Considering inequalities in the school closure response to COVID-19

As COVID-19 is declared a pandemic and several countries declare nationwide school closures, these measures are affecting hundreds of millions of children.[1] More countries are entering delay and mitigation phases of pandemic control, with an urgent need for proactive and multifaceted responses addressing children's social, economic, and health needs to avoid widening disparities and honour commitments to the UN Convention on Child Rights and Sustainable Development Goals.[2]

Children have milder symptoms of COVID-19, and their role in transmitting the disease remains unclear.[3] While governments can implement proactive school closures to slow transmission (delay phase), reduce burden on health care, or protect at-risk populations (mitigate phase), both the benefits for transmission and the adverse community effects should be considered.[3]

School closures impede learning and compound inequities, disproportionately affecting disadvantaged children.[3] School closures during the 2014–16 Ebola epidemic increased dropouts, child labour, violence against children, teen pregnancies, and persisting socioeconomic and gender disparities.[4] Access to distance learning through digital technologies is highly unequal, and subsidised meal programmes, vaccination clinics, and school nurses are essential to child health care, especially for marginalised communities. Schools provide safeguarding and supervision, and closures increase the economic burden of families using day care or their reliance on vulnerable older relatives. Working parents might leave children unsupervised or forgo employment to stay at home with them.

The case for school closures is far from compelling. The UK's Influenza Pandemic Preparedness Strategy acknowledges that "the benefit of school closure in reducing clinically important outcomes needs to be balanced against secondary adverse effects."[5] This position aligns with the WHO–UNICEF–*Lancet* Commission's emphasis on addressing health, social, and educational factors so that children "survive and thrive".[2]

School closure measures should consider epidemiological evidence and avoid exacerbating inequities, providing learning without digital technologies, childcare alternatives, and health care, including nutritional programmes. Authorities should implement strategies to reduce transmission within schools before or instead of closures,[3] including smaller class sizes, physical distancing, and hygiene and sanitation promotion. Countries in the initial stages of mitigation measures have an opportunity to be leaders in best practice, prioritising young people and establishing strategies to proactively ensure that children are at the centre of future responses.

We call for transparent public discussion and research, incorporating the voices of children and their families on the feasibility, acceptability, and impact of closures to inform both our response now and future pandemic planning. We ask whether adequate evidence exists of transmission reduction due to school closures to outweigh the long-term risks of deepening social, economic, and health inequities for children. We must strike a balance, protecting those most at risk without sacrificing the next generation's future.

We declare no competing interests.

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