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**STRENGTHENING HUMAN
CAPITAL FOR INCLUSIVE
AND SUSTAINABLE ECONOMIC
GROWTH IN THE COUNTRIES
OF AFRICA GROUP II**

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Editorial



Abdoul Salam Bello, Executive Director

The Human Capital Project is a global initiative coordinated by the World Bank Group (WBG). Launched in 2017, the Project helps countries prioritize transformative human investment for rapid progress, enabling children around the world to “arrive in school well-nourished and ready to learn”, ensuring they “can expect to attain real learning in the classroom and are able to enter the job market as healthy, skilled, and productive adults”¹ in the fullness of their potential.

According to this Project², human capital is the sum of a population’s health, skills, knowledge, and experience. It accounts for the largest share of countries’ wealth globally. It allows everyone to reach their full potential and is increasingly becoming recognized as a primary driver of a country’s economic growth and development. The aim is to accelerate the accumulation of human capital by identifying and supporting the most effective investments and policies. The project also aims to help countries

1 World Bank website on the Human Capital Project, About The Human Capital Project; <https://www.worldbank.org/en/publication/human-capital/brief/about-hcp>

2 The Human Capital Project in Sub-Saharan Africa: Stories of Progress; <https://www.worldbank.org/en/region/afr/publication/the-human-capital-project-in-sub-saharan-africa-stories-of-progress>

strengthen their human capital and improve ways of measuring it. The Human Capital Project places special emphasis on working with Sub-Saharan African countries to help them meet their human capital goals.

Meanwhile, the Africa Human Capital Plan, which was launched in 2019, sets out targets and commitments to realize Sub-Saharan Africa's economic potential through its human capital, namely the health, knowledge, skills and resilience of its people, with a focus on its youth in a globalized and digitized economy.

Analyses carried out by the World Bank on the basis of a number of successful human capital experiences have revealed that Africa is the continent with the highest return on education, with each additional year of schooling increasing men's income by 11% and women's by 14%³. But access and quality are worrisome: according to the UNESCO Institute for Statistics, the number of primary and lower secondary school-age children out of school in Sub-Saharan Africa reached 57.9 million in 2015, 62 million in 2018, and 65 million in 2023.

In the face of rapid changes in technology, demographics, fragility and climate, and the devastating effects of conflicts and pandemics, investing in human capital remains an imperative if we are to increase economic growth and end extreme poverty by 2030. Data and experience from countries that fail to strengthen their human capital show that they will not be able to achieve sustainable and inclusive economic growth, prepare their workforce for higher-skilled or decent jobs, and compete in the global economy. Inaction on the development, strengthening and utilization of human capacity becomes all the more costly.

The first edition of the Human Capital Index⁴ (HCI), which was published by the World Bank Group in October 2018 and updated in 2020, shows that nearly 60% of children born today will be, at best, only half as productive as they could be with complete education and full health. In 2019, more than 1 in 5 young children were stunted due to under-nutrition. The current global pandemic may lead to even higher numbers of children stunted. The populations of developing countries spend an average of \$500 billion a year – over \$80 per person – out of pocket to access healthcare services. In the world's poorest countries, four out of five people in need are not covered by a social safety net, leaving them extremely vulnerable to shocks. Nearly 300,000 children die every year from diarrhea for lack of access to safe water and sanitation⁵.

For all these reasons, human capital is an important pillar of our Office's Strategic Plan. Indeed, it is one of the main focuses of our advocacy with the WBG in its commitments and interventions to end extreme poverty by 2030, and promote shared prosperity in all the countries of our Group. Our advocacy in this regard prioritizes efforts to promote sustainable, inclusive growth and build resilience in our member countries. Human capital is a cross-cutting priority of IDA20⁶ and a vital component in the African

3 The Human Capital Project in Sub-Saharan Africa: Stories of Progress; <https://www.worldbank.org/en/region/afr/publication/the-human-capital-project-in-sub-saharan-africa-stories-of-progress>

4 The human capital index is a summary measure of the amount of human capital that a child born today can expect to acquire by age 18, given the risks of poor health and poor education that prevail in the country where he/she lives.

5 The Human Capital Project: Frequently Asked Questions, <https://www.worldbank.org/en/publication/human-capital/brief/the-human-capital-project-frequently-asked-questions>

6 IDA 20 Replenishment (International Development Association).

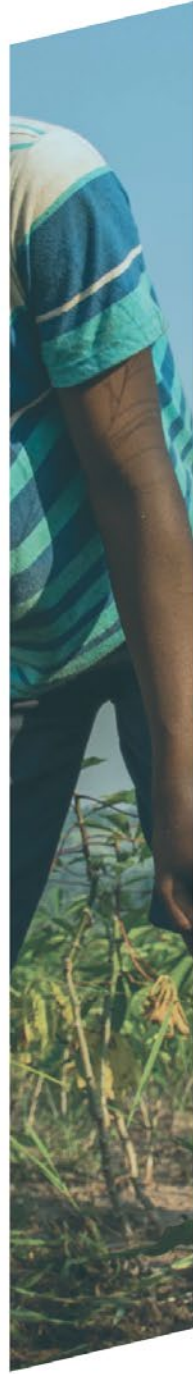
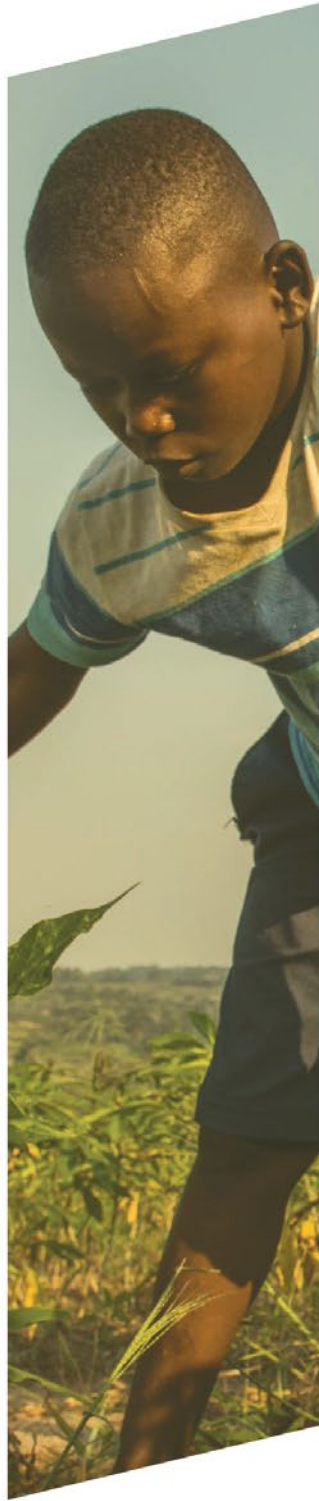
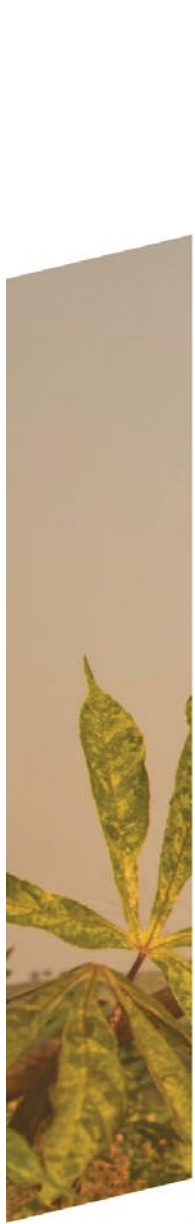
Union's Agenda 2063. It is also one of the main pillars of the WBG's Evolution agenda in its partnerships with our countries.

As of October 31, 2022, 86 countries of all income levels – including 19 of our Group's 23 countries – were working with the World Bank Group on strategic approaches to transforming their human capital performance in the context of the Human Capital Project. This edition of the Executive Director's Note reviews the human capital situation, country by country, both for those of our Group participating in this initiative and for others. It includes a fact sheet on countries for which HCI data are available, enriched with the latest human capital complementary indicators. For other countries without official HCI data, this sheet is limited to these latest complementary indicators.

I would like to take this opportunity to encourage those countries in our Group that have not yet signed up to this important Human Capital Project to do so as soon as possible, in order to make the most of this initiative, which offers many advantages. For example, the Human Capital Project (including the Africa Human Capital Plan) gives to the participating countries the necessary leeway to prioritize transformative investments in health, education, and social protection, thus giving children born today the means to exceed the achievements of previous generations both in terms of human capital and quality of life.

To achieve this, and to paraphrase the World Bank's Vice President for Human Development, Ms. Mamta Murthi, governments, civil society, international financial institutions (including the WBG), and the private sector will need to join forces to support the deployment of ambitious and targeted investments our countries need, thereby equipping everyone to achieve their potential⁷.

7 <https://blogs.worldbank.org/voices/world-bank-response-covid-19-protect-and-invest-people>





Status of Human Capital in the Countries of Africa Group II

The Human Capital Project has three pillars:⁸

THE HUMAN CAPITAL INDEX, which quantifies the contribution of health and education to the productivity of the next generation of workers. It helps assess the level of human capital that a child born today can expect to have by the age of 18.

RESEARCH AND MEASUREMENT, of education and health outcome, which enable public authorities to better identify successes and target the use of resources.

COUNTRY ENGAGEMENT, through which the World Bank Group helps countries tackle the main obstacles to human capital development by supporting them in defining national human capital priorities and implementing policies to remove the barriers to achieving set goals.

Since the launch of the Africa Human Capital Plan in 2019, the World Bank, the 86 countries participating in the Plan (including 19 from Africa Group II) and the communities involved have stepped up their investments in Africa's people, promoting women's empowerment and incremental demographic transition, in particular. Over 6 billion dollars have been invested in numerous projects in support of women. And the institution's commitments to human development projects in the region have doubled, with almost half of them in countries affected by fragility, conflict and violence⁹. As reported in June 2021 by the Vice President for Human Development, Ms. Mamta Murthi, the former Vice President for the Eastern and Southern Africa region, Mr. Hafez Ghanem, and the Vice President for the West and Central Africa region, Mr. Ousmane Diagana, in the progress report on the first two years, the aim is for countries and their partners to "empower every girl and boy, every woman and every man, to realize their full potential and embark on the path to greater prosperity".

8 World Bank website on the Human Capital Project, <https://www.worldbank.org/en/publication/human-capital/brief/about-hcp>

9 The World Bank Africa Human Capital Plan, <https://documents1.worldbank.org/curated/en/155781629273393266/pdf/Africa-Human-Capital-Plan-Year-Two-Progress-Report-Investing-in-People-for-a-Resilient-and-Inclusive-Recovery.pdf>

To advance human capital development in Africa, the World Bank relies on seven key elements:¹⁰

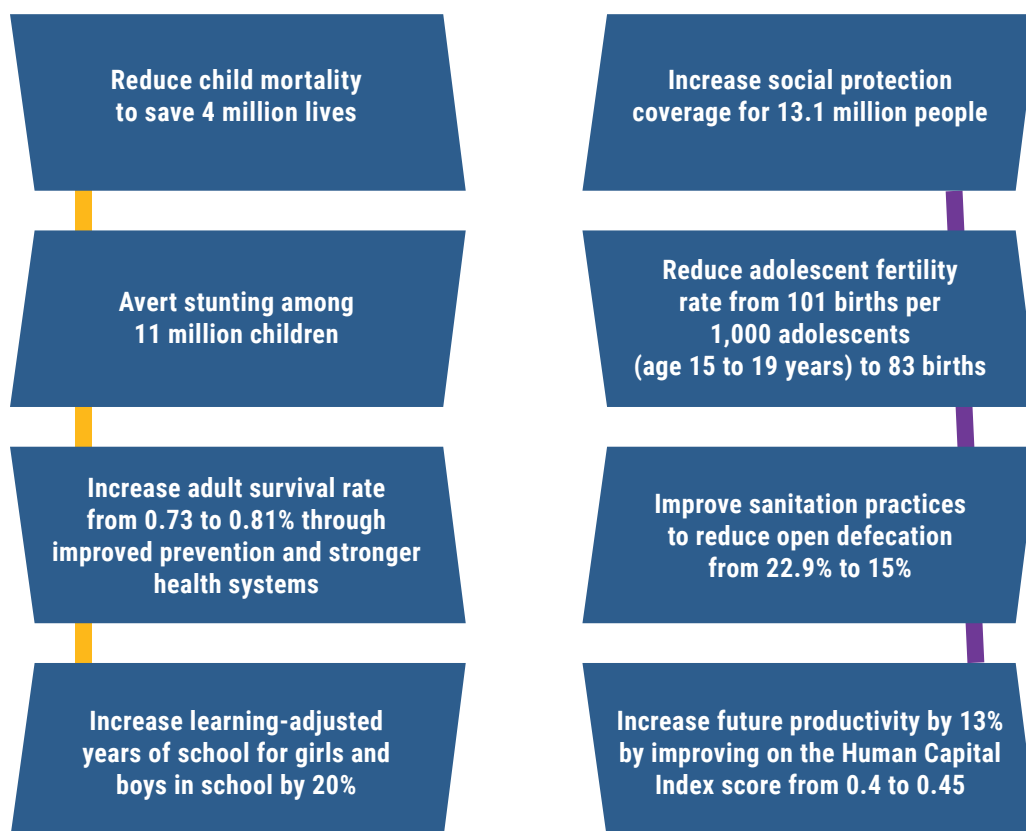


10 The World Bank Africa Human Capital Plan, <https://www.worldbank.org/en/region/afr/publication/human-capital-plan#:~:text=The%20Africa%20HCP%20is%20a,boosted%20investments%20in%20Africa's%20people>

The Africa Human Capital Plan's targets¹¹ for 2023 are the following:



The Africa Human Capital Plan's targets



Sub-Saharan Africa's particular low score on the Human Capital Index was the trigger for the Africa Human Capital Plan. Indeed, the Human Capital Index is an instrument set up by the World Bank to measure the quality of investment in a country's next generation of workers. More specifically, it quantifies the contribution of health and education to a country's future labor productivity, enabling it to assess the shortfall resulting from its human capital deficits, and the extent to which it can progress faster and turn these losses into gains by acting now. Interpreting the Index of 0.40 attributed to Sub-Saharan Africa in 2020, we can say that children born in this region will only be productive to 40% of their potential, as they will not have been able to fully develop their human capital (in particular, investments in education and health).

11 Africa Human Capital Plan: Year Three Progress Report.





The data on human capital presented in this publication were collected from the country briefs updated in October 2022¹², which put Human Capital Index (HCI) country data in perspective with Human Capital Complementary Indicators, and specialized Excel files that include detailed data, sources, and methods. These files are available for 172 countries that had sufficient data to calculate an HCI value in September 2020.

Population data for each country were taken from the United Nations Population Fund's demographic data portal¹³.

Based on the above, and considering some additional relevant indicators drawn from the country fact sheets initially available for 174 countries in October 2020¹⁴, the situation of 18 of the 23 countries in Africa Group II is as follows:

12 <https://www.worldbank.org/en/publication/human-capital#Index>

13 https://pdp.unfpa.org/?data_id=dataSource_2-0%3A4&page=Visualization-Overview

14 <https://www.banquemonde.org/fr/publication/human-capital#data>



BENIN

LOWER MIDDLE-INCOME COUNTRY (IDA)

POPULATION: 12.7 MILLION

LIFE EXPECTANCY AT BIRTH: 62 YEARS (2020)¹⁵

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.40 | 0.40 | 0.40 |
| Survival to Age 5 | 0.90 | 0.91 | 0.91 |
| Expected Years of School | 9.6 | 8.8 | 9.2 |
| Harmonized Test Scores | 384 | 384 | 384 |
| Learning-adjusted Years of School | 5.9 | 5.4 | 5.7 |
| Adult Survival Rate | 0.74 | 0.79 | 0.77 |
| Not Stunted Rate | - | - | - |

THE SITUATION IN BENIN IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Benin just before the COVID-19 pandemic will be 40% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Benin increased from 0.37 to 0.40.

PROBABILITY OF SURVIVAL TO AGE 5: 91 out of 100 children born in Benin survive to age 5.

EXPECTED YEARS OF SCHOOL: In Benin, a child who starts school at age 4 can expect to complete 9.2 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Benin score 384 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 5.7 years instead of 12 years.

ADULT SURVIVAL RATE: Across Benin, 77% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: Internationally comparable data on stunting are not available for Benin.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Benin is 30 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 18.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 44% (2018), in line with the regional average of 44% but below the income group average (53%).

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 22% (2020) in Benin, which is lower than both the regional and income group averages.

¹⁵ Lower than both the regional (63 years) and Benin income group (69 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Benin, the primary school completion rate is 62% (2020), which is lower than both the regional (73%) and income group (89%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Benin, the secondary school gross enrollment rate is 48% (2020), which is lower than both the regional (49%) and income group (70%) averages.

LEARNING POVERTY: In Benin, 56% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than both the regional (78%) and income group (61%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Benin, 35% (2018) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (26%).

ADOLESCENT FERTILITY RATE: In Benin, there are 80 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Benin, the tertiary education gross enrollment ratio is 11% (2020), which is similar to the regional average (11%) but lower than the income group average (24%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Benin, the female labor force participation is 81% (2022), which is higher than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In Benin, the male labor force participation is 92% (2022), which is higher than both the regional (84%) and income group (81%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Benin, 43% (2013) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In Benin, 12% (2018) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In Benin, for every 100,000 live births, 397 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) but higher than the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Benin, the UHC Index score is 40 (2017), which is lower than both the average for its region (46) and the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In Benin, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In Benin, 42% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (80%).

INTERNET CONNECTIVITY: In Benin, 14% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (34%).

OPEN DEFECATION: In Benin, 54% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



BURKINA FASO

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 22.103 MILLION

LIFE EXPECTANCY AT BIRTH: 62 YEARS (2020)¹⁶

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.38 | 0.39 | 0.38 |
| Survival to Age 5 | 0.92 | 0.93 | 0.92 |
| Expected Years of School | 7.0 | 7.0 | 7.0 |
| Harmonized Test Scores | 407 | 400 | 404 |
| Learning-adjusted Years of School | 4.6 | 4.5 | 4.5 |
| Adult Survival Rate | 0.74 | 0.78 | 0.76 |
| Not Stunted Rate | 0.72 | 0.78 | 0.75 |

THE SITUATION IN BURKINA FASO IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Burkina Faso just before the COVID-19 pandemic will be 38% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Burkina Faso increased from 0.32 to 0.38.

PROBABILITY OF SURVIVAL TO AGE 5: 92 out of 100 children born in Burkina Faso survive to age 5.

EXPECTED YEARS OF SCHOOL: In Burkina Faso, a child who starts school at age 4 can expect to complete 7 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Burkina Faso score 404 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.5 years instead of 12 years.

ADULT SURVIVAL RATE: Across Burkina Faso, 76% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 75 out of 100 children are not stunted, whereas 25 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Burkina Faso is 26 per 1,000 live births (2020). This is higher than the regional average of 25 and similar to the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 65% (2019), which is above the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 6% (2020) in Burkina Faso, which is lower than both the regional and income group averages.

¹⁶ Lower than both the regional (63 years) and Burkina Faso income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Burkina Faso, the primary school completion rate is 65% (2020), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Burkina Faso, the secondary school gross enrollment rate is 41% (2020), which is lower than the regional average of 49% but similar to the income group average (41%).

LEARNING POVERTY: In Burkina Faso, 75% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than both the regional (78%) and income group (89%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Burkina Faso, 41% (2018) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (27%).

ADOLESCENT FERTILITY RATE: In Burkina Faso, there are 98 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Burkina Faso, the tertiary education gross enrollment ratio is 8% (2020), which is lower than the regional average (11%) and income group average (10%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Burkina Faso, the female labor force participation is 65% (2022), which is lower than both the regional average (68%) but higher than the income group average (63%).

MALE LABOR FORCE PARTICIPATION: In Burkina Faso, the male labor force participation is 82% (2022), which is lower than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Burkina Faso, 42% (2018) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Burkina Faso, 30% (2018) of women aged 15–49 use modern contraceptive methods, which is higher than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Burkina Faso, for every 100,000 live births, 320 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Burkina Faso, the UHC Index score is 40 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Burkina Faso, 2% (2014) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Burkina Faso, 14% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Burkina Faso, 16% (2017) of the population uses the internet, which is lower than the average for its region (22%) but higher than the average for its income group (14%).

OPEN DEFECATION: In Burkina Faso, 47% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



CAMEROON

LOWER MIDDLE-INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 27.91 MILLION

LIFE EXPECTANCY AT BIRTH: 60 YEARS (2020)¹⁷

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.40 | 0.40 | 0.40 |
| Survival to Age 5 | 0.92 | 0.93 | 0.92 |
| Expected Years of School | 9.1 | 8.3 | 8.7 |
| Harmonized Test Scores | 376 | 383 | 379 |
| Learning-adjusted Years of School | 5.5 | 5.1 | 5.3 |
| Adult Survival Rate | 0.69 | 0.72 | 0.70 |
| Not Stunted Rate | 0.69 | 0.73 | 0.71 |

THE SITUATION IN CAMEROON IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Cameroon just before the COVID-19 pandemic will be 40% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Cameroon increased from 0.38 to 0.40.

PROBABILITY OF SURVIVAL TO AGE 5: 92 out of 100 children born in Cameroon survive to age 5.

EXPECTED YEARS OF SCHOOL: In Cameroon, a child who starts school at age 4 can expect to complete 8.7 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Cameroon score 379 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 5.3 years instead of 12 years.

ADULT SURVIVAL RATE: Across Cameroon, 70% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 71 out of 100 children are not stunted, whereas 29 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Cameroon is 26 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 18.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 44% (2018), in line with the regional average of 44% but below the income group average (53%).

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 36% (2019) in Cameroon, which is similar to the regional average and lower than the income group average.

¹⁷ Lower than both the regional (63 years) and Cameroon income group (69 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Cameroon, the primary school completion rate is 65% (2019), which is lower than both the regional (73%) and income group (89%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Cameroon, the secondary school gross enrollment rate is 60% (2016), which is higher than the regional average (49%) but lower than the income group average (70%).

LEARNING POVERTY: In Cameroon, 71% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than the regional average (78%) but higher than the income group average (61%).

YOUTH

ADOLESCENT FERTILITY RATE: In Cameroon, there are 99 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is higher than both the average for its region (93) and the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Cameroon, the tertiary education gross enrollment ratio is 14% (2018), which is higher than the regional average (11%) but lower than the income group average (24%).

YOUTH UNEMPLOYMENT: In Cameroon, youth unemployment is 7% (2022), which is lower than both the regional (17%) and income group (16%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Cameroon, the female labor force participation is 80% (2022), which is higher than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In Cameroon, the male labor force participation is 93% (2022), which is higher than both the regional (84%) and income group (81%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Cameroon, 40% (2016) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In Cameroon, 21% (2014) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In Cameroon, for every 100,000 live births, 529 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Cameroon, the UHC Index score is 46 (2017), which is similar to the average for its region (46) but lower than the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In Cameroon, 0% (2014) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Cameroon, 63% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower the average for its income group (80%).

INTERNET CONNECTIVITY: In Cameroon, 23% (2017) of the population uses the internet, which is higher than the average for its region (22%) but lower than the average for its income group (34%).

OPEN DEFECATION: In Cameroon, 7% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



CENTRAL AFRICAN REPUBLIC

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 5.01 MILLION

LIFE EXPECTANCY AT BIRTH: 54 YEARS (2020)¹⁸

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | - | - | 0.29 |
| Survival to Age 5 | 0.88 | 0.89 | 0.88 |
| Expected Years of School | 5.3 | 3.8 | 4.6 |
| Harmonized Test Scores | - | - | 369 |
| Learning-adjusted Years of School | - | - | 2.7 |
| Adult Survival Rate | 0.55 | 0.63 | 0.59 |
| Not Stunted Rate | 0.57 | 0.61 | 0.59 |

THE SITUATION IN THE CENTRAL AFRICAN REPUBLIC (CAR) IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in CAR just before the COVID-19 pandemic will be 29% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 88 out of 100 children born in CAR survive to age 5.

EXPECTED YEARS OF SCHOOL: In CAR, a child who starts school at age 4 can expect to complete 4.6 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in CAR score 369 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 2.7 years instead of 12 years.

ADULT SURVIVAL RATE: Across CAR, 59% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 59 out of 100 children are not stunted, whereas 41 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in CAR is 39 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 26% (2019), which is below the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 3% (2017) in CAR, which is lower than both the regional and income group averages.

¹⁸ Lower than both the regional (63 years) and CAR income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In CAR, the primary school completion rate is 55% (2017), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In CAR, the secondary school gross enrollment rate is 17% (2017), which is lower than both the regional (49%) and income group (41%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In CAR, the lower secondary school completion rate is 12% (2017), which is lower than both the regional (49%) and income group (41%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In CAR, there are 123 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

FEMALE YOUTH UNEMPLOYMENT: In CAR, female youth unemployment is 13% (2022), which is lower than both the regional (18%) and income group (15%) averages.

MALE YOUTH UNEMPLOYMENT: In CAR, male youth unemployment is 10% (2022), which is lower than both the regional (16%) and income group (12%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In CAR, the female labor force participation is 70% (2022), which is higher than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In CAR, the male labor force participation is 94% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

LEARNING POVERTY: In CAR, data on learning poverty are not available. In its region, 80% of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than its income group average (91%).

ADOLESCENT GIRLS OUT OF SCHOOL: In CAR, 30% (2019) of adolescent girls are out of school, which is lower than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In CAR, 12% (2010) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In CAR, for every 100,000 live births, 829 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In CAR, the UHC Index score is 33 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In CAR, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In CAR, 32% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In CAR, 4% (2017) of the population uses the internet, which is lower than the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In CAR, 24% (2016) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



CHAD

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 17.41 MILLION

LIFE EXPECTANCY AT BIRTH: 55 YEARS (2020)¹⁹

| Composantes | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.31 | 0.29 | 0.30 |
| Survival to Age 5 | 0.87 | 0.89 | 0.88 |
| Expected Years of School | 6.2 | 4.4 | 5.3 |
| Harmonized Test Scores | 338 | 323 | 333 |
| Learning-adjusted Years of School | 3.4 | 2.3 | 2.8 |
| Adult Survival Rate | 0.62 | 0.67 | 0.65 |
| Not Stunted Rate | 0.59 | 0.61 | 0.60 |

THE SITUATION IN CHAD IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Chad just before the COVID-19 pandemic will be 30% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Chad increased from 0.29 to 0.30.

PROBABILITY OF SURVIVAL TO AGE 5: 88 out of 100 children born in Chad survive to age 5.

EXPECTED YEARS OF SCHOOL: In Chad, a child who starts school at age 4 can expect to complete 5.3 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Chad score 333 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 2.8 years instead of 12 years.

ADULT SURVIVAL RATE: Across Chad, 65% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 60 out of 100 children are not stunted, whereas 40 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Chad is 33 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 40% (2019), which is below the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 1% (2019) in Chad, which is lower than both the regional and income group averages.

¹⁹ Lower than both the regional (63 years) and Chad income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Chad, the primary school completion rate is 41% (2018), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Chad, the secondary school gross enrollment rate is 21% (2019), which is lower than both the regional (49%) and income group (41%) averages.

LEARNING POVERTY: In Chad, 94% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the regional (78%) and income group (89%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Chad, 37% (2018) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (27%).

ADOLESCENT FERTILITY RATE: In Chad, there are 152 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Chad, the tertiary education gross enrollment ratio is 3% (2015), which is lower than the regional (11%) and income group (10%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Chad, the female labor force participation is 56% (2022), which is lower than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Chad, the male labor force participation is 88% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Chad, 70% (2016) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Chad, 5% (2015) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Chad, for every 100,000 live births, 1 140 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Chad, the UHC Index score is 28 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Chad, 0% (2011) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Chad, 12% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Chad, 6% (2017) of the population uses the internet, which is lower than the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In Chad, 67% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



UNION OF THE COMOROS

LOWER MIDDLE-INCOME COUNTRY (IDA)

SMALL ISLAND STATE

COUNTRY AFFECTED BY INSTITUTIONAL AND SOCIAL FRAGILITY

POPULATION: 907 000

LIFE EXPECTANCY AT BIRTH: 65 YEARS (2020)²⁰

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.40 | 0.41 | 0.40 |
| Survival to Age 5 | 0.93 | 0.94 | 0.93 |
| Expected Years of School | 8.0 | 8.4 | 8.2 |
| Harmonized Test Scores | 400 | 387 | 392 |
| Learning-adjusted Years of School | 5.1 | 5.2 | 5.1 |
| Adult Survival Rate | 0.76 | 0.81 | 0.78 |
| Not Stunted Rate | 0.67 | 0.71 | 0.69 |

THE SITUATION IN THE COMOROS IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in the Comoros just before the COVID-19 pandemic will be 40% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 93 out of 100 children born in the Comoros survive to age 5.

EXPECTED YEARS OF SCHOOL: In the Comoros, a child who starts school at age 4 can expect to complete 8.2 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in the Comoros score 392 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 5.1 years instead of 12 years.

ADULT SURVIVAL RATE: Across the Comoros, 78% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 69 out of 100 children are not stunted, whereas 31 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in the Comoros is 29 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 18.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 22% (2018) in the Comoros, which is lower than both the regional and income group averages.

BCG VACCINATION: The coverage of the BCG vaccine in the Comoros is 96% (2021), which is higher than both the regional and income group averages.

²⁰ Higher than the regional average (63 years) but lower than the Union of the Comoros income group average (69 years).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In the Comoros, the primary school completion rate is 77% (2017), which is higher than the regional average (73%) but lower than the income group average (89%).

GROSS SECONDARY SCHOOL ENROLLMENT: In the Comoros, the secondary school gross enrollment rate is 59% (2018), which is higher than the regional average (49%) but lower than the income group average (70%).

LOWER SECONDARY SCHOOL COMPLETION: In the Comoros, the lower secondary school completion rate is 44% (2017), which is lower than both the regional (49%) and income group (70%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In the Comoros, there are 61 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (57).

FEMALE YOUTH UNEMPLOYMENT: In the Comoros, female youth unemployment is 21% (2022), which is higher than both the regional (18%) and income group (20%) averages.

MALE YOUTH UNEMPLOYMENT: In the Comoros, male youth unemployment is 21% (2022), which is higher than both the regional (16%) and income group (15%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In the Comoros, the female labor force participation is 42% (2022), which is lower than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In the Comoros, the male labor force participation is 73% (2022), which is lower than both the regional (84%) and income group (81%) averages.

OTHER COMPLEMENTARY INDICATORS

LEARNING POVERTY: In the Comoros, 86% (2008) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the average for its region (80%) and the average for its income group (59%).

ADOLESCENT GIRLS OUT OF SCHOOL: In the Comoros, 18% (2018) of adolescent girls are out of school, which is lower than the average for its region (33%) but higher than the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In the Comoros, 14% (2012) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In the Comoros, for every 100,000 live births, 273 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) but higher than the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In the Comoros, the UHC Index score is 52 (2017), which is higher than the average for its region (46) but lower than the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In the Comoros, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In the Comoros, 82% (2018) of the population has access to electricity, which is higher than both the average for its region (50%) and the average for its income group (80%).

INTERNET CONNECTIVITY: In the Comoros, 8% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (34%).

OPEN DEFECATION: In the Comoros, 1% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



REPUBLIC OF THE CONGO

LOWER MIDDLE-INCOME COUNTRY (IDA/IBRD)

COUNTRY AFFECTED BY INSTITUTIONAL AND SOCIAL FRAGILITY

POPULATION: 5.79 MILLION

LIFE EXPECTANCY AT BIRTH: 65 YEARS (2020)²¹

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.41 | 0.43 | 0.42 |
| Survival to Age 5 | 0.95 | 0.95 | 0.95 |
| Expected Years of School | 8.7 | 9.1 | 8.9 |
| Harmonized Test Scores | 372 | 369 | 371 |
| Learning-adjusted Years of School | 5.2 | 5.4 | 5.3 |
| Adult Survival Rate | 0.72 | 0.76 | 0.74 |
| Not Stunted Rate | 0.78 | 0.80 | 0.79 |

THE SITUATION IN THE REPUBLIC OF THE CONGO (THE CONGO) IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in the Congo just before the COVID-19 pandemic will be 42% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for the Congo increased from 0.41 to 0.42.

PROBABILITY OF SURVIVAL TO AGE 5: 95 out of 100 children born in the Congo survive to age 5.

EXPECTED YEARS OF SCHOOL: In the Congo, a child who starts school at age 4 can expect to complete 8.9 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in the Congo score 371 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 5.3 years instead of 12 years.

ADULT SURVIVAL RATE: Across the Congo, 74% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 79 out of 100 children are not stunted, whereas 21 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in the Congo is 19 per 1,000 live births (2020). This is lower than the regional average of 25 but higher than the income group average of 18.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 14% (2018) in the Congo, which is lower than both the regional and income group averages.

MATERNAL MORTALITY RATIO: In the Congo, for every 100,000 live births, 605 women (2015) die from pregnancy-related causes, which is higher than both the average for its region (581) and the average for its income group (270).

²¹ Higher than the regional average (63 years) but lower than the Republic of the Congo income group average (69 years).

SCHOOL AGE

FEMALE LEARNING POVERTY: In the Congo, 66% (2019) of 10-year-old girls cannot read and understand a simple text by the end of primary school, which is lower than the regional level (77%) and similar to the income group average (66%).

MALE LEARNING POVERTY: In the Congo, 75% (2019) of 10-year-old boys cannot read and understand a simple text by the end of primary school, which is lower than the regional level (80%) but higher than the income group level (70%).

PRIMARY SCHOOL COMPLETION: In the Congo, the primary school completion rate is 72% (2012), which is lower than both the regional (73%) and income group (89%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In the Congo, there are 108 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In the Congo, the tertiary education gross enrollment ratio is 13% (2017), which is higher than the regional average (11%) but lower than the income group average (24%).

YOUTH UNEMPLOYMENT: In the Congo, youth unemployment is 42% (2022), which is higher than both the regional (17%) and income group (16%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In the Congo, the female labor force participation is 77% (2022), which is higher than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In the Congo, the male labor force participation is 82% (2022), which is lower than the regional average (84%) and higher than the income group average (81%).

OTHER COMPLEMENTARY INDICATORS

GROSS SECONDARY SCHOOL ENROLLMENT: In the Congo, the secondary school gross enrollment rate is 53% (2012), which is higher than the regional average of 50% but lower than the income group average (70%).

CONTRACEPTIVE PREVALENCE: In the Congo, 19% (2015) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In the Congo, the UHC Index score is 39 (2017), which is lower than both the average for its region (46) and the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In the Congo, 10% (2019) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In the Congo, 69% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower than the average for its income group (80%).

INTERNET CONNECTIVITY: In the Congo, 9% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (34%).

OPEN DEFECATION: In the Congo, 9% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



DEMOCRATIC REPUBLIC OF THE CONGO

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 95.24 MILLION

LIFE EXPECTANCY AT BIRTH: 61 YEARS (2020)²²

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.37 | 0.37 | 0.37 |
| Survival to Age 5 | 0.91 | 0.92 | 0.91 |
| Expected Years of School | 9.5 | 8.8 | 9.1 |
| Harmonized Test Scores | 312 | 308 | 310 |
| Learning-adjusted Years of School | 4.7 | 4.3 | 4.5 |
| Adult Survival Rate | 0.73 | 0.78 | 0.75 |
| Not Stunted Rate | 0.55 | 0.60 | 0.57 |

THE SITUATION IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC) IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in the DRC just before the COVID-19 pandemic will be 37% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 91 out of 100 children born in the DRC survive to age 5.

EXPECTED YEARS OF SCHOOL: In the DRC, a child who starts school at age 4 can expect to complete 9.1 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in the DRC score 310 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.5 years instead of 12 years.

ADULT SURVIVAL RATE: Across the DRC, 75% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 57 out of 100 children are not stunted, whereas 43 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in the DRC is 27 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 34% (2017), which is below the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 6% (2018) in the DRC, which is lower than both the regional and income group averages.

²² Lower than both the regional (63 years) and DRC income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In the DRC, the primary school completion rate is 70% (2015), which is lower than the regional average (73%) but higher than the income group average (67%).

GROSS SECONDARY SCHOOL ENROLLMENT: In the DRC, the secondary school gross enrollment rate is 46% (2015), which is lower than the regional average (49%) but higher than the income group average (41%).

LEARNING POVERTY: In the DRC, 97% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the regional (78%) and income group (89%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In the DRC, there are 119 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In the DRC, the tertiary education gross enrollment ratio is 7% (2016), which is lower than both the regional (11%) and income group (10%) averages.

YOUTH UNEMPLOYMENT: In the DRC, youth unemployment is 10% (2022), which is lower than both the regional (17%) and income group (13%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In the DRC, the female labor force participation is 74% (2022), which is higher than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In the DRC, the male labor force participation is 89% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

CONTRACEPTIVE PREVALENCE: In the DRC, 8% (2014) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In the DRC, for every 100,000 live births, 473 women (2017) die from pregnancy-related causes, which is higher than the average for its region (445) but lower than the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In the DRC, the UHC Index score is 41 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In the DRC, 5% (2012) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In the DRC, 19% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In the DRC, 9% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In the DRC, 12% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



CÔTE D'IVOIRE

LOWER MIDDLE-INCOME COUNTRY (IDA)

POPULATION: 27.74 MILLION

LIFE EXPECTANCY AT BIRTH: 58 YEARS (2020)²³

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.38 | 0.38 | 0.38 |
| Survival to Age 5 | 0.91 | 0.93 | 0.92 |
| Expected Years of School | 8.5 | 7.6 | 8.1 |
| Harmonized Test Scores | 375 | 371 | 373 |
| Learning-adjusted Years of School | 5.1 | 4.5 | 4.8 |
| Adult Survival Rate | 0.64 | 0.68 | 0.66 |
| Not Stunted Rate | 0.77 | 0.80 | 0.78 |

THE SITUATION IN CÔTE D'IVOIRE IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Côte d'Ivoire just before the COVID-19 pandemic will be 38% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Côte d'Ivoire increased from 0.30 to 0.38.

PROBABILITY OF SURVIVAL TO AGE 5: 92 out of 100 children born in Côte d'Ivoire survive to age 5.

EXPECTED YEARS OF SCHOOL: In Côte d'Ivoire, a child who starts school at age 4 can expect to complete 8.1 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Côte d'Ivoire score 373 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.8 years instead of 12 years.

ADULT SURVIVAL RATE: Across Côte d'Ivoire, 66% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 78 out of 100 children are not stunted, whereas 22 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Côte d'Ivoire is 33 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 18.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 48% (2016), which is above the regional average of 44% but below the income group average (53%).

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 10% (2021) in Côte d'Ivoire, which is lower than both the regional and income group averages.

²³ Lower than both the regional (63 years) and Côte d'Ivoire income group (69 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Côte d'Ivoire, the primary school completion rate is 84% (2021), which is higher than the regional average (73%) but lower than the income group average (89%).

GROSS SECONDARY SCHOOL ENROLLMENT: In Côte d'Ivoire, the secondary school gross enrollment rate is 57% (2020), which is higher than the regional average (49%) but lower than the income group average (70%).

LEARNING POVERTY: In Côte d'Ivoire, 83% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the regional (78%) and income group (61%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Côte d'Ivoire, 11% (2019) of the youth is not in employment, education or training. This is lower than both the average for its region of 27% and the average for its income group (26%).

ADOLESCENT FERTILITY RATE: In Côte d'Ivoire, there are 113 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Côte d'Ivoire, the tertiary education gross enrollment ratio is 10% (2020), which is lower than the regional average (11%) and income group averages (24%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Côte d'Ivoire, the female labor force participation is 56% (2022), which is lower than the regional average (68%) and similar to the income group average (56%).

MALE LABOR FORCE PARTICIPATION: In Côte d'Ivoire, the male labor force participation is 83% (2022), which is lower than the regional average (84%) but higher than the income group average (81%).

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Côte d'Ivoire, 50% (2018) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In Côte d'Ivoire, 20% (2018) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In Côte d'Ivoire, for every 100,000 live births, 617 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Côte d'Ivoire, the UHC Index score is 47 (2017), which is higher than the average for its region (46) but lower than the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In Côte d'Ivoire, 36% (2015) of the poorest quintile is covered by social safety nets, which is higher than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Côte d'Ivoire, 67% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower than the average for its income group (80%).

INTERNET CONNECTIVITY: In Côte d'Ivoire, 36% (2019) of the population uses the internet, which is higher than both the average for its region (22%) and the average for its income group (34%).

OPEN DEFECATION: In Côte d'Ivoire, 26% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



GABON²⁴

UPPER MIDDLE-INCOME COUNTRY (IBRD)

SMALL STATE

POPULATION: 2.33 MILLION

LIFE EXPECTANCY AT BIRTH: 67 YEARS (2020)²⁵

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.44 | 0.47 | 0.46 |
| Survival to Age 5 | 0.95 | 0.96 | 0.96 |
| Expected Years of School | 7.9 | 8.5 | 8.3 |
| Harmonized Test Scores | 458 | 454 | 456 |
| Learning-adjusted Years of School | 5.8 | 6.2 | 6.0 |
| Adult Survival Rate | 0.76 | 0.82 | 0.79 |
| Not Stunted Rate | 0.81 | 0.85 | 0.83 |

THE SITUATION IN GABON IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Gabon just before the COVID-19 pandemic will be 46% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 96 out of 100 children born in Gabon survive to age 5.

EXPECTED YEARS OF SCHOOL: In Gabon, a child who starts school at age 4 can expect to complete 8.3 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Gabon score 456 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 6 years instead of 12 years.

ADULT SURVIVAL RATE: Across Gabon, 79% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 83 out of 100 children are not stunted, whereas 17 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Gabon is 20 per 1,000 live births (2020). This is lower than the regional average of 25 but higher than the income group average of 9.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 43% (2019) in Gabon, which is higher than the regional average but lower than the income group average.

BCG VACCINATION: The coverage of the BCG vaccine in the Gabon is 86% (2021), which is higher than the regional average but lower than the income group average.

24 Gabon is one of the four Africa Group II member countries not participating in the Human Capital Project.

25 Higher than the regional average (63 years) but lower than Gabon income group average (74 years).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Gabon, the primary school completion rate is 78% (2019), which is higher than the regional average (73%) but lower than the income group average (97%).

LEARNING POVERTY: In Gabon, 30% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than both the regional (78%) and income group (40%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Gabon, the lower secondary school completion rate is 59% (2019), which is higher than the regional average (49%) but lower than the income group average (88%).

YOUTH

ADOLESCENT FERTILITY RATE: In Gabon, there are 88 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is lower than the average for its region (93) but higher than the average for its income group (43).

GROSS TERTIARY EDUCATION ENROLLMENT: In Gabon, the tertiary education gross enrollment ratio is 21% (2019), which is higher than the regional average (11%) but lower than the income group average (49%).

YOUTH UNEMPLOYMENT: In Gabon, youth unemployment is 38% (2022), which is higher than both the regional (17%) and income group (24%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Gabon, the female labor force participation is 48% (2022), which is lower than both the regional (68%) and income group (50%) averages.

MALE LABOR FORCE PARTICIPATION: In Gabon, the male labor force participation is 71% (2022), which is lower than both the regional (84%) and income group (76%) averages.

OTHER COMPLEMENTARY INDICATORS

CONTRACEPTIVE PREVALENCE: In Gabon, 19% (2012) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (45%).

MATERNAL MORTALITY RATIO: In Gabon, for every 100,000 live births, 252 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) but higher than the average for its income group (66).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Gabon, the UHC Index score is 49 (2017), which is higher than the average for its region (46) but lower than the average for its income group (69).

SOCIAL SAFETY NET COVERAGE: In Gabon, 31% (2018) of the poorest quintile is covered by social safety nets, which is roughly equal to the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Gabon, 93% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower than the average for its income group (96%).

INTERNET CONNECTIVITY: In Gabon, 50% (2017) of the population uses the internet, which is higher than the average for its region (22%) but lower than the average for its income group (60%).

OPEN DEFECATION: In Gabon, 3% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



GUINEA

LOW INCOME COUNTRY (IDA)

POPULATION: 13.86 MILLION

LIFE EXPECTANCY AT BIRTH: 62 YEARS (2020)²⁶

| Composantes | Garçons | Filles | Total |
|-----------------------------------|---------|--------|-------|
| Human Capital Index | 0.38 | 0.36 | 0.37 |
| Survival to Age 5 | 0.89 | 0.90 | 0.90 |
| Expected Years of School | 7.8 | 6.2 | 7.0 |
| Harmonized Test Scores | 417 | 397 | 408 |
| Learning-adjusted Years of School | 5.2 | 3.9 | 4.6 |
| Adult Survival Rate | 0.74 | 0.77 | 0.76 |
| Not Stunted Rate | 0.66 | 0.73 | 0.70 |

THE SITUATION IN GUINEA IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Guinea just before the COVID-19 pandemic will be 37% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 90 out of 100 children born in Guinea survive to age 5.

EXPECTED YEARS OF SCHOOL: In Guinea, a child who starts school at age 4 can expect to complete 7 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Guinea score 408 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.6 years instead of 12 years.

ADULT SURVIVAL RATE: Across Guinea, 76% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 70 out of 100 children are not stunted, whereas 30 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Guinea is 30 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 22% (2018), which is below the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 18% (2020) in Guinea, which is lower than both the regional and income group averages.

²⁶ Lower than both the regional (63 years) and Guinea income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Guinea, the primary school completion rate is 59% (2020), which is lower than both the regional (73%) and income group (67%) averages.

LEARNING POVERTY: In Guinea, 82% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than the regional average (78%) but lower than the income group average (89%).

LOWER SECONDARY SCHOOL COMPLETION: In Guinea, the lower secondary school completion rate is 33% (2020), which is lower than both the regional (49%) and income group (41%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Guinea, 11% (2019) of the youth is not in employment, education or training. This is lower than both the average for its region of 27% and the average for its income group (27%).

ADOLESCENT FERTILITY RATE: In Guinea, there are 130 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Guinea, the tertiary education gross enrollment ratio is 7% (2019), which is lower than both the regional (11%) and income group (10%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Guinea, the female labor force participation is 71% (2022), which is higher than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Guinea, the male labor force participation is 79% (2022), which is lower than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

GROSS SECONDARY SCHOOL ENROLLMENT: In Guinea, the secondary school gross enrollment rate is 39% (2014), which is lower than both the regional (50%) and income group (42%) averages.

ADOLESCENT GIRLS OUT OF SCHOOL: In Guinea, 60% (2014) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Guinea, 11% (2018) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Guinea, for every 100,000 live births, 576 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Guinea, the UHC Index score is 37 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Guinea, 1% (2012) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Guinea, 44% (2018) of the population has access to electricity, which is lower than the average for its region (50%) but higher than the average for its income group (41%).

INTERNET CONNECTIVITY: In Guinea, 22% (2018) of the population uses the internet, which is similar to the average for its region (22%) but higher than the average for its income group (14%).

OPEN DEFECATION: In Guinea, 14% (2017) of the population practices open defecation, which is roughly equal to the Africa Human Capital Target for 2023 (15 %).



MADAGASCAR

LOW INCOME COUNTRY (IDA)

POPULATION: 29.17 MILLION

LIFE EXPECTANCY AT BIRTH: 67 YEARS (2020)²⁷

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.38 | 0.40 | 0.39 |
| Survival to Age 5 | 0.94 | 0.95 | 0.95 |
| Expected Years of School | 8.2 | 8.6 | 8.4 |
| Harmonized Test Scores | 350 | 352 | 351 |
| Learning-adjusted Years of School | 4.6 | 4.8 | 4.7 |
| Adult Survival Rate | 0.77 | 0.82 | 0.80 |
| Not Stunted Rate | 0.55 | 0.62 | 0.58 |

THE SITUATION IN MADAGASCAR IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Madagascar just before the COVID-19 pandemic will be 39% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Madagascar remained approximately the same at 0.39.

PROBABILITY OF SURVIVAL TO AGE 5: 95 out of 100 children born in Madagascar survive to age 5.

EXPECTED YEARS OF SCHOOL: In Madagascar, a child who starts school at age 4 can expect to complete 8.4 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Madagascar score 351 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.7 years instead of 12 years.

ADULT SURVIVAL RATE: Across Madagascar, 80% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 58 out of 100 children are not stunted, whereas 42 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Madagascar is 20 per 1,000 live births (2020). This is lower than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 79% (2018), which is above the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 40% (2019) in Madagascar, which is higher than both the regional and income group averages.

²⁷ Higher than both the regional (63 years) and Madagascar income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Madagascar, the primary school completion rate is 63% (2019), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Madagascar, the secondary school gross enrollment rate is 35% (2019), which is lower than both the regional average of 49% and the income group average (41%).

LEARNING POVERTY: In Madagascar, 95% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the regional (78%) and income group (89%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In Madagascar, there are 104 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Madagascar, the tertiary education gross enrollment ratio is 6% (2020), which is lower than the regional (11%) and income group (10%) averages.

YOUTH UNEMPLOYMENT: In Madagascar, youth unemployment is 5% (2022), which is lower than both the regional (17%) and income group (13%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Madagascar, the female labor force participation is 88% (2022), which is higher than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Madagascar, the male labor force participation is 95% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Madagascar, 25% (2018) of adolescent girls are out of school, which is lower than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Madagascar, 39% (2017) of women aged 15–49 use modern contraceptive methods, which is higher than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Madagascar, for every 100,000 live births, 335 women (2017) die from pregnancy-related causes, which is lower than both the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Madagascar, the UHC Index score is 28 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Madagascar, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In Madagascar, 26% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Madagascar, 5% (2016) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In Madagascar, 45% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



MALI

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 21.47 MILLION

LIFE EXPECTANCY AT BIRTH: 60 YEARS (2020)²⁸

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.32 | 0.32 | 0.32 |
| Survival to Age 5 | 0.90 | 0.91 | 0.90 |
| Expected Years of School | 5.6 | 4.9 | 5.2 |
| Harmonized Test Scores | 307 | 307 | 307 |
| Learning-adjusted Years of School | 2.7 | 2.4 | 2.6 |
| Adult Survival Rate | 0.74 | 0.76 | 0.75 |
| Not Stunted Rate | 0.72 | 0.74 | 0.73 |

THE SITUATION IN MALI IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Mali just before the COVID-19 pandemic will be 32% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 90 out of 100 children born in Mali survive to age 5.

EXPECTED YEARS OF SCHOOL: In Mali, a child who starts school at age 4 can expect to complete 5.2 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Mali score 307 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 2.6 years instead of 12 years.

ADULT SURVIVAL RATE: Across Mali, 75% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 73 out of 100 children are not stunted, whereas 27 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Mali is 32 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 29% (2018), which is below the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 7% (2018) in Mali, which is lower than both the regional and income group averages.

²⁸ Lower than both the regional (63 years) and Mali income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Mali, the primary school completion rate is 50% (2017), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Mali, the secondary school gross enrollment rate is 41% (2018), which is lower than the regional average (49%) but similar to the income group average (41%).

LOWER SECONDARY SCHOOL COMPLETION: In Mali, the lower secondary school completion rate is 30% (2017), which is lower than both the regional (49%) and income group (41%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Mali, 31% (2020) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (27%).

ADOLESCENT FERTILITY RATE: In Mali, there are 162 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Mali, the tertiary education gross enrollment ratio is 6% (2015), which is lower than the regional (11%) and income group (10%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Mali, the female labor force participation is 61% (2022), which is lower than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Mali, the male labor force participation is 89% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

LEARNING POVERTY: In Mali, 91% (2012) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than the average for its region (80%) but similar to the average for its income group (91%).

ADOLESCENT GIRLS OUT OF SCHOOL: In Mali, 56% (2018) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Mali, 16% (2018) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Mali, for every 100,000 live births, 562 women (2017) die from pregnancy-related causes, which is higher than both the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Mali, the UHC Index score is 38 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Mali, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In Mali, 51% (2018) of the population has access to electricity, which is higher than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Mali, 13% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In Mali, 7% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



MAURITIUS²⁹

UPPER MIDDLE-INCOME COUNTRY (IBRD)

SMALL ISLAND STATE

POPULATION: 1.27 MILLION

LIFE EXPECTANCY AT BIRTH: 74 YEARS (2020)³⁰

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | - | - | 0.62 |
| Survival to Age 5 | 0.98 | 0.99 | 0.98 |
| Expected Years of School | 12.2 | 12.7 | 12.4 |
| Harmonized Test Scores | - | - | 473 |
| Learning-adjusted Years of School | - | - | 9.4 |
| Adult Survival Rate | 0.81 | 0.91 | 0.86 |
| Not Stunted Rate | - | - | - |

THE SITUATION IN MAURITIUS IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Mauritius just before the COVID-19 pandemic will be 62% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Mauritius increased from 0.60 to 0.62

PROBABILITY OF SURVIVAL TO AGE 5: 98 out of 100 children born in Mauritius survive to age 5.

EXPECTED YEARS OF SCHOOL: In Mauritius, a child who starts school at age 4 can expect to complete 12.4 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Mauritius score 473 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 9.4 years instead of 12 years.

ADULT SURVIVAL RATE: Across Mauritius, 86% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: Internationally comparable data on stunting are not available for Mauritius.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Mauritius is 11 per 1,000 live births (2020). This is lower than the regional average of 25 but higher than the income group average of 4.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 102% (2019) in Mauritius, which is higher than both the regional and income group averages.

MATERNAL MORTALITY RATIO: In Mauritius, for every 100,000 live births, 77 women (2017) die from pregnancy-related causes, which is lower than the average for its region (581) but higher than the average for its income group (9).

29 Mauritius is one of the four Africa Group II member countries not participating in the Human Capital Project.

30 Higher than the regional average (63 years) but lower than Mauritius income group average (80 years).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Mauritius, the primary school completion rate is 96% (2021), which is higher than the regional average (73%) but lower than the income group average (99%).

GROSS SECONDARY SCHOOL ENROLLMENT: In Mauritius, the secondary school gross enrollment rate is 94% (2021), which is higher than the regional average (49%) but lower than the income group average (110%).

LOWER SECONDARY SCHOOL COMPLETION: In Mauritius, the lower secondary school completion rate is 103% (2021), which is higher than both the regional (49%) and income group (98%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Mauritius, 42% (2020) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (21%).

ADOLESCENT FERTILITY RATE: In Mauritius, there are 24 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (13).

GROSS TERTIARY EDUCATION ENROLLMENT: In Mauritius, the tertiary education gross enrollment ratio is 44% (2020), which is higher than the regional average (11%) but lower than the income group average (70%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Mauritius, the female labor force participation is 46% (2022), which is lower than both the regional (68%) and income group (55%) averages.

MALE LABOR FORCE PARTICIPATION: In Mauritius, the male labor force participation is 77% (2022), which is lower than the regional average (84%) but higher than the income group average (73%).

OTHER COMPLEMENTARY INDICATORS

LEARNING POVERTY: In Mauritius, 40% (2006) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than the average for its region (80%) but higher than the average for its income group (14%).

ADOLESCENT GIRLS OUT OF SCHOOL: In Mauritius, 3% (2018) of adolescent girls are out of school, which is lower than both the average for its region (33%) and the average for its income group (5%).

CONTRACEPTIVE PREVALENCE: In Mauritius, 32% (2014) of women aged 15–49 use modern contraceptive methods, which is higher than the average for its region (28%) but lower than the average for its income group (59%).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Mauritius, the UHC Index score is 63 (2017), which is higher than the average for its region (46) but lower than the average for its income group (79).

SOCIAL SAFETY NET COVERAGE: In Mauritius, 52% (2012) of the poorest quintile is covered by social safety nets, which is higher than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Mauritius, 97% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower than the average for its income group (100%).

INTERNET CONNECTIVITY: In Mauritius, 64% (2019) of the population uses the internet, which is higher than the average for its region (22%) but lower than the average for its income group (85%).

OPEN DEFECATION: In Mauritius, 0% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



MAURITANIA

LOWER MIDDLE-INCOME COUNTRY (IDA)

POPULATION: 4.90 MILLION

LIFE EXPECTANCY AT BIRTH: 65 YEARS (2020)³¹

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.37 | 0.39 | 0.38 |
| Survival to Age 5 | 0.92 | 0.93 | 0.92 |
| Expected Years of School | 7.5 | 7.9 | 7.7 |
| Harmonized Test Scores | 340 | 343 | 342 |
| Learning-adjusted Years of School | 4.1 | 4.4 | 4.2 |
| Adult Survival Rate | 0.78 | 0.83 | 0.80 |
| Not Stunted Rate | 0.74 | 0.80 | 0.77 |

THE SITUATION IN MAURITANIA IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Mauritania just before the COVID-19 pandemic will be 38% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 92 out of 100 children born in Mauritania survive to age 5.

EXPECTED YEARS OF SCHOOL: In Mauritania, a child who starts school at age 4 can expect to complete 7.7 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Mauritania score 342 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.2 years instead of 12 years.

ADULT SURVIVAL RATE: Across Mauritania, 80% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 77 out of 100 children are not stunted, whereas 23 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Mauritania is 31 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 18.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 37% (2015), in which is below the regional (44%) and income group (53%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 10% (2015) in Mauritania, which is lower than both the regional and income group averages.

³¹ Higher than the regional average (63 years) but lower than Mauritania income group average (69 years).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Mauritania, the primary school completion rate is 73% (2019), which is similar to the regional average (73%) but lower than the income group average (89%).

GROSS SECONDARY SCHOOL ENROLLMENT: In Mauritania, the secondary school gross enrollment rate is 39% (2019), which is lower than both the regional (49%) and income group (70%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Mauritania, the lower secondary school completion rate is 46% (2019), which is lower than both the regional (49%) and income group (70%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Mauritania, 36% (2017) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (26%).

ADOLESCENT FERTILITY RATE: In Mauritania, there are 67 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Mauritania, the tertiary education gross enrollment ratio is 6% (2020), which is lower than both the regional (11%) and income group (24%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Mauritania, the female labor force participation is 34% (2022), which is lower than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In Mauritania, the male labor force participation is 77% (2022), which is lower than both the regional (84%) and income group (81%) averages.

OTHER COMPLEMENTARY INDICATORS

LEARNING POVERTY: In Mauritania, data on learning poverty are not available. In its region, 80% of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than its income group average (59%).

ADOLESCENT GIRLS OUT OF SCHOOL: In Mauritania, 35% (2018) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In Mauritania, 16% (2015) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In Mauritania, for every 100,000 live births, 766 women (2017) die from pregnancy-related causes, which is higher than the average for its region (445) and the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Mauritania, the UHC Index score is 41 (2017), which is lower than both the average for its region (46) and the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In Mauritania, 47% (2014) of the poorest quintile is covered by social safety nets, which is higher than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Mauritania, 45% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (80%).

INTERNET CONNECTIVITY: In Mauritania, 21% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (34%).

OPEN DEFECATION: In Mauritania, 32% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15%).



NIGER

LOW INCOME COUNTRY (IDA)

FRAGILE STATE AFFECTED BY CONFLICT

POPULATION: 26.08 MILLION

LIFE EXPECTANCY AT BIRTH: 63 YEARS (2020)³²

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.32 | 0.31 | 0.32 |
| Survival to Age 5 | 0.91 | 0.92 | 0.92 |
| Expected Years of School | 5.9 | 5.0 | 5.5 |
| Harmonized Test Scores | 307 | 302 | 305 |
| Learning-adjusted Years of School | 2.9 | 2.4 | 2.7 |
| Adult Survival Rate | 0.75 | 0.78 | 0.77 |
| Not Stunted Rate | 0.50 | 0.53 | 0.52 |

THE SITUATION IN NIGER IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Niger just before the COVID-19 pandemic will be 32% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health.

PROBABILITY OF SURVIVAL TO AGE 5: 92 out of 100 children born in Niger survive to age 5.

EXPECTED YEARS OF SCHOOL: In Niger, a child who starts school at age 4 can expect to complete 5.5 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Niger score 305 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 2.7 years instead of 12 years.

ADULT SURVIVAL RATE: Across Niger, 77% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 52 out of 100 children are not stunted, whereas 48 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate Niger is 24 per 1,000 live births (2020). This is lower than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 71% (2019), which is above the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 7% (2020) in Niger, which is lower than both the regional and income group averages.

³² Similar to both the regional (63 years) and Niger income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Niger, the primary school completion rate is 51% (2020), which is lower than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Niger, the secondary school gross enrollment rate is 24% (2017), which is lower than both the regional (49%) and income group (41%) averages.

LEARNING POVERTY: In Niger, 90% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than both the regional (78%) and income group (89%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Niger, 69% (2017) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (27 %).

ADOLESCENT FERTILITY RATE: In Niger, there are 177 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Niger, the tertiary education gross enrollment ratio is 4% (2020), which is lower than the regional (11%) and income group (10%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Niger, the female labor force participation is 68% (2022), which is similar to the regional average (68%) but higher than the income group average (63%).

MALE LABOR FORCE PARTICIPATION: In Niger, the male labor force participation is 91% (2022), which is higher than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Niger, 69% (2017) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Niger, 11% (2017) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Niger, for every 100,000 live births, 509 women (2017) die from pregnancy-related causes, which is higher than the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Niger, the UHC Index score is 37 (2017), which is lower than both the average for its region (46) and the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Niger, 16% (2014) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Niger, 18% (2018) of the population has access to electricity, which is lower than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Niger, 5% (2018) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In Niger, 68% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15 %).



SENEGAL

LOWER MIDDLE-INCOME COUNTRY (IDA)

POPULATION: 17.65 MILLION

LIFE EXPECTANCY AT BIRTH: 68 YEARS (2020)³³

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.40 | 0.44 | 0.42 |
| Survival to Age 5 | 0.95 | 0.96 | 0.96 |
| Expected Years of School | 6.8 | 7.9 | 7.3 |
| Harmonized Test Scores | 417 | 408 | 412 |
| Learning-adjusted Years of School | 4.5 | 5.2 | 4.8 |
| Adult Survival Rate | 0.79 | 0.86 | 0.83 |
| Not Stunted Rate | 0.79 | 0.83 | 0.81 |

THE SITUATION IN SENEGAL IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Senegal just before the COVID-19 pandemic will be 42% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Senegal increased from 0.39 to 0.42.

PROBABILITY OF SURVIVAL TO AGE 5: 96 out of 100 children born in Senegal survive to age 5.

EXPECTED YEARS OF SCHOOL: In Senegal, a child who starts school at age 4 can expect to complete 7.3 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Senegal score 412 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 4.8 years instead of 12 years.

ADULT SURVIVAL RATE: Across Senegal, 83% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 81 out of 100 children are not stunted, whereas 19 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Senegal is 21 per 1,000 live births (2020). This is lower than the regional average of 25 but higher than the income group average of 18.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 37% (2019), which is below the regional (44%) and income group (53%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 17% (2020) in Senegal, which is lower than both the regional and income group averages.

³³ Higher than the regional average (63 years) but lower than Senegal income group average (69 years).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Senegal, the primary school completion rate is 61% (2020), which is lower than both the regional (73%) and income group (89%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Senegal, the secondary school gross enrollment rate is 47% (2020), which is lower than both the regional (49%) and income group (70%) averages.

LEARNING POVERTY: In Senegal, 69% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is lower than the regional average (78%) but higher than the income group average (61%).

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Senegal, 33% (2019) of the youth is not in employment, education or training. This is higher than both the average for its region of 27% and the average for its income group (26%).

ADOLESCENT FERTILITY RATE: In Senegal, there are 67 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Senegal, the tertiary education gross enrollment ratio is 14% (2020), which is higher than the regional average (11%) but lower than the income group average (24%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Senegal, the female labor force participation is 40% (2022), which is lower than both the regional (68%) and income group (56%) averages.

MALE LABOR FORCE PARTICIPATION: In Senegal, the male labor force participation is 70% (2022), which is lower than both the regional (84%) and income group (81%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Senegal, 44% (2017) of adolescent girls are out of school, which is higher than both the average for its region (33%) and the average for its income group (17%).

CONTRACEPTIVE PREVALENCE: In Senegal, 26% (2017) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (42%).

MATERNAL MORTALITY RATIO: In Senegal, for every 100,000 live births, 315 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) but higher than the average for its income group (208).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Senegal, the UHC Index score is 45 (2017), which is lower than both the average for its region (46) and the average for its income group (56).

SOCIAL SAFETY NET COVERAGE: In Senegal, 5% (2011) of the poorest quintile is covered by social safety nets, which is lower than the Africa Human Capital Target for 2023 (30%).

ELECTRICITY: In Senegal, 67% (2018) of the population has access to electricity, which is higher than the average for its region (50%) but lower than the average for its income group (80%).

INTERNET CONNECTIVITY: In Senegal, 30% (2017) of the population uses the internet, which is higher than the average for its region (22%) but lower than the average for its income group (34%).

OPEN DEFECATION: In Senegal, 14% (2017) of the population practices open defecation, which is lower than the Africa Human Capital Target for 2023 (15%).



TOGO

LOW INCOME COUNTRY (IDA)

POPULATION: 8.68 MILLION

LIFE EXPECTANCY AT BIRTH: 61 YEARS (2020)³⁴

| Components | Boys | Girls | Overall |
|-----------------------------------|------|-------|---------|
| Human Capital Index | 0.43 | 0.43 | 0.43 |
| Survival to Age 5 | 0.92 | 0.94 | 0.93 |
| Expected Years of School | 10.1 | 9.4 | 9.7 |
| Harmonized Test Scores | 384 | 383 | 384 |
| Learning-adjusted Years of School | 6.2 | 5.8 | 6.0 |
| Adult Survival Rate | 0.73 | 0.76 | 0.74 |
| Not Stunted Rate | 0.76 | 0.77 | 0.76 |

THE SITUATION IN TOGO IN TERMS OF HUMAN CAPITAL CAN BE INTERPRETED AS FOLLOWS:

HUMAN CAPITAL INDEX: A child born in Togo just before the COVID-19 pandemic will be 43% as productive when he/she grows up as he/she could be if he/she enjoyed complete education and full health. Between 2010 and 2020, the Human Capital Index value for Togo increased from 0.37 to 0.43.

PROBABILITY OF SURVIVAL TO AGE 5: 93 out of 100 children born in Togo survive to age 5.

EXPECTED YEARS OF SCHOOL: In Togo, a child who starts school at age 4 can expect to complete 9.7 years of school by his/her 18th birthday instead of 14 years.

HARMONIZED TEST SCORES: Students in Togo score 384 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

LEARNING-ADJUSTED YEARS OF SCHOOL: Factoring in what children actually learn, expected years of school is only 6 years instead of 12 years.

ADULT SURVIVAL RATE: Across Togo, 74% of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions.

FRACTION OF CHILDREN UNDER 5 NOT STUNTED: 76 out of 100 children are not stunted, whereas 24 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Togo is 24 per 1,000 live births (2020). This is lower than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months is 61% (2017), which is above the regional (44%) and income group (43%) averages.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 30% (2020) in Togo, which is lower than the regional average but higher than the income group average.

³⁴ Lower than both the regional (63 years) and Togo income group (63 years) averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Togo, the primary school completion rate is 88% (2020), which is higher than both the regional (73%) and income group (67%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Togo, the secondary school gross enrollment rate is 62% (2017), which is higher than both the regional (49%) and income group (41%) averages.

LEARNING POVERTY: In Togo, 82% (2019) of 10-year-olds cannot read and understand a simple text by the end of primary school, which is higher than the regional average (78%) but lower than the income group average (89%).

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Togo, 25% (2017) of the youth is not in employment, education or training. This is lower than both the average for its region of 27% and the average for its income group (27 %).

ADOLESCENT FERTILITY RATE: In Togo, there are 88 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is lower than both the average for its region (93) and the average for its income group (95).

GROSS TERTIARY EDUCATION ENROLLMENT: In Togo, the tertiary education gross enrollment ratio is 15% (2020), which is higher than both the regional (11%) and income group (10%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Togo, the female labor force participation is 69% (2022), which is higher than both the regional (68%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Togo, the male labor force participation is 79% (2022), which is lower than both the regional (84%) and income group (85%) averages.

OTHER COMPLEMENTARY INDICATORS

ADOLESCENT GIRLS OUT OF SCHOOL: In Togo, 28% (2017) of adolescent girls are out of school, which is lower than both the average for its region (33%) and the average for its income group (40%).

CONTRACEPTIVE PREVALENCE: In Togo, 17% (2014) of women aged 15–49 use modern contraceptive methods, which is lower than both the average for its region (28%) and the average for its income group (24%).

MATERNAL MORTALITY RATIO: In Togo, for every 100,000 live births, 396 women (2017) die from pregnancy-related causes, which is lower than the average for its region (445) and the average for its income group (502).

UNIVERSAL HEALTH COVERAGE (UHC) INDEX: The index, ranging from 0 to 100, measures coverage of essential health services based on tracer interventions. In Togo, the UHC Index score is 43 (2017), which is lower than the average for its region (46) but higher than the average for its income group (42).

SOCIAL SAFETY NET COVERAGE: In Togo, data on social safety net coverage of the poorest quintile are not available. The Africa Human Capital Target for 2023 is 30%.

ELECTRICITY: In Togo, 51% (2018) of the population has access to electricity, which is higher than both the average for its region (50%) and the average for its income group (41%).

INTERNET CONNECTIVITY: In Togo, 12% (2017) of the population uses the internet, which is lower than both the average for its region (22%) and the average for its income group (14%).

OPEN DEFECATION: In Togo, 48% (2017) of the population practices open defecation, which is higher than the Africa Human Capital Target for 2023 (15 %).





In the absence of sufficient official Human Capital Index data for **Cabo Verde, Djibouti, Equatorial Guinea, Guinea-Bissau** and **Sao Tome and Principe**, the following country factsheets present only the latest available human capital complementary indicators covering the dimensions of early childhood, school age, youth, and adults, as provided by the World Bank Group’s Human Capital Project team.



CABO VERDE

LOWER MIDDLE-INCOME COUNTRY (IDA/IBRD)

SMALL ISLAND STATE

POPULATION: 568 000

LIFE EXPECTANCY AT BIRTH: 73 YEARS (2020)³⁵

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Cabo Verde is 9 per 1,000 live births (2020). This is lower than both the regional average of 25 and the income group average of 18.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 75% (2019) in Cabo Verde, which is higher than both the regional and income group averages.

MATERNAL MORTALITY RATIO: In Cabo Verde, for every 100,000 live births, 47 women (2017) die from pregnancy-related causes, which is lower than both the average for its region (561) and the average for its income group (256).

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Cabo Verde, the primary school completion rate is 100% (2019), which is higher than both the regional (72%) and income group (89%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Cabo Verde, the secondary school gross enrollment rate is 89% (2019), which is higher than both the regional (51%) and income group (71%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Cabo Verde, the lower secondary school completion rate is 71% (2019), which is higher than both the regional (49%) and income group (70%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In Cabo Verde, there are 71 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than the average for its region (93) but higher than the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Cabo Verde, the tertiary education gross enrollment ratio is 24% (2018), which is higher than the regional average (11%) but similar to the income group average (24%).

YOUTH UNEMPLOYMENT: In Cabo Verde, youth unemployment is 34% (2022), which is higher than both the regional (17%) and income group (18%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Cabo Verde, the female labor force participation is 56% (2022), which is lower than the regional average (67%) but higher than the income group average (55%).

MALE LABOR FORCE PARTICIPATION: In Cabo Verde, the male labor force participation is 71% (2022), which is lower than both the regional (84%) and income group (81%) averages.

³⁵ Higher than both the regional (63 years) and Cabo Verde income group (69 years) averages.



DJIBOUTI

LOWER MIDDLE-INCOME COUNTRY (IDA)

SMALL STATE

POPULATION: 1 016 000

LIFE EXPECTANCY AT BIRTH: 67 YEARS (2020)³⁶

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Djibouti is 30 per 1,000 live births (2020). This is higher than both the regional average of 10 and the income group average of 18.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 12% (2021) in Djibouti, which is lower than both the regional and income group averages.

BCG VACCINATION: The coverage of the BCG vaccine in Djibouti is 61% (2021), which is lower than both the regional and income group averages.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Djibouti, the primary school completion rate is 65% (2021), which is lower than both the regional (95%) and income group (89%) averages.

GROSS SECONDARY SCHOOL ENROLLMENT: In Djibouti, the secondary school gross enrollment rate is 55% (2021), which is lower than both the regional (88%) and income group (71%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Djibouti, the lower secondary school completion rate is 55% (2021), which is lower than both the regional (85%) and income group (70%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Djibouti, 19% (2017) of the youth is not in employment, education or training. This is lower than both the average for its region of 32% and the average for its income group (25%).

ADOLESCENT FERTILITY RATE: In Djibouti, there are 18 births (2020) for every 1,000 women aged 15–19, which is lower than the Africa Human Capital Target for 2023 (83). This is also lower than both the average for its region (23) and the average for its income group (57).

YOUTH UNEMPLOYMENT: In Djibouti, youth unemployment is 80% (2022), which is higher than both the regional (27%) and income group (18%) averages.

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Djibouti, the female labor force participation is 20% (2022), which is lower than both the regional (32%) and income group (55%) averages.

MALE LABOR FORCE PARTICIPATION: In Djibouti, the male labor force participation is 54% (2022), which is lower than both the regional (79%) and income group (81%) averages.

³⁶ Lower than both the regional (76 years) and Djibouti income group (69 years) averages.



GUINEA-BISSAU³⁷

LOW INCOME COUNTRY (IDA)

SMALL STATE

COUNTRY AFFECTED BY INSTITUTIONAL AND SOCIAL FRAGILITY

POPULATION: 2 063 000

LIFE EXPECTANCY AT BIRTH: 59 YEARS (2020)³⁸

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Guinea-Bissau is 35 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 26.

CHILDREN RECEIVING MINIMUM MEAL FREQUENCY: Adequate meal frequency among children 0-23 months in Guinea-Bissau is 35% (2019), which is below both the regional (44%) and income group (43%) averages.

POSTNATAL CONTACT WITH HEALTH PROVIDER: In Guinea-Bissau, 57% (2019) of newborns have postnatal contact with health providers during their first two days of life, which is higher than the regional level of 56% and the income group level of 50%.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Guinea-Bissau, the primary school completion rate is 65% (2010), which is lower than both the regional (72%) and income group (66%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Guinea-Bissau, the lower secondary school completion rate is 37% (2010), which is lower than both the regional (49%) and income group (41%) averages.

YOUTH

YOUTH NEET – YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING: In Guinea-Bissau, 24% (2018) of the youth is not in employment, education or training. This is lower than both the average for its region of 27% and the average for its income group (28%).

ADOLESCENT FERTILITY RATE: In Guinea-Bissau, there are 100 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (90).

YOUTH UNEMPLOYMENT: In Guinea-Bissau, youth unemployment is 13% (2022), which is lower than the regional average (17%) but similar to the income group average (13%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Guinea-Bissau, the female labor force participation is 71% (2022), which is higher than both the regional (67%) and income group (63%) averages.

MALE LABOR FORCE PARTICIPATION: In Guinea-Bissau, the male labor force participation is 92% (2022), which is higher than both the regional (84%) and income group (85%) averages.

37 Guinea-Bissau is one of the four Africa Group II member countries not participating in the Human Capital Project.

38 Lower than both the regional (63 years) and Guinea-Bissau income group (63 years) averages.



EQUATORIAL GUINEA³⁹

UPPER MIDDLE-INCOME COUNTRY (IBRD)

SMALL STATE

POPULATION: 1 497 000

LIFE EXPECTANCY AT BIRTH: 59 YEARS (2020)⁴⁰

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Equatorial Guinea is 29 per 1,000 live births (2020). This is higher than both the regional average of 25 and the income group average of 10.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 43% (2015) in Equatorial Guinea, which is higher than the regional average but lower than the income group average.

BCG VACCINATION: The coverage of the BCG vaccine in Equatorial Guinea is 85% (2021), which is higher than the regional average but lower than the income group average.

SCHOOL AGE

FEMALE PRIMARY SCHOOL COMPLETION: In Equatorial Guinea, the female primary school completion rate is 42% (2015), which is lower than both the regional (72%) and income group (96%) averages.

MALE PRIMARY SCHOOL COMPLETION: In Equatorial Guinea, the male primary school completion rate is 40% (2015), which is lower than both the regional (73%) and income group (95%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Equatorial Guinea, the lower secondary school completion rate is 24% (2015), which is lower than both the regional (49%) and income group (86%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In Equatorial Guinea, there are 149 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is also higher than both the average for its region (93) and the average for its income group (44).

FEMALE YOUTH UNEMPLOYMENT: In Equatorial Guinea, female youth unemployment is 19% (2022), which is similar to the regional average (19%) but lower than the income group average (29%).

MALE YOUTH UNEMPLOYMENT: In Equatorial Guinea, male youth unemployment is 17% (2022), which is higher than the regional average (16%) but lower than the income group average (22%).

ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Equatorial Guinea, the female labor force participation is 62% (2022), which is lower than the regional average (67%) but higher than the income group average (49%).

MALE LABOR FORCE PARTICIPATION: In Equatorial Guinea, the male labor force participation is 70% (2022), which is lower than both the regional (84%) and income group (75%) averages.

39 Equatorial Guinea is one of the four Africa Group II member countries not participating in the Human Capital Project.

40 Lower than both the regional (63 years) and Equatorial Guinea income group (74 years) averages.



SAO TOME AND PRINCIPE

LOWER MIDDLE-INCOME COUNTRY (IDA)

SMALL ISLAND STATE

POPULATION: 228 000

LIFE EXPECTANCY AT BIRTH: 71 YEARS (2020)⁴¹

EARLY CHILDHOOD

NEONATAL MORTALITY (DEATHS PER 1,000 LIVE BIRTHS): The neonatal mortality rate in Sao Tome and Principe is 8 per 1,000 live births (2020). This is lower than both the regional average of 25 and the income group average of 18.

PRE-PRIMARY SCHOOL GROSS ENROLLMENT: The pre-primary school gross enrollment ratio is 50% (2016) in Sao Tome and Principe, which is higher than the regional average but lower than the income group average.

POSTNATAL CONTACT WITH HEALTH PROVIDER: In Sao Tome and Principe, 92% (2019) of newborns have postnatal contact with health providers during their first two days of life, which is higher than the regional level of 56% and the income group level of 68%.

SCHOOL AGE

PRIMARY SCHOOL COMPLETION: In Sao Tome and Principe, the primary school completion rate is 84% (2017), which is higher than the regional average (72%) but lower than the income group average (89%).

GROSS SECONDARY SCHOOL ENROLLMENT: In Sao Tome and Principe, the secondary school gross enrollment rate is 89% (2017), which is higher than both the regional (51%) and income group (71%) averages.

LOWER SECONDARY SCHOOL COMPLETION: In Sao Tome and Principe, the lower secondary school completion rate is 74% (2017), which is higher than both the regional (49%) and income group (70%) averages.

YOUTH

ADOLESCENT FERTILITY RATE: In Sao Tome and Principe, there are 91 births (2020) for every 1,000 women aged 15–19, which is higher than the Africa Human Capital Target for 2023 (83). This is lower than the average for its region (93) but higher than the average for its income group (57).

GROSS TERTIARY EDUCATION ENROLLMENT: In Sao Tome and Principe, the tertiary education gross enrollment ratio is 18% (2016), which is higher than the regional average (11%) but lower than the income group average (24%).

YOUTH UNEMPLOYMENT: In Sao Tome and Principe, youth unemployment is 23% (2022), which is higher than both the regional (17%) and income group (18%) averages.

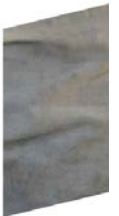
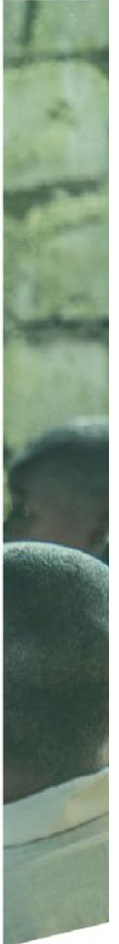
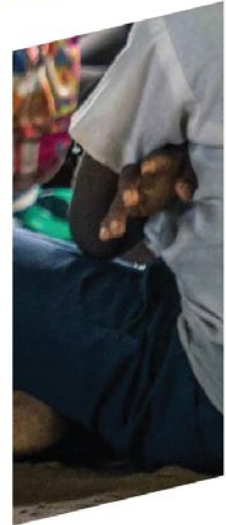
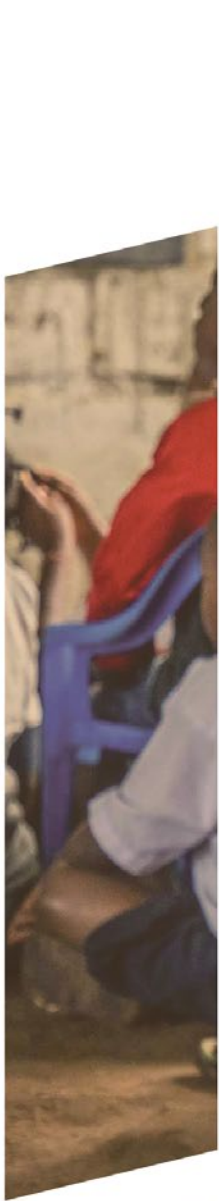
ADULTS

FEMALE LABOR FORCE PARTICIPATION: In Sao Tome and Principe, the female labor force participation is 46% (2022), which is lower than both the regional (67%) and income group (55%) averages.

MALE LABOR FORCE PARTICIPATION: In Sao Tome and Principe, the male labor force participation is 83% (2022), which is lower than the regional average (84%) but higher than the income group average (81%).

⁴¹ Higher than both the regional (63 years) and Sao Tome and Principe income group (69 years) averages.







On the ground: A few testimonials from Guinea-Bissau

With the support of a team of two journalists and one photographer from Guinea-Bissau, we interviewed a few willing Guinea-Bissau citizens to better understand why it is vital to invest in people.

We invite you to discover what the following citizens are saying:

Jóia Fonseca Nambara, 14 years old;

Abubacar Camará, 16;

Djara Seide, 11; and

Soraia Da Costa, single mother.

“I know I’ll be a great teacher.”

Jóia Fonseca Nambara, 14 years old, orphan
School: Unidade Escolar Revolução de Outubro
Level: 6th school year



Our young student from Bissau plans to become a teacher as soon as she has completed her higher education. Confiding in journalists on this day in March 2023, the orphan declares that she is studying for a better future, as her parents have passed away, leaving her to the care of her grandmother who enrolled her in the public school *Unidade Escolar Revolução de Outubro* (“October Revolution School Unit”).

Jóia explains that her grandmother is facing difficulties, and that is why she is doing everything she can to complete her secondary education and start higher education, so that she can give back to her grandmother what she has done for her. As our student points out, “She gave me everything she had to make me happy, so I owe her a lot.”

Jóia wants to become a teacher, educating children about their rights and duties. In fact, **Jóia** loves teaching those who have knowledge gaps. For example, at school, she usually shares her knowledge with her colleagues through group work, so that they are all at the same level in the different subjects.

Although she recognizes the difficulties teachers face, **Jóia** indicated however that teaching is her passion. Confident, she declares: “I know I’ll be a great teacher.”

For her part, Jóia's grandmother, **Maria de Lourdes Nobre de Carvalho** (photo below), **72, a teacher for over 40 years**, wants to see her granddaughter succeed and obtain her doctoral degree: "I sent Jóia to school because I know the value that school represents in the life of every human being, and also because every child has the right to go to school. Parents and guardians of children have a duty to send their children to school to ensure they receive quality education." Jóia's grandmother notes that the State must provide students with qualified teachers to teach them; because without schooling, it is impossible to have competent cadres to develop the country, such as teachers, engineers, agronomists, etc.

Maria de Lourdes Nobre de Carvalho insists: "I spoke about my profession because without teachers, we wouldn't have competent managers in different fields to work for Guinea-Bissau's development. School is a powerful weapon for change in any society." Maria believes it is important to make the right investments and reforms to ensure quality education in the country.

Maria hopes that her granddaughter Jóia will complete her primary and secondary education, and then go on to obtain a Bachelor's degree, a Master's degree and then a Doctorate. "This is my dream for Jóia, I know my granddaughter is competent and will succeed", she said.

Maria de Lourdes Nobre de Carvalho promises to do everything in her power to secure a scholarship for her granddaughter to continue education abroad when she completes her secondary education in the country. She makes no secret of her ambition to see her granddaughter reach the top, fulfilling her dream of becoming a teacher, "a profession of excellence to make a contribution to her country".

"It's my dream for Jóia. I know my granddaughter is capable and will succeed."



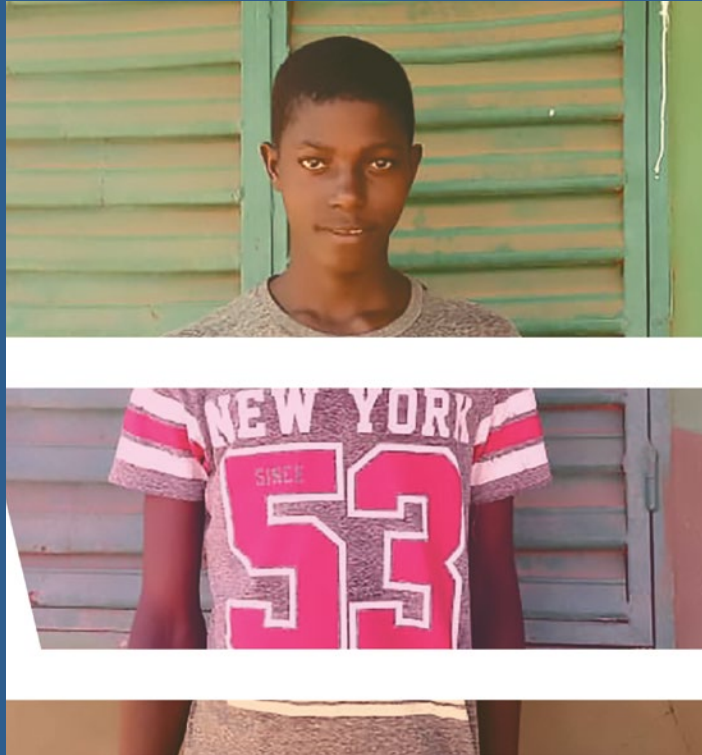
Maria de Lourdes Nobre de Carvalho, 72, Jóia's grandmother, teacher for over 40 years.

“I’ll fight to make my dreams come true.”

Abubacar Camará, 16 years old

School: *Unidade Escolar Revolução de Outubro*

Level: 5th school year



Abubacar Camará, 16 is a student at the public school *Unidade Escolar Revolução de Outubro* (“October Revolution School Unit”), like **Jóia**. He wants to get his diploma to help his parents, who are living in extreme poverty.

Abubacar is determined to secure his future and get his parents out of the misery they are currently living in. He and his parents sometimes have nothing to eat at home; but this has not pushed him to drop out of school. He explains that his studies have been delayed by successive strikes in the education sector. As a result, he lost three consecutive school years. During the worst times, he farms to help his parents.

Abubacar appeals to the government to guarantee full classroom operations in order to raise the level of pupils. He asserts that Guinea-Bissau students are finding it difficult to compete with those from other countries, due to successive interruptions in their schooling, which prevent them from achieving an acceptable percentage in the subjects taught.

Abubacar says: “If my parents had money, they would have enrolled me in private school and I wouldn’t have fallen behind. But I have the will to keep studying and finish my studies to become an executive in this country.” His dream is to become a doctor and to save lives... “I know it’s a risky profession, but this is what I want to do. I’ll fight to make my dreams come true.”

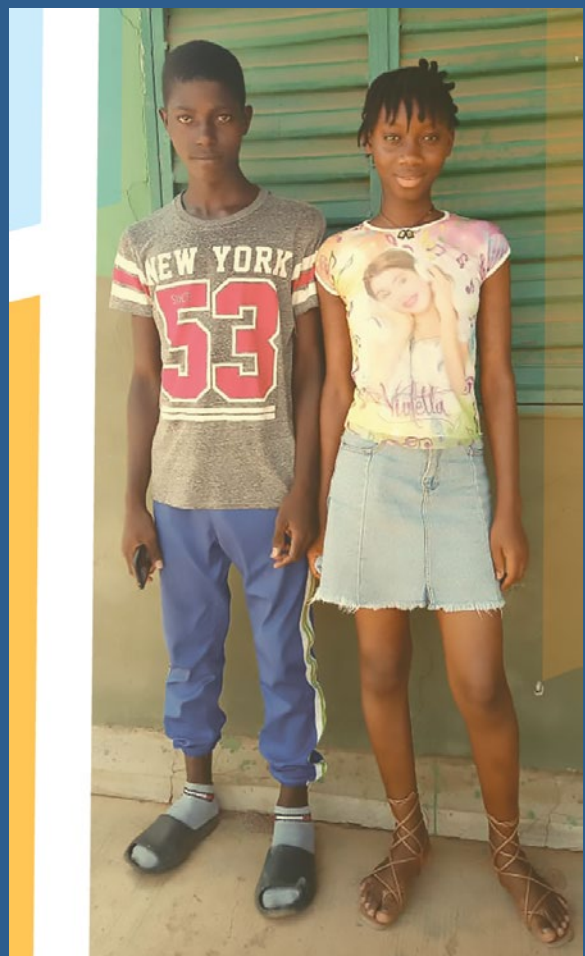
Sacamissa Camará, Abubacar Camará's father, is a 56-year-old salesman. He wants his son to be well educated. He explains that he enrolled his son in school so that he would become an enlightened man, capable of contributing to the country's development and helping his brothers to develop their potential. **Sacamissa** wants his children to obtain their doctorates in various fields, so that they can give their best for the country. He hopes that, in the near future, **Abubacar Camará** will be able to complete his studies and run his small business. However, he says he cannot force his son to take a course he does not like, but he hopes **Abubacar** will succeed in taking courses that will enable him to run his small business. As for Abubacar, he dreams of becoming a doctor.

Although he has not studied, **Sacamissa Camará** says he knows the value of school, which is why he has enrolled his children so that they can secure their future once they have completed higher education.

"But I have the will to keep studying and finish my studies to become an executive in this country."

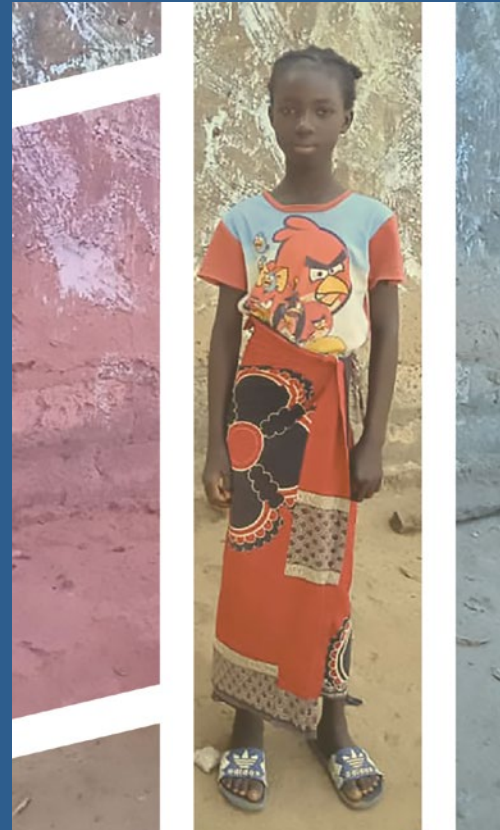
Abubacar Camará, here with
Jóia Fonseca Nambara

School: *Unidade Escolar
Revolução de Outubro*



“ I stay at home because my parents have no money.”

Djara Seide, 11 years old
Out of school
Level: Never attended school



Djara Seide wants to become a doctor, but she does not take classes because her parents cannot afford to enroll her in school and buy her school supplies. She deplores the fact that she does not go to school like other children.

“I want to study like my friends. In the morning, they go to school and I stay at home because my parents have no money and are not able to finance my studies.”

She notes that at home, she helps her mother with household work and also selling certain products to support the family.

Although Djara does not study, her dream is to one day become a doctor to save lives and contribute to the country’s development.

Nafi Seide, mother of Djara Seide, wants to see her daughter fulfill her dream. She explains that her daughter does not go to school because she and her husband do not have the financial resources to enroll her. She insists that it is not pleasant to see her daughter at home, unable to go to school.

Nafi says: “My husband and I have no money to pay for our children’s schooling. It’s not that we want to or that we feel good about it. The problem is that we have no money. We live in total poverty. It’s sad to see our daughter at home, unable to go to school while other children are studying. But we don’t have the means. Sometimes we don’t even have enough to eat. How can we enroll Djara? We can’t!”

Nafi Seide makes no secret of the fact that any assistance to her daughter to enable her to study would be of great help. She knows the value of school and believes that if her daughter goes to school, she could have a better future and realize her dream of becoming a doctor.

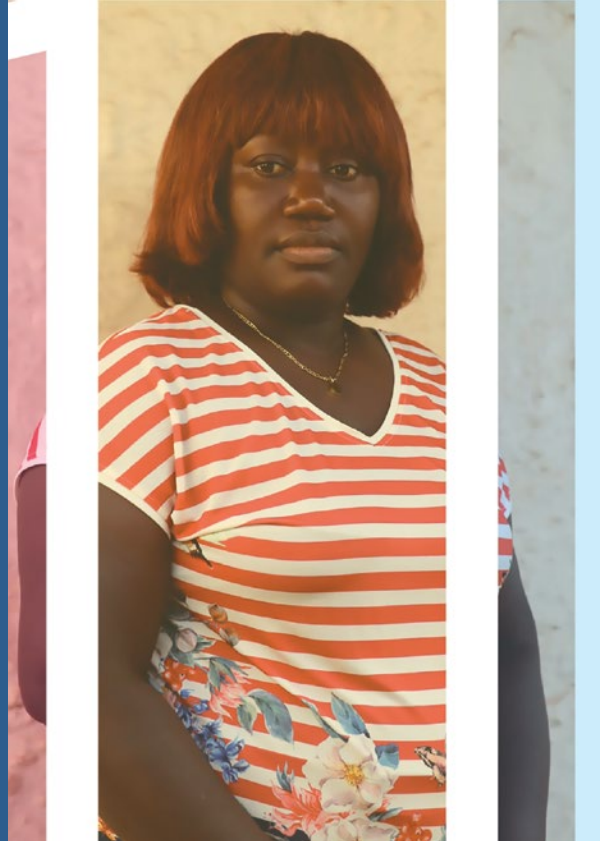
“ It’s sad to see our daughter at home, unable to go to school while other children are studying.”

Nafi Seide, Djara Seide’s mother



“The challenge for Guinea-Bissau society lies in the education of children.”

Soraia Da Costa, single mother with 4 children
Occupation: Hairdresser



Soraia Da Costa wants to study to ensure her children’s livelihood and future. The hairdresser stresses that, when she remembers that she has four people depending on her, it motivates her to keep fighting.

She wants to improve her level of knowledge in order to find a good job and ensure a better future for her children.

“I am fighting every day to assert myself as a woman. I have a hairdressing salon and I’m self-employed, but it’s very difficult. Sometimes I don’t have any customers in the salon. But I’ve never thought of giving up.”

Soraia reveals herself to be a determined woman when she says that her children are her greatest motivation: she is fighting and will continue to fight to offer them better living conditions.

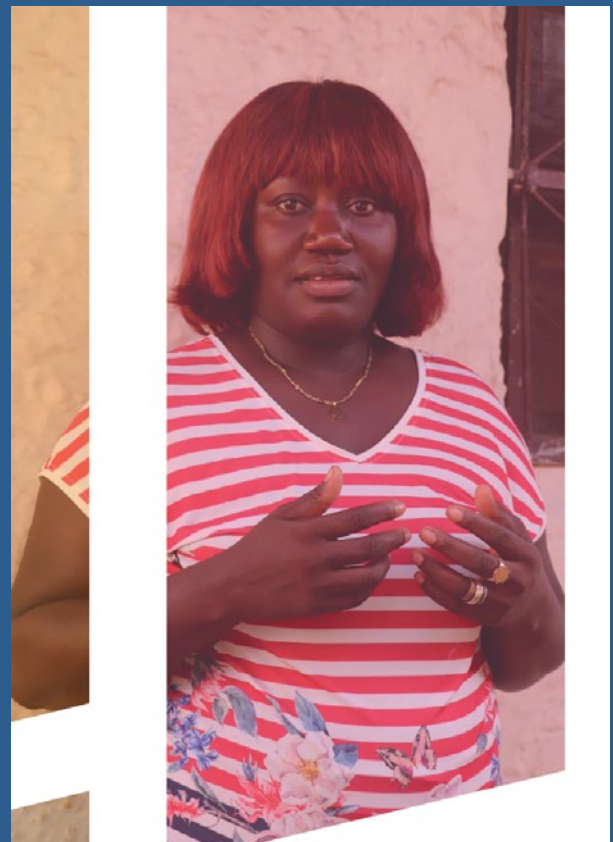
“My dream has started to come true because I already have my own hairdressing salon. I still have two other dreams to realize with God’s help. I want to open a pastry shop in the near future. So, I’m taking a professional technical training course in pastry-making, and we’re already in the final phase of the course. I also hope to open my own clothing gallery, God willing.”

But that is not all. **Soraia** also reveals that she has started a course to become a children educator, a course she hopes to complete successfully so that she can start teaching children the disciplines. She describes herself as patient with children and hopes that the knowledge she will acquire will enable her to become an excellent educator.

Soraia Da Costa concludes: "I believe that the foundation of every human being is his/her childhood. Therefore, if a child is well educated at an early stage, he/she will receive a good education. The challenge for Guinea-Bissau society lies in the education of children. That's why I want to contribute directly to children's lives by building a solid foundation for them."

"I want to contribute directly to children's lives by building a solid foundation for them."

Soraia Da Costa







Interview with Ms. Mamta Murthi, World Bank Vice President for Human Development



Mamta Murthi, Vice President

Ms. **Mamta Murthi** has been the World Bank Vice President for Human Development since July 1, 2020. In this role, she oversees the Global Practices for Education; Health, Nutrition, and Population; Social Protection and Jobs ; and Gender – as well as the Human Capital Project.

In this edition, she answers the Editor’s questions on the Human Capital Project, including the World Bank’s Africa Human Capital Plan, and the issue of learning losses exacerbated by the COVID-19 pandemic in the Africa Group II member countries.

Madam Vice President, in a few words, what is the rationale for the Human Capital Project?

Mamta Murthi: The **Human Capital Project (HCP)** was launched to emphasize the importance of investing in people's human capital - health, education, and skills - recognizing that these factors are crucial drivers of productivity, economic growth, and overall societal well-being. By focusing on building, protecting, and utilizing human capital, the HCP aims to create a virtuous circle between physical and human capital investments, ultimately supporting the World Bank Group's twin goals of ending extreme poverty and promoting shared prosperity.

The HCP aims to support our clients in addressing various challenges and inequalities that hinder human capital outcomes. By advocating for a multisectoral and whole-of-government approach, the HCP seeks to facilitate the integration of the human capital agenda into national policies and investments. It does so by offering measurement tools, such as the Human Capital Index (HCI), which quantifies the contribution of health and education to the productivity of the next generation of workers, and a suite of complementary indicators, diagnostics, operational guidance, and fostering knowledge sharing and peer-to-peer learning within its expanding network of countries, which currently consists of 86 members.

In the face of global challenges, such as the COVID-19 pandemic, climate change, conflict and fragility, the HCP's mission is more critical than ever. The ongoing overlapping crises imply more pronounced challenges to strengthening human capital outcomes, and demand even stronger policies supported by the right investments. The HCP aims to retain this focus on human capital outcomes in the face of multiple competing priorities to help individuals and their communities achieve their full potential.

Considering the issue of learning losses, which the COVID-19 pandemic has worsened, what are the real risks to the future of the countries where these losses are most serious?

Mamta Murthi: COVID school closures were an unprecedented shock to education and learning. One billion children saw their in-person education interrupted for more than a year. For many, especially in Latin American and Caribbean countries and South Asia Region, the interruption was for two years. Because in most countries, remote learning was a very poor substitute for in-person learning – in terms of both academic learning and socioemotional support – this constituted the worst global shock to education and learning in history.

The learning losses are severe—or at least will be, if countries don't move quickly and decisively to reverse them. The school closures and ineffective remote learning caused students to miss out on learning and also to forget what they had learned. As a result, on average around the world, for every 30 days of school closures, students lost about 32 days of learning. This means that a billion children lost one to two years of normal learning. As a result, learning poverty – the share of children unable to read and understand a simple text by the age of 10 – is estimated to have risen to 70% in 2022 in low- and middle-income countries as a result of the pandemic. This is a sharp increase from the 57% learning poverty rate just before the pandemic—a statistic that itself signaled a deep pre-pandemic learning crisis, given that it meant that more than half of all children in low- and middle-income countries weren't acquiring the most basic of primary-school skills, a minimal level of functional literacy.

In much of Sub-Saharan Africa, including West and Central Africa, COVID-driven learning losses compound a severe pre-COVID learning crisis. While there are no high-quality studies on learning losses from West and Central Africa yet, data from other parts of Sub-Saharan Africa – Malawi, Ethiopia, and Uganda – shows large learning losses during COVID, averaging more than one month learning loss for each month out of school. In West and Central Africa, even though school closures were shorter than in many parts of the developing world, any learning losses due to school closures have come on top of a major pre-COVID learning crisis in the region. Learning poverty rates were already above 90% in 2019 in many West and Central African countries for which we have data (see Annex 5).

What will the development impacts of lost learning and skills be?

Mamta Murthi: For today's children, the recent learning losses will mean lower earnings throughout their lives, if not remediated. Globally, this generation of students now risks losing \$21 trillion in potential lifetime earnings, or the equivalent of 17% of today's global GDP, up from the \$17 trillion estimated in 2021. That is equivalent to a 10% drop in their lifetime earnings. Given that education is the most reliable tool for individuals to extricate themselves from poverty, for many of today's children this will mean the difference between escaping and not escaping poverty.

For their societies, learning loss will exact an equivalent cost to productivity. Human capital and the technological improvements that result from it are the key drivers of long-term growth and poverty reduction, so such a large shock to human capital will inevitably have costs to future prosperity.

And education brings a host of non-economic benefits too, leading to better health outcomes, better governance, and more engaged citizenship behaviors. Lost learning will threaten all of these outcomes.

The good news is that countries don't have to accept these costs as inevitable. With decisive, focused action, they can reverse the learning losses and equip their children for the future. Key actions in basic education, as outlined in the new *Collapse and Recovery* report, include increasing instructional time; assessing learning and matching instruction to students' learning level; and streamlining the curriculum to focus on foundational learning. These actions are also relevant where COVID-related learning losses were not high, but pre-COVID learning levels were poor. Countries should also support students and families with non-education support, such as launching vaccination completion and nutritional supplementation campaigns; increasing coverage of parenting programs; increasing access to pre-primary education, and expanding coverage of cash transfers for vulnerable families.

The Africa Human Capital Plan aims to achieve 8 specific goals this year. What is your assessment so far? Specifically, what goals have already been achieved and what does the WBG plan to do to help achieve the remaining goals beyond 2023?

Mamta Murthi: When the Africa Human Capital Plan (HCP) was launched in 2019, it set ambitious targets to be achieved by 2023, based on the state of the region's human capital and development challenges. At the time, Africa had 25 of the bottom 30 countries in the Human Capital Index (HCI, 2018), and was the region with the lowest HCI score. This revealed the stark reality that African children would achieve only 40 percent of their full productivity potential because of human capital deficits (compared to a global average of 57%).

The World Bank set out to improve human capital outcomes in the region with a target of increasing the HCI from 40% to 45% and the future productivity of children born today by 13%, through a framework of game changing interventions to galvanize a whole of Government approach.

While efforts of investing and preserving Africa's human capital have been affected by recent multiple overlapping global poly-crises – including the COVID-19 pandemic, the Ukraine-Russia conflict, climate change-induced natural disasters, and regional armed conflicts – slow and uneven progress has been made towards achieving these target goals. The pandemic has highlighted the importance of leveraging accurate and comprehensive data and evidence to make policy decisions.

As of September 2022, progress is as follows:

| Long-Term Outcome Indicators <i>average for Sub-Saharan Africa</i> | 2018 <i>Baseline</i> | 2022 <i>most recent year available is from 2020</i> | 2023 <i>Target</i> |
|--|--------------------------------|---|------------------------------|
| 1. Reduce the under-5 mortality rate (per 1,000 live births) saving 4 million lives | 75 (2017) | 73 ⁴² | 45 |
| 2. Reduce the stunting rate of all children, saving 10.9 million children from stunting | 32% | 31.70% ⁴³ | 26% |
| 3. Increase overall adult survival rate through improved prevention and stronger health systems | 0.73 | data unavailable | 0.81 |
| 4. Increase learning-adjusted years of school | 4.94 | 4.96 ⁴⁴ | 5.88 |
| 5. Increase social protection coverage of the poorest economic quintile in low-income countries, adding coverage for 13.1 million people | 20% | data unavailable | 30% |
| 6. Reduce the adolescent fertility rate (births per 1,000 women age 15 to 19 years) | 101 | 98 ⁴⁵ | 83 |
| 7. Reduce open defecation | 22.9% (2015) | 18 % ⁴⁶ | 15% |
| 8. Increase future productivity by 13% by improving on the Human Capital Index score | 0.40 | 0.40 ⁴⁷ | 0.45 |

While the World Bank’s volume of commitments for the human development sectors (education, health, and social protection and jobs) has grown exponentially since the Plan was launched in April 2019 (from \$3.2 billion in FY19 to \$8.2 billion in FY22), it is evident that more needs to be done.

An increased effort is needed to make systems and people more resilient to shocks, including pandemics, food shortages, conflicts, and climate change. The World Bank is ramping up support for expanded social safety nets and strengthening systems in the health, education, and social protection sectors.

42 <https://data.worldbank.org/indicator/SH.DYN.MORT?locations=ZG> - World Bank Open Data

43 <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-jme-stunting-prevalence> - WHO The Global Health Observatory

44 <https://www.worldbank.org/en/publication/human-capital> - World Bank HCI 2020

45 <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=ZG> - World Bank Open Data

46 <https://data.worldbank.org/indicator/SH.STA.ODFC.ZS?locations=ZG> - World Bank Open Data

47 <https://www.worldbank.org/en/publication/human-capital> - World Bank HCI 2020

To recover human capital losses exacted by the COVID-19 crisis and continue to make progress on human capital outcomes, more high-impact, and cost-efficient investments are needed. With public resources constrained, we are emphasizing support for stronger public finance management to maximize available funds for human capital and improve how these resources are spent. We are aiming to achieve change-at-scale by taking full advantage of technology innovations to reach larger numbers of people cost-effectively.

To better measure the full impact of the COVID-19 crisis and build back better, we are also aiming to improve and strengthen the quality, timeliness, and relevance of national data collection systems. We are taking advantage of successful programs like Service Delivery Indicators (SDI) surveys, which collect data in schools, clinics, and hospitals to provide the crucial evidence needed to improve the quality and accessibility of education and health services.

In addition to the financial support to countries, we are increasing our knowledge contributions that inform the strategy and technical work on the ground. Important contributions include the Sahel Education White Paper, the Western and Central Africa Education Strategy, as well as forthcoming reports such as the COVID-19 Losses in Africa paper.

Revisiting the targets in the new post-COVID reality presents an opportunity to reassess priorities and interventions and apply lessons learned to ensure better long-term outcomes. The IDA20 special theme on human capital commits the Bank to the next stepped-up phase of the Africa HCP.

Of the 23 countries from the Africa Group II, 19 are participating in the Human Capital Project. What have been the benefits harnessed by the participating countries and what messages would you convey to the other four (Gabon, Equatorial Guinea, Guinea-Bissau, and Mauritius), including incentives and instruments suitable to get them on board?

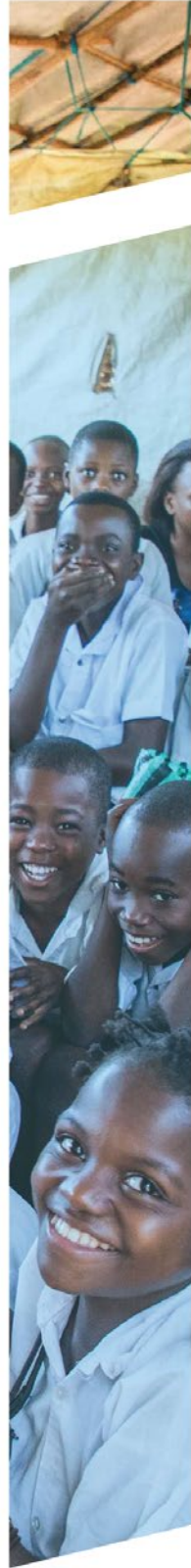
Mamta Murthi: The Africa HCP is part of the Human Capital Project, a global effort led by the World Bank to accelerate more and better investments in people for greater equity and economic growth. The Africa HCP is a catalyst for a wide range of projects, analytical work, cross-sector collaborations, knowledge-sharing, and innovations for investing in Africa's people. To date, 33 World Bank Africa Region countries have joined the Africa HCP. Of that number, 26 countries across Sub-Saharan Africa have an explicit human capital or human development pillar in their Country Partnership Framework with the World Bank, with eight countries already with their own Human Capital Plans.

Eighteen countries are implementing development policy operations with a human capital pillar, while 16 countries have benefitted from human capital reviews to identify their specific human capital challenges and opportunities.

The Africa HCP has been the basis for an enhancement in the World Bank's support to boost Sub-Saharan Africa's potential through its human capital, with record levels of human development financing, qualitative shifts and significant scale-up in commitments and the project portfolios.

The Africa HCP team regularly convenes all country level Human Capital Focal Points virtually or in-person in knowledge-exchange activities, including workshops on DPOs (Development Policy Operations), country level HCI gap analysis, etc. This year, the Africa HCP is convening an Africa Human Capital Summit, which is a two-day event comprising of technical level discussions on investments and opportunities in Human Capital at the country level, culminating in a Heads of State level discussion on the second day. While all African countries are invited, HCP countries have an advantage of reaping the benefits as a continuum of analysis and discussion on policies.







The Executive Director's Conclusion



The country factsheets on human capital, the testimonials of Guinea-Bissau citizens, and the interview with the World Bank Vice President for Human Development reported in this edition are unequivocal. Human capital is the primary wealth of any nation, without which it is difficult to develop all its latent potential. It is at the beginning and the end of every development process and is both an actor in and a beneficiary of that process. The quality of a country's development lies in the quality of its human capital. To enable every girl and boy to achieve their full potential, the World Bank Human Capital Project has set targets for child survival, stunting reduction and social protection. An index is produced to measure and track the evolution of human capital.

A review of the World Bank Human Capital Index (HCI) reveals two key findings for our countries:

- The interpretation of the 0.40 Index assigned to Africa, based on 2020 data, suggests that children born in this region will only be productive at 40% of their potential, in adulthood, because they have not been able to fully develop their human capital. In other words, at 0.40, the Africa Human Capital Index places the region at only 40% of its potential.

- The GDP per working person would be multiplied by 2.5 if everyone received a full education and was in the best of health.

Hence the vital importance of investing in human capital to maximize the contribution of citizens in wealth creation at the national level to sustain economic growth. The aim is to prepare future generations who will be responsible for managing their nations and the planet.

The Human Capital Project highlights the need for reliable, up-to-date data to better guide development policies. I strongly encourage the World Bank Group to intensify its assistance programs to our countries in this area. At the same time, I urge our countries to optimize investments in data collection and management, as well as in knowledge management.

In addition to education and health, the calculation of the Human Capital Index is also based on stunting rates, an indicator of chronic malnutrition and child development. It is measured according to the child's height and age. This factor plays a decisive role in an individual's cognitive abilities, health in adulthood and future productivity. Sub-Saharan Africa has one of the highest rates of stunting in the world. This is a critical issue that requires a greater attention.

Drivers of progress in human capital include governance and the quality of service delivery in health, education and social protection, among others. These are traditional areas of excellence for the World Bank Group. This is why I invite all our countries that have not yet done so to join the Africa Human Capital Plan.

For those who are already participating, I urge them to work with the World Bank to ensure that it honors its commitments to this important agenda. The experiences of several countries demonstrate that rapid progress is possible. These include, for example, supporting policy reforms to address systemic barriers to human capital, capitalizing on Africa's demographic dividend, strengthening women's empowerment, avoiding and reversing human capital losses in areas affected by fragility, conflict and violence, and using technology and innovation to raise the level of human capital.

Investing in people of our countries is essential to ensure our continent's future prosperity and stability in all respects. The World Bank Group's Twin Goals, the Sustainable Development Goals, and the African Union's Agenda 2063, to name just a few, are all gateways to transforming the continent and making the "Africa we want" a reality. I invite respective governments not to miss the opportunity that the World Bank Group is offering them today through the institution's Evolution Roadmap. The forthcoming Africa Human Capital Summit, to be held from July 25 to 26, 2023 in Dar es Salaam, Tanzania, is another opportunity to be seized. My Office and I remain determined and committed to doing our part.



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Fourth cover. Vincent Tremeau. Sosongo Litamba Joyce listens during her class at Kimbouta Primary School, Kinshasa, DRC

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