Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by the Netherlands 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 Netherlands will be 79% 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 High Income countries (71%).

**THE HUMAN CAPITAL INDEX COMPONENTS**

- **Probability of Survival to Age 5.** Of every 100 children born in the Netherlands, 100 survive to age 5.

- **Expected Years of School.** In the Netherlands, a child who starts school at age 4 can expect to complete 13.9 years of school by her 18th birthday.

- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 11.5 years.

- **Average Harmonized Test Scores.** Students in the Netherlands score 520 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

- **Adult Survival Rate.** Across the Netherlands, 95% of 15-year-olds survive until age 60.

- **Fraction of Children Under 5 Not Stunted.** Internationally comparable data on stunting are not available for the Netherlands.

**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 Netherlands is 0.61. Thus, children born today will be 61% 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 0.59.

<table>
<thead>
<tr>
<th>Gender differences in Human Capital and Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Human Capital Index</td>
</tr>
<tr>
<td>Utilization-Adjusted HCI</td>
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</tbody>
</table>

Note: - represents no internationally comparable data available.

**HUMAN CAPITAL INDEX**

<table>
<thead>
<tr>
<th>Human Capital Index</th>
<th>0.79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of Survival to Age 5 (%)</td>
<td>88</td>
</tr>
<tr>
<td>Expected Years of School</td>
<td>13.9</td>
</tr>
<tr>
<td>Learning-Adjusted Years of School</td>
<td>11.5</td>
</tr>
<tr>
<td>Average Harmonized Test Scores</td>
<td>520</td>
</tr>
<tr>
<td>Survival Rate from Age 15-60 (%)</td>
<td>95</td>
</tr>
<tr>
<td>Fraction of Children Under 5 Not Stunted (%)</td>
<td>45</td>
</tr>
</tbody>
</table>

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 3 per 1,000 live births (2021). This remains unchanged since 2016. The indicator is lower than the regional average.

- **Participation rate in organized learning.** In 2019, 97% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 100% in 2015. The indicator is above the regional average.

- **DTP vaccination rate, third dose.** In 2022, 93% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 94% in 2017. The indicator is similar to 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.

- **Net school enrollment rate, lower secondary.** The percentage of lower secondary school-aged children enrolled at that level is 98% (2020), compared to 99% in 2016. The indicator is similar to the regional average.

- **Primary school electricity access.** The share of primary schools with access to electricity is 100% (2019). This remains unchanged since 2015. 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 3 (2021). This remains unchanged since 2016. The indicator is lower than the regional average.

- **Youth unemployment rate.** Unemployed youth as a share of the youth labor force (ages 15-24) is 8% (2022), compared to 9% in 2017. 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 81% (2020), compared to 80% in 2015. The indicator is lower than the regional average.

**ADULTS & ELDERLY**

- **Female labor force participation rate.** Female labor force participation as a percentage of the female working-age population (ages 25+) is 58% (2022), compared to 54% in 2017. The indicator is higher than the regional average.

- **Life expectancy at birth.** Life expectancy at birth is 81 years (2021), compared to 82 in 2016. The indicator is above the regional average.

- **Adult unemployment rate.** Unemployed adults as a share of the adult labor force (ages +25) is 3% (2022), compared to 4% in 2017. The indicator is lower than the regional average.

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