

What are GiveWell's major priorities over the next 3-5 years?

This document lists our major priorities by functional area: research, operations, and outreach.

Research

The success GiveWell has had to date has been due to the quality of our research, so the items below are crucial to our continued success.

1. **Maintain and improve our product.** Among other things, this means that we will continue to (a) update our views on our current top charities, (b) look for and find new top charities and interventions, (c) revise and improve our cost-effectiveness analysis, (d) through GiveWell Incubation Grants, continue to identify opportunities to generate more top charity contenders by funding research, start-up charities and improved monitoring all while maintaining the same level of transparency that we have to date.
 - a. As part of maintaining the quality of GiveWell's recommendations, we plan to formally revisit the focus on global health and development (GH&D). GiveWell chose to focus on GH&D because our early research (2007-2010) convinced us that GH&D offered the best giving opportunities that met our criteria. However, at its core, GiveWell is not focused on GH&D; we're focused on the best giving opportunities that are evidence-backed, cost-effective and have room for more funding. While our expectation is that revisiting this decision will lead us to maintain our focus on GH&D, we plan to revisit this decision. The points below assume that we continue to focus on GH&D.
2. **Comprehensively survey program areas in GH&D and have compelling answers for why we recommend the programs we do, and why we don't recommend others.** GiveWell has looked at many programs, but there remain many that we haven't examined in depth. For example, we would like to have a more systematic view of education, agriculture, reproductive health, and surgical interventions. There are also more general areas we haven't formally evaluated such as health systems strengthening and disease elimination or eradication programs. We plan to do research that allows us to assess these programs and either make them priority programs (and seek out charities that implement them) or formally explain why we do not believe they are promising.
 - a. This may also include approaches to GH&D that go beyond direct program delivery. For example, philanthropy that aims to improve tobacco or road safety regulations globally to improve health and reduce disability. As has been the case, such programs would need to be evidence-backed, cost-effective, and scalable to be priority programs.
3. **All charities that should be top charities are top charities.** Currently, we may not recommend some charities for reasons including (a) they misunderstand us, our value-added, or our process so they don't apply, (b) we haven't completed the work to assess the evidence for the intervention they implement (see the bullet above), or (c) we have limited capacity and have prioritized our work such that we haven't yet been able to review some promising organizations. GiveWell should eventually overcome this hurdle and should be confident that all charities that exist that would meet our criteria are recommended.

4. **GiveWell has created the mechanism and incentive for people to start organizations that could meet our criteria.** Taken together, we believe that the work laid out above will create the incentive for people to try to create high-impact nonprofits that meet our criteria because we can offer (a) financial support to people who want to start an organization, conduct early stage research or add M&E to a program they're already running through the GiveWell Incubation Grants program, (b) predictable criteria to determine whether or not an organization will be recommended, and (c) significant funding if the organization succeeds.

This is important because other than GiveWell we believe that these incentives are not nearly strong enough. GiveWell is uniquely positioned because we can offer both early stage financial support but also significant funding to groups at scale. We believe that creating a strong incentive for people to create high-impact organizations is a way through which we could have significant long-term impact beyond the funding we move directly to our recommendations.

Outreach

We have historically put limited time into proactive outreach and have consistently treated research as a higher organizational priority. Given the quality of our research, we now believe that outreach is at a similar priority level to research and we anticipate allocating significant capacity to it in the future.

1. **We aim to significantly increase our money moved.** Specifically, our non-Good Ventures money moved is currently approximately \$40 million annually. We aim to increase that figure to \$100 million annually. We do not have specific goals for whether this comes from one (or relatively few) major donor(s) or a large number of smaller donors: our focus is on the amount of funding we direct.
 - a. In 2016, Good Ventures gave approximately \$60 million to our recommendations (\$50 million to top charities and \$10 million to GiveWell Incubation Grants). We expect this funding to continue.

Operations / organizational goals

Before mid-2016, we treated operations as a low priority, and we have a lot of work to do to improve it. It is important that we get to a situation where:

1. **GiveWell has high-quality operations.** Our operations infrastructure, including our work in donations processing, finance, legal, HR, tech, and office management, is high-quality and can support our research and outreach goals.
2. **GiveWell is a robust organization whose success does not rely on any one individual.** For all staff members, we have a contingency plan and ability to thrive if we lose any individual.