Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by Türkiye 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 Türkiye will be 65% 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 Europe & Central Asia region (69%) but higher than for Upper Middle Income countries (56%).

THE HUMAN CAPITAL INDEX COMPONENTS

- **Probability of Survival to Age 5.** Of every 100 children born in Türkiye, 99 survive to age 5.
- **Expected Years of School.** In Türkiye, a child who starts school at age 4 can expect to complete 12.1 years of school by her 18th birthday.
- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 9.2 years.
- **Average Harmonized Test Scores.** Students in Türkiye score 478 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.
- **Adult Survival Rate.** Across Türkiye, 91% of 15-year-olds survive until age 60.
- **Fraction of Children Under 5 Not Stunted.** Approximately 94 out of 100 children are not stunted. This means that 6 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 Türkiye is 0.34. Thus, children born today will be 34% 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 0.22.

<table>
<thead>
<tr>
<th>Gender differences in Human Capital and Utilization</th>
<th>Boys</th>
<th>Girls</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Capital Index</td>
<td>0.64</td>
<td>0.66</td>
<td>0.65</td>
</tr>
<tr>
<td>Utilization-Adjusted HCI</td>
<td>0.45</td>
<td>0.22</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Note: - represents no internationally comparable data available.

![HCI AND COMPONENTS](chart)

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**

- **Children who are developmentally on track.** In 2018, 74% of children (ages 24-59 months) were developmentally on track in health, learning and psychosocial well-being. The indicator is lower than the regional average.
- **Neonatal mortality rate.** The neonatal mortality rate is 5 per 1,000 live births (2021), compared to 6 in 2016. The indicator is above the regional average.
- **DTP vaccination rate, third dose.** In 2022, 99% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 96% in 2017. The indicator is higher than the regional average.

**SCHOOL AGE**

- **Child mortality rate.** The mortality rate for children ages 5-14 is 2 per 1,000 children aged 5 (2021). This remains unchanged since 2016. The indicator is higher than the regional average.
- **Children engaged in child labor.** The share of children (ages 5-17) who are engaged in economic activities is 2% (2019). The indicator is below 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 94% (2020), compared to 92% in 2015. 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 17 (2021), compared to 26 in 2016. The indicator is higher than 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 64% (2018), compared to 60% 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 117% (2020), compared to 95% in 2015. The indicator is higher than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 76 years (2021), compared to 77 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 90% (2019), compared to 89% in 2015. The indicator is above the regional average.
- **Prevalence of hypertension.** The prevalence of hypertension among people ages 30-79 is 33% (2019), compared to 34% in 2015. The indicator is lower than the regional average.

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