Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by the Lao PDR 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 Lao PDR will be 46% as productive when she grows up as she could be if she enjoyed complete education and full health. This is lower than the average for the East Asia & Pacific region (59%) and Lower Middle Income countries (48%).

**THE HUMAN CAPITAL INDEX COMPONENTS**

- **Probability of Survival to Age 5.** Of every 100 children born in the Lao PDR, 95 survive to age 5.
- **Expected Years of School.** In the Lao PDR, a child who starts school at age 4 can expect to complete 10.6 years of school by her 18th birthday.
- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 6.3 years.
- **Average Harmonized Test Scores.** Students in the Lao PDR score 368 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.
- **Adult Survival Rate.** Across the Lao PDR, 82% of 15-year-olds survive until age 60.
- **Fraction of Children Under 5 Not Stunted.** Approximately 67 out of 100 children are not stunted. This means that 33 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 Lao PDR is 0.18. Thus, children born today will be 18% 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 0.17.

### Gender differences in Human Capital and Utilization

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Capital Index</td>
<td>0.45</td>
<td>0.47</td>
<td>0.46</td>
</tr>
<tr>
<td>Utilization-Adjusted HCl</td>
<td>0.19</td>
<td>0.17</td>
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</tr>
</tbody>
</table>

Note: - represents no internationally comparable data available.

**U-HCI**

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 21 per 1,000 live births (2021), compared to 24 in 2016. The indicator is higher than the regional average.
- **Participation rate in organized learning.** In 2020, 71% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 55% in 2015. The indicator is below the regional average.
- **DTP vaccination rate, third dose.** In 2022, 80% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 84% in 2017. The indicator is lower than the regional average.

**SCHOOLAGE**

- **Child mortality rate.** The mortality rate for children ages 5-14 is 7 per 1,000 children aged 5 (2021), compared to 9 in 2016. The indicator is higher 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 88% (2021), compared to 100% in 2016. The indicator is below the regional average.
- **Net school enrollment rate, lower secondary.** The percentage of lower secondary school-aged children enrolled at that level is 68% (2021), compared to 77% in 2016. The indicator is lower than the regional average.

**YOUTH**

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 73 (2021), compared to 79 in 2016. The indicator is higher than the regional average.
- **Youth literacy rate.** The share of youth (ages 15-24) who are literate is 94% (2021), compared to 92% in 2015. The indicator is below the regional average.
- **Gross school enrollment rate, tertiary.** Tertiary school enrollment as a percentage of people ages 18-24 is 13% (2021), compared to 17% in 2016. The indicator is lower than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 68 years (2021), compared to 67 in 2016. The indicator is lower 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 63% (2019), compared to 59% in 2015. The indicator is below the regional average.
- **Health care facilities with basic sanitation services.** The share of health care facilities with sanitation facilities is 4% (2021). This remains unchanged since 2017. The indicator is lower than the regional average.

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