IDDC International Disability and Development Consortium

Making Gender Count: A Review of the Global Disability Summit's Government Commitments

Briefing

IDDC Gender Task Group
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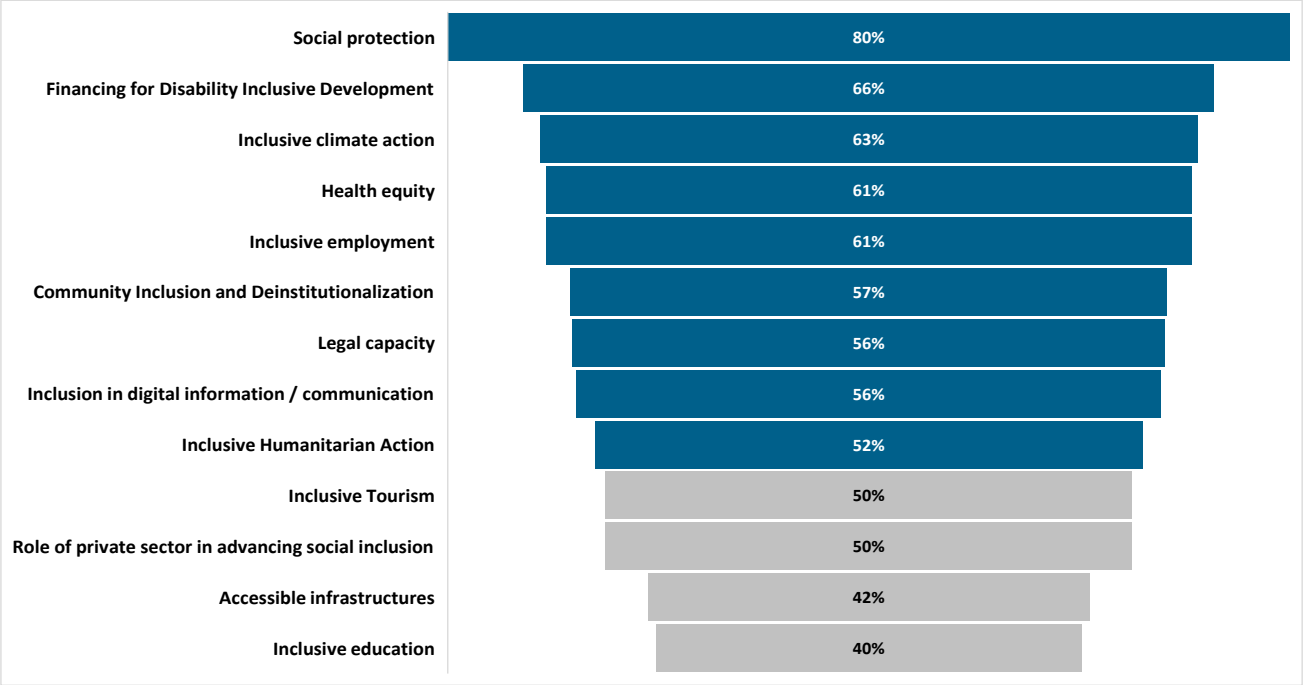
Making Gender Count - Summary

In April 2025 governments, (I)NGOs and Organisations of Persons with Disabilities (OPDs) committed to collective action for disability inclusion during the Global Disability Summit (GDS) in Berlin. The GDS concluded with the adoption of the Amman-Berlin Declaration committing to ensure that at least 15 percent of international development programs pursue disability inclusion as an objective. It also led to 800 new commitments by governments, private sector and development partners to accelerate disability inclusion across different sectors.

Gender and the rights of women, girls and gender diverse people with disabilities were not far from the discussion. Neither should they be, as gender equality is necessary to make certain that disability inclusion is inclusive for all. Of the 400 commitments made by governments, **52% of governmental commitments (209 out of 400)** are categorized as 'gender commitments', meaning they include a gender perspective and/or specifically target women and girls with disabilities. It represents an encouraging achievement, and a clear signal of growing recognition of the importance of articulating gender and disability.

Across the defined GDS topics, the percentage of gender commitments is uneven as shown in the graph below:

Figure 1: Percentage of Gender responsive Commitments per Topic



Social protection ranks first with 80% of commitments being gender commitments, followed by Financing for Disability Inclusive Development (66%), Inclusive climate action (63%), Health equity (61%), Inclusive employment (61%), Community Inclusion and Deinstitutionalization (57%), Legal capacity (56%), Inclusion in digital information / communication (56%) and Inclusive Humanitarian Action (52%). Inclusive education lags behind (40%), which points to a critical gap. Gender is most explicitly addressed in health equity, especially through sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) prevention.

Gender considerations are however still not fully mainstreamed across health systems. GBV is also often addressed in isolation rather than through broader structural change. While women with disabilities are recognized as facing compounded barriers under the commitments for employment, gender-specific employment measures, structural labour market reforms and gender-responsive quota systems are rare.

It is encouraging that gender equality is mentioned in financing for inclusive development, but gender-responsive budgeting and targeted funding for women with disabilities are largely missing. In the gender commitments for education and infrastructure gender equality is widely acknowledged but poorly translated into targeted actions. While social protection is the largest area of gender commitments, gender is often visible but unevenly operationalized, with nearly half of the commitments relying on broad non-discrimination language that does little to address structural inequalities faced by women and girls with disabilities. References to gender-diverse persons with disabilities remain extremely limited with most commitments relying on binary gender frameworks.

The GDS commitments demonstrate meaningful progress in recognising the intersection of gender and disability, particularly in social protection, health, and financing. However, gender equality is still too often treated as a principle rather than a driver of action. To deliver real change for women, girls, and gender-diverse persons with disabilities, as well as caregivers of children with disabilities, governments must move from intent to implementation.

This analysis is intended to support OPDs and specifically women-led OPDs in advocating for stronger gender-responsive commitments with clear actions and indicators, promoting the leadership of women and gender-diverse persons, and monitoring implementation to hold governments accountable.

Recommendations

We are calling on governments to:

1. **Move from intent to action: translate gender commitments into concrete measures, targets and budgets.**
2. **Mainstream the intersection of gender and disability across sectors: go beyond GBV and address structural barriers in education, employment, infrastructure and financing.**
3. **Target women and girls with disabilities: complement general inclusion with specific measures and programmes.**
4. **Recognize and support caregivers of children with disabilities: address unpaid care burdens, reduce stigma, and expand access to economic, educational, and psychosocial support.**
5. **Strengthen accountability: track and report on gender-responsive outcomes in future GDS cycles.**
6. **Address gender diversity: move beyond binary approaches and include gender-diverse persons with disabilities.**
7. **Invest in stigma reduction and behavior change training for men and influential religious and traditional leaders in order to transform harmful beliefs and practices about disability into those that improve lives.**

What are 'gender commitments'?

Government commitments submitted to the GDS were assessed against a predefined set of criteria to identify those that qualified as "gender commitments". The criteria were designed to operationalise the definition of a gender commitment, namely a commitment that explicitly incorporates a gender perspective and/or includes women and girls with disabilities as a specific target group.

In the frame of this analysis, a commitment has been considered being a "gender commitment" if:

- It plans to target 'Women and girls with disabilities' (in the 'Specific group planned for' section)
- And/or respect at least one criteria:
    1. Women and/or Gender Equality are meaningfully mentioned in the Details section (a thorough review of the details section was performed)
    2. Women and/or Gender Equality mentioned in the section 'Planning to Address non-discrimination and gender equality'
    3. Gender diverse persons with disabilities or LGBTQI persons mentioned in the section 'Planning to Address non-discrimination and gender equality'

Gender commitments across topics

Health Equity

If commitments are a reflection of political priorities, health is a topic where gender equality speaks most clearly. Governments acknowledge the intersecting realities of gender and disability, yet the path towards genuinely equitable health systems will depend on moving beyond sexual and reproductive health and violence to address gendered inequities across the entire continuum of care.

61 % of health equity commitments can be categorized as a gender commitment and 9 % of the gender commitments deal with health equity. Women and girls are systematically identified as priority groups within the commitments. Gender equality is significantly more explicit in health commitments than in other sectors, e.g. infrastructure or financing commitments. Gender is here not only cross-cutting but sometimes also the primary focus of the commitment. This is good news, as too often women have a poorer experience of health care (such as unmet healthcare needs or mis- or underdiagnosis)[1]. However, in many cases the inclusion of women and girls remains descriptive and specific tailored services are not always defined.

In many LMICs, harmful beliefs about disability, including associations with curses or spiritual causes, continue to influence care-seeking behavior and lead to practices that delay or replace access to appropriate health services. A realization of this is seen within the commitments of member states, as a recurring intervention within the commitments is the training of healthcare

[1] OECD 2025. Gender equality in a changing world. Taking stock and moving forward.

workers on disability and gender issues, through training programs focused on stigma reduction, disability rights, inclusive communication or respectful SRH care. As such, improving provider attitudes and competencies is seen as a key pathway for advancing gender-responsive and disability-inclusive health services.

Across the commitments, the most consistent theme is sexual and reproductive health and rights (SRHR), such as access to SRH services or maternal health services. Several commitments focus specifically on improving access to SRH services for women and girls with disabilities. SRHR is the primary lens through which gender and disability intersect in health commitments. Another strong trend is the integration of GBV prevention and response within health services within the commitments. Examples include training health workers on GBV and disability.

This attention on GBV and SRHR is applaudable and these topics deserve all this attention as important entry ways towards more health equity for women and gender-diverse persons with disabilities. However, it is important to recognize that they experience other forms of inequities within the health care sector that do not relate to their sexual or reproductive health. Therefore it is important that gender equality is mainstreamed throughout the entire health care sector.

Employment

In the 63% of gender commitments under employment, women with disabilities are widely recognized within the commitments as facing multiple and compounding barriers to the labour market. The commitments however emphasize general equality and fairness, rather than employing gender-targeted employment measures.

63% of inclusive employment commitments are categorized as gender commitments. That amounts to 9 % of the gender commitments. In the commitments, women with disabilities are widely recognized as facing multiple and compounding barriers to the labour market. The commitments mainly focus on access to employment and the entry into the labour market.

Still, responses vary in the depth of the solutions provided. Across most commitments, gender equality is addressed primarily through general non-discrimination language, such as equal access to employment opportunities or the elimination of discrimination based on gender. As such, the commitments generally emphasize equality and fairness, rather than specifying gender-targeted employment measures.

Several commitments also rely on quota systems and affirmative action policies, but when mentioned these quota systems are for persons with disabilities broadly, without specific gender and disability articulation allowing women with disabilities to benefit from those quota. Hence, they are rarely gender-responsive. Another way commitments aim to foster inclusive employment is by shifting employer attitudes through awareness campaigns and training on disability inclusion. These strategies tend to rely more on behavioral change and employer sensitization than on regulatory enforcement.

In many of the gender commitments vocational training and entrepreneurship are seen as key gender entry points. Examples include vocational training, business development and access to capital for self-employment to increase the economic independence for women with disabilities. As such, the inclusion of women within employment deals less with structural labour market reforms to counter barriers to this market than on skills development and entrepreneurship pathways. One is left to wonder if this will not lead to addressing symptoms instead of the cause

of the barriers faced by women with disabilities.

Financing for inclusive development

Within the 66% of commitments within financing for inclusive development identified as gender commitments, multiple commitments connect gender equality in connection to official development assistance. Still it is rarely operationalized with measurable actions or targets.

10% of the gender commitments relate to financing for disability inclusive development ; and 66% of commitments within this topic are characterized as gender commitments. It is positive to note that gender equality is mentioned in connection to ODA or finance, as women with disabilities are severely limited in their access to this assistance. According to a report from CONCORD on the ODA of the EU only 4% of the ODA was targeted towards gender equality, while less than 3% included disability objectives. Therefore, this is a good start, but more is needed to allow for inclusive development for women with disabilities.

In the gender commitments, women and girls with disabilities are often identified as a target group, while other commitments mention gender equality as a general principle. For example, several donors such as Sida and Ireland frame gender equality as a cross-cutting priority within development cooperation. As such, gender is conceptually integrated into disability inclusion, but it is rarely operationalized with measurable actions or targets. Furthermore, many of the commitments do not specify gender-responsive budgeting or targeted funding for women with disabilities. As such, gender is more integrated at the policy level than in financial allocation mechanisms.

Inclusive Education

Only 40% of inclusive education commitments are gender commitments. Gender is addressed as a guiding principle instead of a driver of targeted interventions with effort largely focused on general inclusion and system strengthening.

Only 40% of the inclusive education commitments made by Governments are gender commitments ; that is 19 out of 47. Across the 19 government commitments on inclusive education, gender equality is widely reflected but unevenly operationalized.

A clear majority—around 14 out of 19 commitments—integrate gender equality considerations. These are primarily framed through mainstreaming approaches, including references to non-discrimination, gender-sensitive policies, and gender-disaggregated data. In most cases, gender is embedded as a cross-cutting principle within broader system reforms, particularly in teacher training, education sector planning, and policy frameworks, rather than addressed through standalone or targeted interventions.

At the same time, the analysis shows a strong recognition of girls with disabilities as facing intersecting forms of exclusion. Many commitments highlight barriers such as lower access (particularly in STEM and digital learning) and retention, social norms limiting girls' education, and heightened exposure to violence. However, this recognition is only partially translated into action: only around 5 commitments explicitly target girls as a priority group, with concrete measures to address these barriers.

Where gender perspectives are operationalized, they tend to cluster around a few key entry points. In particular, safe learning environments and the prevention of GBV emerge as a major focus, alongside gender-responsive teacher training and, to a lesser extent, digital inclusion and access to assistive technologies. These areas represent the most concrete translation of gender commitments into programmatic actions.

Overall, the data suggests that while gender equality is broadly acknowledged across inclusive education commitments, it is more consistently addressed as a guiding principle than as a driver of targeted interventions. Efforts remain largely focused on general inclusion and system strengthening, with comparatively fewer commitments adopting a specific and sustained focus on girls with disabilities.

Accessible infrastructure

Accessible infrastructure is not gender-neutral. While 42% of infrastructure commitments qualify as gender commitments and many recognize women and girls with disabilities, gender too often remains an aspiration rather than a design principle, limiting the transformative potential of accessibility efforts.

26 out of 62 commitments (42%) under the Infrastructure topic are considered gender commitments according to the defined criteria. The analysis shows that while most of these commitments mention women and girls with disabilities as a target group, the depth of gender integration varies significantly.

A smaller subset includes concrete gender-specific measures, where gender is operationalized primarily through safety and protection, with a strong emphasis on preventing GBV in public spaces, transport systems, and service delivery.

However, a large share of commitments remain at the level of general inclusion, equal access, or non-discrimination statements. This lack of intentionality limits the likelihood that such commitments will effectively benefit women and girls with disabilities.

Finally, commitments under this topic adopt a broad understanding of infrastructure, extending beyond physical spaces to include digital platforms, financial services, and assistive technologies. While women and girls face significant barriers in these areas, their specific needs are only rarely addressed in a targeted manner.

Social protection

Social protection commitments demonstrate high visibility of gender considerations but uneven operationalization. A significant share relies on broad non-discrimination principles and those who include more gender-response measures do not systematically integrate gender within the social protection system.

80% of government commitments on Social Protection are categorized as gender commitments. Overall, social protection commitments demonstrate high visibility of gender considerations but uneven operationalization, with meaningful impact largely driven by a subset of more targeted interventions.

A significant share—14 out of 32 commitments (44%)—include no specific gender provisions, relying instead on general formulations such as "regardless of gender" or broad

non-discrimination principles. While these commitments mention women and girls as a target group, this lack of intentionality limits their potential to effectively address structural inequalities faced by women and girls with disabilities.

By contrast, a smaller group of commitments includes concrete gender-responsive measures, primarily focused on:

- GBV prevention and response, including access to support services
- Participation and leadership, ensuring involvement of women with disabilities in decision-making processes
- Economic empowerment and access to services, through more inclusive targeting and delivery mechanisms

For example, Zimbabwe explicitly includes capacity-building for women and girls to engage in legislative and policy processes.

However, even within this more advanced group, gender is often addressed through specific entry points, rather than being systematically integrated across social protection systems.

Cross-cutting concern: Gender-Based Violence

A review of the full dataset shows that 64 commitments out of 400 commitments overall include explicit references to GBV or related forms of violence (e.g. abuse, harassment, exploitation).

This indicates that GBV is a recurring component of disability-inclusive commitments. While a notable share of commitments acknowledge violence-related risks, the depth of engagement varies significantly. In some cases, GBV is addressed through concrete programmatic measures, such as prevention strategies, survivor support services, or safeguarding mechanisms. In others, it is only briefly referenced, often in relation to the heightened vulnerability of persons with disabilities—particularly women and girls—without corresponding actions.

Within the financing for development topic, GBV appears as a key issue for a smaller number of commitments. For example Tanzania highlights that women and girls with disabilities face higher risks of abuse and discrimination.

Some commitments under the inclusive employment topic recognize that women with disabilities face increased risks of harassment, exploitation and violence in employment settings. Measures that are proposed link employment inclusion with broader workplace safety and dignity considerations.

Overall the GBV references are clustered in certain topics, especially inclusive education, social protection, infrastructure (through safety in public spaces) and health equity.

They are often concentrated in specific country commitments (e.g. Tanzania).

GBV is referenced across multiple topics, this indicates that governments recognize it as a significant barrier to the full inclusion of women and girls with disabilities. However, this stands in contrast with the fact that only 52% of commitments are gender-responsive overall, highlighting a gap in how gender and the gender and disability intersection are understood and addressed.

This suggests that while violence is acknowledged, there is insufficient recognition that broader factors—such as access to education, employment, and participation in decision-making—are critical enablers of a life free from violence. Moving forward, the focus should not be limited to standalone references to GBV, but rather on ensuring systematic gender-responsiveness across all sectors, addressing the structural inequalities that underpin both exclusion and high exposure to violence. Community-level stigma reduction and engagement with influential religious and traditional leaders can be a critical and cost-effective entry point for addressing these underlying norms and improving outcomes for women and girls with disabilities.

Gender diversity

Across gender-responsive commitments, gender diversity receives very limited attention. References to gender-diverse persons with disabilities are largely absent, with most commitments framing gender in binary terms and focusing primarily on women and girls, or on equality between girls and boys. It highlights a significant gap. If the objective is to achieve truly inclusive and equitable systems, the specific needs and experiences of gender-diverse persons with disabilities must also be recognized and addressed. As it stands, gender frameworks across commitments remain predominantly binary, leaving broader gender diversity insufficiently considered.

About the International Disability and Development Consortium

The International Disability and Development Consortium (IDDC) is a grouping of civil society organisations coming together around a common objective: promoting inclusive international development and humanitarian action with a special focus on the full and effective enjoyment of human rights by all persons with disabilities. A broad consortium, our membership includes organisations of persons with disabilities, non-governmental development organisations, national networks and international member-based networks.

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