Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by the Seychelles 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 Seychelles will be 63% 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 Sub-Saharan Africa region (40%) but lower than for High Income countries (71%).

THE HUMAN CAPITAL INDEX COMPONENTS

- **Probability of Survival to Age 5.** Of every 100 children born in the Seychelles, 99 survive to age 5.

- **Expected Years of School.** In the Seychelles, a child who starts school at age 4 can expect to complete 13.1 years of school by her 18th birthday.

- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 9.7 years.

- **Average Harmonized Test Scores.** Students in the Seychelles score 463 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

- **Adult Survival Rate.** Across the Seychelles, 85% of 15-year-olds survive until age 60.

- **Fraction of Children Under 5 Not Stunted.** Approximately 92 out of 100 children are not stunted. This means that 8 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 Seychelles is 0.47. Thus, children born today will be 47% as productive in adulthood as they could have been if they had access to full health and education, and they became fully employed adults. Data are not available for producing gender disaggregated HCIs and U-HCIs.

### 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>-</td>
<td>-</td>
<td>0.63</td>
</tr>
<tr>
<td>Utilization-Adjusted HCI</td>
<td>-</td>
<td>-</td>
<td>0.47</td>
</tr>
</tbody>
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Note: - represents no internationally comparable data available.

### HCI AND COMPONENTS

- **Latest Available Data for the Seychelles**
- **Average for Sub-Saharan Africa**
- **Average for High Income countries**

#### Human Capital Index

- **Probability of Survival to Age 5 (%)**
  - 99 out of 100 children survive to age 5.
  - 100 out of 100 children reach age 5.

#### Expected Years of School

- **Learning-Adjusted Years of School**
  - 14 years of school.
  - 14 years of school.

#### Average Harmonized Test Scores

- **Survival Rate from Age 15-60 (%)**
  - 85 out of 100 adults alive.
  - 100 out of 100 adults alive.

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

- **Utilization-Adjusted Human Capital Index**
  - 0.47
  - 1.00

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 9 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 2020, 97% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 94% in 2015. The indicator is above the regional average.

- **DTP vaccination rate, third dose.** In 2022, 97% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine. This remains unchanged since 2017. The indicator is higher than the regional average.

**SCHOOLAGE**

- **Child mortality rate.** The mortality rate for children ages 5-14 is 2 per 1,000 children aged 5 (2021), compared to 3 in 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 99% (2021), compared to 113% in 2016. 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 96% (2021), compared to 100% in 2018. The indicator is higher than the regional average.

**YOUTH**

- **Youth literacy rate.** The share of youth (ages 15-24) who are literate is 99% (2020). The indicator is higher than the regional average.

- **Youth not in employment, education or training.** In 2020, 26% of youth (ages 15-24) were not in employment, education or training. The indicator is below the regional average.

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 53 (2021), compared to 58 in 2016. The indicator is lower than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 73 years (2021), compared to 74 in 2016. The indicator is higher than the regional average.

- **Adult informal employment rate.** The rate of informal employment among working adults (ages 25+) is 17% (2020). The indicator is below the regional average.

- **High skill employment rate.** In 2020, 0% of employed adults worked in high-skilled occupations. This remains unchanged since 2015. The indicator is similar to the regional average.

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