Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by the Republic of Korea in building and using human capital. This page presents the Human Capital Index (HCI), its components parts, and relevant benchmarks. The HCI quantifies how underinvestment in education and health for today’s children reduces future incomes. Data are the most recently available as of 2020. The back page presents a set of Human Capital Complementary Indicators (HCCI) that shows progress at each stage of the lifecycle.

THE HUMAN CAPITAL INDEX

A child born in the Republic of Korea will be 80% as productive when she grows up as she could be if she enjoyed complete education and full health.

This is higher than the average for the East Asia & Pacific region (59%) and High Income countries (71%).

THE HUMAN CAPITAL INDEX COMPONENTS

- **Probability of Survival to Age 5.** Of every 100 children born in the Republic of Korea, 100 survive to age 5.
- **Expected Years of School.** In the Republic of Korea, a child who starts school at age 4 can expect to complete 13.6 years of school by her 18th birthday.
- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 11.7 years.
- **Average Harmonized Test Scores.** Students in the Republic of Korea score 537 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.
- **Adult Survival Rate.** Across the Republic of Korea, 94% of 15-year-olds survive until age 60.
- **Fraction of Children Under 5 Not Stunted.** Approximately 98 out of 100 children are not stunted. This means that 2 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

UTILIZATION-ADJUSTED HUMAN CAPITAL INDEX

The Utilization-adjusted Human Capital Index (U-HCI) scales down the HCI by taking into account how many adults are not employed. The U-HCI for the Republic of Korea is 0.53. Thus, children born today will be 53% as productive in adulthood as they could have been if they had access to full health and education, and they became fully employed adults. The U-HCI for girls is even lower at 0.47.

### Gender differences in Human Capital and Utilization

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Overall</th>
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</thead>
<tbody>
<tr>
<td>Human Capital Index</td>
<td>0.78</td>
<td>0.81</td>
<td>0.80</td>
</tr>
<tr>
<td>Utilization-Adjusted HCI</td>
<td>0.60</td>
<td>0.47</td>
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</tbody>
</table>

Note: - represents no internationally comparable data available.

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**HCI AND COMPONENTS**

- Latest Available Data for the Republic of Korea
- Average for East Asia & Pacific
- Average for High Income countries

**Human Capital Index**

- Latest Data for the Republic of Korea

**Probability of Survival to Age 5 (%)**

- 100% for the Republic of Korea

**Expected Years of School**

- 13.6 for the Republic of Korea

**Learning-Adjusted Years of School**

- 11.7 for the Republic of Korea

**Average Harmonized Test Scores**

- 537 for the Republic of Korea

**Survival Rate from Age 15-60 (%)**

- 94% for the Republic of Korea

**Fraction of Children Under 5 Not Stunted (%)**

- 98% for the Republic of Korea

**U-HCI**

- 0.53 for the Republic of Korea

Note: Missing symbols indicate internationally comparable data are not available to generate the corresponding statistic.
The Human Capital Complementary Indicators (HCCIs) offer a snapshot of human capital investments at four stages of the lifecycle. The figures show the latest available data, benchmarked against regional averages. The figures also report progress over the previous 5 years.

**EARLY CHILDHOOD**

- **Neonatal mortality rate.** The neonatal mortality rate is 1 per 1,000 live births (2021), compared to 2 in 2016. The indicator is lower than the regional average.

- **Participation rate in organized learning.** In 2019, 99% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 90% in 2015. The indicator is above the regional average.

- **DTP vaccination rate, third dose.** In 2022, 98% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 97% in 2017. The indicator is higher than the regional average.

**SCHOOLAGE**

- **Child mortality rate.** The mortality rate for children ages 5-14 is 1 per 1,000 children aged 5 (2021). This remains unchanged since 2016. The indicator is lower than the regional average.

- **Primary school completion rate.** The primary school completion rate at the official entrance age of the last grade of that level is 100% (2020), compared to 101% in 2015. The indicator is above the regional average.

- **Net school enrollment rate, lower secondary.** The percentage of lower secondary school-aged children enrolled at that level is 98% (2020), compared to 96% in 2016. The indicator is higher than the regional average.

**YOUTH**

- **Youth literacy rate.** The share of youth (ages 15-24) who are literate is 100% (2018). The indicator is higher than the regional average.

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 2 (2021), compared to 3 in 2016. The indicator is below the regional average.

- **Upper secondary school completion rate.** The upper-secondary completion rate at ages 3-5 years above the intended age for the last grade of that level is 99% (2020), compared to 98% in 2015. The indicator is higher than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 84 years (2021), compared to 82 in 2016. The indicator is higher than the regional average.

- **Probability of dying from NCDs.** The probability of dying from non-communicable diseases between the ages of 30 to 70 is 78% (2019), compared to 80% in 2015. The indicator is above the regional average.

- **Prevalence of hypertension.** The prevalence of hypertension among people ages 30-79 is 27% (2019). This remains unchanged since 2015. The indicator is lower than the regional average.

Note: Missing symbols indicate internationally comparable data are not available to generate the corresponding statistic.