Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by Latvia 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 Latvia will be 71% 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 Europe & Central Asia region (69%) and similar to High Income countries (71%).

**THE HUMAN CAPITAL INDEX COMPONENTS**

- **Probability of Survival to Age 5.** Of every 100 children born in Latvia, 100 survive to age 5.
- **Expected Years of School.** In Latvia, 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 years.
- **Average Harmonized Test Scores.** Students in Latvia score 504 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.
- **Adult Survival Rate.** Across Latvia, 84% of 15-year-olds survive until age 60.
- **Fraction of Children Under 5 Not Stunted.** Internationally comparable data on stunting are not available for Latvia.

**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 Latvia is **0.51**. Thus, children born today will be 51% 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 boys is even lower at 0.49.

**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>0.66</td>
<td>0.75</td>
<td>0.71</td>
</tr>
<tr>
<td>Utilization-Adjusted HCI</td>
<td>0.49</td>
<td>0.53</td>
<td>0.51</td>
</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 2 per 1,000 live births (2021), compared to 3 in 2016. The indicator is lower than the regional average.

- **Participation rate in organized learning.** In 2019, 98% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 97% in 2015. The indicator is above the regional average.

- **DTP vaccination rate, third dose.** In 2022, 95% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 98% 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 similar to 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 98% (2020), compared to 100% in 2015. 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 98% (2020). This remains unchanged since 2016. The indicator is similar to the regional average.

**YOUTH**

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 11 (2021), compared to 15 in 2016. The indicator is lower than the regional average.

- **Youth literacy rate.** The share of youth (ages 15-24) who are literate is 100% (2021). The indicator is similar to the regional average.

- **Youth unemployment rate.** Unemployed youth as a share of the youth labor force (ages 15-24) is 13% (2022), compared to 17% in 2017. The indicator is lower than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 73 years (2021), compared to 75 in 2016. The indicator is lower than the regional average.

- **Female labor force participation rate.** Female labor force participation as a percentage of the female working-age population (ages 25+) is 53% (2022), compared to 53% in 2017. The indicator is above the regional average.

- **Adult unemployment rate.** Unemployed adults as a share of the adult labor force (ages +25) is 6% (2022), compared to 8% in 2017. The indicator is similar to the regional average.

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