

# A systematic review and meta-analysis of the evidence on learning during the COVID-19 pandemic

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## Abstract

To what extent has the learning progress of school-aged children slowed down during the COVID-19 pandemic? A growing number of studies address this question, but findings vary depending on context. We conduct a pre-registered systematic review, quality appraisal, and meta-analysis of 42 studies across 15 countries to assess the magnitude of learning deficits during the pandemic. We find a substantial overall learning deficit (Cohen's  $d = -0.14$ , 95% c.i.  $-0.17, -0.10$ ), which arose early in the pandemic and persists over time. Learning deficits are particularly large among children from low socio-economic backgrounds. They are also larger in math than in reading, and in middle-income countries, relative to high-income countries. There is a lack of evidence on learning progress during the pandemic in low-income countries. Future research should address this evidence gap and avoid the common risks of bias that we identify.

The COVID-19 pandemic has led to one of the largest disruptions to learning in history. To a large extent this is due to school closures, which are estimated to have affected 95 percent of the world's student population.<sup>1</sup> But even when face-to-face teaching resumed, instruction has often been compromised by hybrid teaching, and by children or teachers having to quarantine and miss classes. The effect of limited face-to-face instruction is likely compounded by the pandemic's consequences for children's out-of-school learning environment, as well as their mental and physical health. Lockdowns have restricted children's movement and their ability to play, meet other children, and engage in extra-curricular activities. Children's well-being and family relationships have also suffered due to economic uncertainties and conflicting demands of work, care and learning. These negative consequences can be expected to be most pronounced for children from low socio-economic family backgrounds, exacerbating pre-existing educational inequalities.

It is critical to understand the extent to which learning progress has changed since the onset of the COVID-19 pandemic. We use the term 'learning deficit' to encompass both a delay in expected learning progress, as well as a loss of skills and knowledge already gained. The COVID-19 learning deficit is likely to affect children's life chances through their education and labor market prospects. At the societal level, it can have important implications for growth, prosperity, and social cohesion. As policy-makers across the world are seeking to limit further learning deficits and to devise policies to recover learning deficits that have already been incurred, assessing the current state of learning

39 is crucial. A careful assessment of the COVID-19 learning deficit is also necessary to weigh the true  
40 costs and benefits of school closures.

41 A number of narrative reviews have sought to summarize the emerging research on COVID-19  
42 and learning, mostly focusing on learning progress relatively early in the pandemic.<sup>2-6</sup> Moreover, two  
43 reviews harmonized and synthesized existing estimates of learning deficits during the pandemic.<sup>7,8</sup>  
44 In line with the narrative reviews, these two reviews find a statistically significant reduction in  
45 learning progress during the pandemic. However, this finding is based on a relatively small number  
46 of studies (18 and 10 studies respectively). The limited evidence that was available at the time  
47 these reviews were conducted also precluded them from meta-analyzing variation in the magnitude  
48 of learning deficits over-time and across subjects, different groups of students, or country contexts.

49 In this paper, we conduct a systematic review and meta-analysis of the evidence on COVID-  
50 19 learning deficits two and a half years into the pandemic. Our primary preregistered research  
51 question was ‘What is the effect of the Covid-19 Pandemic on learning progress amongst school-age  
52 children?’ and we address this using evidence from studies examining changes in learning outcomes  
53 during the pandemic. Our second preregistered research aim was ‘to examine whether the effect of  
54 the Covid-19 Pandemic on learning differs across different social background groups, age groups,  
55 boys and girls, learning areas or subjects, national contexts’.

56 We contribute to the existing research in two ways. First, we describe and appraise the up-to-  
57 date body of evidence and its geographic reach and quality. More specifically, we ask (a) What is  
58 the state of the evidence, in terms of the available peer-reviewed research and gray-literature, on  
59 learning progress of school-aged children during the COVID-19 pandemic?, (b) Which countries are  
60 represented in the available evidence?, and (c) What is the quality of the existing evidence?

61 Our second contribution is to harmonize, synthesize and meta-analyze the existing evidence,  
62 with special attention to variation across different sub-populations and country contexts. Based on  
63 the identified studies, we ask (d) To what extent has the learning progress of school-aged children  
64 changed since the onset of the pandemic?, (e) How has the magnitude of the learning deficit evolved  
65 since the beginning of the pandemic?, (f) To what extent has the pandemic reinforced inequalities  
66 between children from different socio-economic backgrounds? (g) Are there differences in the mag-  
67 nitude of learning deficits between subject domains (math and reading) and between age groups  
68 (primary and secondary school)?, and (h) To what extent does the does the magnitude of learning  
69 deficits vary across national contexts?

70 Below, we report our answers to each of these questions in turn. The questions correspond to the  
71 analysis plan set out in our pre-registered protocol (see [https://www.crd.york.ac.uk/prospero/  
72 display\\_record.php?ID=CRD42021249944](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021249944)), but we have adjusted the order and wording to aid  
73 readability. We had planned to examine gender differences in learning progress during the pandemic,  
74 but found there to be insufficient evidence to conduct this sub-group analysis, as the large majority  
75 of the identified studies do not provide evidence on learning deficits separately by gender. We also  
76 planned to examine how the magnitude of learning deficits differs across groups of students with  
77 varying exposures to school closures. This was not possible as the available data on school closures  
78 lacks sufficient depth with respect to variation of school closures within countries, across grade  
79 levels, and with respect to different modes of instruction, to meaningfully examine this association.

## 80 Results

### 81 The state of the evidence

82 Our systematic review identified 42 studies on learning progress during the COVID-19 pandemic that  
83 met our inclusion criteria. To be included in our systematic review and meta-analysis, studies had

84 to use a measure of learning that can be standardized (using Cohen’s  $d$ ) and base their estimates on  
85 empirical data collected since the onset of the COVID-19 pandemic (rather than making projections  
86 based on pre-COVID-19 data). As shown in Fig. 1, the initial literature search resulted in 5,153 hits  
87 after removal of duplicates. All studies were double-screened by the first two authors. The formal  
88 database search process identified 15 eligible studies. We also hand-searched relevant preprint  
89 repositories and policy databases. Further, to ensure that our study selection was as up-to-date as  
90 possible, we conducted two full forward and backward citation searches of all included studies on  
91 February 15, 2022, and on August 8, 2022. The citation and preprint hand-searches allowed us to  
92 identify 27 additional eligible studies, resulting in a total of 42 studies. Most of these studies were  
93 published after the initial database search, which illustrates that the body of evidence continues  
94 to expand. Most studies provide multiple estimates of COVID-19 learning deficits, separately for  
95 math and reading and for different school grades. The number of estimates ( $n = 291$ ) is therefore  
96 larger than the number of included studies ( $n = 42$ ).

### 97 **The geographic reach of evidence is limited**

98 Table 1 shows all included studies and estimates of COVID-19 learning deficits (in brackets), grouped  
99 by the 15 countries represented: Australia, Belgium, Brazil, Colombia, Denmark, Germany, Italy,  
100 Mexico, the Netherlands, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the  
101 United States. About half of the estimates ( $n = 149$ ) are from the United States, 58 are from the  
102 United Kingdom, a further 70 are from other European countries, and the remaining 14 estimates  
103 are from Australia, Brazil, Colombia, Mexico, and South Africa. As this list shows, there is a strong  
104 over-representation of studies from high-income countries, a dearth of studies from middle-income  
105 countries, and no studies from low-income countries. This skewed representation should be kept in  
106 mind when interpreting our synthesis of the existing evidence on COVID-19 learning deficits.

### 107 **The quality of evidence is mixed**

108 We assessed the quality of the evidence using an adapted version of the Risk Of Bias In Non-  
109 randomized Studies of Interventions (ROBINS-I) tool.<sup>50</sup> More specifically, we analyzed the risk  
110 of bias of each estimate from confounding, sample selection, classification of treatments, missing  
111 data, the measurement of outcomes, and the selection of reported results. A.M.B.-M. and B.A.B.  
112 performed the risk of bias assessments, which were independently checked by the respective other  
113 author. We then assigned each study an overall risk of bias rating (low, moderate, serious, or  
114 critical) based on the estimate and domain with the highest risk of bias.

115 Fig. 2a shows the distribution of all studies of COVID-19 learning deficits according to their  
116 risk of bias rating separately for each domain (top six rows), as well as the distribution of studies  
117 according to their overall risk of bias rating (bottom row). The overall risk of bias was considered  
118 ‘low’ for 15% of studies, ‘moderate’ for 30% of studies, ‘serious’ for 25% of studies, and ‘critical’ for  
119 30% of studies.

120 In line with ROBINS-I guidance, we exclude studies rated to be at critical risk of bias ( $n = 19$ )  
121 from all of our analyses and figures, except for Figure 2a, which visualizes the distribution of studies  
122 according to their risk of bias.<sup>50</sup> These are thus not part of the 42 studies included in our meta-  
123 analysis. Supplementary Table 2 provides an overview of these studies as well as the main potential  
124 sources of risk of bias. Moreover, in Supplementary Fig. 3–6, we replicate all our results excluding  
125 studies deemed to be at serious risk of bias.

126 As shown in Fig. 2a, common sources of potential bias were confounding, sample selection, and  
127 missing data. Studies rated at risk of confounding typically compared only two time points, without

128 accounting for longer time trends in learning progress. The main causes of selection bias were the  
129 use of convenience samples and insufficient consideration of self-selection by schools or students.  
130 Several studies found evidence of selection bias, often with students from a low socio-economic  
131 background or schools in deprived areas being underrepresented after (as compared to before) the  
132 pandemic, but this was not always adjusted for. Some studies also reported a higher amount of  
133 missing data post-pandemic, again generally without adjustment, and several studies did not report  
134 any information on missing data. For an overview of the risk of bias ratings for each domain of each  
135 study see Supplementary Fig. 1 and Supplementary Tables 1–2.

### 136 **No evidence of publication bias**

137 Publication bias can occur if authors self-censor to conform to theoretical expectations, or if journals  
138 favor statistically significant results. To mitigate this concern, we include not only published papers,  
139 but also preprints, working papers and policy reports.

140 Moreover, Fig. 2b tests for publication bias by showing the distribution of  $z$ -statistics for the  
141 effect size estimates of all identified studies. The dotted line indicates  $z = 1.96$  ( $p = 0.050$ ), the  
142 conventional threshold for statistical significance. The overlaid curve shows a normal distribution.  
143 If there was publication bias, we would expect a spike just above the threshold, and a slump just  
144 below it. There is no indication of this. Moreover, we do not find a left-skewed distribution of  
145  $p$ -values (see  $p$ -curve in Supplementary Fig. 2a), or an association between estimates of learning  
146 deficits and their standard errors (see funnel plot in Supplementary Fig. 2b) that would suggest  
147 publication bias. Publication bias does thus not appear to be a major concern.

148 Having assessed the quality of the existing evidence, we now present the substantive results of  
149 our meta-analysis, focusing on the magnitude of COVID-19 learning deficits and on the variation in  
150 learning deficits over time, across different groups of students, and across different country contexts.

### 151 **Learning progress slowed substantially during the pandemic**

152 Fig. 3 shows the effect sizes that we extracted from each study (averaged across grades and learning  
153 subject) as well as the pooled effect size (red diamond). Effects are expressed in standard deviations,  
154 using Cohen’s  $d$ . Estimates are pooled using inverse variance weights. The pooled effect size across  
155 all studies is  $d = -0.14$ ,  $t(41) = -7.30$ ,  $p$  two-tailed = 0.000, 95% c.i.  $-0.17, -0.10$ . Under normal  
156 circumstances, students generally improve their performance by around 0.4 standard deviations per  
157 school year.<sup>51–53</sup> Thus, the overall effect of  $d = -0.14$  suggests that students lost out on 0.14/0.4,  
158 or about 35%, of a school year’s worth of learning. On average, learning progress of school-aged  
159 children has slowed substantially during the pandemic.

### 160 **Learning deficits arose early in the pandemic and persist**

161 One may expect that children were able to recover learning that was lost early in the pandemic,  
162 after teachers and families had time to adjust to the new learning conditions and structures for  
163 online learning and for recovering early learning deficits were set up. However, existing research on  
164 teacher strikes in Belgium<sup>54</sup> and Argentina,<sup>55</sup> shortened school years in Germany,<sup>56</sup> and disruptions  
165 to education during World War II<sup>57</sup> suggests that learning deficits are difficult to compensate and  
166 tend to persist in the long run.

167 Fig. 4 plots the magnitude of estimated learning deficits (on the vertical axis) by the date of  
168 measurement (on the horizontal axis). The color of the circles reflects the relevant country, the size  
169 of the circles indicates the sample size for a given estimate, and the line displays a linear trend. The  
170 figure suggests that learning deficits opened up early in the pandemic and have neither closed nor

171 substantially widened since then. We find no evidence that the slope coefficient is different from zero  
172 ( $\beta$  months =  $-0.00$ ,  $t(41) = -7.30$ ,  $p$  two-tailed =  $0.097$ , 95% c.i.  $-0.01, 0.00$ ). This implies that  
173 efforts by children, parents, teachers, and policy-makers to adjust to the changed circumstance have  
174 been successful in preventing further learning deficits, but so far have been unable to reverse them.  
175 As shown in Supplementary Fig. 8, the pattern of persistent learning deficits also emerges within  
176 each of the three countries for which we have a relatively large number of estimates at different time  
177 points: the United States, the United Kingdom and the Netherlands. However, it is important to  
178 note that estimates of learning deficits are based on distinct samples of students. Future research  
179 should continue to follow the learning progress of cohorts of students in different countries to reveal  
180 how learning deficits of these cohorts have developed and continue to develop since the onset of the  
181 pandemic.

## 182 **Socio-economic inequality in education increased**

183 Existing research on the development of learning gaps during summer vacations,<sup>58,59</sup> disruptions  
184 to schooling during the Ebola outbreak in Sierra Leone and Guinea,<sup>60</sup> and the 2005 earthquake in  
185 Pakistan,<sup>61</sup> shows that the suspension of face-to-face teaching can increase educational inequality  
186 between children from different socio-economic backgrounds. Learning deficits during the COVID-  
187 19 pandemic are likely to have been particularly pronounced for children from low socio-economic  
188 backgrounds. These children have been more affected by school closures than children from more  
189 advantaged backgrounds.<sup>62</sup> Moreover, they are likely to be disadvantaged with respect to their  
190 access and ability to use digital learning technology, the quality of their home learning environ-  
191 ment, the learning support they receive from teachers and parents, and their ability to study au-  
192 tonomously.<sup>63-65</sup>

193 Most studies we identify examine changes in socio-economic inequality during the pandemic,  
194 attesting to the importance of the issue. Because studies use different measures of socio-economic  
195 background (e.g., parental income, parental education, free school meal eligibility, or neighborhood  
196 disadvantage), pooling the estimates is not possible. Instead, we code all estimates according to  
197 whether they indicate a reduction, no change, or an increase in learning inequality during the  
198 pandemic. Fig. 5 displays this information. Estimates that indicate an increase in inequality  
199 are shown on the right, those that indicate a decrease on the left, and those that suggest no  
200 change in the middle. Squares represent estimates of changes in inequality during the pandemic in  
201 reading performance, and circles represent estimates of changes in inequality in math performance.  
202 The shading represents when in the pandemic educational inequality was measured, differentiating  
203 between the first, second and third year of the pandemic. Estimates are also arranged horizontally  
204 by grade level. A large majority of estimates indicate an increase in educational inequality between  
205 children from different socio-economic backgrounds. This holds for both math and reading, across  
206 primary and secondary education, at each stage of the pandemic, and independently of how socio-  
207 economic background is measured.

## 208 **Learning deficits are larger in math than in reading**

209 Available research on summer learning deficits,<sup>58,66</sup> student absenteeism,<sup>67,68</sup> and extreme weather  
210 events,<sup>69</sup> suggests that learning progress in mathematics is more dependent on formal instruction  
211 than in reading. This might be due to parents being better equipped to help their children with  
212 reading, and children advancing their reading skills (but not their math skills) when reading for  
213 enjoyment outside of school. Fig. 6a shows that similarly to earlier disruptions to learning, the  
214 estimated learning deficits during the COVID-19 pandemic are larger for math than for reading

215 (mean difference  $\delta = -0.07$ ,  $t(41) = -4.02$ ,  $p$  two-tailed = 0.000, 95% c.i.  $-0.11, -0.04$ ). This  
216 difference is statistically significant and robust to dropping estimates from individual countries (see  
217 Supplementary Fig. 9).

### 218 **No evidence of variation across grade levels**

219 One may expect learning deficits to be smaller for older than for younger children, as older children  
220 may be more autonomous in their learning and better able to cope with a sudden change in their  
221 learning environment. However, older students were subject to longer school closures in some  
222 countries, such as Denmark,<sup>14</sup> based partly on the assumption that they would be better able to  
223 learn from home. This may have offset any advantage that older children would otherwise have had  
224 in learning remotely.

225 Fig. 6b shows the distribution of estimates of learning deficits for students at the primary and  
226 secondary level, respectively. Our analysis yields no evidence of variation in learning deficits across  
227 grade levels (mean difference  $\delta = -0.01$ ,  $t(41) = -0.59$ ,  $p$  two-tailed = 0.556, 95% c.i.  $-0.06, 0.03$ ).  
228 Due to the limited number of available estimates of learning deficits, we cannot be certain about  
229 whether learning deficits differ between primary and secondary students or not.

### 230 **Learning deficits are larger in poorer countries**

231 Low and middle-income countries were already struggling with a learning crisis before the pan-  
232 demic. Despite large expansions of the proportion of children in school, children in low and middle-  
233 income countries still perform poorly by international standards, and inequality in learning remains  
234 high.<sup>70-72</sup> The pandemic is likely to deepen this learning crisis and to undo past progress. Schools  
235 in low- and middle-income countries have not only been closed for longer, but have also had fewer  
236 resources to facilitate remote learning.<sup>73,74</sup> Moreover, the economic resources, ICT equipment and  
237 ability of children, parents, teachers, and governments to support learning from home are likely to  
238 be lower in low- and middle-income countries.<sup>75</sup>

239 As discussed above, most evidence on COVID-19 learning deficits comes from high-income coun-  
240 tries. We found no studies on low-income countries that met our inclusion criteria, and evidence  
241 from middle-income countries is limited to Brazil, Colombia, Mexico, and South Africa. Fig. 6c  
242 groups the estimates of COVID-19 learning deficits in these four middle-income countries together  
243 (on the right) and compares them to estimates from high-income countries (on the left). The learn-  
244 ing deficit is appreciably larger in middle-income countries than in high-income countries (mean  
245 difference  $\delta = -0.29$ ,  $t(41) = -2.78$ ,  $p$  two-tailed = 0.008, 95% c.i.  $-0.50, -0.08$ ). In fact, the  
246 three largest estimates of learning deficits in our sample are from middle-income countries (see Fig.  
247 3).<sup>12,22,28</sup>

## 248 **Discussion**

249 Two years since the COVID-19 pandemic, there is a growing number of studies examining the  
250 learning progress of school-age children during the pandemic. This paper first systematically reviews  
251 the existing literature on learning progress of school-age children during the pandemic and appraises  
252 its geographic reach and quality. Second, it harmonizes, synthesizes and meta-analyzes the existing  
253 evidence in order to examine the extent to which learning progress has changed since the onset of  
254 the pandemic, and how this varies across different groups of students and across country contexts.

255 Our meta-analysis suggests that learning progress has slowed substantially during the COVID-  
256 19 pandemic. The pooled effect size of  $d = -0.14$ , implies that students lost out on about 35%, of

257 a normal school year’s worth of learning. This confirms initial concerns that substantial learning  
258 deficits would arise during the pandemic.<sup>51,78,79</sup> But our results also suggest that fears of an  
259 accumulation of learning deficits as the pandemic continues have not materialized.<sup>80,81</sup> On average,  
260 learning deficits emerged early in the pandemic and have neither closed nor widened substantially.  
261 Future research should continue to follow the learning progress of cohorts of students in different  
262 countries to reveal how learning deficits of these cohorts have developed and continue to develop  
263 since the onset of the pandemic.

264 Most studies that we identify find that learning deficits have been largest for children from  
265 disadvantaged socio-economic backgrounds. This holds across different time points during the pan-  
266 demic, countries, grade levels, and learning subjects, and independently of how socio-economic  
267 background is measured. This suggests that the pandemic has exacerbated educational inequalities  
268 between children from different socio-economic backgrounds, which were already large before the  
269 pandemic.<sup>84,85</sup> Policy initiatives to compensate learning deficits need to prioritize support for chil-  
270 dren from low socio-economic backgrounds in order to allow them to recover the learning they lost  
271 during the pandemic. There is a need for future research to assess how the COVID-19 pandemic  
272 has affected gender inequality in education. To date, there is very little evidence on this issue. The  
273 large majority of the studies that we identify do not empirically examine learning deficits separately  
274 by gender.

275 Comparing estimates of learning deficits across subjects, we find that learning deficits tend to  
276 be larger in math than in reading. As noted above, this may be due to the fact that parents and  
277 children have been in a better position to compensate school-based learning in reading by reading  
278 at home. Accordingly, there are grounds for policy initiatives to prioritize the compensation of  
279 learning deficits in math and other science subjects.

280 A limitation of this study and the existing body of evidence on learning progress during the  
281 COVID-19 pandemic is that the existing studies primarily focus on high-income countries, while  
282 there is a dearth of evidence from low- and middle-income countries. This is particularly concerning  
283 because the small number of existing studies from middle-income countries suggest that learning  
284 deficits have been particularly severe in these countries. Learning deficits are likely to be even larger  
285 in low-income countries, considering that they already faced a learning crisis before the pandemic,  
286 generally implemented longer school closures, and were under-resourced and ill-equipped to facilitate  
287 remote learning.<sup>72-76</sup> It is critical that this evidence gap on low- and middle-income countries is  
288 addressed swiftly, and that the infrastructure to collect and share data on educational performance  
289 in middle- and low-income countries is strengthened. Collecting and making available this data is a  
290 key prerequisite for fully understanding how learning progress and related outcomes have changed  
291 since the onset of the pandemic.<sup>77</sup>

292 A further limitation is that about half of the studies that we identify are rated as having a  
293 serious or critical risk of bias. We seek to limit the risk of bias in our results by excluding all  
294 studies rated to be at critical risk of bias from all of our analyses. Moreover, in Supplementary Fig.  
295 3–6, we show that our results are robust to further excluding studies deemed to be at serious risk  
296 of bias. Future studies should minimize risk of bias in estimating learning deficits by employing  
297 research designs that appropriately account for common sources of bias. These include a lack of  
298 accounting for secular time trends, non-representative samples, and imbalances between treatment  
299 and comparison groups.

300 The persistence of learning deficits two and a half years into the pandemic highlights the need  
301 for well-designed, well-resourced and decisive policy initiatives to recover learning deficits. Policy-  
302 makers, schools, and families will need to identify and realize opportunities to complement and  
303 expand on regular school-based learning. Experimental evidence from low- and middle-income coun-  
304 tries suggests that even relatively low-tech and low-cost learning interventions can have substantial,

305 positive effects on students' learning progress in the context of remote learning. For example,  
306 sending SMS messages with numeracy problems accompanied by a short phone call was found to  
307 lead to substantial learning gains in numeracy in Botswana.<sup>82</sup> Sending motivational text messages  
308 successfully limited learning losses in math and Portuguese in Brazil.<sup>83</sup>

309 More evidence is needed to assess the effectiveness of other interventions for limiting or recovering  
310 learning deficits. Potential avenues include the use of the often extensive summer holidays to offer  
311 summer schools and learning camps, extending school days and school weeks, and organizing and  
312 scaling up tutoring programs. Further potential lies in developing, advertising and providing access  
313 to learning apps, online learning platforms, or educational TV programs that are free at the point  
314 of use. Many countries have already begun investing significant resources to capitalize on some of  
315 these opportunities. If these implemented interventions prove effective, and if the momentum of  
316 existing policy efforts is maintained and expanded, the disruptions to learning during the pandemic  
317 may be a window of opportunity to improve the education afforded to children.

## 318 **Methods**

### 319 **Eligibility criteria**

320 We consider all types of primary research, including peer-reviewed publications, preprints, working  
321 papers, and reports for inclusion. To be eligible for inclusion, studies have to measure learning  
322 progress using test scores that can be standardized across studies using Cohen's *d*. Moreover,  
323 studies have to be in English, Danish, Dutch, French, German, Norwegian, Spanish or Swedish.

### 324 **Search strategy and study identification**

325 We identify relevant studies using the following steps. First, we developed a Boolean search string  
326 defining our population (school-aged children), exposure (the COVID-19 pandemic), and outcomes  
327 of interest (learning progress). The full search string can be found in Section 1.1 of the Sup-  
328 plementary Information. Second, we used this string to search the following academic databases:  
329 Coronavirus Research Database, the Education Resources Information Centre (ERIC), International  
330 Bibliography of the Social Sciences (IBSS), Politics Collection (PAIS index, policy file index, politi-  
331 cal science database, and worldwide political science abstracts), Social Science Database, Sociology  
332 Collection (applied social science index [ASSIA] and abstracts, sociological abstracts, and sociol-  
333 ogy database), CINAHL, and Web of Science. Second, we hand-searched multiple preprint and  
334 working paper repositories (SSRN, MPRA, IZA, NBER, OSF Preprints, PsyArXiv, SocArXiv, and  
335 EdArXiv) and relevant policy websites, including the websites of the Organization for Economic  
336 Co-operation and Development (OECD), the United Nations (UN), the World Bank, and the Ed-  
337 ucation Endowment Foundation (EEF). Third, we periodically posted our protocol via Twitter in  
338 order to crowdsource additional relevant studies not identified through the search. All titles and  
339 abstracts identified in our search were double-screened using the Rayyan online application.<sup>89</sup> Our  
340 initial search was conducted on April 27, 2021, and we conducted two forward and backward citation  
341 searches of all eligible studies identified in the above steps, on February 14, 2022, and on August 8,  
342 2022, to ensure that our analysis includes recent relevant research.

### 343 **Data extraction**

344 From the studies that meet our inclusion criteria we extract all estimates of learning deficits during  
345 the pandemic, separately for math and reading and for different school grades. We also extract



346 the corresponding sample size, standard error, date(s) of measurement, author name(s), and coun-  
347 try. Last, we record whether studies differentiate between children’s socio-economic background,  
348 which measure is used to this end, and whether studies find an increase, decrease or no change in  
349 learning inequality. We contacted study authors if any of the above information was missing in the  
350 study. Data extraction was performed by B.A.B. and validated independently by A.M.B.-M., with  
351 discrepancies resolved through discussion and by conferring with P.E.

## 352 Measurement and standardization

353 We standardize all estimates of learning deficits during the pandemic using Cohen’s  $d$ , which ex-  
354 presses effect sizes in terms of standard deviations. Cohen’s  $d$  is calculated as the difference in the  
355 mean learning gain in a given subject (math or reading) over two comparable periods before and  
356 after the onset of the pandemic, divided by the pooled standard deviation of learning progress in  
357 this subject:

$$d = \frac{\bar{x}_1 - \bar{x}_2}{s},$$

where

$$s = \sqrt{\frac{(s_1^2 + s_2^2)}{2}}.$$

Effect sizes expressed as  $\beta$  coefficients are converted to Cohen’s  $d$ :

$$d = \frac{\beta}{se} \times \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}.$$

358 **Subject** We use a binary indicator for whether the study outcome is math or reading. One study  
359 does not differentiate the outcome but includes a composite of math and reading scores.<sup>31</sup>

360 **Level of education** We distinguish between primary and secondary education. We first consulted  
361 the original studies for this information. Where this was not stated in a given study, students’  
362 age was used in conjunction with information about education systems from external sources to  
363 determine the level of education.<sup>86</sup>

364 **Country income level** We follow the World Bank’s classification of countries into four income  
365 groups: low, lower-middle, upper-middle, and high-income. Four countries in our sample are in the  
366 upper-middle group: Brazil, Colombia, Mexico and South Africa. All other countries are in the  
367 high-income group.

## 368 Data synthesis

369 We synthesize our data using three synthesis techniques. First, we generate a forest plot, based  
370 on all available estimates of learning progress during the pandemic. We pool estimates using a  
371 random-effects REML model and inverse variance weights to calculate an overall effect size (see  
372 Fig. 3).<sup>87</sup> Second, we code all estimates of changes in educational inequality between children from  
373 different socio-economic backgrounds during the pandemic, according to whether they indicate an  
374 increase, decrease, or no change in educational inequality. We visualize the resulting distribution  
375 using a harvest plot (see Fig. 5).<sup>88</sup> Third, given that the limited amount of available evidence  
376 precludes multivariate or causal analyses, we examine the bivariate association between COVID-19

377 learning deficits and the months in which learning was measured using a scatter plot (see Fig. 4),  
378 and the bivariate association between COVID-19 and learning subject, grade, and countries' income  
379 level, using a series of violin plots (see Fig. 6). The reported estimates, confidence intervals and  
380 statistical significance tests of these bivariate associations are based on common-effects models with  
381 standard errors clustered by study, and two-sided tests. With respect to statistical tests reported,  
382 the data distribution was assumed to be normal, but this was not formally tested. The distribution  
383 of estimates of learning deficits is shown separately for the different moderator categories in Fig. 6.

### 384 Pre-registration

385 We prospectively registered a protocol of our systematic review and meta-analysis in the In-  
386 ternational Prospective Register of Systematic Reviews (CRD42021249944) on 19 April 2021  
387 ([https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42021249944](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021249944)).

### 388 Data availability

389 The data used in the analyses for this manuscript were compiled by the authors based on the  
390 studies identified in the systematic review. The data are available on the Open Science Framework  
391 repository (<https://doi.org/10.17605/osf.io/u8gaz>).

392 For our systematic review, we searched the following databases: Coronavirus Re-  
393 search Database (<https://proquest.libguides.com/covid19>), Education Resources In-  
394 formation Centre (ERIC) database (<https://eric.ed.gov>), International Bibliography  
395 of the Social Sciences (IBSS) ([https://about.proquest.com/en/products-services/  
396 ibss-set-c/](https://about.proquest.com/en/products-services/ibss-set-c/)), Politics Collection ([https://about.proquest.com/en/products-services/  
397 ProQuest-Politics-Collection/](https://about.proquest.com/en/products-services/ProQuest-Politics-Collection/)), Social Science Database ([https://about.proquest.  
398 com/en/products-services/pq\\_social\\_science/](https://about.proquest.com/en/products-services/pq_social_science/)), Sociology Collection ([https://about.  
399 proquest.com/en/products-services/ProQuest-Sociology-Collection/](https://about.proquest.com/en/products-services/ProQuest-Sociology-Collection/)), CINAHL  
400 (<https://www.ebsco.com/products/research-databases/cinahl-database>), and Web of  
401 Science (<https://clarivate.com/webofsciencegroup/solutions/web-of-science/>). We also  
402 searched the following preprint and working paper repositories: SSRN ([https://papers.ssrn.  
403 com/sol3/DisplayJournalBrowse.cfm](https://papers.ssrn.com/sol3/DisplayJournalBrowse.cfm)), MPRA (<https://mpra.ub.uni-muenchen.de>), IZA  
404 (<https://www.iza.org/content/publications>), NBER ([https://www.nber.org/papers?page=  
405 1&perPage=50&sortBy=public\\_date](https://www.nber.org/papers?page=1&perPage=50&sortBy=public_date)), OSF Preprints (<https://osf.io/preprints/>), PsyArXiv  
406 (<https://psyarxiv.com>), SocArXiv (<https://osf.io/preprints/socarxiv>), and EdArXiv  
407 (<https://edarxiv.org>).

### 408 Code availability

409 All code needed to replicate our findings is available on the Open Science Framework repository  
410 (<https://doi.org/10.17605/osf.io/u8gaz>).

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417 decision to publish or preparation of the manuscript.

418 **Author Contributions.**

419 B.A.B., A.M.B.-M., and P.E. designed the study; B.A.B., A.M.B.-M., and P.E. planned and imple-  
420 mented the search and screened studies; B.A.B., A.M.B.-M., and P.E. extracted relevant data from  
421 studies; B.A.B., A.M.B.-M., and P.E. conducted the quality appraisal; B.A.B., A.M.B.-M., and P.E.  
422 conducted the data analysis and visualization; B.A.B., A.M.B.-M., and P.E. wrote the manuscript.

423 **Competing interests.**

424 The authors declare no competing interests.

Table 1: Studies and estimates by country

Country	Studies
Australia [4]	Gore et al. 2021 [4] <sup>9</sup>
Belgium [4]	Gambi and De Witte 2021 [2], <sup>10</sup> Maldonado and De Witte 2021 [2] <sup>11</sup>
Brazil [2]	Lichand et al. 2022 [2] <sup>12</sup>
Colombia [2]	Vegas 2022 [2] <sup>13</sup>
Denmark [7]	Birkelund et al. 2021 [7] <sup>14</sup>
Germany [9]	Depping et al. 2021 [4], <sup>15</sup> Ludewig et al. 2022 [1], <sup>16</sup> Schult et al. 2022a [2], <sup>17</sup> Schult et al. 2022b [2] <sup>18</sup>
Italy [11]	Bazoli et al. 2022 [6], <sup>19</sup> Borgonovi and Ferrara 2022 [4], <sup>20</sup> Contini et al. 2022 [1] <sup>21</sup>
Mexico [2]	Hevia et al. 2022 [2] <sup>22</sup>
Netherlands [27]	Engzell et al. 2021 [8], <sup>23</sup> Haelermans 2021 [2], <sup>24</sup> Haelermans et al. 2021 [2], <sup>25</sup> Haelermans et al. 2022 [9], <sup>26</sup> Schuurman et al. 2021 [6] <sup>27</sup>
South Africa [2]	Ardington et al. 2021 [2] <sup>28</sup>
Spain [3]	Arenas and Gortazar 2022 [3] <sup>29</sup>
Sweden [9]	Hallin et al. 2022 [9] <sup>30</sup>
Switzerland [2]	Tomasik et al. 2020 [2] <sup>31</sup>
United Kingdom [58]	Blainey and Hannay 2021a [12], <sup>32</sup> Blainey and Hannay 2021b [12], <sup>33</sup> Blainey and Hannay 2021c [12], <sup>34</sup> Department for Education 2021a [6], <sup>35</sup> Department for Education 2021b [2], <sup>36</sup> GL Assessment 2021 [4], <sup>37</sup> Rose et al. 2021a [2], <sup>38</sup> Rose et al. 2021b [4] <sup>39</sup> Weidman et al. 2021 [4] <sup>40</sup>
United States [149]	Domingue et al. 2021a [8], <sup>41</sup> Domingue et al. 2021b [4], <sup>42</sup> Kogan and Lavertu 2021a [1], <sup>43</sup> Kogan and Lavertu 2021b [9], <sup>44</sup> Kozakowski et al. 2021 [12], <sup>45</sup> Kuhfeld and Lewis 2022 [48], <sup>46</sup> Lewis et al. 2021 [12], <sup>47</sup> Locke et al. 2021 [14], <sup>48</sup> Pier et al. 2021 [25], <sup>49</sup>

Note: Countries and corresponding studies on COVID-19 learning deficits. The number of estimates are shown in brackets, by country (left) and study (right). Full references are indicated by superscript and listed in the bibliography.

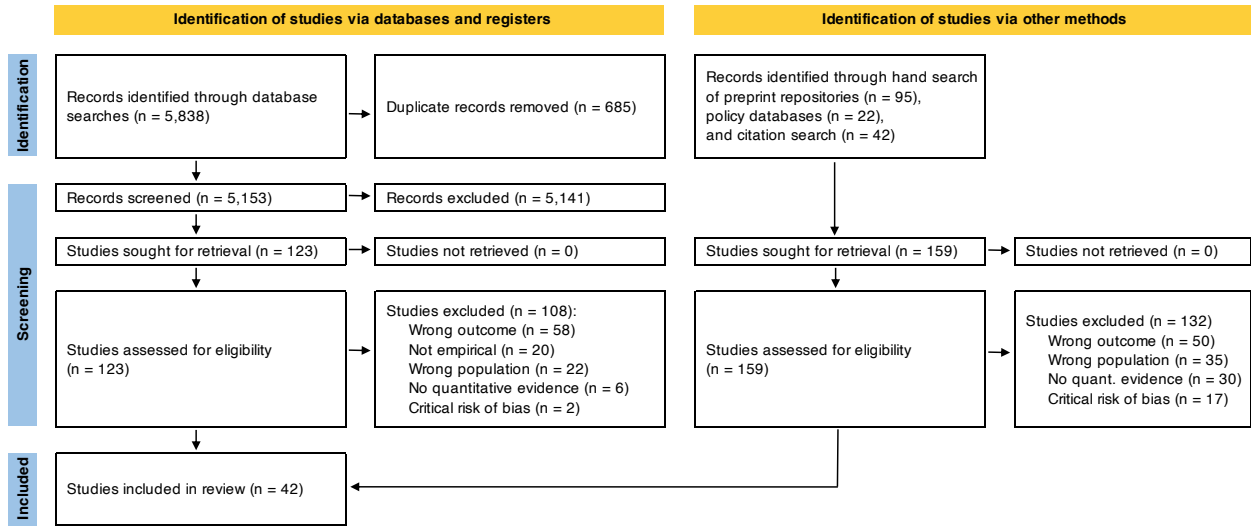


Figure 1: Study identification and selection process (PRISMA flow diagram)

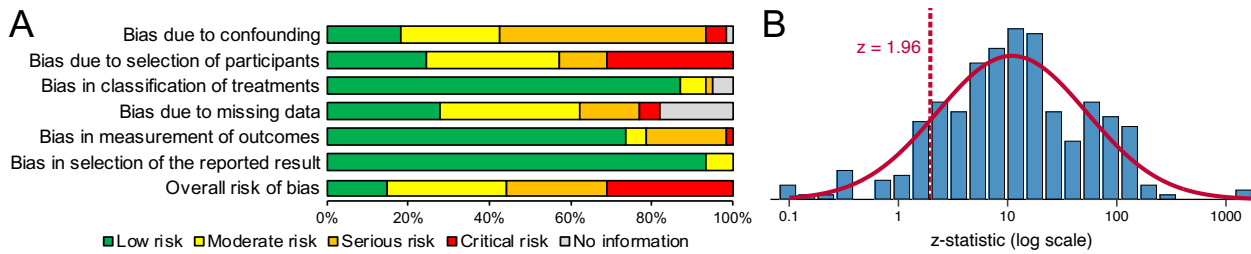


Figure 2: Risk of bias and publication bias. (a) Domain-specific and overall distribution of studies of COVID-19 learning deficits by risk of bias rating using ROBINS-I. Figure 2a includes studies rated to be at critical risk of bias ( $n = 19$  out of a total of  $n = 61$  studies shown in this figure). In line with ROBINS-I guidance, studies rated to be at critical risk of bias were excluded from all analyses and other figures in this article and in the Supplementary Information (including Figure 2b); (b) z-curve: Distribution of the z-scores of all estimates included in the meta-analysis ( $n = 291$ ) to test for publication bias. The dotted line indicates  $z = 1.96$  ( $p = 0.050$ ), the conventional threshold for statistical significance. The overlaid curve shows a normal distribution. The absence of a spike in the distribution of the z-scores just above the threshold for statistical significance and the absence of a slump just below it indicate the absence of evidence for publication bias.

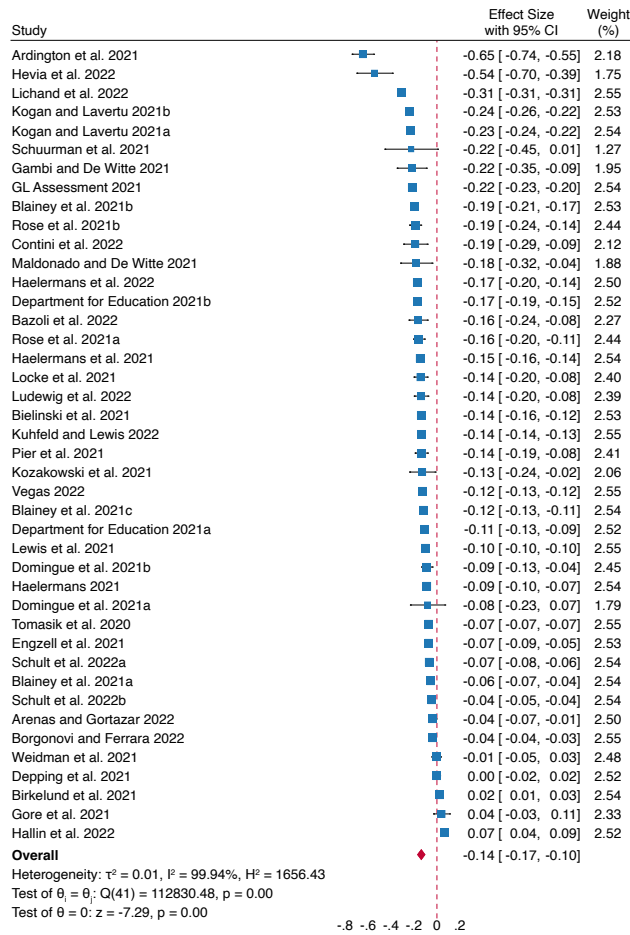


Figure 3: Forest plot showing individual estimates by study ( $n = 42$ ), averaged across subjects and grade levels), and the overall effect size estimate, pooled using inverse variance weights and a random-effects model. Effect sizes are expressed in standard deviations, using Cohen's  $d$ , with 95% confidence intervals, and are sorted by magnitude.

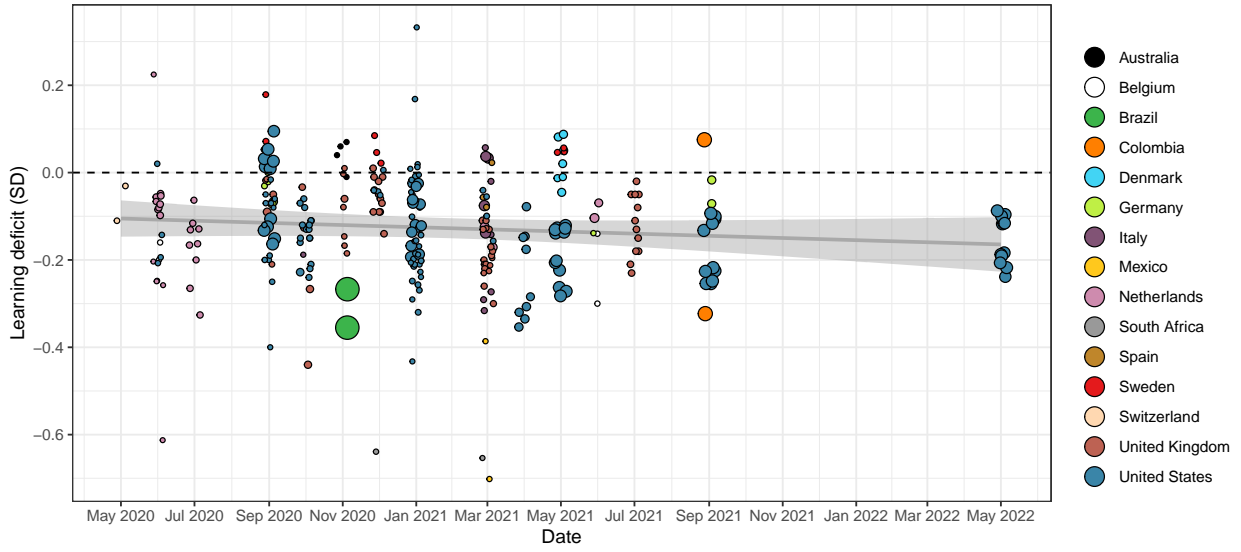


Figure 4: Estimates of COVID-19 learning deficits ( $n = 291$ ), by date of measurement. The horizontal axis displays the date on which learning progress was measured. The vertical axis displays estimated learning deficits, expressed in standard deviations using Cohen’s  $d$ . The color of the circles reflects the respective country, the size of the circles indicates the sample size for a given estimate, and the line displays a linear trend with a 95% confidence interval. The trend line is estimated as a linear regression using ordinary least squares, with standard errors clustered at the study level ( $n = 42$  clusters).  $\beta$  months =  $-0.00$ ,  $t(41) = -7.30$ ,  $p$  two-tailed =  $0.097$ , 95% c.i.  $-0.01, 0.00$ .

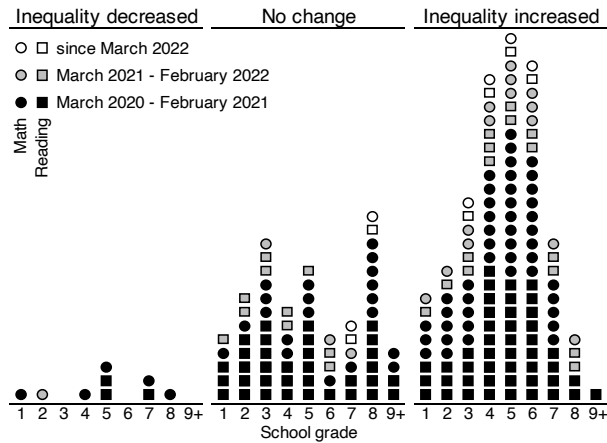


Figure 5: Harvest plot summarizing the evidence on changes in educational inequality between students from different socio-economic backgrounds during the pandemic. Each circle/square refers to one estimate of over-time change in inequality in math/reading performance ( $n = 211$ ). Estimates that find a decrease/no change/increase in inequality are grouped on the left/middle/right. Within these categories, estimates are ordered horizontally by school grade. The shading indicates when in the pandemic a given measure was taken.

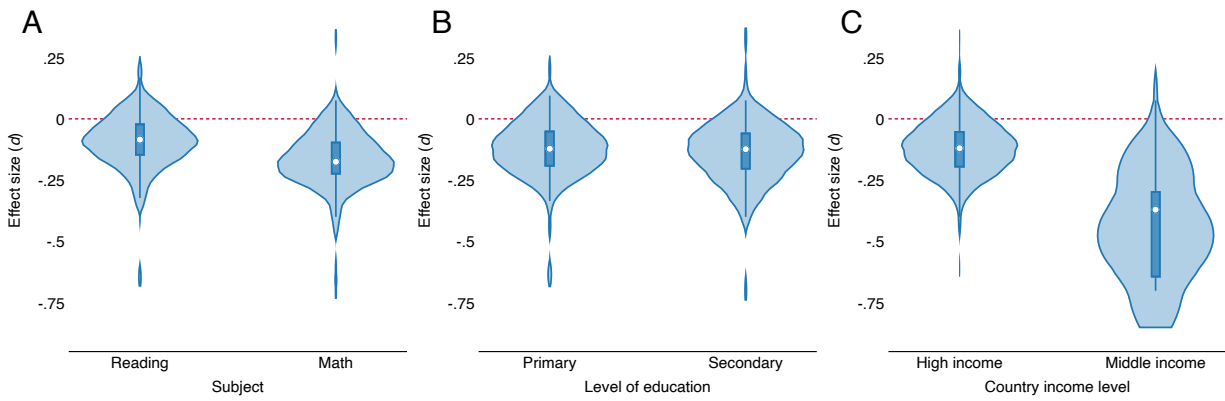


Figure 6: Variation in estimates of COVID-19 learning deficits ( $n = 291$ ) across different characteristics. Each plot shows the distribution of COVID-19 learning deficit estimates for the respective subgroup, with the box marking the interquartile range and the white circle denoting the median. Whiskers mark upper and lower adjacent values: the furthest observation within 1.5 interquartile range of either side of the box. (a) Learning subject (reading vs. math). Median: reading =  $-0.09$ , math =  $-0.18$ . Interquartile range: reading  $-0.15, -0.02$ , math  $-0.23, -0.09$ . (b) Level of education (primary vs. secondary). Median: primary =  $-0.12$ , secondary =  $-0.12$ . Interquartile range: primary  $-0.19, -0.05$ , secondary  $-0.21, -0.06$ . (c) Country income level (high vs. middle). Median: high =  $-0.12$ , middle =  $-0.37$ . Interquartile range: high  $-0.20, -0.05$ , middle  $-0.65, -0.30$ .



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