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## **DISEASE CONTROL PRIORITIES, 3<sup>RD</sup> EDITION PUBLISHES LATEST VOLUME: CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT**

**LONDON, UK** – Supporting children for the first 1,000 days after conception is crucial to child development, but it is not enough. Achieving full potential as an adult requires age-appropriate and condition specific development support throughout the first 8,000 days of life, according to new findings from the *Disease Control Priorities, 3<sup>rd</sup> Edition (DCP3)* volume on [Child and Adolescent Health and Development](#). This publication presents packages of essential and scalable interventions beyond the first 1,000 days and across three development stages: middle childhood growth and consolidation (5-9 years), adolescent growth spurt (10-14 years), and adolescent growth and consolidation (15-19 years). This volume represents the first time child development has been given particular attention within the DCP enterprise.

In addition to presenting up-to-date evidence on costs and scalability of interventions, Dr. [Nilanthi de Silva](#), volume editor and Dean of the Faculty of Medicine at the University of Kelaniya in Sri Lanka, believes that this volume can help dispel misconceptions that delivering interventions to these age groups is infeasible for low-income countries. “This volume encourages policymakers to use *DCP3*’s analyses to invest in interventions that have demonstrated impact across the life course, not just in the first 1000 days but throughout the first two decades of life,” says de Silva. “Our essential packages contain cost-effective and cost-beneficial interventions that address the needs of these age groups.”

Furthermore, Dr. [Donald Bundy](#), volume lead editor and Professor of Epidemiology and Development at the London School of Hygiene and Tropical Medicine, hopes this volume will encourage decision makers to seek synergies between investments being made in education and in health during middle childhood and adolescence. “With low- and lower-middle income countries investing over \$200 billion in education for 5 to 19-year-olds, and only around \$2 billion for the health of the same children, there is an opportunity to maximize the impact of both those investments through enhanced program design and implementation, in ways that benefit both health and education outcomes, and which optimize the returns on investment.”

Key findings from *Child and Adolescent Health and Development* were recently presented at a roundtable meeting of country-level stakeholders and decision makers in Beijing, China. With a focus on programmatic support for human capital development from cradle to first job, including Early Child Development, School Feeding and Mental Health programs, participants discussed China’s experience in addressing the policy and logistic challenges of providing support during the first 8000 days, targeted at 44 million children in the poorest communities.

The *DCP3* series is comprised of nine individual volumes that are being published by the World Bank between 2015 and 2018. *Child and Adolescent Health and Development* is available open access on the World Bank’s [Open Knowledge Repository](#). For more information or to download chapters, visit [www.dcp-3.org](http://www.dcp-3.org) and follow *DCP3* on Twitter using @DCPthree and #DCP3.