel Prize for Medicine 2008 and co-discoverer of HIV, was appointed President of Sidaction by the members of the board of directors, alongside Line Renaud, re-elected unanimously as vice-president. She thus takes over from Pierre Bergé, who died in September. Françoise Barré-Sinoussi was research director at Inserm and professor at Institut Pasteur before taking over at the head of the International AIDS Society from 2012 to 2014.

WORLD AIDS DAY

For World AIDS day, Sidaction launched a new edition of the HIV Pocket Films competition. The competition, organized in collaboration with the ministries of education, agriculture and health, invites young people aged between 15 and 25 to produce short films on the topics of sexual health and the fight against AIDS. Youtuber Jimmy fait l’icon, who endorsed the previous event, gave his support once again. On Monday November 27, alongside Line Renaud, Vice-President of Sidaction, he explained the point of the competition to youngsters at the agricultural college in Saint-Germain-en-Laye, reminding them of the importance of prevention.

ICASA 2017

Once again, Sidaction participated at the 19th international conference on AIDS and STIs in Africa (Icas), held in Abidjan (Ivory Coast). The association supported and organized a number of events on the following main themes: teenagers living with HIV, gender-based violence and generating value from community charity experience. December 7, Sidaction organized a satellite event on gender-based violence, focusing on both research and interventions implemented within the community.
“WE MAY HAVE WON BATTLES, BUT NOT THE WAR. TOGETHER, PIERRE BERGÉ AND MYSELF, ASSISTED BY SO MANY VOLUNTEERS, RESEARCHERS, CARE-PROVIDERS, CHARITIES AND THE MEDIA, HAVE RAISED AWARENESS AND, LITTLE BY LITTLE, REDUCED DEATH RATES.”

Line Renaud, Vice-President of Sidaction

FIGHTING HIV ON ALL FRONTS

“THE CHALLENGES OF THE FIGHT AGAINST HIV ARE MAINLY OF A POLITICAL, SOCIAL AND BEHAVIORAL NATURE. SCIENTIFIC CHALLENGES ALSO REMAIN, WITH RESEARCH INTO A PREVENTIVE VACCINE AND FUTURE TREATMENTS. TO FACE THESE CHALLENGES, WE MUST STRENGTHEN COLLABORATIVE PROJECTS INVOLVING HIV AND OTHER PATHOLOGIES.”

Professor Françoise Barré-Sinoussi, President of Sidaction
OUR MISSIONS

Supporting fundamental, applied, clinical and social science research, providing financial aid to the teams and support for young researchers

Supporting prevention and care for people living with HIV in France and abroad

Organizing the annual Sidaction Medias event, a unique operation made possible thanks to the mobilization of our 26 media partners and the dedication of thousands of volunteers

Accompanying and training all those involved in our network, sharing experience through tools and meetings in the North and South

Fostering interdisciplinarity and transversality by organizing events to share expertise

Informing and raising awareness among the general public and key populations via tailored events, campaigns and tools

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2017 • OUR ACTIONS IN FIGURES

Internationally, the association has spent more than

**€3.39 MILLION**

on prevention and care for people living with HIV and supported

**125 PROGRAMS**

implemented by

**79 CHARITIES**

in France

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Sidaction has spent

**€5 MILLION**

on building skills and developing

**35 PROJECTS**

proposed by

**31 CHARITIES**

in France

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Sidaction has spent

**€3.39 MILLION**

on research and funded

**54 RESEARCHERS**

and

**34 PROJECTS**

fundamental, applied, clinical and social science research in Africa, Eastern Europe and Asia
THE CHALLENGES OF 2017
A WORD FROM THE COMMITTEES

"After five years on the Sidaction scientific and medical committee, I was delighted to accept to serve as its president in 2017. Sidaction makes an essential contribution to the funding of HIV research in France. Very high quality projects are supported in different fields, which is the strength of the association’s strategy.

In 2017, our priority research areas were to attempt to improve our understanding of the virus’ interactions with the host cell, and to develop the immune responses liable to control the virus via vaccine or immunotherapy. Funding was also provided for projects on the impact of coinfections, understanding the experience and difficulties of HIV+ patients, and how they feel about the new therapies and the prospect of remission with the HIV Cure strategies.

In terms of challenges, we keep coming back to the main question of the infected cells that remain in the body even under treatment. We do not yet know how to measure the scope of these reservoirs, how to target them specifically or how to evaluate the number of cells that must be destroyed to eliminate the risk of a viral rebound when treatment is interrupted. The immune responses generated are ineffective, probably because HIV replicates precisely where these responses are developed.

Although we are getting to know more and more about HIV, much remains to be discovered. The projects use new technologies which enable increasingly detailed and powerful analysis, demanding inter-disciplinary collaboration. Research is thus becoming more complex and more expensive. Sidaction, which supports innovative or very advanced projects, has the advantage of its presence in the field, enabling constant dialog between researchers and beneficiaries."

Asier Saez-Ciron,
President of Sidaction’s scientific and medical committee

THE CRUCIAL ISSUE OF RESERVOIRS

Photo © Vincent Isoré
"I accepted to preside the international Sidaction committee in April 2017. In October, we created a permanent commission to allow discussion of the process and orientations of the call for projects. These must be adapted to enable projects to improve the inclusion of target populations (sex workers, MSM and drug users), and notably key populations. Sidaction has been working for a long time on the issues of the right to health care, excluded populations and pediatric care. Today, we continue this assistance to strengthen and differentiate our actions. Sidaction, in collaboration with expert networks in the North and South, continues to improve care.

The strategy for the period until 2020 is based on the three areas: reducing the obstacles that prevent access to screening and treatments for HIV, hepatitis and STIs, particularly for those most at risk; defining the structure and durability of community systems; and finally developing and adapting the modes of assistance and the promotion of Sidaction programs with respect to new challenges and partner needs. Sidaction is a major structure that has made a huge contribution to the international community, both to charities and to scientific research. However, in the fight against AIDS, Sidaction and its partners must resist a certain loss of motivation. Care alone is not enough, we must continue to strengthen prevention measures. Charities and people living with HIV are often confronted with setbacks. We have no treatments for opportunistic infections, many patients stop their therapy and young people feel less concerned. Urgency is vital."

Christine Kafando,
President of the international Sidaction committee

"The objectives of the 2017-2020 strategy for France’s programs are to help eliminate the obstacles that prevent access to HIV screening, to extend the screening campaigns to include other STIs and hepatitis, and to encourage the start of treatment, particularly for those most at risk (MSM, migrants, inmates and people from the French departments of America). Now that U=U* [undetectable = untransmittable] is more easily accepted, even within the medical community, efforts in favor of access to screening and treatment for everyone are of the utmost importance.

Public policy is focused on screening but we must not forget the 150,000 people living with HIV in France! One of our basic precepts is to continue to contribute to improving their quality of life and healthcare and to support overall assistance projects. In this area, Sidaction’s role is to question the public authorities on their strategies.

2017 has seen multiple petition actions, notably the Paris call in July and the appeal to politicians concerning the withdrawal of the Île-de-France transport grant for irregular foreign nationals receiving state medical assistance. Sidaction acts as a spokesman for small structures and the poorest populations. It also helps with grant applications.

For the general public and the public authorities, Sidaction thus represents the voice of the structures that help the populations in difficulty. Living with HIV in France today still means having to face economic problems, redundancy and discrimination. Every year, Sidaction enables local charities to continue their essential work in the field among those who need it most."

Friederike Spernol,
President of the Sidaction France committee (since 2018)
All research furthers scientific knowledge of HIV as well as in other fields. Although no vaccine has yet been found, HIV research has developed our expertise in vaccines. In addition to the prevention vaccine, researchers are working on new therapies in the hope of achieving remission in people living with HIV, i.e. controlling the virus without treatment. Sidaction thus supports various research projects aimed at understanding the mechanisms involved when the virus enters the body, how it remains in the reservoirs and the immune responses implemented by patients who naturally control HIV. The goal is to be able to reproduce these mechanisms in the form of therapy for all those infected. In 2017, the association supported one of the most promising research fields, with trials conducted on broad-spectrum neutralizing antibodies.

Aware of the stakes of large-scale applicability of biomedical research results, Sidaction is also developing its support for social science research programs. They help us to understand the social dynamics at play for people confronted with HIV. They concentrate in particular on the target populations: homosexuals, inmates, migrants, drug users and transgender people. Other programs include enhanced screening and care for HIV, often in a broader context of health issues concerning comorbidity and sexual health.
“Even when patients take antiretroviral therapy (ART), HIV remains in the body, in reservoirs. These reservoirs are cells, particularly CD4 T lymphocytes (CD4 T-cells) that shelter the virus in a latent form, making it inaccessible to the treatment. Understanding the persistence of HIV in these reservoirs is essential for “cure” strategies aimed at infection remission. Our team recently identified a new “reservoir” site: fatty tissue. This energy storage space is rich in CD4 T-cells, in which we detected HIV in patients under ART. Now we must understand why the virus persists in this tissue. We observed that CD8 T lymphocytes (CD8 T-cells), potentially able to eliminate infected cells, were not in contact with their targets – the infected CD4 T-cells –, making it easier for the virus to survive.

This observation, identical to what has been seen in another site of virus persistence (the lymph gland), suggests that the phenomenon is an important mechanism of viral persistence. The project aims to determine the mechanisms resulting in the separation of CD4 T-cells and CD8 T-cells in the fatty tissue. We propose the hypothesis that the CD4 T-cells in the fatty tissue of infected patients play a major role in this absence of contact, implementing various mechanisms to keep the CD8 T-cells away. We must define the characteristics of the CD4 T-cells: functions, capacity to limit the activity of CD8 T-cells and to control the migration of CD8 T-cells. These studies will initially be carried out in non-human primates, using cell biology methods (cytometry) and studying the cells one by one using a new molecular technique (Fluidigm). The CD4 T-cell characteristics identified will then be sought in humans. Study of the fatty tissue in the context of viral persistence is new. Identifying treatments to encourage contact between CD4 T-cells and CD8 T-cells could help to reduce reservoir size.”

Professor Olivier Lambotte,  
Faculty of medicine, Inserm U1184, Le Kremlin-Bicêtre

Study of mechanisms favoring the persistence of infected CD4 T-cells in the fatty tissue: the role of the absence of contact between CD4 and CD8 T-cells.

In 2017, at Institut Pasteur, Mathieu Angin investigated the metabolic mechanisms involved in control of HIV by CD8 T-cells in “controllers” to try and induce them in patients who did not naturally control the virus. HIV controllers (HIC) are a rare group of infected patients who can keep the virus below the detection threshold without antiretroviral therapy. This control is generally associated with a strong anti-HIV capacity of the CD8 T-cells, which appears to be connected to characteristics inherent to the specific memory CD8 T-cells of HIV in the controllers. Compared with non-controllers, HICs over-express genes related to the effector functions and survival of the specific CD8 T-cells of HIV. Conversely, non-controllers over-express genes related to cell proliferation and exhaustion, associated with the expression of genes favoring glycolysis. According to the researcher, the inefficiency of the specific CD8 T-cells of HIV in non-controllers appears to be linked to their dependency on glycolysis as their main source of energy. The lymphocytes of HICs diversify their metabolic resources, enabling better survival and the capacity to develop an anti-HIV function in stress conditions. Results will be used to attempt to reproduce the mechanisms at play in natural HIV controllers and to try and develop treatments to enable other infected patients to control the virus in the long-term after stopping antiretroviral therapy.
3. NUTRITION: BETTER CARE FOR INFECTED TEENAGERS

Post-doctoral student Julie Jesson, Paul-Sabatier university (Toulouse-III/Inserm U1027), is working on the growth of teenagers living with HIV. Objective: to develop and evaluate suitable nutritional care. A growth impairment of 36% at the age of 10 years and 45% at 15 years is observed in young people with HIV. Supported by Sidaction, the researcher is analyzing monitoring data from more than 50,430 HIV+ teenagers in Sub-Saharan Africa, Asia Pacific and South America, within the IeDEA (International epidemiology Databases to Evaluate AIDS) network. The growth peak generally observed in teenagers during puberty is less obvious in teenagers infected with HIV, notably in boys, contributing to a major growth impairment that is difficult to reverse in adulthood. Early care, involving the start of antiretroviral therapy before the age of 5, is necessary to prevent this growth impairment during adolescence.

4. MONOClonAL ANTIBODIES: A PROMISING FIELD FOR HIV THERAPY

Researcher Mireia Pelegrin, specialist in oncogenesis and immunotherapy (IGMM-CNRS UMR5535) in Montpellier, is studying monoclonal antibodies. These antibodies form a compound with their antigens and are recognized by the receptors of the patient’s other immune cells, thus modulating the immune response. The researcher’s work has shown that the immune compounds (IC) formed with anti-HIV monoclonal antibodies induce a high level of activation of neutrophils. This increased activation could be involved in inducing a better antiviral immune response. The research team is trying to identify the immune compounds mainly involved in this neutrophil activation. They have also demonstrated cooperation between neutrophils and other cells of the natural immune system in inducing protective immunity following monoclonal antibody therapy. A better understanding of the molecular and cellular mechanisms involved in this induced protection would enable anti-HIV therapies and monoclonal antibody immunotherapies to be improved.
5. DEVELOPING NEW TOOLS TO TEST CANDIDATES FOR AN ANTI-HIV VACCINE

Dr. Cécile Goujard, Bicêtre Hospital (Le Kremlin-Bicêtre), immunologist Lisa Chakrabati and engineer Annick Lim, from Institut Pasteur (Paris), are working to identify the conditions required to generate an effective CD4 T response to HIV following vaccination.

The loss of immune response dependent on the CD4 T-cells is at the heart of the process that leads to AIDS. Only a few patients, known as “controllers”, manage to maintain effective immune responses and spontaneously control HIV replication without therapy. The research team has shown that the CD4 T-cells of these patients were capable of responding to minimal amounts of HIV, due to the expression of T receptors (TCR) able to bond effectively with certain peptides of the viral capsid. They have observed that an effective response of the CD4 T-cells against the region of the most frequently recognized capsid (Gag293) was associated with the expression of specific TCR sequences, found more often in HIV controllers.

One such sequence, AV24-J17, has been found to be identical in several controllers - an unusual occurrence given the genetic diversity of the receptors concerned, with more than 10 million different sequences in each individual. When this sequence was inserted in a TCR vector and transferred to healthy donor cells, it was enough to confer highly sensitive (high-avidity) immune responses against the HIV capsid. The project aims to monitor the dynamics of high-avidity AV24-J17 sequences during infection by HIV by comparing data from controllers and non-controllers. All these experiments will enable evaluation of the potential of AV24-J17 sequences as molecular markers of effective anti-HIV responses.

The ultimate goal is to be able to analyze the TCR sequences amplified in advance by vaccine candidates to determine which will be able to induce effective T responses similar to those found in HIV controllers.

6. HIV INTEGRATION: A KEY STAGE OF STUDY TO ENABLE COUNTERACTION

Integration is an important stage of the HIV-1 replication cycle. The viral enzyme responsible for the process, integrase, is a very promising anti-viral target. Although the catalytic properties of this enzyme have been characterized, our understanding of the structural and mechanistic basis of integration selectivity remains insufficient; this process may reveal new anti-viral strategies.

Although we know that the structural deformations of the cell’s DNA are involved in this selectivity, the combined study of the role of curvature constraints and cell DNA topology in the integration of HIV-A has yet to be explored.

This is the subject of the project headed by Marc Lavigne and Pierre Charneau, Institut Pasteur (Paris), and Richard Lavery, ENS Lyon, supported in 2017. The goal of the researchers is to study the combined effects of DNA curvature and torsion on integration, to analyze the effects of the DNA helix or modification of the cell DNA topology and to study the consequences on the integration process and viral replication. This multi-disciplinary and multi-scale approach to HIV-1 integration should enable new properties of this key stage of replication to be determined; these could then be used to elaborate new anti-viral strategies.
PROMOTING PREVENTION

DIFFERENT ACTIONS FOR DIFFERENT POPULATIONS

We have the tools to prevent HIV transmission. Condoms, therapy for all infected people and pre- and post-exposure treatments would reduce the epidemic. Scientific data offers proof: antiretroviral therapy for HIV+ patients during pregnancy protects the unborn child from HIV, treatment of people living with HIV protects their sexual partners (TasP) and pre-exposure prophylaxis (PrEP) enables exposed HIV- people to reduce the risk of contamination. However, 1.8 million people were infected in 2016 world-wide, including 160,000 children.

In France, there were 6,000 cases of contamination, with an increase in male homosexuals (MSM), and 27% of infections were discovered at a late stage... The obstacles to prevention are political (repression and marginalization of certain populations), legal, economic and social. They prevent many people from actually accessing treatment.

Sidaction works at all levels to facilitate access for everyone to preventive measures in France and in developing countries. Ensuring access to screening and treatment for everyone means informing all populations, whether they are integrated or excluded, taking action among the poor and often fighting opposing movements that threaten the proximity actions implemented by peers. Such actions have long proven their universal effectiveness in terms of prevention.
EXAMPLES OF PROJECTS SUPPORTED

1. SOUTH AFRICA: IMPLEMENTATION OF UNIVERSAL TREATMENT IN RURAL ZONES

The “test and treat” strategy aimed at maximizing the preventive advantages of anti-HIV treatments is recommended on an international scale. This involves proposing regular screening to diagnose infection as soon as possible and start treatment as soon as the diagnosis is confirmed. Among the many studies carried out in Sub-Saharan Africa to test the acceptability and feasibility of such a strategy, and to measure its impact on preventing new cases of HIV on the scale of a population, the study by Mélanie Plazy, Inserm research center U1219 in Bordeaux, published its first findings in 2017.

The randomized ANRS 12249 TasP trial was conducted between March 2012 and June 2016 in a rural zone of the KwaZulu-Natal province in South Africa. HIV screening at home was proposed to all those aged over 15. Those diagnosed as being HIV+ were referred to their community clinic, specifically set up for the trial, to receive early antiretroviral treatment (“intervention” group) or treatment according to national recommendations (“control” group). To improve access to treatment, telephone calls and home visits were scheduled for people who had not consulted within three months of the home diagnosis. The initial findings of this study suggest that there are individual, social and logistics barriers to starting HIV treatment. The telephone calls and home visits did however appear to be efficient in facilitating access to treatment. Healthcare professionals, in favor of introducing universal antiretroviral treatment and HIV activities at home, proposed improvements for the healthcare system to ensure that treatment and antiretroviral therapy was accessible to everyone.

2. PREVENTION ASSISTANCE FOR SEX WORKERS

Grisélidis, founded in Toulouse in 2000, is a community health association comprising equal numbers of prostitutes and health professionals/social workers. Among the programs implemented, local initiatives represent a major element in founding the trust relationships required for prevention. The association goes into red light districts during the day and at night, makes virtual rounds on the Internet, has a 24-hour hotline and a drop-in center at its premises four afternoons per week. It also physically accompanies people to the healthcare structures or to arrange their health cover.

In 2017, in a difficult context that exposes sex workers to the risk of contamination, Grisélidis, with its pluri-disciplinary, community team, continued its actions in red light districts, conducting rounds, ensuring presence and proposing activities (workshops, shared meals, etc.) in close contact with its beneficiaries. Grisélidis also contacted recent arrivals to the prostitution areas (providing information on combined prevention, access to rights and self-defense, distribution of prevention kits and multi-lingual information brochures). The target population has become more feminine and younger, with an increase in young women from Nigeria and Eastern Europe. In early 2017, exploratory actions enabled the association to adapt to changes in districts and practices, and to reach new, high-risk populations (MSM, migrants and drug users).
In response to the figures for new HIV contaminations among under 25s, Sidaction continued to develop the most direct and suitable means of reaching out to this population in 2017. Thanks to the endorsement of Youtuber Jimmy fait l’con, launched in 2017, the association launched the first Sidaction Challenge. Today’s new online opinion leaders were invited to produce original videos to provide information and raise awareness of HIV. Among the first to contribute to this prevention chain were Elsa Wolinski, Tristan Lopin, Et tout le monde s’en fout, Dans ton corps, Hugo Travers, Black Beauty Bag and Golden Moustache.

Why do we need a web-based approach specifically for young gays?
Gays aged under 25 are particularly concerned by HIV in France, representing 15% of new HIV+ cases in 2016. Young MSM do not tend to go to traditional pick-up joints frequented by older gays, preferring to use the social networks, particularly dating apps, where prevention initiatives are insufficient. To ensure awareness, we have to make contact with them, create discussions that sometimes last up to an hour and, most importantly, that can be continued later.

What program did you set up?
In 2017, we deployed the prevention scheme set up the year before on the most popular dating application used by young people. Three specially trained prevention experts took turns, 18-hours a week, to chat informally with users. We have been able to direct the young people in need of assistance to sexual health centers or specialists in the city or in hospital. The digital world offers a whole need area for prevention to improve awareness among young people.
Espoir Vie Togo (EVT) has been providing treatment and assistance for children living with HIV for over ten years. As its active pediatric patients get older, thanks to treatment and psychological assistance, the charity is having to adapt to a population of teenagers and young adults with specific needs. To face this change, and particularly in matters relating to sexuality, EVT has set up a sexual and reproductive health package that combine group activities and individual services.

In 2017, 12 sex education group meetings were organized for 40 teenagers on themes related to adolescence, puberty, emotional life and sex life, personal hygiene and sexually transmitted infections (STIs). A three day training course for 15 peer educators, aged 13 to 18, was also organized. As well as the general aspects of HIV/AIDS, the course covered themes related to sexual and reproductive health so that the young educators can help and guide their peers. Furthermore, to inform parents and encourage them to discuss these issues with their children, three training sessions were proposed to 40 parents or guardians in Lomé, Aného and Sokodé. A gynecological consultation service enabled 22 teenagers to consult a specialist in 2017 for menstrual cycle disorders, STIs and other gynecological problems. The charity wants to improve information among young people and parents to ensure easy access to these services for as many people as possible.
Unequal access to healthcare around the world is not simply a question of scientific and medical progress. We already know how to limit new infections and control the effects of the virus in infected patients. In practice however, the populations most in need socially, economically and politically are on the front line when it comes to facing HIV and other infections. Conflict, repressive politics, national chaos, poverty and social discrimination prevent thousands of children, women and men at risk from HIV from accessing healthcare.

In France, 25,000 people do not know that they are HIV+; worldwide, almost 30% of those infected are not aware of it. Among those infected, only one person in two and only 43% of infected children had access to treatment in 2017. The populations that need it most due to their high risk are also those most deprived of access to social and medical services. Homosexual men, migrants, drug users, children and women from the poorest countries often pay the ultimate price.

Sidaction works with its teams in the field and partners in France and in developing countries to ensure overall assistance for the most needy HIV+ patients, those most isolated socially and sometimes geographically. The association helps monitor and initiate therapy for thousands of patients, supporting the network of players and the creation of social and medical services in the parts of Africa and European whose healthcare systems are inadequate.
EXAMPLES OF PROJECTS SUPPORTED

1. THE ROUTE OF SICK MIGRANTS THROUGH FRANCE AND ITALY

In France and Italy, HIV and hepatitis B (HBV) affect a large number of migrants from Sub-Saharan Africa. During their first years in these two countries, a large number of them face situations of extreme poverty, during which the risk of infection is higher and it takes longer to access healthcare. In 2017, France and Italy had similar laws regarding migrant health: legally and theoretically, they both guarantee access to healthcare and a residence permit for sick foreign nationals. France also implements specific anti-HIV and HBV programs among the migrant populations. However, fewer and fewer migrants can actually access these rights due to the increasing strictness of migratory policies. These difficulties are apparent in different ways in the two countries. How do associations implement the various public strategies with respect to the fight against HIV and HBV and control of migratory flows to carry out their action among the “first arrivals” suffering from these two illnesses?

Cécilia Santilli, researcher at Sesstim (Marseille), has performed a comparative study of two migrant assistance structures: Comede in France and Samifo in Italy. An ethnographic study (observations and interviews with migrants and the professionals working with the two structures) and a study of policy changes regarding the HIV and HBV care and prevention were also carried out. This work highlighted the fact that the various national policies and the work of charities had a strong influence on the means of action and representations of migrants infected with HIV and HBV.

2. ROMANIA: ACTING LOCALLY WITH VULNERABLE POPULATIONS

In 2017, for the second year, Sidaction supported a health service access program in the poor area of Ferentari in Bucharest, Romania. In this country, almost 16,000 people live with HIV and figures have been increasing in recent years, particularly among the most marginal populations. After a wave of infection that affected children between 1985 and 1992 in hospitals, new infections are now mainly concentrated within the populations of heterosexuals, drug users and male homosexuals. The country is also facing numerous cases of multi drug resistant tuberculosis. Almost 2 million people have hepatitis C.

The Romanian healthcare system is inadequate to cope with this situation (limited budgets, outdated equipment, discrimination, etc.) and access to therapeutic drugs is a recurrent problem. Many people have no health cover. The project, supported by Paris city council, aims to ensure healthcare access to those most in need (drug users, sex workers, ethnic minorities, Roms, homeless, street urchins, etc.). Aras, a Romanian charity that has been working with people living with HIV for more than twenty years, works in the heart of the Ferentari borough, in partnership with other charities and municipal services. Its actions include making rounds, distributing prevention equipment, implementing rapid tests (HIV, hepatitis, tuberculosis), referring patients for consultations and developing medical and social services.
3. ENHANCED MONITORING FOR HIV+ CHILDREN IN CHAD

Association Djenandoum Naasson runs a center of the same name (CDN). It is the only structure to offer overall care for children and teenagers living with HIV in Moundou, Chad. It provides services to prevent HIV transmission from mother to child for the families in its care. If a child is born with HIV, he or she joins the charity’s active patient community, benefiting from antiretroviral therapy (ART). The CDN also encourages screening for siblings via awareness actions carried out by peer educators, the center’s personnel during activity sessions and parent groups.

In 2017, 399 children were screened (compared with 303 in 2016). Among them, eight were found to be HIV+ (compared with 16 in 2016). The charity monitored 152 children and teenagers living with HIV (including 20 new cases), all taking ART. In a situation where intervention is very difficult, access to essential services, such as second and third line ART, remains extremely complex, as does the immunological and virological monitoring required for proper treatment. The charity registered 4 deaths in 2017. However, no patients abandoned their treatments, thanks to the service offer and enhanced monitoring.

4. COMMUNITY STRUCTURES, A DOOR TO CARE

The Afrique Avenir charity was founded in 1995 to help motivate the populations of African origin living in France and Europe to promote health and encourage integration and civil education. It favors consideration of specific cultural dynamics, which is essential to health interventions. It relies on a large number of charities, religious and commercial partners to distribute prevention documents. Afrique Avenir promotes innovative approaches to adapt official schemes to people from Africa.

In 2012, thanks to the support and assistance of Sidaction and the Directorate General of Health, it was one of the first charities to propose community screening using rapid diagnostic tests (RDT) in places popular with Afro-Caribbeans in Île-de-France. The charity works in five French departments (75, 91, 93, 94, 95), with many actions in the Parisian sectors of Château-d’Eau, Château-Rouge and Strasbourg-Saint-Denis.

In 2017, Sidaction supported their HIV and hepatitis prevention project in community hairdressing salons, with around a hundred partner establishments. Aside from providing information, rapid screening tests for HIV and HCV are carried out in the charity’s mobile unit and the populations are referred for treatment as necessary.
5. PRESERVING ACCESS TO TREATMENT FOR TRANSGENDER PEOPLE

The simultaneous tightening of laws on prostitution and the residence rights of foreign nationals has had a major impact on the living conditions and health of transgender people living with HIV. Since its creation, the Acceptess-T charity identifies and analyzes the specific needs of transgender people living with HIV, mainly migrant women involved in sex work in Paris. Its project is to improve the quality of life of its beneficiaries through an overall program combining social/health meditation, awareness of the benefits of adapted physical activity and sport and access to psychological support.

In 2017, the context made it difficult for trans women living with HIV to participate in adapted physical activities, in spite of the benefits they procured. At the same time, the demand for psycho-affective support increased considerably, involving possible psychological consultation on site or referral to one of the charity’s offices at Bichat university hospital (Paris). Furthermore, Acceptess-T has been approved to carry out rapid diagnostic tests (RDT): 200 HIV tests and 80 HCV tests were carried out in 2017 (18 people diagnosed HIV+). It also assists beneficiaries with their rights. The most urgent matter is the risk of interrupting the prevention effort, the observance of therapy and treatment in general.

6. BIOLOGICAL MONITORING IN AFRICA: EQUIPPING AND TRAINING HEALTHCARE PROVIDERS

Since 2013, Sidaction has been supervising implementation of the OPP-ERA project in Burundi. This project, managed by ANRS, Expertise France, Solthis and Sidaction in 4 African countries (Burundi, Cameroon, Ivory Coast and Guinea), concerns access to viral load tests. During the launch phase, ANSS in Burundi was selected to host a platform, and two of its laboratory technicians were trained in molecular biology. In 2017, 10,860 viral load measurements were taken, 9,403 (i.e. 86.6%) of which proved undetectable. The year was spent preparing three new laboratories in Burundi; they will be fitted out to increase capacity. Other projects included workshops for healthcare professionals – including one at Mpimba prison (where only 14% of the 50 HIV+ inmates tested had an undetectable viral load) – and a survey involving 42 care providers. Furthermore, as part of the “Right to health” project, Sidaction equipped and trained two charities with a large active patient file of female sex workers, including Espace Confiance in Ivory Coast, in the diagnosis and treatment of precancerous lesions of the cervix. The personnel received training in screening (visual inspection method using diluted acetic acid) and cryotherapy treatment.
**TRAINING AND COMMUNICATING**

**SHARING EXPERTISE AND INFORMATION TO HELP FIGHT THE EPIDEMIC**

*Sidaction* provides more than financial help to its partners: expertise, interdisciplinarity and the constant sharing of field experience represent the association’s natural vocation for communicating. Training, communicating and sharing knowledge are essential to an efficient fight against the epidemic: researchers and patients, researchers from different disciplines, researchers in fundamental and social sciences, researchers and campaigners, people living with HIV and the general public... *Sidaction* brings together all this expertise to help fight AIDS. This sharing sometimes takes the form of high level training sessions among scientists.

The University of Young Researchers scheme, organized by *Sidaction*, has grown and a University of Young Researchers event was held in South Africa in 2017, in collaboration with the International AIDS Society. *Sidaction* also supports grant programs to enable young researchers and charity campaigners to attend global scientific conferences, such as IAS in Paris in July 2017. The association also communicates directly with the public: the annual fundraising event, *Sidaction médias*, is an ideal opportunity to inform and raise awareness of HIV among the public. Thanks to *Sidaction*’s experience, network actions can be implemented and coordinated among carers, charities and institutions, for example in the French departments of America or in prisons.

**SIDACTION 2017: A UNIQUE PLATFORM FOR COMMUNICATING WITH THE PUBLIC**

During the three-day *Sidaction médias* event, March 24-26, the association collected donations to support research, prevention and assistance for people living with HIV. Essential messages were also passed on to the population during the event. Young people and seniors in particular often do not feel concerned by HIV. However, like everyone else, they can be. According to the Ifop survey carried out for *Sidaction* in March 2017, 22% of the French population think that there are drugs to cure AIDS, and almost one quarter think that HIV can be passed on by having protected intercourse with an HIV+ partner. Better information means better protection of oneself and one’s partners. It also reduces the persistent prejudices that continue to weigh heavily upon the people living with HIV. Thanks to the mobilization of *Sidaction*’s 26 media partners and all those involved with the association, information, prevention and awareness were, once again, an important part of the *Sidaction médias* weekend.
EXAMPLES OF PROJECTS SUPPORTED

1. UNIVERSITY OF YOUNG RESEARCHERS: AN EVENT THAT IS SPREADING

The 6th Sidaction University of Young Researchers (UJC) was held in October in Carry-Le-Rouet, near Marseille. The unique format of these annual events, which enable young researchers from around the world to discuss with the world’s leading HIV specialists from all disciplines over a period of several days, has been replicated abroad. “This University of Young Researchers is a true model”, declared Prof. Françoise Barré-Sinoussi. “Bringing together young researchers from different backgrounds and different countries, working in social and human sciences, highly fundamental or clinical research, offering them the possibility of spending a few days with representatives of the groups concerned by the disease is truly exceptional!”

In 2017, for the first time, IAS organized a UJC event in South Africa in collaboration with Sidaction. The 3-day “Global Fellows Research Academy” on the theme of HIV remission brought together 25 researchers and clinicians from countries with limited resources or in transition. The program included conferences, workshops and practical work to lay the foundations for future collaborations.

2. SIDACTION AT THE WORLD CONFERENCE: A SATELLITE AND GRANT HOLDERS

July 23, at the 9th world conference on AIDS organized by the International AIDS Society, Sidaction organized a satellite event on the role of the mucosal tissue and myeloid cells in the pathogenesis of HIV. At this event, six experts presented their latest research progress to the public on how the mucosal environment, including the immune cells, affects the acquisition and persistence of HIV. The myeloid cells are actually the first targets of the infection and the vectors of viral spread, but they also orchestrate the intrinsic, innate and primary adaptive responses. Our understanding of this dual role is limited and many studies are currently being conducted in this field.

Discoveries were presented concerning the role of macrophages and the dendritic cells as infection targets and anti-viral defense agents. Also on the program: the role of mucosal immune response, the influence of early treatment, the potential of mucosal vaccine strategies and the influence of gender in innate immune response activation. Sidaction also participated in a grant program coordinated by ANRS, in addition to the Conference program, to encourage the participation of young researchers (post-graduate students, postdoctorants and team managers from French-speaking countries). The funding provided by Sidaction, a total of €70,000, enabled more than 30 French and international grant holders to attend.
3. VIOLENCE AGAINST WOMEN: THE CONTRIBUTION OF OPERATIONAL RESEARCH

“There is little data in France and French-speaking Africa on gender-based violence in the context of HIV, although it is a widespread phenomenon that can be exacerbated in an epidemic situation. The links between violence against women, the risk of HIV infection, delayed screening or difficulties in accessing and maintaining treatment can be difficult to establish but are the subject of a number research projects. Much work has been carried out in southern Africa. However, the lack of data and tools continues in French-speaking countries.

On December 7, 2017, Sidaction organized two sessions on gender-based violence during the 19th Icasa. These sessions enabled discussion of recent research and the best suited tools for field interventions. The objective was to discuss the best research areas to be explored and charity initiatives to be deployed to best identify, inform and assist women exposed to and victims of violence.”

Vincent Douris,
Sidaction operational research manager
5. STRENGTHENING THE ASSISTANCE PROVIDED TO TEENAGERS AND YOUNG GIRLS

Funded by Expertise France, the training project implemented by Sidaction aims to contribute to improving the quality of services available to teenagers and young girls infected or affected by HIV via charity and public organizations in Burkina Faso, Burundi, Ivory Coast, Congo, Mali and Togo. The pillars of this action include boosting the capacities of carer teams, greater consideration of young people in national recommendations and their involvement in the design and implementation of anti-HIV activities.

In 2017, Sidaction organized two instructor training courses on instructional design and training and supervision (central teams). These 15-day sessions, the starting point of the project, formed a base to enable the carer commitment to be triggered or boosted with respect to the issues of care and assistance for teenagers and young girls. These carers then organized 11 training courses for 260 colleagues. In 2017, these charities were monitoring 2,255 teenagers living with HIV, aged from 10 to 19 and 1,376 young adults, aged 20–24. They also organized six half-yearly meetings on the problems of assisting and involving young people in local initiatives. The project will proceed with the training of peer educators, who will be involved with assisting children and young people living with HIV within their charities and supported to represent their structures in national and event international bodies.

6. A CUSTOMIZED SUPPORT PROGRAM FOR CHARITIES

Launched in April 2017, the PERSPECTIVES project, co-funded by Agence Française de Développement, aims to help reinforce the structuring and durability of 27 charities in 15 French-speaking African countries. Over three years, using a “customized” support methodology, it aims to develop charity expertise to suit the contexts and needs of these organizations, to improve their operation and service quality. Program: associative strategy and management support (finance, human resources, monitoring and evaluation, capitalization, etc.), reinforcing the care organization (patient circuit, community pharmacies, etc.), diversification of services available to beneficiaries (STI screening, sexual and reproductive health offer, etc.) and reinforcing the integration of people and communities in the charities’ care schemes (fight against stigmatization, awareness of gender problems, training in ethics, confidentiality and non-discrimination). The project also encourages the charities’ petition and expertise recognition activities in national systems.
In March 2017, at the Sidaction médias event launch, Pierre Bergé reminded us that the fight against AIDS was more than ever a political combat, a fight for the human rights of the most vulnerable populations. Homosexuals, transgender people, sex workers, drug users, inmates, migrants, women, etc. In the past thirty years, this fight has seen considerable progress in the fields of research, funding and prevention. However, there are still 36.9 million people living with HIV worldwide. The HIV epidemic, closely related to human rights issues, reveals society’s inequalities and the increased vulnerability of those most at risk.

Although scientific progress remains a major and necessary challenge, the main obstacles, notably in the so-called South countries, are not scientific, but legal and structural: no effective, funded national health policy, lack of adequate healthcare structures, high price of treatments, stigmatization and discrimination against people living with HIV, gender inequality, penalization of the populations particularly exposed to the risk of transmission, etc. These obstacles, intrinsically related to human rights, prevent millions of people from receiving care and therapy. The respect and protection of human rights are at the very heart of the fight against AIDS.

A strategy which, by attacking the structural causes of the spread of HIV, involves strong public policy changes, both nationally and internationally. In France, earlier actions finally bore their fruit in 2017, with the announcement of the end to the ban on embalming HIV+ cadavers. New fights remain to be fought. Sidaction is now working to denounce the increasing fragility of sick foreign nationals due to the new legal measures announced for the future. Throughout the world, via its petitions, its actions to improve capacity, support for security and its emergency fund, Sidaction promotes and defends the respect, protection and implementation of human rights for all by political authorities. Access to healthcare depends on this.
EXAMPLES OF PROJECTS SUPPORTED

1. DEFENDING SICK FOREIGN NATIONALS: A SITUATION UNDER PRESSURE

The Arcat charity proposes legal assistance on matters related to the right to residence for healthcare. In January 2017, responsibility for the medical assessment for a residence permit application for medical reasons was transferred from the ministry of health to the home ministry. This transfer has resulted in a decline in rights. In spite of the order dated January 5 from the ministry of health, recalling that “in all developing countries it is not (...) possible to consider that HIV+ patients have access to antiretroviral therapy or the necessary medical care”, several permit applications have been rejected. In this context, Arcat raised the awareness of its teams and stepped up its communication efforts among the HIV+ populations concerned and the professionals assisting them.

In 2017, 39 people received assistance with their first residence permit application for healthcare and 29 were accompanied to the Préfecture for the actual submission of their applications. In view of the application examination times, many applications are still being processed. The jurist submitted 56 residence permit applications and 3 appeals in response to administrative court rejections. 33 residence permits were thus obtained, offering a more stable administrative situation to the beneficiaries. The jurist continued her involvement with the ODSE (French observatory of the right to healthcare for foreign nationals), which wrote a brochure on the right to residence for healthcare and set up a work group on application rejections.

2. “THE UNIVERSAL RIGHT TO HEALTHCARE REMAINS A DISTANT GOAL IN ROMANIA”

“In 2017, Romania recorded 692 new cases of HIV, including 19% among MSM and 15% among intravenous drug users. There is no free, anonymous, public screening service and discrimination against vulnerable people by professionals and the general public is commonplace. Although the right to healthcare is included in the Constitution and the country has adapted its legislation to comply with European norms, in practice this is not so.

Aras, the Romanian anti-AIDS charity, has been active since 1992 in the prevention of STIs and the promotion of human rights. In 2017, with support from Sidaction, we opened the first screening center for LGBTs in Bucharest and organized activities for this population in other major cities throughout the country. Our offer includes screening, prevention, orientation and referral to healthcare services, advice and psychological and social support. Due to precarious funding for prevention and the difficulties encountered by our beneficiaries in public medical services, combined with the lack of responsibility from decision-makers, the universal right to healthcare remains a distant goal in Romania.”

Nicoleta Dascalu,
Director of ARAS
PROMOTING RIGHTS

3. CAMEROON: ASSISTANCE FOR VICTIMS IN ALL AREAS

In Cameroon, homosexuality is severely punished by law. Article 347.1 of the 2016 criminal code stipulates that anyone having sexual intercourse with a person of the same sex will be imprisoned for between six months and five years, and liable for a fine of CFA 20,000-200,000 [approx. €30-300]. Article 83 of the cybercriminality and cybersecurity law of 2010 stipulates prison sentences (1-2 years) and a fine of up to CFA 1 million [approx. €1,500] for sex-related proposals made to another person of the same sex via Internet. In this context, worsened by the fact that customs are dominated by tradition and most religious groups are staunchly opposed to homosexuality, 578 cases of violation and violence against LGBT people were reported in 2017 by Alternatives Cameroun and Humanity First. “Alternatives-Cameroun provides victims with material, medical, legal and psychological help”, explain Julie Ngando and Joséphine Mandeng, from Alternatives-Cameroun.

“In 2017, we paid bail to free two gays imprisoned because of their sexual orientation and assisted two lesbians to file a complaint for aggression. In spite of our efforts, we still have to set up an operational refuge, have a lawyer and a permanent emergency fund. As things stand, access to healthcare and treatment for the key LGBT population is seriously compromised.”

4. IVORY COAST: STOPPING VIOLENCE AGAINST THE LGBT POPULATION

Ivory Coast is often seen as a place of asylum for LGBT Africans because homosexuality is not a criminal offense under its legislation. However, discriminatory practices continue to force these vulnerable populations into concealment, restricting them to marginal environments. This situation is further deteriorated by incitations to violence from certain religious and opinion leaders.

The teams of Alternative Côte d’Ivoire (ACI), as part of their mission to fight discrimination and ensure respect for LGBT people, have been acting within the community since 2013 to record and deal with cases of violence based on sexual orientation and/or gender identity. This violence may be physical, moral, economic or psychological. In 2017, ACI recorded and assisted the victims of 15 beatings, 7 situations of psychological violence, 5 cases of material destruction, 2 cases of sexual violence against homosexual women and the arrests of 2 gays based on article 360 of the criminal code for “public indecency”. Such cases are often not reported for fear of reprisals or due to feelings of shame. Two suicides of gay and transgender people were reported. Supporting those people most at risk and guaranteeing the respect of their rights enables better protection of their health and prevention of HIV contamination.
In Nepal, Sidaction supports the charities Blue Diamond Society and Nava Kiran Plus. The HIV epidemic is concentrated within the most marginalized populations (drug users, homosexuals and transgender people, migrants workers returning from India and female sex workers). The fight against AIDS has suffered from political changes and financial instability, and the 2015 earthquake caused serious material and psychological damage.

Blue Diamond Society has been working with sexual and gender minorities since 2001. Its petition for greater respect of human rights resulted in official recognition of the LGBT problem and the modification of the Nepalese civil status records (addition of a third gender).

Efforts to combat discrimination against sexual or gender minorities are part of the new Constitution of the Republic of Nepal. The association, which is active in 40 cities, proposes “transit and care homes”, offering a place for LGBT people to come for help and assistance. Nava Kiran Plus, founded in 2003 in Nepal by two HIV+ reformed drug users, campaigns for the rights of people living with HIV and drug users; it also provides assistance. A range of health services are proposed in health centers in the provinces and a hospital in the suburbs of Kathmandu.

These two associations assisted almost 500 beneficiaries in 2017.

In prison, HIV and hepatitis are more prevalent than in the general population and inmates often do not have access to prevention and therapy. Sidaction was one of the organizations behind the Auvergne-Rhone-Alpes Inter-Corevih “prison and HIV-hepatitis” workgroup; it is a member of the group along with other institutional and charity structures, notably the Association Lyonnaise de Lutte Contre le Sida.

In 2017, with the group, Sidaction helped produce and translate into several languages the second edition of an information booklet on the rights and health of inmates, along with the production of a full information kit comprising short videos on different themes. It is intended to improve the knowledge of prison inmates in order to encourage their access to prevention and therapy in prison and after their release. These information documents, produced with and for inmates, were presented at a national sharing event organized by Sidaction in September 2017.

The award-winning booklet and videos will be translated into more languages (Arab, Creole, Dutch and Portuguese) and distributed to the prisons throughout the Auvergne-Rhône-Alpes region. Sidaction will ensure distribution to the other regions of France.
In 2017, as every year since its creation, Sidaction médias was supported by thousands of partners, some in the limelight, others in the shadows. From TV channel bosses to the volunteers who help for a few hours during the Sidaction médias weekend, not forgetting the journalists, studio partners, the agency who works with us for free every year for the launch night... each one is a precious brick in the construction of the edifice of our actions. No research, no programs in the field, no prevention projects or actions with infected people in Paris, Bucharest, Ouagadougou or Kathmandu would be possible without this incredible chain of solidarity which forms each year and has not failed yet. Sidaction exists only for its beneficiaries and thanks to this support.

At the heart of the fight: volunteers and donors

Men and women of all ages, from throughout France, either for years or for the first time in 2017, who got up one morning and decided to give some time or some money (sometimes both) to help the fight against AIDS. These people, who do not come into the spotlight of the media, know that their actions, carried out in the shadows, along with the actions of thousands of others, will ultimately result in the collection of enough money to make a change. So that, on their street corner or on the other side of the world, a child, a teenager, a man or a woman, that they do not know and will never meet, is protected from contamination or receives suitable therapy in the case of HIV infection. So that another person might life. So that a researcher might add his work to the overall effort to find the tiny detail that will, one day, result in a new drug or perhaps a vaccine. Sidaction offers its most sincere thanks to these men and women.
Every year, as Sidaction médias gets closer, you can feel the excitement building in the corridors of the association. This excitement is also tangible in the hundreds of structures supported by Sidaction, in preparation for the big event. Throughout the territory, the charities prepare and organize awareness and fundraising activities for the general public, in the heart of their local areas (see list on the right). Rain or shine, these campaigners are there, contributing to the fight, without counting their hours. They are often also contacted by the media to explain what HIV is and what living with it means. Researchers are in a similar situation: the laboratories sometimes open their doors to the public, and researchers thus find themselves behind a microphone or in a TV studio to explain the complexity of a virus that shows no signs of weakening, a virus that changes the lives of those contaminated forever, a virus that continues to kill, here and elsewhere. All the experts called upon before and during Sidaction médias to answer reporters’ questions do so for free. Without their precious explanations, there would be no awareness or communication possible.

THE PILLARS OF THE FIGHT:
CHARITY CAMPAIGNERS AND RESEARCHERS

The pillars of the fight: charity campaigners and researchers

In 2017, 26 media partners worked together for our national public awareness and fundraising event. Without these powerful correspondents, there would be no prevention messages, no explanations and no donors. They are an essential link for our actions, all our actions, from fund collection to the programs we support. Our fraternal thanks to them once again: from the directors of the groups that support us to the journalists who have been with us from the beginning or just for a weekend, and who each make their own individual contribution to this incredible chain that led to the creation of Sidaction in 1994.

THE MESSENDERS OF THE FIGHT:
THE MEDIA

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OPÉRATION SIDACTION:
OUR PARTNERS AND FUNDERS

Before and during Sidaction médias, many companies support us by providing personnel, equipment and time.

Abri Services, Affichage Fourrageat, Affiouest, Augure, C Lagence and their team, Girod Médias, JC Decaux, La Villette, Médiaffiche, Médiatransports, Musée du Quai Branly, Publimat, SFR, WNP.

Our 8 partners also provide 11 collection centers during the operation, forming the backbone of the telephone pledge system. The teams in these call centers work with us to welcome the thousands of volunteers who record the pledges during Sidaction médias.

American Express, Axa Atout Coeur, Carglass, Crédit Agricole, Free, Oracle, SFR, Sitel.

REGIONAL OPERATIONS IN 2017

Charity organizations: AAEMR (Rennes), ACDI, ACLE (Lyon), Action Sida Martinique, Actis (St Etienne), Aitu Corsu (Ajaccio), AJMS (Toulouse), Arap-Rubis (Nîmes), ARPS (Reunion Island), Artogalian (Arras), de lutte contre le sida (French Guiana), GAGL 45 (Orléans), Homobus (Paris), Les 3 A (Grande-Synthe), Maison Drag Chérie (Paris), Nantes Roller, OKB (Kremlin Bicêtre), Personn’aliases (Roissy), Solidarti’erre (Lyon), Sud’Act de l’IPSA (Ivry sur Seine), Mutuale la mutuelle familiale (Blois), Fêtes des Vignes (Montpellier), Fondation Léonie Chaptal (Carcassonne), Académie des Etoiles (Aubagne), Insolite Club (Paris), Dépôt (Paris), Ecole des Minis student office (Douai), EPITA student office (Kremlin Bicêtre), ENSICAEN student office, Centre LGBT (Tours), Collectif Sida 33 (Bordeaux), Montrouge young people’s city council, Relais du Ruban Rouge (Montpellier), Golf high school (Dieppe), Européen high school (Villers-Cotterets), Monnet et Mermoz high school (Aurillac), Saint-Exupéry high school (Lyon), JJ Ralph garden party (Forges-les-Eaux), youth department of Cournon d’Auvergne.
Once again this year, Sidaction organized its Dîner de la Mode with the French federation of haute couture and fashion, supported by several famous gourmet establishments. Thanks to their support, €775,000 were raised in 2017 to support research, prevention and assistance for people living with HIV. Special thanks to Philippe Apeloig and his team for the exceptional graphic artwork for this dinner.
CHEFS SOLIDAIRES PARTNER RESTAURANTS


OUR SUPPORTERS
OUR RESOURCES

A MODEL THAT GUARANTEES OUR INDEPENDENCE

Since its creation, Sidaction has been dedicated to people living with HIV. Our strategic choices and field actions are guided and determined solely by the interests of our target populations. 90% of our funding comes from private donations, mostly thanks to the generosity of the public, which means we are not dependent on any public funding.

Thanks to our donors, volunteers, corporate sponsors and the companies that work alongside us, we conduct our missions among the people most in need.

Every year, the Sidaction médias event enables the collection of an essential part of our funds, which are then allocated to charity and research programs in France and throughout the world.

The members of our board of directors define our strategy and ensure that the funds raised are put to good use. The 22 board members of Sidaction are all long-standing active supporters of the fight against AIDS. Researchers, doctors or charity representatives, they are all recognized experts. Like all the members of our independent expert committees that examine project proposals, they are volunteers, guaranteeing the coherency of the Sidaction project.

The actions of Sidaction are supported financially by:
FUND COLLECTION

Sidaction collects funds:
- every year during SIDACTION MÉDIAS around the end of March, early April
- THROUGHOUT THE YEAR (mailings, events, occasional or regular donations)

IDENTIFICATION OF STRATEGIC AREAS

Assisted by our employee teams, our 3 independent expert committees help to define the priorities for calls for projects. The Sidaction board of directors validates the funding areas for our calls for projects.

SELECTION OF PROJECTS

Our 22 employees working on scientific and medical programs, and French and international charities, verify that the projects received from researchers and charities correspond to the criteria and objectives of these calls for projects. The teams prepare the elements to enable expert committee assessors to examine the funding requests and propose or refuse funding.

FUND DISTRIBUTION

The 3 independent expert committees select the most relevant and most innovative projects. The Board validates the final fund allocations and amounts proposed by the committees. The employees provide regular information on action monitoring.

ENSURING THE GOOD USE OF FUNDS

The Sidaction administration and finance teams check that the funds distributed are put to good use. Sidaction also uses an independent audit firm to conduct on-site audits of 19 charities and research institutions every year. The program teams monitor and reinforce the actions carried out by the structures and people receiving support.

Sidaction itself is audited annually by a statutory audit firm, which certifies our accounts and checks that the funds received from the public are put to good use.

FUNDING BREAKDOWN

- 7% cover management expenses
- 21% finance collection costs
- 72% are devoted to social missions
FINANCIAL REPORT FOR 2017

Since 2013, the association has been continuing to reconstitute its equity, 2017 came to a close with an increase of €513,929 and an operating profit of €290,175. Operating income increased compared with 2016, at €16,568,279, compared with €16,272,496 in 2016. This increase is mainly due to a favorable situation in terms of bequests and a larger volume of activities financed by public funding. Operating expenses remain stable, at €16,278,104, compared with €16,236,591 in 2016.

The fund use ratios are at the usual levels:
– the proportion devoted to social missions represents 71.7%;
– the proportion devoted to fundraising and collection represents 21%;
– the proportion spent on operating costs represents 7.3%.

INSPECTION OF FUND USE

Since 2013, we have developed this area, which is a priority for Sidaction, as a funding organization and recipient of public funds. In 2017, 49 structures, research laboratories and charities that received financial support from Sidaction were audited; 22 were audited by Sidaction and 27 by Deloitte and PwC auditors.

THE OUTLOOK FOR 2018

Prudent budget forecasts have been drawn up for 2018 in order to continue to strengthen and develop the association. The 2018 budget anticipates a total income of €17.5M and total expenses of €17.6M. Fund pay-outs of €7.3M are anticipated, compared with €7.0M in 2017, i.e. a 4% increase of funds paid out in 2017. This results in a balanced situation in 2018.

Sidaction will continue its resource development policy based on the generosity of the public and private resources (corporate sponsorship and key donors).

Edmond–Luc Henry
Sidaction treasurer
TRENDS IN FUNDING PAID OUT SINCE 2006


<table>
<thead>
<tr>
<th>Year</th>
<th>Scientific Programs</th>
<th>Charity Programs</th>
<th>International Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2,174,907</td>
<td>3,785,094</td>
<td>1,783,318</td>
<td>7,743,319</td>
</tr>
<tr>
<td>2007</td>
<td>2,302,992</td>
<td>3,996,259</td>
<td>2,333,302</td>
<td>8,632,553</td>
</tr>
<tr>
<td>2008</td>
<td>3,086,677</td>
<td>4,016,844</td>
<td>3,063,834</td>
<td>10,169,355</td>
</tr>
<tr>
<td>2009</td>
<td>3,828,988</td>
<td>4,046,616</td>
<td>2,950,744</td>
<td>10,826,348</td>
</tr>
<tr>
<td>2010</td>
<td>4,243,840</td>
<td>4,028,039</td>
<td>3,731,480</td>
<td>12,003,359</td>
</tr>
<tr>
<td>2011</td>
<td>4,533,041</td>
<td>4,439,399</td>
<td>4,178,782</td>
<td>13,151,222</td>
</tr>
<tr>
<td>2012</td>
<td>3,880,154</td>
<td>3,901,117</td>
<td>4,138,546</td>
<td>11,919,817</td>
</tr>
<tr>
<td>2013</td>
<td>3,028,523</td>
<td>2,773,123</td>
<td>3,123,526</td>
<td>8,925,172</td>
</tr>
<tr>
<td>2014</td>
<td>2,891,026</td>
<td>2,546,200</td>
<td>2,652,482</td>
<td>8,089,708</td>
</tr>
<tr>
<td>2015</td>
<td>2,957,993</td>
<td>2,549,522</td>
<td>2,401,855</td>
<td>7,909,370</td>
</tr>
<tr>
<td>2016</td>
<td>2,779,434</td>
<td>2,307,867</td>
<td>2,210,303</td>
<td>7,297,604</td>
</tr>
<tr>
<td>2017</td>
<td>2,499,735</td>
<td>2,448,483</td>
<td>2,085,403</td>
<td>7,033,621</td>
</tr>
</tbody>
</table>

Resource collected in 2017 for a total of €16,576,570

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Amount (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Direct marketing and donor relations</td>
</tr>
<tr>
<td>B</td>
<td>Sidaction médias</td>
</tr>
<tr>
<td>C</td>
<td>Bequests</td>
</tr>
<tr>
<td>D</td>
<td>Public funding</td>
</tr>
<tr>
<td>E</td>
<td>Partnerships &amp; Events</td>
</tr>
<tr>
<td>F</td>
<td>Web collection</td>
</tr>
<tr>
<td>G</td>
<td>Line Renaud fund</td>
</tr>
<tr>
<td>H</td>
<td>Other income and reversals of provisions</td>
</tr>
</tbody>
</table>

Resource use for a total of €16,286,434

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Amount (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Canvassing costs</td>
</tr>
<tr>
<td>B</td>
<td>Actions to fight AIDS conducted by the association in France</td>
</tr>
<tr>
<td>C</td>
<td>Funding for Research programs</td>
</tr>
<tr>
<td>D</td>
<td>Funding for France programs</td>
</tr>
<tr>
<td>E</td>
<td>Funding for international programs</td>
</tr>
<tr>
<td>F</td>
<td>Actions to fight AIDS conducted by the association internationally</td>
</tr>
<tr>
<td>G</td>
<td>Association administration</td>
</tr>
<tr>
<td>H</td>
<td>Private fundraising costs</td>
</tr>
</tbody>
</table>
### FINANCIAL SECTION

**SIDACTION BALANCE SHEET**

**DECEMBER 31, 2017**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>GROSS</th>
<th>DEPRECIATION AND PROVISIONS</th>
<th>NET</th>
<th>NET 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital assets</td>
<td>2,398,838</td>
<td>752,368</td>
<td>1,646,470</td>
<td>1,741,820</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>415,884</td>
<td>317,902</td>
<td>97,982</td>
<td>126,856</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>1,617,421</td>
<td>434,465</td>
<td>1,182,956</td>
<td>1,212,391</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>356,232</td>
<td></td>
<td>356,232</td>
<td>355,543</td>
</tr>
<tr>
<td>Current assets</td>
<td>9,300</td>
<td></td>
<td>9,300</td>
<td>47,031</td>
</tr>
<tr>
<td>Circulating assets</td>
<td>7,268,196</td>
<td></td>
<td>7,268,196</td>
<td>5,931,383</td>
</tr>
<tr>
<td>Stocks</td>
<td>31,583</td>
<td></td>
<td>31,583</td>
<td>48,035</td>
</tr>
<tr>
<td>Advances and prepayments</td>
<td>79,469</td>
<td></td>
<td>79,469</td>
<td>150</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>130,009</td>
<td></td>
<td>130,009</td>
<td>87,197</td>
</tr>
<tr>
<td>Other</td>
<td>186,802</td>
<td></td>
<td>186,802</td>
<td>108,688</td>
</tr>
<tr>
<td>Short-term investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>6,850,148</td>
<td></td>
<td>6,850,148</td>
<td>5,687,313</td>
</tr>
<tr>
<td>Accruals</td>
<td>113,383</td>
<td></td>
<td>113,383</td>
<td>139,485</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>113,383</td>
<td></td>
<td>113,383</td>
<td>139,485</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>9,790,231</td>
<td>752,368</td>
<td>9,037,863</td>
<td>7,812,688</td>
</tr>
</tbody>
</table>

| CURRENT BEQUEST STOCK       | 1,766,020 |                            |            |            |

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>GROSS</th>
<th>NET</th>
<th>NET 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>4,026,148</td>
<td>4,026,148</td>
<td>4,266,328</td>
</tr>
<tr>
<td>Statutory reserves</td>
<td>46,175</td>
<td>46,175</td>
<td>46,175</td>
</tr>
<tr>
<td>Other reserves</td>
<td>3,979,973</td>
<td>3,979,973</td>
<td>4,220,153</td>
</tr>
<tr>
<td>Result of the financial year</td>
<td>513,929</td>
<td>513,929</td>
<td>240,180</td>
</tr>
<tr>
<td>Provisions for contingencies and expenses</td>
<td>222,184</td>
<td>222,184</td>
<td>445,977</td>
</tr>
<tr>
<td>Dedicated funds</td>
<td>222,184</td>
<td>222,184</td>
<td>445,977</td>
</tr>
<tr>
<td>Debts</td>
<td>2,175,452</td>
<td>2,175,452</td>
<td>2,295,132</td>
</tr>
<tr>
<td>Accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade accounts payable</td>
<td>691,143</td>
<td>691,143</td>
<td>693,380</td>
</tr>
<tr>
<td>Fiscal and social debts</td>
<td>839,880</td>
<td>839,880</td>
<td>769,975</td>
</tr>
<tr>
<td>Other debts</td>
<td>654,243</td>
<td>654,243</td>
<td>831,778</td>
</tr>
<tr>
<td>Accruals</td>
<td>2,090,336</td>
<td>2,090,336</td>
<td>1,045,431</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>2,090,336</td>
<td>2,090,336</td>
<td>1,045,431</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>9,037,863</td>
<td>9,037,863</td>
<td>7,812,688</td>
</tr>
</tbody>
</table>
### INCOME STATEMENT
**DECEMBER 31, 2017**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenue</strong></td>
<td><strong>16,568,279</strong></td>
<td><strong>16,272,496</strong></td>
</tr>
<tr>
<td>Sale of goods</td>
<td>12,388</td>
<td>9,790</td>
</tr>
<tr>
<td>Operating grants</td>
<td><strong>1,725,535</strong></td>
<td><strong>1,661,309</strong></td>
</tr>
<tr>
<td>Reversal of provisions and transfer of expenses</td>
<td>16,745</td>
<td>40,000</td>
</tr>
<tr>
<td>Gifts, rights and other revenue</td>
<td>14,813,611</td>
<td>14,561,397</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td><strong>16,278,104</strong></td>
<td><strong>16,236,591</strong></td>
</tr>
<tr>
<td>Running costs and fundraising expenses</td>
<td>5,444,100</td>
<td>5,273,646</td>
</tr>
<tr>
<td>Taxes and related payments</td>
<td>268,901</td>
<td>297,617</td>
</tr>
<tr>
<td>Salary and wages</td>
<td>2,007,086</td>
<td>1,931,659</td>
</tr>
<tr>
<td>Social security contributions</td>
<td>977,927</td>
<td>959,061</td>
</tr>
<tr>
<td>Depreciation expenses</td>
<td>115,008</td>
<td>110,070</td>
</tr>
<tr>
<td>Estimated expenses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fund pay-outs</td>
<td>7,033,621</td>
<td>7,305,104</td>
</tr>
<tr>
<td>Miscellaneous expenses</td>
<td>431,461</td>
<td>359,434</td>
</tr>
<tr>
<td><strong>OPERATING RESULT</strong></td>
<td><strong>290,175</strong></td>
<td><strong>35,905</strong></td>
</tr>
<tr>
<td>Financial revenue</td>
<td>7,927</td>
<td>1,059</td>
</tr>
<tr>
<td>Net revenue on transfer of SICAV</td>
<td>0</td>
<td>(3,393)</td>
</tr>
<tr>
<td>Other financial revenue</td>
<td>7,927</td>
<td>4,452</td>
</tr>
<tr>
<td><strong>Financial expenses</strong></td>
<td>39</td>
<td>8</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>39</td>
<td>8</td>
</tr>
<tr>
<td><strong>FINANCIAL RESULT</strong></td>
<td><strong>7,888</strong></td>
<td><strong>1,051</strong></td>
</tr>
<tr>
<td>Extraordinary income</td>
<td>364</td>
<td>0</td>
</tr>
<tr>
<td>Revenue on management operations</td>
<td>364</td>
<td>0</td>
</tr>
<tr>
<td><strong>Extraordinary expenses</strong></td>
<td><strong>1,392</strong></td>
<td><strong>257</strong></td>
</tr>
<tr>
<td>Expenses on management operations</td>
<td>1,392</td>
<td>257</td>
</tr>
<tr>
<td><strong>EXTRAORDINARY RESULT</strong></td>
<td><strong>(1,028)</strong></td>
<td><strong>(257)</strong></td>
</tr>
<tr>
<td><strong>COMPANY TAX</strong></td>
<td><strong>6,899</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INTERIM BALANCE</strong></td>
<td><strong>290,136</strong></td>
<td><strong>36,699</strong></td>
</tr>
<tr>
<td>Interim result</td>
<td>290,136</td>
<td>36,699</td>
</tr>
<tr>
<td>Carryover of allocated resources</td>
<td>445,977</td>
<td>169,097</td>
</tr>
<tr>
<td>Commitments to pay from allocated resources</td>
<td>222,184</td>
<td>445,977</td>
</tr>
<tr>
<td><strong>NET RESULTS</strong></td>
<td><strong>513,929</strong></td>
<td><strong>(240,180)</strong></td>
</tr>
<tr>
<td>Total revenue</td>
<td>17,022,547</td>
<td>16,442,653</td>
</tr>
<tr>
<td>Total expenses</td>
<td>16,508,618</td>
<td>16,682,833</td>
</tr>
</tbody>
</table>
ACCOUNTING PRINCIPLES AND METHODS

The annual accounts are prepared and drawn up according to applicable French legislation, notably in application of the following regulatory provisions:

- ANC rules no. 2016-07 dated November 4, 2016 amending ANC rule no. 2014-03 on the general accounting plan;
- CRC rule no. 99-01, on the conditions for annual accounts of associations and foundations.

The items entered into the accounts are evaluated using the historic cost method, in application of the principles of going concern and permanence of methods.

INFORMATION RELATING TO THE BALANCE SHEET

ASSETS

INTANGIBLE ASSETS

Gross values (in €)

<table>
<thead>
<tr>
<th>Total as of 12/31/16</th>
<th>Acquisitions 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>368,853</td>
<td>47,031</td>
<td></td>
<td>415,884</td>
</tr>
</tbody>
</table>

Depreciation (in €)

<table>
<thead>
<tr>
<th>Total as of 12/31/16</th>
<th>Allocations 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>241,998</td>
<td>75,904</td>
<td></td>
<td>317,902</td>
</tr>
</tbody>
</table>

TANGIBLE ASSETS

Depreciation is calculated based on the real period of use of tangible assets. The depreciation periods are as follows:

- 5 years for work and printers
- 3 years for office furniture
- 3 years for desktop computers
- 2 years for laptop computers.

Construction of the association (in €)

<table>
<thead>
<tr>
<th>Total as of 12/31/16</th>
<th>Acquisitions 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,090,997</td>
<td></td>
<td></td>
<td>1,090,997</td>
</tr>
</tbody>
</table>

(non-depreciable – works of art)

Association head office installations

Gross values (in €)

<table>
<thead>
<tr>
<th>Total as of 12/31/16</th>
<th>Acquisitions 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>283,248</td>
<td></td>
<td></td>
<td>283,248</td>
</tr>
</tbody>
</table>

(straight-line depreciation based on asset life)

Depreciation

<table>
<thead>
<tr>
<th>Total as of 12/31/16</th>
<th>Allocations 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>208,581</td>
<td>16,081</td>
<td></td>
<td>224,662</td>
</tr>
</tbody>
</table>
TANGIBLE ASSETS (CONT.)

Computer hardware
Gross values (in €)

<table>
<thead>
<tr>
<th></th>
<th>Total as of 12/31/16</th>
<th>Acquisitions 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total as of 12/31/16</td>
<td>187,859</td>
<td>11,060</td>
<td>3,589</td>
<td>195,330</td>
</tr>
</tbody>
</table>

Office furniture
Gross values (in €)

<table>
<thead>
<tr>
<th></th>
<th>Total as of 12/31/16</th>
<th>Acquisitions 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total as of 12/31/16</td>
<td>47,847</td>
<td>0</td>
<td>0</td>
<td>47,847</td>
</tr>
</tbody>
</table>

Depreciation

<table>
<thead>
<tr>
<th></th>
<th>Total as of 12/31/16</th>
<th>Allocations 2017</th>
<th>Reductions 2017</th>
<th>Total as of 12/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total as of 12/31/16</td>
<td>159,179</td>
<td>17,545</td>
<td>2,287</td>
<td>174,437</td>
</tr>
</tbody>
</table>

(straight-line depreciation based on asset life)

LONG-TERM INVESTMENTS
This amount corresponds to:
- security deposits paid by the association for its administrative offices It is therefore a long-term receivable (over one year);
  – Crédit coopératif shares.

STOCKS
Stocks represent €31,583, including stocks for the shop and regional operations.

ADVANCES AND PREPAYMENTS
Advances and prepayments represent €79,469. They correspond to pay-outs for the OPP ERA 2 project.

OTHER ACCOUNTS RECEIVABLE
Other accounts receivable represent €186,802 corresponding notably to:
– receivable income for €65,930;
– ANRS for €47,687;
– partner commitments for €62,990;
– miscellaneous receivables for €10,195.

All accounts receivable are long-term receivables (over one year).

SHORT-TERM INVESTMENTS
Short-term investments on December 31, 2017 represent 0.

CASH
The cash amount comprises:
- the deposits in transit for gifts received in January 2018 but dated 2017, in the amount of €381,831,
- the association’s current bank and postal accounts which show a positive balance of €6,466,127.
- cash on hand in the amount of €1,529.
- receivable interest in the amount of €661

PREPAID EXPENSES
Prepaid expenses total €113,183 representing:
- subscription and maintenance contracts covering several fiscal years, insurance fees and first quarter rent, totaling €93,680;
- 2018 travel expenses paid in 2017 totaling €15,923;
- communication costs (Sidaction 2018 consultants) totaling €15,923;
- other miscellaneous expenses totaling €2,349.
LIABILITIES

EQUITY

The statutory allocation of €46,175 has been maintained. The reserve amount approved by vote at the 1998 Annual Meeting (€1,524,490) was increased by part of the 2007 income in the amount of €500,000 at the 2008 Annual Meeting and by €1,427,882 at the 2015 Annual Meeting.

Furthermore, in 2015, the balance of the specific fund accounts, corresponding to successive profit allocations from previous financial years, was transferred to the reserve account. The 2017 Annual Meeting allocated the 2016 profit to reserve, bringing its total to €3,979,973.

The 2017 profit of €513,929 is indicated on the “Financial year result” line of balance sheet liabilities.

Equity details are presented in the table below:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BALANCE AT START OF FINANCIAL YEAR</th>
<th>INCREASE</th>
<th>DECREASE</th>
<th>BALANCE AT END OF FINANCIAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association funds without right of recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of integrated heritage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory funds</td>
<td>46,175</td>
<td>0</td>
<td>0</td>
<td>46,175</td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bequests and donations with fixed asset counterpart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disposable reserves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory reserves or contractual reserves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory reserves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reserves</td>
<td>4,220,153</td>
<td>0</td>
<td>240,180</td>
<td>3,979,973</td>
</tr>
<tr>
<td>EQUITY</td>
<td>4,266,328</td>
<td>0</td>
<td>240,180</td>
<td>4,026,148</td>
</tr>
</tbody>
</table>

The €240K decrease corresponds to the allocation of the FY2016 loss.

PROVISIONS FOR CONTINGENCIES AND EXPENSES

The association records a provision for litigation if the risk is considered likely and can be reasonably evaluated using information available at the date of account closing.

DEBTS

Supplier debts (€691,143) correspond to expenses from the last quarter of 2017, to be paid in 2018 (€544,689), and invoices not yet received (€146,454).

Other debts (€654,243) include commitments to partners (€1,500) and bequests in progress (€652,743).

The fiscal, social and other debts (€839,880) correspond to:

– salaries and benefits for fourth quarter 2017, paid in January 2018 (€146,881);
– fiscal expenses 2017, paid in 2018 (€15,231);
– provisions for paid holidays (€665,058);
– other salaries (€12,710).

All debts are current liabilities.
**DEFERRED REVENUE**

Income from grants received during the year not consumed by the end of the year is entered as deferred revenue.

Deferred revenue represents €2,090,336. This amount represents revenue collected in 2017 for 2018 projects, i.e.:
- a grant from Agence Française de Développement in the amount of €1,493,429;
- grants from Paris city council in the amount of €232,790;
- funds received for the Dîner de la Mode 2018 in the amount of €144,000;
- Expertise France for €97,833;
- Unitaid for €111,920;
- Fondation de France for €10,364.

**OFF-BALANCE SHEET COMMITMENTS**

**SOCIAL MISSIONS**

According to the fund allocation procedure, the Board of Directors commitments do not become binding until a funding agreement has been signed with the third party receiving the funds. Nevertheless, it was deemed useful to include herein all Board of Directors decisions relating to funding.

Thus, in 2017, the commitments were as follows:

<table>
<thead>
<tr>
<th></th>
<th>PATIENT PREVENTION AND ASSISTANCE FUND</th>
<th>RESEARCH FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance of financial support to be paid on 12/31/16</td>
<td>1,879,199</td>
<td>4,554,447</td>
</tr>
<tr>
<td>New commitments in 2017</td>
<td>3,629,495</td>
<td>3,007,281</td>
</tr>
<tr>
<td>Payments made during 2017</td>
<td>3,527,756</td>
<td>3,572,545</td>
</tr>
<tr>
<td>Remainder allocated to 2017 payments</td>
<td>10,630</td>
<td></td>
</tr>
<tr>
<td>Balance of financial support on 12/31/2017</td>
<td>1,970,308</td>
<td>3,989,183</td>
</tr>
</tbody>
</table>

Financial support for programs in developing countries is divided evenly between research (50%) and prevention/patient care (50%).
INCOME BREAKDOWN

Sales of goods include:
– sales from our online shop totaling €12,096;
– subscriptions to Transversal totaling €292.

Operating grants:
Accounting method applied for grants:

Income from grants received during the year but not consumed by the end of the year is entered as deferred revenue.
Income from grants not received during the year but consumed during the year is entered as receivable income.

Grants represent €1,725,535, broken down as follows:
– grants from Agence Française de Développement (€822,819) for international projects;
– grants from the General Directorate for Health (DSG) (€90,000) and Ministry of Justice (€24,500) for prevention and patient aid projects in France;
– grants from Paris city council in the amount of €273,279;
– Expertise France and World Fund grants (€344,533);
– a Unitaid grant (€155,712);
– ANRS for €9,692;
– Inserm for €5,000;

Transfers of expenses:

These include cover for Fongecif training actions.

Other income, i.e. €14,813,611, concerns:
– fees, royalties and reproduction rights in the amount of €81,087;
– donations from the public (€10,830,848);
– income from various collection and corporate sponsorship actions (€1,925,819);
– revenue from bequests collected during the fiscal year and life insurance policies.

After final completion of the bequest or donation file, the amount of the sale is entered into the corresponding income account and the expenses incurred to acquire the asset during the transmission are deducted from this income. This accounting operation is triggered by receipt of the final statement from the notary.

The amount entered in the 2017 accounts is €1,821,840;
– media partnerships (€67,363);
– member dues (€8,400);
– sundry management income (€78,253, notably including €22,463 for rent and €51,282 for returns from partners).

Financial revenue (€7,927) corresponds to the value increases and interest generated by short-term investments using the association’s cash flow.

EXTRAORDINARY EXPENSES

Extraordinary expenses of €1,392 correspond for the most part to asset disposals.

REIMBURSEMENT OF COSTS TO BOARD MEMBERS

In 2017, Sidaction covered the expenses incurred by directors attending board of director and annual director meetings, in the amount of €31,446. These expenses mainly concern travel by members of the international college.

EVALUATION OF DONATIONS AND CONTRIBUTIONS IN KIND

According to the 2008 recommendation of IGAS (general inspectorate of social affairs), we evaluated the volunteer contributions and resources in kind that Sidaction receives.
VOLUNTEER CONTRIBUTIONS

To examine funding applications from charities, research laboratories or young researchers and the healthcare sector, Sidaction calls upon charity managers, scientists and doctors, who volunteer their experience in the fight against AIDS to the process of allocating the funds collected from the public. They assess the funding applications before the committee meetings, getting together in plenary sessions to study the projects presented or in smaller committees to evaluate the projects supported, requests to postpone or modify funding allocations, requests for emergency aid and exceptional funding applications.

On December 31, 2017, there were 26 people on the AIDS charity committee, which is responsible for examining patient assistance applications submitted by French charities.

The scientific and medical committee, which examines scientific and medical research projects and applications from young researchers, counted 28 members.

The international committee, which assesses applications from foreign associations within the framework of the international call for projects, had 18 members.

Each dossier is examined by two or three people, which takes between one and three hours, depending on the type of project presented. In view of the number of files examined for funding applications or evaluations, the time spent by experts on examining the funding allocated by Sidaction is estimated as follows for 2017:

- 1,497 hours for experts on the AIDS charity committee;
- 902 hours for experts on the scientific and medical committee;
- 590 hours for experts on the international committee.

Experts are also asked to contribute to work and discussion groups, such as the “prison experts” group, for the missions implemented by Sidaction. In 2017, they provided 125 hours of volunteer work.

Finally, the experts on the various committees, notably their presidents, are regularly asked to participate in the association’s communication operations. This represented 238 hours in 2017.

Due to the widely varying professional and personal situations of each of these people, who all provide valuable knowledge, it is impossible to place a financial figure on the 3,352 hours they donate to the association at no charge.

Furthermore, Sidaction uses volunteers to organize collection and communication operations and for occasional assistance in the various departments of Sidaction. We have opted to evaluate each hour of volunteer work provided at the minimum hourly rate applicable in France.

The generosity of the 3,000 volunteer workers who took part in Sidaction médias 2017, answering calls from viewers wishing to make pledges to the association for a total of 5,395 hours, is valued at €82,669.

As part of our fundraising actions and other events, we also organized various operations (Dîner de la Mode), during which volunteers contributed a total of 522 hours. This represents a contribution of €7,999.

SERVICES AND DONATIONS IN KIND

Sidaction Médias, which enables the collection of approximately one quarter of the association’s annual income, could not exist without the generosity of our partners, including the 26 media organizations who broadcast Sidaction médias for three days, the companies that allow us to use their telephone platforms to receive pledges, and the poster networks, newspapers and websites that promote our donation campaign.

It is impossible to determine the exact value of the gratuitous benefits we receive; since no other operation of this type is carried out by the for-profit sector, there is no reference base for an evaluation.

In 2017, we can value a portion of these gratuitous benefits in the amount of €1,157,414 exclusively devoted the broadcasting of our donation pledge campaign.
SERVICES AND DONATIONS IN KIND (CONT.)

We also received gratuitous benefits for the organization of the “Dîner de la Mode” in the amount of €89,255.

All in-kind gifts have been valued at the real cost of the good or service when this information is available, or at the cost of an equivalent good or service.

INFORMATION ON THE REMUNERATION OF THE 3 HIGHEST-RANKING EXECUTIVE OFFICERS AS PROVIDED BY ARTICLE 20 OF THE LAW OF 23 MAY 2006

Sidaction’s 3 highest-ranking executive officers are the President, the Vice President and the Treasurer. These 3 highest-ranking executive officers receive no remuneration from the Sidaction association.

INFORMATION ON THE FIVE HIGHEST REMUNERATIONS

The gross annual amount of the 5 highest remunerations totals €338,423.

INFORMATION ON PROVISIONS FOR EMPLOYEE RETIREMENT PACKAGES

The result of application of the labor law on the calculation of provisions for the retirement benefits payable to the association’s employees when they retire is negligible for fiscal year 2017. No provision is therefore made for this item.

The calculation based on a 1% rate of salary increase, a discount rate of 1.3%, a turnover rate applied per age bracket and a retirement age of 62 years gives the result of €215K. This is only a slight variation on the amount calculated in 2016 (€206K).

CHANGE IN STAFF MAKE-UP

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>HEADCOUNT 12/31/2016</th>
<th>NEW HIRES (1)</th>
<th>DEPARTURES (1)</th>
<th>HEADCOUNT 12/31/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-executives</td>
<td>2 open-ended contracts (CDI)</td>
<td>open-ended contract (CDI)</td>
<td>1 open-ended contract (CDI)</td>
<td>1 open-ended contract (CDI)</td>
</tr>
<tr>
<td></td>
<td>3 fixed term contracts (CDD)</td>
<td>fixed term contract (CDD)</td>
<td>2 fixed term contracts (CDD)</td>
<td>1 fixed term contract (CDD)</td>
</tr>
<tr>
<td>Executives</td>
<td>35 open-ended contracts (CDI)</td>
<td>8 open-ended contracts (CDI)</td>
<td>6 open-ended contracts (CDI)</td>
<td>37 open-ended contracts (CDI)</td>
</tr>
<tr>
<td></td>
<td>2 fixed-term contracts (CDD)</td>
<td>2 fixed-term contracts (CDD)</td>
<td>2 fixed-term contracts (CDD)</td>
<td>2 fixed-term contracts (CDD)</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>10</td>
<td>9</td>
<td>41*</td>
</tr>
</tbody>
</table>

(*) Corresponding to 40 full-time equivalents.
(1) Including transfers from non-executive to executive status, and fixed-term contracts (CDD) which became open-ended contracts (CDI).

INFORMATION ON FEES FOR AUDITORS

In application of decree no. 2008-1487 of December 30, 2008, the amount of auditor fees indicated in the income statement of the financial year closed on 12/31/2017 is €53,160 for the legal inspection and specific audit missions conducted on the projects funded by the association.
## Information on pending bequests and donations

<table>
<thead>
<tr>
<th>Turnover Years</th>
<th>Number of Dossiers Accepted</th>
<th>Amount Pending (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1</td>
<td>10,000</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>3,500</td>
</tr>
<tr>
<td>2008</td>
<td>1</td>
<td>110,000</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
<td>2,000</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td>20,320</td>
</tr>
<tr>
<td>2014</td>
<td>2</td>
<td>856,000</td>
</tr>
<tr>
<td>2016</td>
<td>6</td>
<td>338,300</td>
</tr>
<tr>
<td>2017</td>
<td>4</td>
<td>425,900</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>1,766,020</strong></td>
</tr>
</tbody>
</table>

## Life insurance cashed in 2017

<table>
<thead>
<tr>
<th>Dossier No.</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/003/A</td>
<td>554</td>
</tr>
<tr>
<td>16/010/A</td>
<td>1,461</td>
</tr>
<tr>
<td>16/013/A</td>
<td>21,902</td>
</tr>
<tr>
<td>17/001/A</td>
<td>3,067</td>
</tr>
<tr>
<td>17/002/A</td>
<td>3,561</td>
</tr>
<tr>
<td>17/003/A</td>
<td>107,761</td>
</tr>
<tr>
<td>17/005/A</td>
<td>14,633</td>
</tr>
<tr>
<td>17/006/A</td>
<td>14,422</td>
</tr>
<tr>
<td>17/007/A</td>
<td>65,287</td>
</tr>
<tr>
<td>17/008/A</td>
<td>8,357</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>241,005</strong></td>
</tr>
</tbody>
</table>

## Bequests and donations cashed in 2017

<table>
<thead>
<tr>
<th>Dossier No.</th>
<th>Nature of Bequest or Donation</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/006/L</td>
<td>Property</td>
<td>753</td>
</tr>
<tr>
<td>11/004/L</td>
<td>Property and money</td>
<td>2,411</td>
</tr>
<tr>
<td>12/004/L</td>
<td>Property</td>
<td>155,560</td>
</tr>
<tr>
<td>13/004/L</td>
<td>Amount of money</td>
<td>822</td>
</tr>
<tr>
<td>13/009/L</td>
<td>Property</td>
<td>45,126</td>
</tr>
<tr>
<td>14/001/L</td>
<td>Property</td>
<td>875,983</td>
</tr>
<tr>
<td>14/004/L</td>
<td>Property</td>
<td>327,977</td>
</tr>
<tr>
<td>14/005/L</td>
<td>Universal partner bequest</td>
<td>3,250</td>
</tr>
<tr>
<td>15/005/L</td>
<td>Amount of money</td>
<td>40,102</td>
</tr>
<tr>
<td>16/002/L</td>
<td>Amount of money</td>
<td>275</td>
</tr>
<tr>
<td>16/005/L</td>
<td>Property</td>
<td>77,500</td>
</tr>
<tr>
<td>16/007/L</td>
<td>Movable assets</td>
<td>1,301</td>
</tr>
<tr>
<td>17/004/L</td>
<td>Amount of money</td>
<td>48,292</td>
</tr>
<tr>
<td>17/005/L</td>
<td>Amount of money</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1,580,832</strong></td>
</tr>
</tbody>
</table>
## ANNEXES AUX COMPTES DE SIDACTION

### COMPTE D’EMPLOI ANNUEL DES RESSOURCES COLLECTÉES AUPRÈS DU PUBLIC AU 31 DÉCEMBRE 2017

<table>
<thead>
<tr>
<th>EMPLOIS</th>
<th>EMPLOIS DE 2017 COMPTE DE RÉSULTAT</th>
<th>AFFECTATION PAR EMPLOIS DES RESSOURCES COLLECTÉES AUPRÈS DU PUBLIC UTILISÉES SUR 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Missions sociales</td>
<td>11 684 353</td>
<td>9 274 911</td>
</tr>
<tr>
<td>1-1 Réalisées en France</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions réalisées directement</td>
<td>2 734 712</td>
<td>2 170 784</td>
</tr>
<tr>
<td>Versements à d’autres organismes agissant en France</td>
<td>4 948 218</td>
<td>3 927 841</td>
</tr>
<tr>
<td>1-2 Réalisées à l’étranger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions réalisées directement</td>
<td>1 916 021</td>
<td>1 520 916</td>
</tr>
<tr>
<td>Versements à d’autres organismes</td>
<td>2 085 403</td>
<td>1 655 370</td>
</tr>
<tr>
<td>2- Frais de recherche de fonds</td>
<td>3 415 544</td>
<td>2 711 222</td>
</tr>
<tr>
<td>Frais d’appel à la générosité du public</td>
<td>2 966 705</td>
<td>2 354 938</td>
</tr>
<tr>
<td>Frais de recherche de fonds privés</td>
<td>448 839</td>
<td>356 284</td>
</tr>
<tr>
<td>Charges liées à la recherche de subventions et autres concours publics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- Frais de fonctionnement</td>
<td>1 186 536</td>
<td>941 859</td>
</tr>
</tbody>
</table>

| I TOTAL DES EMPLOIS DE L’EXERCICE inscrit au compte de résultat | 16 286 434 |
| II DOTATIONS AUX PROVISIONS ET AMORTISSEMENTS | 0 |
| III ENGAGEMENT À RÉALISER sur ressources affectées | 222 184 |
| IV EXCÉDENT DE RESSOURCES DE L’EXERCICE | 513 929 |
| V TOTAL GÉNÉRAL | 17 022 547 |
| VI Part des acquisitions d’immobilisations brutes de l’exercice financées par les ressources collectées auprès du public | |
| VII Neutralisation des dotations aux amortissements des immobilisations financées à compter de la première application du règlement par les ressources collectées auprès du public | |
| VIII Total des emplois financés par les ressources collectées auprès du public | 12 927 992 |

### ÉVALUATION DES CONTRIBUTIONS VOLONTAIRES EN NATURE

| Missions sociales | 1 337 336 |
| Frais de fonctionnement et autres charges | |
| **TOTAL** | **1 337 336** |
**RESSOURCES**

Report des ressources collectées auprès du public non affectées et non utilisées en début d’exercice.

<table>
<thead>
<tr>
<th>1- Ressources collectées auprès du public</th>
<th>12 927 992</th>
<th>12 927 992</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Dons et legs collectés</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dons manuels non affectés</td>
<td>10 825 848</td>
<td>10 825 848</td>
</tr>
<tr>
<td>Dons manuels affectés</td>
<td>5 000</td>
<td>5 000</td>
</tr>
<tr>
<td>Legs et autres libéralités non affectés</td>
<td>1 664 800</td>
<td>1 664 800</td>
</tr>
<tr>
<td>Legs et autres libéralités affectés</td>
<td>157 040</td>
<td>157 040</td>
</tr>
<tr>
<td>1-2 Autres produits liés à l’appel à la générosité du public</td>
<td>275 305</td>
<td>275 305</td>
</tr>
<tr>
<td>2- Autres fonds privés</td>
<td>1 673 783</td>
<td></td>
</tr>
<tr>
<td>3- Subventions et autres concours publics</td>
<td>1 725 535</td>
<td></td>
</tr>
<tr>
<td>4- Autres produits</td>
<td>249 259</td>
<td></td>
</tr>
</tbody>
</table>

**I** TOTAL DES RESSOURCES DE L’EXERCICE 16 576 570

**II** REPRISES DES PROVISIONS ET AMORTISSEMENTS 0

**III** REPORT DES RESSOURCES AFFECTÉES 445 977

**IV** VARIATION DES FONDS DÉDIÉS COLLECTÉS AUPRÈS DU PUBLIC (cf. tableau des fonds dédiés)

**V** INSUFFISANCE DE RESSOURCES DE L’EXERCICE

**VI** TOTAL GÉNÉRAL 17 022 547 12 927 992

Total des emplois financés par les sources collectées auprès du public 12 927 992

Solde des ressources collectées auprès du public non affectées et non utilisées en fin d’exercice 12 927 992

**EVALUATION DES CONTRIBUTIONS VOLONTAIRES EN NATURE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bénévolat</td>
<td>90 667</td>
</tr>
<tr>
<td>Prestations en nature</td>
<td>1 246 669</td>
</tr>
<tr>
<td>Don en nature</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

1 337 336
ANNEXES AUX COMPTES DE SIDACTION

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

RÈGLES ET MÉTHODES
D’ÉTABLISSEMENT DU CER

Le CER est établi sur la base du compte de résultat avant affectation du résultat.

À compter de l’exercice 2015, Sidaction a procédé à une modification du calcul de ses ratios validé par une décision du CA du 3 mars 2016. Une partie des coûts de sensibilisation, jusqu’à présent intégrés dans les frais de recherche de fonds, est désormais affectée en mission sociale selon des pourcentages de répartition raisonnables.

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 16 286 434 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 distincts d’activités :
– 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 REALISÉES EN FRANCE

Les programmes en France soutenus par Sidaction pour un montant total de 2 734 712 euros se décomposent comme suit :
– 698 432 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, Prévention jeunes et Prévention gay ;
– 577 907 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, Recherche dans les PED et Jeunes chercheurs ;
– 1 458 374 euros pour l’information et les événements d’échange et de visibilité, tels que le magazine Transversal ou les Éssentiels et le journal Ensemble.

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 trois 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.
1.2. INFORMATION SUR LES ACTIONS RÉALISÉES À L’ÉTRANGER

**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, 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 :

<table>
<thead>
<tr>
<th>Versements effectués en 2017</th>
<th>Financements de l’aide aux malades et recherche</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Financements de l’aide aux malades</td>
</tr>
<tr>
<td>Appel d’offres</td>
<td>1 824 250</td>
</tr>
<tr>
<td>Appel à projets Départements français d’Amérique</td>
<td>158 550</td>
</tr>
<tr>
<td>Appel à projets Milieu carcéral</td>
<td>212 183</td>
</tr>
<tr>
<td>Appel à projets Prévention Gay</td>
<td>253 500</td>
</tr>
<tr>
<td>Financement des jeunes chercheurs</td>
<td>1 358 893</td>
</tr>
<tr>
<td>Aides aux équipes de recherche</td>
<td>1 023 592</td>
</tr>
<tr>
<td>Amélioration de la qualité de vie</td>
<td>117 250</td>
</tr>
<tr>
<td><strong>TOTAL FINANCEMENTS « INTERNATIONAL »</strong></td>
<td><strong>2 085 403</strong></td>
</tr>
</tbody>
</table>
2. INFORMATION SUR LES FRAIS DE RECHERCHE DE FONDS

Les coûts affectés aux frais de recherche de fonds s’élèvent à 3 415 544 euros et sont répartis en :
– frais d’appel à la générosité du public ;
– frais de recherche de fonds privés.

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 reçus 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 1 048 641 euros, comprenant les frais des opérations de marketing direct menées en parallèle de l’opération et y prenant appui pour susciter les dons (741 655 euros).

Les coûts directs d’appel à la générosité publique représentent un total de 2 966 705 euros. Ils se décomposent, en plus des 1 048 641 euros des coûts d’organisation du Sidaction médias, en :
– coûts d’appel à la générosité publique (1 477 709 euros) ;
– coûts d’appel à la générosité publique sur le Web (197 590 euros) ;
– coûts de comptes-rendus aux donateurs et aux partenaires de l’association, et coûts des relations médias (116 458 euros) ;
– coûts de traitement des legs et de communication auprès des notaires et du grand public (70 777 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 55 531 euros et se composent de la répartition des frais de fonctionnement de la structure.

2.2. FRAIS DE RECHERCHE DE FONDS PRIVES

Cette rubrique comprend les frais liés à la recherche de partenariats d’entreprises et de mécènes, à la boutique, aux événements de prestige et aux soirées organisées, 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…).


2.3. CHARGES LIÉES À LA RECHERCHE DE SUBVENTIONS ET AUTRES CONCOURS PUBLICS

Nous n’avons pas de frais directement liés à la recherche de subventions et autres concours publics.

3. INFORMATION SUR LES FRAIS DE FONCTIONNEMENT

Sont affectées 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 1 186 536 euros.
B - NOTE SUR LES AFFECTATIONS PAR EMPLOI DES RESSOURCES COLLECTÉES AUPRÈS DU PUBLIC ET UTILISÉES SUR 2017

La 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.

I. MISSIONS SOCIALES FINANCIÉES 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 2017, les missions sociales représentent 71,7 % de l’activité générale, soit 9 274 911 euros financés par la générosité du public.

Seules certaines recettes, issues de financeurs publics et de financeurs privés, essentiellement un fonds de dotation et 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 2 170 784 euros, soit :
- 554 407 euros pour les actions d’aide aux malades et de prévention ;
- 458 736 euros pour les actions de recherche scientifique et médicale ;
- 1 157 641 euros pour les événements d’échanges, de visibilité et de sensibilisation.

**VERSEMENTS À D’AUTRES ORGANISMES AGISSANT EN FRANCE**

Les versements en France financés par la générosité du public s’élèvent à 3 927 841 euros, soit :
- 1 943 579 euros pour des structures menant des actions d’aide aux malades et de prévention ;
- 1 984 262 euros pour des structures menant des actions de recherche scientifique et médicale.

1.2. INFORMATION SUR LES ACTIONS RÉALISÉES À L’ÉTRANGER

**ACTIONS RÉALISÉES DIRECTEMENT**

Les actions menées à l’étranger et financées par la générosité du public s’élèvent à 1 520 916 euros.

**VERSEMENTS À D’AUTRES ORGANISMES AGISSANT À L’ÉTRANGER**

Les versements à l’étranger financés par la générosité du public s’élèvent à 1 655 370 euros.

2. FRAIS DE RECHERCHE DE FONDS FINANCES PAR LA GÉNÉROSITÉ DU PUBLIC

Pour l’année 2017, les frais de recherche de fonds financés par la générosité du public représentent 21 % de l’activité, soit 2 711 222 euros.

3. FRAIS DE FONCTIONNEMENT FINANCES 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 941 859 euros et représentent 7,3 % de l’activité.

C - ENGAGEMENTS À RÉALISER (III)

Les engagements à réaliser correspondent à la partie non consommée de subventions reçues et constatée en fonds dédiés.

D - NOTE SUR LES RESSOURCES

La réglementation pour l’établissement du CER fait une distinction entre les fonds directement collectés auprès du public et ceux issus d’opérations de collecte et autres ressources de l’association. Le total des ressources est de 16 576 570 euros.

1. INFORMATION SUR LES RESSOURCES COLLECTÉES AUPRÈS DU PUBLIC

Durant l’exercice 2017, les opérations faisant appel à la générosité du public ont permis de collecter 12 927 992 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 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 affectées par le conseil d’administration conformément aux statuts.
1.1. INFORMATION SUR LES DONS ET LES LEGS COLLECTES

DONS MANUELS NON AFFECTÉS

Les dons collectés auprès de particuliers s’élèvent à 10 830 848 euros et se décomposent comme suit :
- 6 896 725 euros sont issus des opérations de marketing direct, contre 6 833 180 euros pour 2017. Ces opérations ont utilisé le fichier des donateurs1 issu des campagnes de collecte de fonds menées par l’association de 1994 à 2017 ;

LEGES ET AUTRES LIBERALITÉS AFFECTÉES ET NON AFFECTÉES

Au cours de l’année 2017, nous avons encaissé 1 821 840 euros, dont 157 040 euros en affectés et 1 664 800 euros en non affectés, provenant de :
- 14 legs (1 580 834 euros) ;
- 10 assurances vie (241 006 euros).

1.2. INFORMATION SUR LES AUTRES PRODUITS LIÉS À L’APPEL À LA GÉNÉROSITÉ DU PUBLIC

Les opérations régionales s’élèvent à 275 305 euros.

2. INFORMATION SUR LES AUTRES FONDS PRIVES

Les autres fonds privés regroupent l’ensemble des opérations de collecte de Sidaction hors appel à la générosité du public. Ils s’élèvent à 1 673 783 euros et se composent comme suit :
- 916 933 euros proviennent des mécénats et des partenariats d’entreprise, tels qu’avec la société Sucres et Denrées (200 000 euros), des partenariats dans le cadre du Sidaction médias 2017 (379 263 euros), BNP (26 941 euros), l’industrie pharmaceutique (35 000 euros), Fondation de France (36 145 euros) et autres (20 711 euros) ;
- 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 756 850 euros (Diner de la mode).

3. INFORMATION SUR LES SUBVENTIONS ET AUTRES CONCOURS PUBLICS

Dans le cadre des missions menées en propre par Sidaction, nous faisons des demandes de subvention auprès des organismes publics. En 2017, nous avons obtenu des subventions pour un montant total de 1 725 535 euros, dont notamment :
- 822 819 euros de l’Agence française de développement (AFD) pour les programmes Grandir et DAS et Perspectives ;
- 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 ;
- 24 500 euros du ministère de la Justice pour la mission Milieu carcéral ;
- 273 279 euros de la Mairie de Paris ;
- 344 533 euros d’Expertise France ;
- 155 712 euros d’Unitaid ;
- 14 692 euros de l’ANRS.

4. INFORMATION SUR LES AUTRES PRODUITS

Les autres produits s’élèvent à 249 259 euros. Ils se décomposent en :
- 292 euros d’abonnements au magazine Transversal et au journal Ensemble ;
- 12 096 euros de ventes de la boutique ;
- 103 763 euros de produits de gestion, dont 51 282 euros de restitutions de la part de nos partenaires, 8 400 euros de cotisations et 44 080 euros de produits de gestion courante et de transferts de charge ;
- 7 926 euros de produits financiers qui concernent les plus-values générées par les placements à court terme de la trésorerie de l’association ;
- 125 181 euros ont été collectés grâce à l’action de Madame Line Renaud. Le fonds Line-Renaud est constitué des ressources des albums vente et droits d’auteur pour 81 087 euros et de recettes de manifestations organisées au profit de l’association, en particulier l’opération Chefs solidaires (44 094 euros).

E - INFORMATION SUR LES REPRISES DES PROVISIONS ET AMORTISSEMENTS (II)

Les reprises des provisions et amortissements s’élèvent à 0 euros.

F - REPORT DES RESSOURCES AFFECTÉES NON UTILISÉES

Cette 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 affecté. À 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 rubrique permet de suivre les contributions volontaires chiffrables dont bénéficie Sidaction au cours de l’année.

Les contributions volontaires en nature se décomptent comme suit :
- 90 667 euros de bénévolat ;
- 1 246 669 euros de prestations en nature.

Elles sont affectées dans nos trois grandes familles de coûts, en fonction de la destination des contributions :
- 1 337 336 euros de frais de recherche de fonds.

Les heures de bénévolat non chiffrables sont exclues du tableau.

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 3 518 heures de travail qui nous sont offertes.

NOTES SUR LES ENGAGEMENTS NON VERSÉS PAR SIDACTION

Les engagements votés au bénéfice des actions associatives d’information, de prévention et d’aide aux malades, et des programmes de recherche et d’amélioration de la qualité de vie et des soins restant à verser s’élèvent à 5 959 493 euros.

Pour les actions associatives d’information, de prévention et d’aide aux malades en France, en marge de ses propres programmes, Sidaction a engagé, en 2017, pour 2 579 250 euros de financements associatifs. 2 454 944 euros ayant été versés en 2017, le solde des engagements en cours de versement au 31 décembre 2017, en tenant compte des reliquats, s’établit à 1 371 151 euros.

Pour les programmes de recherche scientifique et médicale, et d’amélioration de la qualité de vie et des soins des malades, en marge de ses propres programmes, Sidaction a engagé, en 2017, pour 1 957 036 euros de financements aux jeunes chercheurs, aides aux équipes de recherche, et qualité de vie et qualité des soins.

2 499 734 euros ayant été versés en 2017, le solde des engagements en cours de versement au 31 décembre 2017, en tenant compte des reliquats, s’établit à 3 381 749 euros.

Pour les programmes de lutte contre le sida dans les pays en développement et en transition, en marge de ses propres programmes, Sidaction a engagé, en 2017, pour 2 100 490 euros de financements. 2 145 623 euros ayant été versés en 2017, le solde des engagements en cours de versement au 31 décembre 2017, en tenant compte des reliquats, s’établit à 1 206 593 euros.

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.
**ANNEXES AUX COMPTES DE SIDACTION**

**ENGAGEMENTS NON VERSÉS PAR SIDACTION AU 31 DÉCEMBRE 2017**

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Solde restant à verser au 01/01/2017</th>
<th>Nouveaux engagements et modifications</th>
<th>Versements effectués en 2017</th>
<th>Restitutions sur financements</th>
<th>Solde restant à verser au 31/12/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appel d’offres Aide aux malades et prévention</td>
<td>902 504</td>
<td>1 966 150</td>
<td>1 822 453</td>
<td>297</td>
<td>1 045 904</td>
</tr>
<tr>
<td>Appel à projets Départements français d’Amérique</td>
<td>96 247</td>
<td>170 600</td>
<td>156 495</td>
<td>2 055</td>
<td>108 297</td>
</tr>
<tr>
<td>Appel à projets Emploi</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Appel à projets Prévention et soutien en milieu carcéral</td>
<td>120 046</td>
<td>199 800</td>
<td>220 396</td>
<td>0</td>
<td>99 450</td>
</tr>
<tr>
<td>Appel à projets Prévention gay</td>
<td>130 400</td>
<td>242 700</td>
<td>255 600</td>
<td>0</td>
<td>117 500</td>
</tr>
<tr>
<td>TOTAL FINANCEMENTS ASSOCIATIFS FRANCE</td>
<td>1 249 197</td>
<td>2 579 250</td>
<td>2 454 944</td>
<td>2 352</td>
<td>1 371 151</td>
</tr>
<tr>
<td>Appel à projets Prise en charge globale</td>
<td>309 500</td>
<td>1 834 507</td>
<td>1 318 478</td>
<td>8 278</td>
<td>817 251</td>
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<tr>
<td>Bailleurs externes</td>
<td>269 860</td>
<td>13 018</td>
<td>0</td>
<td>256 842</td>
<td></td>
</tr>
<tr>
<td>Appel à projets Populations exclues (populations stigmatisées)</td>
<td>278 263</td>
<td>0</td>
<td>278 263</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Appel à projets Enfants (Grandir + PSS)</td>
<td>646 405</td>
<td>513 905</td>
<td>0</td>
<td>132 500</td>
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</tr>
<tr>
<td>TOTAL FINANCEMENTS INTERNATIONAUX</td>
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<td>2 100 490</td>
<td>2 145 623</td>
<td>8 278</td>
<td>1 206 593</td>
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<tr>
<td>Financements aux jeunes chercheurs</td>
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<td>1 874 050</td>
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<tr>
<td>Appel d’offres permanent</td>
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<td>1 036 090</td>
<td>1 358 893</td>
<td>0</td>
<td>1 874 050</td>
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<tr>
<td>Aides aux équipes de recherche</td>
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<td>Appel d’offres permanent</td>
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<td>820 635</td>
<td>0</td>
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<tr>
<td>Fonds de dotation Pierre Bergé</td>
<td>244 297</td>
<td>0</td>
<td>202 957</td>
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<td>41 340</td>
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<td>Appel d’offres permanent 2013</td>
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<td>202 957</td>
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<td>41 340</td>
</tr>
<tr>
<td>Amélioration de la qualité de vie et de la qualité de soins</td>
<td>117 249</td>
<td>0</td>
<td>117 249</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Appel d’offres</td>
<td>117 249</td>
<td>0</td>
<td>117 249</td>
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<td>0</td>
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<tr>
<td>TOTAL FINANCEMENTS SCIENTIFIQUES ET MÉDICAUX</td>
<td>3 924 446</td>
<td>1 957 036</td>
<td>2 499 734</td>
<td>0</td>
<td>3 381 749</td>
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</table>

**TOTAL EXERCICE 2017**

<table>
<thead>
<tr>
<th></th>
<th>6 433 647</th>
<th>6 636 776</th>
<th>7 100 301</th>
<th>10 630</th>
<th>5 959 493</th>
</tr>
</thead>
</table>

**Engagements sur 2018**

**4 871 442**

**Engagements sur 2019**

**959 900**

**Engagements sur 2020**

**128 148**

**Total**

**5 959 490**
NOTES SUR LES FONDS DÉDIÉS DE SIDACTION

L'appel à la générosité du public 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.

### ANNEXES AUX COMPTES DE SIDACTION

#### RESSOURCES

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<tr>
<th></th>
<th>FONDS A ENGAGER AU DÉBUT DE L'EXERCICE</th>
<th>EMPLOI COMPTABILISÉ AU COURS DE L'EXERCICE</th>
<th>RESSOURCES COMPTABILISÉES AU COURS DE L'EXERCICE</th>
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</table>
OUR ORGANIZATION

THE BOARD OF DIRECTORS
EXPERTS AGAINST AIDS

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We would like to thank all Board Members whose mandates expired in 2017 and 2018:
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We would like to thank all committee presidents whose mandates expired in 2017 and 2018:
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Il est composé de cliniciens en activité dans des services de maladies infectieuses ou d’immunologie clinique, de chercheurs investis dans des travaux fondamentaux ou appliqués et d’experts en sciences sociales. Le comité est complété par la présence de deux représentants d’associations de malades. Ces spécialistes apportent au conseil d’administration de Sidaction l’éclairage scientifique nécessaire à une bonne étude des demandes, évaluent les résultats obtenus par les programmes soutenus par Sidaction et collaborent aux activités d’information et de vulgarisation scientifique de l’association.

**PRÉSIDENT**

Asier SÁEZ-CIRIÓN*3p
Groupe Réservoirs et contrôle viral, unité HIV, inflammation et persistance, Institut Pasteur (Paris)

**MENBRES (24)**

**Víctor APPAY**
Immunophysiopathologie de l’infection VIH et vieillissement immunitaire, Inserm U1135, hôpital de la Pitié-Salpêtrière (Paris)

Jean-Luc BATTINI
Virus ARN et métabolisme, CNRS UMR9004, Institut de recherche en infectiologie (Montpellier)

Anne-Sophie BEIGNON3
Service d’immunovirologie, Institut des maladies émergentes et des thérapies innovantes, CEA & UMR E1, université Paris-11 (Fontenay-aux-Roses)

Philippe BENAROCH
Groupe Transport intracellulaire et immunité, Inserm U932, institut Curie (Paris)

Marc BESSIN*
Institut de recherche interdisciplinaire sur les enjeux sociaux (IRIS) – EHESS, Paris

Martine BRAIBANT
Morphogénèse et antigénicité du VIH et des virus des hépatites, Inserm U966, université François-Rabelais, UFR médecine (Tours)

Nicoletta CASARTELLI
Unité Virus et immunité, Institut Pasteur (Paris)

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Unité Inserm 1043, centre de physiopathologie de Toulouse-Purpan, CHU de Toulouse (Toulouse)

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Autophagie et infections, CNRS UMR 9004, institut de recherche en infectiologie (Montpellier)

Jade GHOSN
Unité fonctionnelle de thérapeutique en immuno-infectiologie, CHU Hôtel-Dieu (Paris)

Karine LACOMBE3
Service des maladies infectieuses et tropicales, hôpital Saint-Antoine (Paris)

Marc LAVIGNE
Interactions hôtes-virus, Inserm U1016, institut Cochin (Paris)

Annie LE PALEC
Sida Info Service, TRT-5 (Paris)

Jean-Daniel LELIÈVRE*
Service d’immunologie clinique, hôpital Henri-Mondor – Upec (Créteil)

Vincent LEMOING
Service des maladies infectieuses et tropicales, hôpital Gui-de-Chauliac (Montpellier)

Florence MARGOTTIN-GOGUET*
Rétrovirus, quiescence et prolifération, département Infection, immunité, inflammation, institut Cochin (Paris)

Élise MARSICANO
Cesp, Inserm U1018, université de Strasbourg (Strasbourg)

Jean-Christophe PAILLART
UPR 9002, ribonucléoprotéines virales, incorporation du génome et assemblage, IBMC (Strasbourg)

Stéphane PAUL
Immunologie clinique, CHU Saint-Etienne (Saint-Etienne)

Hélène POLLARD4
Sol En Si, TRT-5 (Paris)

Dolorès POURETTE
Institut de recherche pour le développement, Ceped (Paris)

Marc RUFF
Département de biologie structurale et de génomique, Institut de génétique, biologiste moléculaire et cellulaire (Illkirch)

Linda WITTkop3
VIH, hépatites virales et comorbidités : épidémiologie clinique et santé publique, UMR 1219, Bordeaux Population Health, Isped et CHU de Bordeaux (Bordeaux)

Alessia ZAMBORLINI
CNRS, UMR7212, Inserm U944, IUH université Paris-Diderot (Paris)

(*) Membres de la commission permanente, 1er mars 2018.
(a) Nomination à la présidence du comité.
(1) Une nomination à la commission permanente en 2018.
(2) Une nomination à la commission permanente en 2019.
(3) Cinque renouvellements 2017.
(4) Un renouvellement en 2018 (CA de mars).

Fin de mandat en 2017 :
Claire HIVROZ – Inserm, Institut Curie (Paris).

Démission en 2017 :
ALEXANDER TSEKHANOVICH
Eurasian Harm Reduction Network - Lituanie

CHRISTINE KAFANDO
MAS - Burkina Faso

NICOLETA DASCALU
Aras - Roumanie

ALICE GOUGOUNON
consultante - Canada

EMMA ACINA
Solidarité féminine - Djibouti

BENJAMIN FRANCIS CLAPHAM
Vital Strategies - États-Unis

CAMILLE ANOMA
Espace Confiance - Côté d’Ivoire

VALERIE BOURDIN
ALS

MIRIELE CONORT
Cité Béthanie

SIÉ DIONOU
Hôpital de la Pitié-Salpêtrière

OMAR DIOP
Fondation Diaconesses de Reuilly

PATRICIA ENEL
Corevih PACA Ouest Corse

GIL ENJALBERT
Union cépière Robert-Monnier

CHRISTINE ETCHEPARE
Arcat

SANDRA FERNANDEZ
Réseau Espas

RAMONA FRESSZ
Acceptess-T

NICOLAS GATEAU
Actions traitements

SYLVAIN GUILLER
Enyse Midi-Pyrénées-Limousin

FABIENNE LANGLOIS
Fondation Léonie-Chaptal

JOACHIM LEVIN
Nouvelle aube

CAROLINE MARTIN
Les Amis du bus des femmes

FRANCK MARTIN
Arap-Rubis

CHRISTOPHE MATHIAS
Act up-Paris

DAVID MICHELS
Aides

ANNE MISBACH
Corevih Alsace

ABDOU NDIAYE
Charonne

HÉLÈNE PELLISSIER
Comité départemental du cancer 93

LESLEY PORTE
L’arbre fromager

NELLY REYDELLET
Le kiosque Infos Sida Toxicomanie

GIOVANNA RINCON
Acceptess-T

BERNADETTE RWEGERA
Ikambere

ANTOINE SIMON
Aides

FRIEDERIKE SPERNOL
Sol en si

NICOLAS TERRAIL
CHRU de Montpellier / UCSA

ALAIN VOLNY ANNE
EATG

DIDIER ARTHAUD
Basilieade

JEAN-PIERRE BIBARD
SIS Bénévole

FRANCOISE BITATSI-TRACHET
RVH Marne-la-Vallée

(1) Nommée présidente le 12/12/17.
(2) Sorti le 13/06/17.
(3) Arrivée le 14/11/17.
(4) Président sorti le 12/12/2017.
(5) Sorti le 01/03/18.
SERVICE DÉVELOPPEMENT
Virginie MAUJEAN responsable du marketing direct
Christelle MUNDALA responsable des relations donateurs
Madalina GUBAS chargée des relations donateurs/base de données

SERVICE DES PROGRAMMES SCIENTIFIQUES ET MÉDICAUX
Serawit BRUCK-LANDAIS directrice des programmes scientifiques et médicaux
Nadia ABID responsable des financements programmes scientifiques et médicaux
Sophie LHUILLIER responsable du suivi et de la valorisation des programmes scientifiques et médicaux
Nora YAHIA** responsable du suivi et de la valorisation des programmes scientifiques et médicaux
Vincent DOURIS responsable des recherches opérationnelles

SERVICE DES PROGRAMMES FRANCE
Sandrine FOURNIER directrice des programmes France
Séverine DJOUADA chargée de mission Gestion administrative et suivi de projets
Frédérique VIAUD responsable des programmes régionaux Centre, La Réunion, Languedoc-Roussillon, Midi-Pyrénées et Rhône-Alpes
Jennifer COUBARD responsable des programmes régionaux Alsace, Aquitaine, Corse, Nord-Pas-de-Calais, Paca, Antilles et Guyane
Corinne LE HUITOUZE responsable des programmes régionaux île-de-France et Pays de la Loire
Ridha NOUIOUAT responsable des programmes VIH et hépatites en milieu carcéral
Nicolas GATEAU responsable des programmes Prévention gay et autres HSH

SERVICE DES PROGRAMMES INTERNATIONAUX
Hélène ROGER directrice des programmes internationaux
Anne SUSSET coordonnatrice des programmes internationaux
Clémence LACROIX-GOGAT responsable de programmes structuration associative
Anais SAINT-GAL chargée de plaidoyer
Laura MARTELLI responsable des programmes Populations exclues
Régane ZIO responsable des programmes Santé de la mère et de l’enfant
Cécile CHARTRAIN responsable des programmes Minorités sexuelles et genre
Olivia ZANATTA-SYLLA responsable programmes médicaux
Vincent BASTIEN responsable de programmes adjoint de la plateforme ELSA
Charlotte PUGET**** gestionnaire des programmes et des activités médicales et des laboratoires

* Travaille à temps partagé à 50 %.
** Contrat à durée déterminée.
*** Contrat d’alternance.
**** Stagiaire.
ANNEXES

PROGRAMMES SCIENTIFIQUES ET MÉDICAUX

AIDES AUX ÉQUIPES EN RECHERCHE FONDAMENTALE EN 2016

Andrès ALCOVER FRM
Institut Pasteur.
Détournement des mécanismes d’activation cellulaire des lymphocytes T par le VIH-1 : rôle dans l’équilibre transcriptionnel et l’expression du génome viral.

Victor APPAY
Hôpital Pitié-Salpêtrière. Impact de HIV infection on priming of antigen specific CD8+ T cell responses.

Jean-Luc BATTINI
Institut de recherche en infectiologie de Montpellier. Cribles génétiques pour l’identification et la compréhension des mécanismes d’action des inhibiteurs de l’infection par le VIH-1 induits par l’interféron.

Serge BENICHOU
Institut Cochin. Rôle des GTPases Rab et Rhô dans la formation de la synapse virologique et le transfert intercellulaire du VIH-1.

Clarisse BERLIOZ TORRENT
Institut Cochin. Contribution d’un mécanisme non canonique d’autophagie dans la formation de réservoirs viraux dans les macrophages primaires infectés par le VIH-1.

Martine BRAIBANT
Université François-Rabelais.
Étude de la capacité d’échappement de la glycoprotéine d’enveloppe du VIH-1 à la restriction de l’infection médiane par les protéines IFITM.

Anne BRELOT
Institut Pasteur. Modulateurs chimiques de la dimérisation de CCR5 et impact sur l’entrée des VIH.

Pierre CORBEAU
Institut de génétique humaine de Montpellier (IGH). Les lésions de l’ADN induites par les dérivés oxygénés d’origine monocytaires chez les personnes vivant avec le VIH-1 avirémiques sous traitement comme frein à la restauration immunitaire.

Nathalie DEJUCQ-RAINSFORD
Institut de recherche en santé, environnement et travail (Irset).
Transmission colo-rectale du VIH par les cellules infectées du sperme et effet du liquide séminal ex vivo.

Francesca DI NUNZIO FRM
Institut Pasteur. Study of the interplay between nucleoporin and chromatin factors to orchestrate HIV-1 replication.

Stéphane EMILIANI

Caroline GOUJON
Institut de recherche en infectiologie de Montpellier. Cribles génétiques pour l’identification et la compréhension des mécanismes d’action des inhibiteurs de l’infection par le VIH-1 induits par l’interféron.

Béatrice JACQUELIN
Institut Pasteur. Inflammasomi tune up in monocytes/macrophages and epithelial cells in pathogenic versus nonpathogenic SIV infections. Rôle in the contribution and/or control of generalized inflammation.

Esther KELLENBERGER
Université de Strasbourg. Modulateurs chimiques de la dimérisation de CCR5 et impact sur l’entrée des VIH.

Rosemary KIERNAN
Institut de génétique humaine de Montpellier (IGH). Characterization fo a novel chromatin-associated transcriptional repressor complex.

Bernard LAGANE
Institut Pasteur. Modulateurs chimiques de la dimérisation de CCR5 et impact sur l’entrée des VIH.

Olivier MAUFFRET
École normale supérieure de Cachan. Etude du mécanisme d’action de la protéine de nucléocapside dans les transferts de brin se produisant lors de la transcription inverse du VIH-1.

Arnaud MORIS
Hôpital de la Pitié-Salpêtrière. Defining the translatome of HIV-1 to identify novel conserved CTL antigens.

Florian MULLER FRM
Institut Pasteur. Study of the interplay between nucleoporins and chromatin factors to orchestrate HIV-1 replication.

Olivier NAMY
Institut de biologie intégrative de la Cellule (I2BC). Defining the translatome of HIV-1 to identify novel conserved CTL antigens.

Vincent PARISSI FRM
Université de Bordeaux. Phases de réparation postintégratives du VIH-1 : étude fonctionnelle et recherche de nouvelles cibles thérapeutiques.

Isabelle PELLEGRIN
CHU de Bordeaux. Activation immune résiduelle chez le sujet infecté par le VIH sous traitement efficace : association entre métabolites et activation de la voie de l’inflammasome des monocytes avec les comorbidites.

Marc RUFF FRM
Institut de génétique et de biologie moléculaire et cellulaire (IGBMC). Import – export nucléaire de l’intégrase du VIH-1 : études structurales et fonctionnelles des complexes impliqués.

Nicolas MANEL FRM
Institut Curie. Rôle of SUN2 and the nuclear envelope architecture in HIV replication.

Roland MARQUET
Institut de biologie moléculaire et cellulaire (IBMC). Remaniements structuraux de l’ARN génomique du VIH-1 lors de la maturation des particules virales.

Victor APPAY
Institut Pasteur. Impact of HIV infection on priming of antigen specific CD8+ T cell responses.
ANNEXES

Clotilde THERY
Institut Curie. Role of SUN2 and the nuclear envelope architecture in HIV replication.

Linda WITTROP
Bordeaux Population Health - U1219. Activation immune résiduelle chez le sujet infecté par le VIH sous traitement efficace : association entre métabolies et activation de la voie de l’inflammosome des monocytes avec les comorbidites.

Marat YUSUPOV
Institut de génétique et de biologie moléculaire et cellulaire (IGBMC). Étude structurale du contrôle de l’initiation de la traduction par l’IRES de HIV-1.

Alessia ZAMBORLINI FRM
Institut universitaire d’hématologie. Molecular bases for the control of SAMHD1 antiviral activity by SUMOylation.

David ZUCMAN
Hôpital Foch. Mise en place et évaluation d’une alerte électronique d’incitation au dépistage ciblé de l’infection VIH à l’hôpital Foch suivant des critères sociodémographiques : étude pilote « POP UP ».

AIDES AUX ÉQUIPES EN RECHERCHE CLINIQUE EN 2017

Karine LACOMBE
Institut Pierre-Louis d’épidémiologie et de santé publique. Marqueurs prédictifs novateurs des événements virologiques, sérologiques et cliniques chez les patients coïnfestés VIH-VHB traités au long cours par ténofovir.

Hélène LE GUILLOU GUILLEMETTE
CHU d’Angers. Étude de la prévalence et de l’impact clinique des coïnfections par le virus de l’hépatite Delat (VHD) chez les patients coïnfestés VIH-VHB au CTA de Nouakchott, Mauritanie.

AIDES AUX ÉQUIPES EN RECHERCHE SCIENCES SOCIALES EN 2017

Renaud BECOQUET
santé publique d’épidémiologie et de développement (Ispeed). Santé de la reproduction à l’ère du traitement antirétroviral précoce : intégration des services de santé sexuelle et reproductive aux soins VIH.

Patrizia CARRIERI
Observatoire régional de la santé PACA. Examining the experiences of HIV-positive People Who Inject Drugs (PWID) and Men Who have Sex with Men (MSM) who have cleared HCV following Direct-Acting Antiviral treatment in France.

Marguerite COGNET
Université Denis-Diderot, Paris-VII. Facteurs socioculturels et migratoires autour de la prévention du VIH auprès des personnes trans MTF latinoaméricaines : ce que les expériences de Paris et de Madrid révèlent.

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santé publique d’épidémiologie et de développement (Ispeed). Santé de la reproduction à l’ère du traitement antirétroviral précoce : intégration des services de santé sexuelle et reproductive aux soins VIH.

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AIDES AUX ÉQUIPES EN RECHERCHE APPLIQUÉE EN 2017

Francis BARIN
Université François-Rabelais. Prévagay 2015 - Enquête de séroprévalence VIH et hépatites B et C auprès des hommes ayant des relations sexuelles avec des hommes fréquentant les lieux de convivialité gay.

Véronique BOYER
Institut de recherche pour le développement TRANSVIH-MI. Étude de l’infection à Papillomavirus chez les hommes ayant des relations sexuelles avec d’autres hommes en Afrique de l'Ouest.

Guislaine CARCELAIN FRM
Centre de recherche sur l’inflammation. Immunosénescence des cellules iNKT et rôle dans l’émergence des lymphoproliférations liées à HHV-8.

Marie JAUFFRET ROUSTIDE
Centre de recherche médecine, sciences, santé, santé mentale et société. Projet de recherche sociologique sur AERLI (accompagnement et éducation aux risques liés à l’injection) : transmissions de savoirs entre profanes et professionnels et stratégies d’autonomisation face au risque de transmission du VIH et des hépatites.

Marie JAUFFRET-ROUSTIDE
Centre de recherche médecine, sciences, santé, santé mentale et société. Essai d’intervention PRIDE sur la mise à niveau et l’acceptabilité des mesures de réduction des risques infectieux en prison en France.

Sylvie MERLE
ORS Martinique. La sexualité des adolescents martiniquais face au risque VIH/SIDA (SADOVIH).
ANNEXES

FINancements Jeunes chercheurs en recherche fondamentale en 2017

Amina AIT AMMAR
Université de Strasbourg.
Contremesures virales anti-CTIP2 dans le cadre d’une infection productive par le VIH-1.

Mathieu ANGIN
Institut Pasteur. Importance de la voie mTOR et du métabolisme des glucides dans la fonction des lymphocytes T CD8 associés au contrôle de l’infection par le VIH.

Fahd BENJELLOUN
Institut Paster. Rôle des récepteurs de l’immunité innée et de l’inflammation dans la régulation de l’infection VIH-1 des muqueuses du tractus reproducteur féminin.

Maxime BERETTA
Université François-Rabelais.
Comparaison des propriétés phénotypiques des glycoprotéines d’enveloppe de variants du VIH-1 circulant pendant la phase précoce et tardive d’infection au sein d’un cluster de transmission.

Jérôme BOUCHET
Institut Cochin. Rôle du transport vésiculaire intracellulaire dans la formation de la synapse virologique et le transfert intercellulaire du VIH-1.

Mathieu CLAIREAUX
Institut Pasteur. Rôle des cellules T folliculaires helpers dans le contrôle de l’infection par le VIH.

Abderaouf DAMOUHCE
Faculté de médecine Paris-Sud.
Étude des mécanismes favorisant la persistance de lymphocytes T CD4 infectés dans le tissu adipeux : rôle de l’absence de contact entre lymphocytes T CD4 et T CD8.

Daniel Aaron DONAHUE
Institut Pasteur. Le rôle de cellules protéiques qui inhibent HIV infection.

 Aurélie DROUIN
Université François-Rabelais.
Étude de la capacité d’échappement de la glycoprotéine d’enveloppe du VIH-1 à la restriction de l’infection médiane par les protéines IFITM.

Camille DUCLOY
Institut de virologie. Inhibition par les anticorps des premières phases d’infection par le VIH-1 dans les tissus vagino-utéraux.

Juliette FERNANDEZ
Institut de recherche en infectiologie de Montpellier. Quantification de l’import nucléaire du VIH par complémentation protéique pour le criblage haut-débit de biomolécules.

Julie FROUARD
Institut de recherche sur la santé, l’environnement et le travail. Transmission colorectale du VIH-1 par les cellules infectées du sperme et modulation par le liquide séminal.

Jennifer GORWOOD

Marine KANJA
Institut de biologie moléculaire et cellulaire. Probing HIV-1 intégrase structure-function through coevolution constraints.

Marwa KHAMASSI
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Olivier LUCAR
Hôpital de la Pitié-Salpêtrière. Recherche de nouvelles molécules et de vaccins contre le VIH.

Justine MAILLIOT
Institut de génétique et de biologie moléculaire et cellulaire. Étude structurale 3D des mécanismes de contrôle de la synthèse protéique par le VIH.

Michaël MARTIN
Institut Cochin. Étude structure-fonction d’un nouveau facteur de restriction inactivé par la protéine virale Vpx.

Charlotte MARTINAT
Université Denis-Diderot, Paris-VII. Rôle de SUMOylation in the regulation of the antiviral activity of SAMHD1, a restriction factor of HIV-1.

Assia MOUHAND
Institut de biologie physico-chimique. Le domaine C-terminal de Pr55Gag : interactions multiples et rôle dans l’assemblage et le bourgeonnement du VIH-1.

Douda MOUSTAPHA ABBA
MOUSSA
Institut de génétique moléculaire de Montpellier. Régulation métabolique de l’infection de lymphocytes T CD4 par le VIH-1.

Sarah N’DA KONAN

Alexandre NICOLAS

Oyindamola OLADOSU
Institut de génétique et de biologie moléculaire et cellulaire. Structures et fonctions du domaine de liaison à l’ADN de l’intégrase du VIH-1 : interaction avec le nucléosome et coévolution.

Fernando OLIVEIRA REAL
Institut Cochin. Mécanismes précoces de transmission du VIH-1 et établissement de réservoirs vitaux dans l’urètre chez l’homme.

Laure PAPIN
Institut de recherche en infectiologie de Montpellier. Impact de l’infection par le VIH sur les différentes populations de cellules dendritiques.

Mathias PEREIRA
Hôpital de la Pitié-Salpêtrière. Antigen presentation by B cells : a key to bNAb.

Mariela PICCIN
Hôpital de la Pitié-Salpêtrière. Impact of HIV infection on priming of antigen specific CD8+ T cell responses.

Rémi PLANES
Institut de recherche en infectiologie de Montpellier. Étude du rôle de la protéine humaine MX2 dans l’induction des défenses immunitaires et dans le contrôle de l’infection par le VIH-1.

Christophe RAVAUD
Institut de biologie Valrose. Inhibiteurs de la protéase du VIH, darunavir, lopinavir, tissu adipeux, cellules souches, auto-renouvellement, IER3, adipocytes blancs et bruns, ActivinA.

Romy ROUZEAU
Institut de biologie structurale. Étude de l’antogénie d’une lignée virale « cross clade » de gp41 issus sur des épitopes conformationnels.

Juliette FERNANDEZ
Institut de recherche en infectiologie de Montpellier. Quantification de l’import nucléaire du VIH par complémentation protéique pour le criblage haut-débit de biomolécules.

Julie FROUARD
Institut de recherche sur la santé, l’environnement et le travail. Transmission colorectale du VIH-1 par les cellules infectées du sperme et modulation par le liquide séminal.

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ANNEXES

Shanti SOURIANT
Institut de pharmacologie et de biologie structurale. Identification des mécanismes impliqués dans l’amplification de l’infection par le VIH lors d’une coïncidence par la bactérie responsable de la tuberculose.

Elena VAZQUEZ-CHAVEZ
Institut Pasteur. Détournement des mécanismes d’activation cellulaire des lymphocytes T par le VIH-1 : rôle dans l’équilibre transcriptionnel et l’expression du génome viral.

Sophie DESMONDE
Institut de santé publique d’épidémiologie et de développement. Évaluation coût-efficacité de stratégies de prise en charge antirétrovirale précoce du VIH chez des enfants d’Afrique de l’Ouest.

Gwenaëlle DOMENECH-DORCA
Centre en recherche en épidémiologie et santé des populations. «Entre enjeux individuels et injonctions normatives : contaminations par voie sexuelle des gays engagés dans la lutte contre le sida.»

Marie DOS SANTOS
Centre de recherche médecine, sciences, santé, santé mentale et société. Essai d’intervention Pride sur la mise à niveau et l’acceptabilité des mesures de réduction des risques infectieux en prison, en France.

Yael ECHED
Centre de recherche médecine, sciences, santé, santé mentale et société. La construction de l’immunité des FSF au VIH/sida – perception du risque et pratiques de prévention des lesbiennes, bis et personnes trans, en France.

Olga GONZALEZ
Université Denis-Diderot, Paris-VII. Avancées et limites de la santé communautaire en prévention du VIH auprès des migrants trans MTF latino-américains : les expériences de Paris et de Madrid.

Maxime INGHELS
Université Paris-Descartes. Comment repenser le dépistage du VIH à l’aune du traitement universel dans un contexte d’épidémie mixte et de raréfaction des moyens financiers ? Le cas de la Côte d’Ivoire.

Myriam JOËL-LAUF

Mélanie PEREZ

Mélanie PLAZY
Institut de santé publique d’épidémiologie et de développement. Acceptabilité et faisabilité d’une stratégie visant à améliorer l’accès universel aux soins et aux traitements VIH dans une zone rurale de la région du KwaZulu-Natal en Afrique du Sud.

Larissa KOJOUE
Observatoire régional de la santé PACA. Accès aux soins et politiques migratoires en Europe. Le parcours de vie des migrants subsahariens vivant avec le VIH et l’hépatite B en France et en Italie.

Julie JESSON
Université Paul-Sabatier, Toulouse-III. Pour une prise en charge alimentaire des adolescents infectés par le VIH : état des lieux et stratégies d’intervention en Afrique subsaharienne et en Asie du Sud-Est.

Koichi KAMEDA
Observatoire régional de la santé PACA. Les liens entre Internet, conduites sexuelles à risque et prévention du VIH chez les hommes au Cameroun.

Xavier MABIRE
Université Lumière, Lyon-II. L’individu et la communauté face au risque du VIH : enjeux psychosociaux de la médicalisation de la prévention.

Francesca MININEL
Centre de recherche cultures, santé, société – JE 2424. L’usage communautaire dans le champ du VIH et des hépatites virales au Brésil.

Gwenaël DOMENECH-DORCA
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Judith LEBLANC
Hôpital de Garches. Faisabilité et acceptabilité du dépistage infirmier ciblé du VIH par test rapide dans les services d’urgences d’Île-de-France.

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DONNÉES GÉNÉRALES SUR LES FINANCEMENTS 2017

FINANCEMENTS ASSOCIATIFS EN 2017
pour un total de 2 565 733 euros
Enveloppes votées
Montants versés bruts en euros

PROGRAMMES FRANCE

L'ensemble des montants suivants sont exprimés en euros.

A | APPEL D’OFFRES GÉNÉRALISTE
1 824 250

B | APPEL À PROJETS PRÉVENTION GAY
253 500

C | APPEL À PROJETS MILIEU CARCÉRAL
212 183

D | APPEL À PROJETS DÉPARTEMENTS FRANÇAIS D’AMÉRIQUE
158 550

E | QUALITÉ DE VIE ET QUALITÉ DES SOINS
117 250
L’ensemble des montants suivants sont exprimés en euros.

A | AUVERGNE-RHÔNE-ALPES
213 800 | 12 projets

B | CENTRE-VAL DE LOIRE
40 750 | 3 projets

C | CORSE
40 550 | 2 projets

D | GRAND EST
4 500 | 2 projets

E | GUADÉLOUPE
2 800 | 4 projets

F | GUYANE
125 750 | 7 projets

G | HAUTS-DE-FRANCE
50 000 | 4 projets

H | ÎLE-DE-FRANCE
1 351 750 | 53 projets

I | LA RÉUNION
33 150 | 4 projets

J | MARTINIQUE
25 500 | 2 projets

K | NOUVELLE-Aquitaine
112 583 | 3 projets

L | OCCITANE
303 250 | 11 projets

M | PAYS DE LA LOIRE
30 000 | 2 projets

N | PACA
231 350 | 16 projets

TOTAL NATIONAL
2 565 733 millions d’euros
125 projets soutenus en France
### Fonds votés | Fonds versés par région | Programmes France*

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**TOTAL DES FONDS**

| 125                                                                 | 2 565 733                  |

*Les montants versés ont été décaissés en 2017.*
*Le nombre de projets = nombre de projets votés en 2017.*
DONNÉES GÉNÉRALES SUR LES FINANCEMENTS 2017

PROGRAMMES INTERNATIONAUX

Montants dépensés en 2017 par thématique pour un total de 2 085 403 euros

A | Prise en charge globale 868 246
B | Enfants/ados 659 870
C | Populations stigmatisées 501 100
D | Autres et investissement 43 927
E | Formation dans les PED 12 260

L'ensemble des montants suivants sont exprimés en euros.

Montants dépensés en 2017 par régions pour un total de 2 085 403 euros

A | Afrique 1 826 822
B | Asie 106 342
C | Europe orientale 80 781
D | Union européenne 71 458

L’ensemble des montants suivants sont exprimés en euros.
ANNEXES

ZONES D’INTERVENTION DANS LE MONDE

35 STRUCTURES SOUTENUES

dans 20 PAYS D’INTERVENTION

MONTANTS dépENSÉS EN 2017 PAR PAYS

pour un total de 2 085 403 euros

AFRIQUE

A | BÉNIN
75 500 | 1 structure

B | BURKINA FASO
240 200 | 3 structures

C | BURUNDI
415 856 | 4 structures

D | CAMEROUN
165 000 | 2 structures

E | RÉPUBLIQUE DÉMOCRATIQUE DU CONGO
31 500 | 1 structure

F | CÔTE D’IVOIRE
242 766 | 3 structures

G | MALI
243 750 | 2 structures

H | MAROC
20 000 | 1 structure

I | NIGER
29 000 | 1 structure

J | RÉPUBLIQUE DE DJIBOUTI
11 500 | 1 structure

K | RÉPUBLIQUE DE MAURICE
25 000 | 1 structure

L | RÉPUBLIQUE DU CONGO
75 500 | 2 structures

M | TCHAD
45 500 | 1 structure

N | TOGO
205 750 | 4 structures

ASIE

O | AZERBAÏDJAN
21 500 | 0 structure**

P | NÉPAL
84 842 | 3 structures

EUROPE ORIENTALE

Q | RUSSIE
56 829 | 2 structures

R | UKRAINE
23 952 | 1 structure

UNION EUROPÉENNE

S | BELGIQUE
10 425 | 0 structure**

T | ROUMANIE
61 033 | 2 structures

** Les montants versés ont été décaissés en 2017.
Le nombre de projets = nombre de projets votés en 2017.
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**SOUS-TOTAL** | **1 826 822**
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