



SLOVAK REPUBLIC

Region: Europe and Central Asia

Income Category: High Income



Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by the Slovak Republic in building and using human capital. This page presents the Human Capital Index (HCI), its components parts, and relevant benchmarks. The HCI quantifies how underinvestment in education and health for today's children reduces future incomes. Data are the most recently available as of 2020. The back page presents a set of Human Capital Complementary Indicators (HCCI) that shows progress at each stage of the lifecycle.

THE HUMAN CAPITAL INDEX

A child born in the Slovak Republic will be **66%** as productive when she grows up as she could be if she enjoyed complete education and full health.

This is lower than the average for the Europe & Central Asia region (69%) and High Income countries (71%).

THE HUMAN CAPITAL INDEX COMPONENTS

- **Probability of Survival to Age 5.** Of every 100 children born in the Slovak Republic, **99** survive to age 5.
- **Expected Years of School.** In the Slovak Republic, a child who starts school at age 4 can expect to complete **12.6** years of school by her 18th birthday.
- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is **9.8** years.
- **Average Harmonized Test Scores.** Students in the Slovak Republic score **485** on a scale where 625 represents advanced attainment and 300 represents minimum attainment.
- **Adult Survival Rate.** Across the Slovak Republic, **90%** of 15-year-olds survive until age 60.
- **Fraction of Children Under 5 Not Stunted.** Internationally comparable data on stunting are not available for the Slovak Republic.

UTILIZATION-ADJUSTED HUMAN CAPITAL INDEX

The Utilization-adjusted Human Capital Index (U-HCI) scales down the HCI by taking into account how many adults are not employed. The U-HCI for the Slovak Republic is **0.45**. Thus, children born today will be 45% as productive in adulthood as they could have been if they had access to full health and education, and they became fully employed adults. The U-HCI for girls is even lower at 0.42.

Gender differences in Human Capital and Utilization

	Boys	Girls	Overall
Human Capital Index	0.64	0.69	0.66
Utilization-Adjusted HCI	0.47	0.42	0.45

Note: - represents no internationally comparable data available.

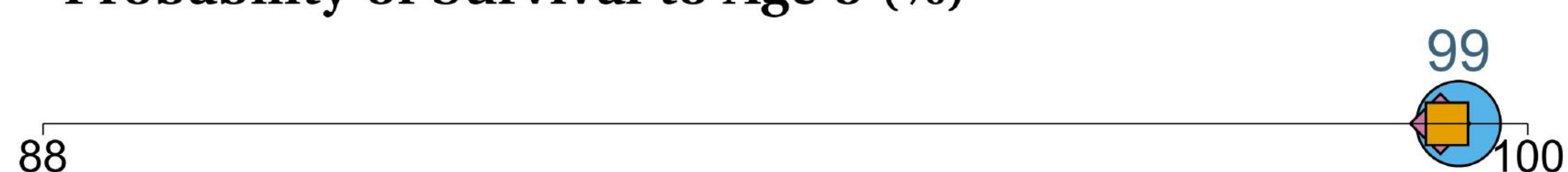
HCI AND COMPONENTS

● Latest Available Data for the Slovak Republic
◆ Average for Europe & Central Asia ■ Average for High Income countries

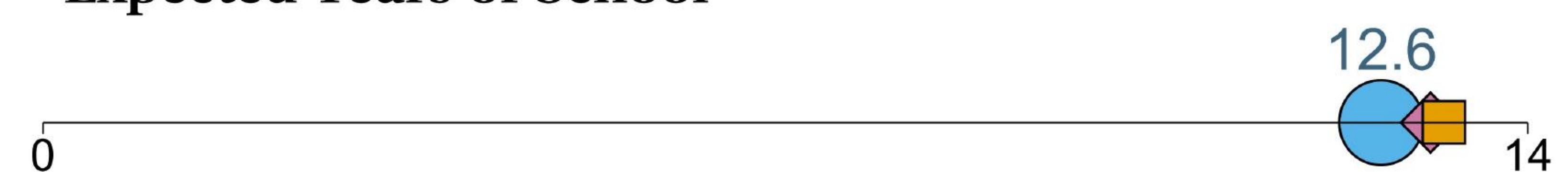
Human Capital Index



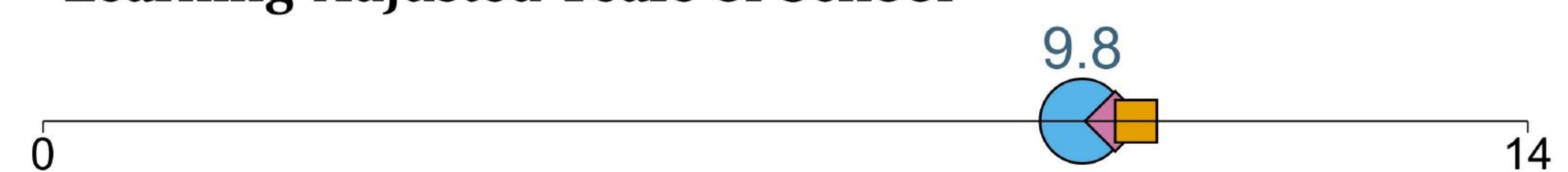
Probability of Survival to Age 5 (%)



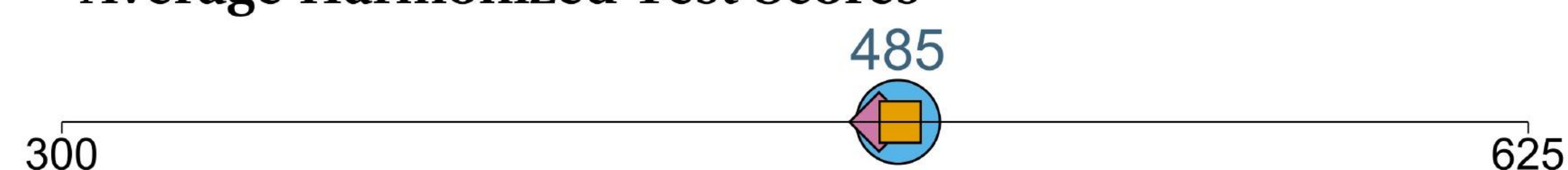
Expected Years of School



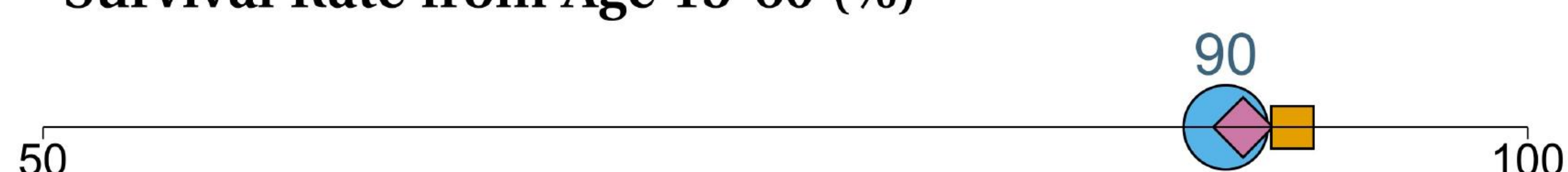
Learning-Adjusted Years of School



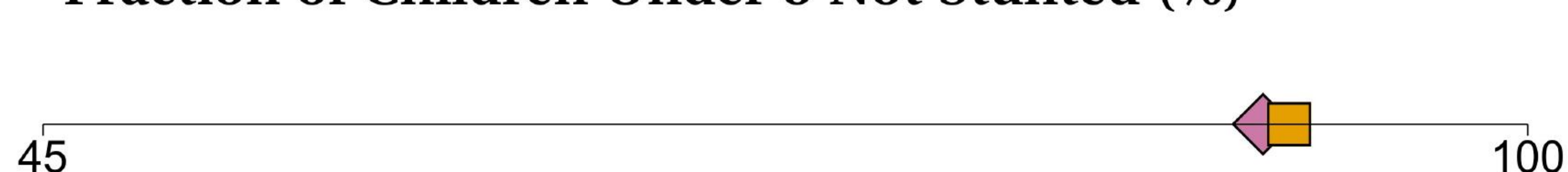
Average Harmonized Test Scores



Survival Rate from Age 15-60 (%)

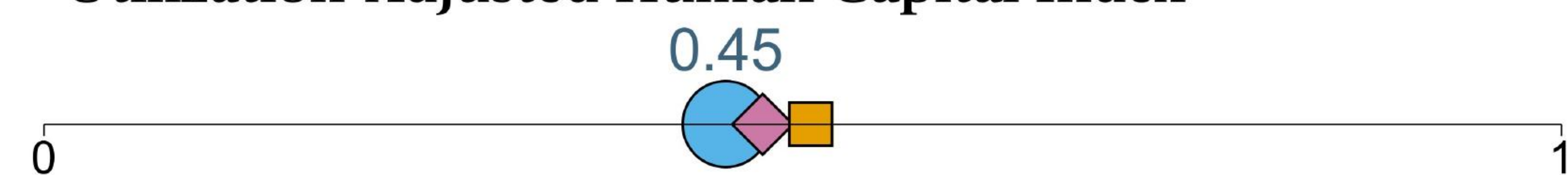


Fraction of Children Under 5 Not Stunted (%)



U-HCI

Utilization-Adjusted Human Capital Index



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



The Human Capital Complementary Indicators (HCCIs) offer a snapshot of human capital investments at four stages of the lifecycle. The figures show the latest available data, benchmarked against regional averages. The figures also report progress over the previous 5 years.

EARLY CHILDHOOD

- **Neonatal mortality rate.** The neonatal mortality rate is 3 per 1,000 live births (2021). This remains unchanged since 2016. The indicator is lower than the regional average.
- **Participation rate in organized learning.** In 2019, 85% of children who were one year younger than the official primary school entry age participated in an organized learning program, compared to 84% in 2015. The indicator is below the regional average.
- **DTP vaccination rate, third dose.** In 2022, 97% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 96% in 2017. The indicator is higher than the regional average.

SCHOOL AGE

- **Child mortality rate.** The mortality rate for children ages 5-14 is 1 per 1,000 children aged 5 (2021). This remains unchanged since 2016. The indicator is similar to the regional average.
- **Primary school completion rate.** The primary school completion rate at the official entrance age of the last grade of that level is 98% (2020), compared to 96% in 2015. The indicator is below the regional average.
- **Net school enrollment rate, lower secondary.** The percentage of lower secondary school-aged children enrolled at that level is 96% (2020), compared to 95% in 2016. The indicator is lower than the regional average.

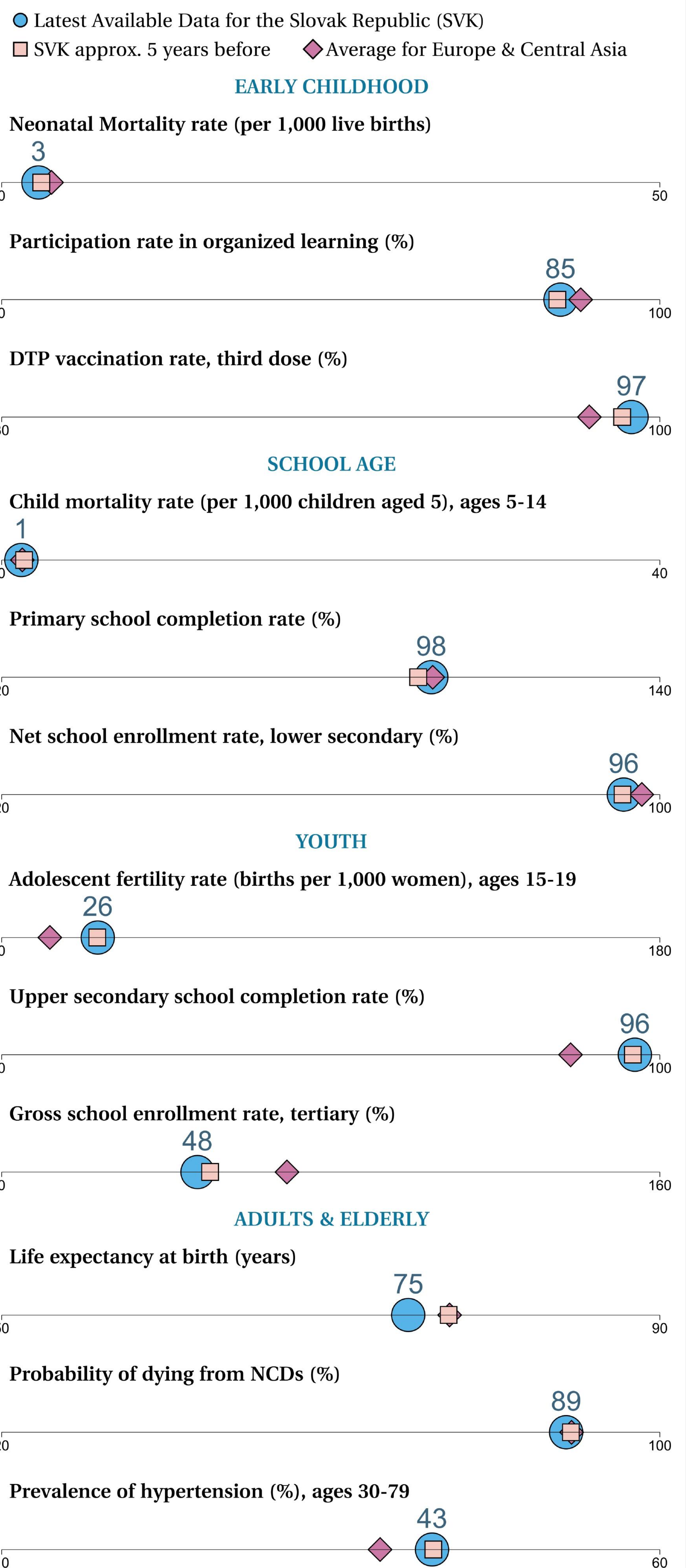
YOUTH

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 26 (2021). This remains unchanged since 2016. The indicator is higher than the regional average.
- **Upper secondary school completion rate.** The upper-secondary completion rate at ages 3-5 years above the intended age for the last grade of that level is 96% (2020). This remains unchanged since 2015. The indicator is above the regional average.
- **Gross school enrollment rate, tertiary.** Tertiary school enrollment as a percentage of people ages 18-24 is 48% (2020), compared to 51% in 2015. The indicator is lower than the regional average.

ADULTS & ELDERLY

- **Life expectancy at birth.** Life expectancy at birth is 75 years (2021), compared to 77 in 2016. The indicator is lower than the regional average.
- **Probability of dying from NCDs.** The probability of dying from non-communicable diseases between the ages of 30 to 70 is 89% (2019). This remains unchanged since 2015. The indicator is similar to the regional average.
- **Prevalence of hypertension.** The prevalence of hypertension among people ages 30-79 is 43% (2019). This remains unchanged since 2015. The indicator is higher than the regional average.

HC COMPLEMENTARY INDICATORS



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