technology, including for the promotion of women’s equal access to full employment and decent work. On 23 February, the Commission held two panel discussions on key policy initiatives and capacity-building on gender mainstreaming; one focused on science and technology and the other on education and training.

In its agreed conclusions on the priority theme, the Commission underlined that addressing the barriers to equal access of women and girls to education, training and science and technology required a systematic, comprehensive, integrated, sustainable, multidisciplinary and multisectoral approach, including policy, legislative and programmatic interventions and gender-responsive budgeting. It urged Governments and other stakeholders to strengthen national legislation, policies and programmes; expand access and participation in education; strengthen gender-sensitive education and training, including in science and technology; support the transition from education to full employment and decent work; increase retention and progression of women in science and technology employment; and make science and technology responsive to women’s needs.

**Extension of Gender Advisory Board.** On 26 July, the Economic and Social Council extended the mandate of the Gender Advisory Board of the Commission on Science and Technology for Development [YUN 1995, p. 850] for a further three years, beginning on 1 January 2012 (decision 2011/235).

### Women and health

**Women, the girl child and HIV/AIDS**

**Report of Secretary-General.** Pursuant to Commission on the Status of Women resolution 54/2 [YUN 2010, p. 1140], the Secretary-General submitted a report [E/CN.6/2011/7] on women, the girl child and HIV and AIDS, which provided information on the activities undertaken by Member States and within the UN system to implement that resolution. He reported that many Member States had integrated gender perspectives into their national HIV/AIDS response, or included measures on HIV and AIDS in gender equality strategies and action plans. Legislation, strategies, policies and programmes on HIV and AIDS needed to address the gender dimension of the epidemic and prioritize women’s needs, with corresponding budget allocations. Efforts to improve access for women to HIV prevention, treatment, care and support should be scaled up, including through strengthening the accessibility of quality public health care, such as integrated HIV and sexual and reproductive health services. Although many Member States had taken measures to prevent mother-to-child transmission, including by providing antiretroviral treatment for pregnant women and offering HIV testing, women continued to lack access to those services. Furthermore, there should be continued efforts among Member States to increase antiretroviral treatment coverage among women and girls, including at-risk populations, and ensure the initiation of treatment at an early stage of the disease. The Secretary-General also recommended that awareness-raising efforts by Governments and other stakeholders on HIV and AIDS and sexual and reproductive health be continued and directed at the general public, students, and health and other professionals; and also be targeted at specific groups such as men and boys and high-risk groups of women, including female sex workers. Governments and other stakeholders should take measures to create enabling environments that empowered women and girls and reduced their vulnerability to HIV. While efforts had been made to better understand the gender dimensions of the epidemic, more information related to HIV and AIDS and its impact on women and girls was needed, and efforts had to be strengthened to collect and analyse such data.

**Commission action.** On 4 March, the Commission on the Status of Women adopted a resolution [E/2011/27 (res. 55/2)] on women, the girl child and HIV and AIDS, which stressed the need to increase and coordinate political and financial commitments to address gender equality and equity in national HIV and AIDS responses, and urged Governments to reflect in their national policies, strategies and budgets the gender dimension of the pandemic. It urged Governments and stakeholders to address the increased vulnerability to HIV faced by women and girls living with disabilities; the challenges faced by older women in accessing HIV treatment, care and support; and the situation faced by girls caring for people living with or affected by HIV and AIDS. It called upon Governments to develop and implement policies and programmes to eliminate HIV-related stigma and discrimination; create an environment for the empowerment of women and girls to enable them to protect themselves from HIV infection; integrate HIV prevention and voluntary counselling and testing into other health services; and promote the participation of people living with HIV, young people and civil society, particularly women’s organizations, in addressing all aspects of HIV and AIDS.

**Eliminating maternal mortality**

On 1 March, the Commission on the Status of Women [E/2011/27], in response to its resolution 54/5 [YUN 2010, p. 1143], convened an expert panel on the elimination of preventable maternal mortality and morbidity and the empowerment of women. The panel was an opportunity to gauge progress in addressing maternal mortality; identify good practices and successful interventions; and discuss ways and means for accelerating action on measurably