Update on GiveWell’s research

Our research – i.e., finding high-quality, cost-effective giving opportunities to which we recommend funding – is the key to us having an impact. This document aims to lay out what we've accomplished recently and what we plan to do next in each of our major research areas.

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Overall context

As discussed in Attachment A: Update on GiveWell’s major goals, progress, and plans, our money moved is growing, so we need to find additional giving opportunities that are highly cost-effective. And, we believe that by looking into new high-leverage areas like public health regulation, we may be able to find giving opportunities that are meaningfully more cost-effective than our current top charities. These are our two main areas of growth on the research side. In addition to these two areas of growth, we need to maintain the quality of our existing research product, including staying up-to-date on our current top charities and allocating funding among them, as well as transparently sharing information about our research.

This is the structure of our current research team:

- Our top charities team annually updates our top charity reviews and makes recommendations about how to allocate funding across our top charities.
- Our Content Editing team creates and reviews content for publication (like conversation notes), supporting our value of transparency.
- Our work on high-leverage areas like public health regulation (more information here) might lead to annual giving around ~$30 million on programs we estimate are more cost-effective than our current top charities by 2023.
- Our work to identify other cost-effective giving opportunities is where we want to find tens (or ideally hundreds) of millions of dollars in additional spending opportunities in the coming years.

Capacity-building

Our research capacity drives what we are able to accomplish. Some of the most important progress we made in 2020 was in building our research capacity – especially our senior research capacity – and this will continue to be a priority for us going forward.

Recent progress

In 2019 and 2020, we hired seven new researchers, six of whom have started at GiveWell already; in the same time period, three researchers have left GiveWell. This expanded capacity has made a material difference to our work. A few examples:

- We published six intervention reports so far in 2020, more than in any previous year.
- New researchers did much of the work this year on evaluating New Incentives, our new top charity.
- New researchers led our investigation of Evidence Action’s syphilis screening and treatment in pregnancy program.
In particular, we have hired three new senior researchers. We have historically been capacity-constrained on research management. Adding senior researchers has expanded our management capacity and made us more resilient to changes in team composition (e.g., losing a manager); as of November 2020, two of the new senior researchers are now managing other researchers.

Future plans

We are focused now on hiring additional senior researchers; we are no longer advertising positions for earlier-career researchers. Hiring additional senior researchers is crucial to our work as we need more people who can lead specific areas of work. Ideally, we'd like to hire three additional senior researchers in 2021; we think it's more likely that we hire one or two.

Current top charities

Context

We currently have eight top charities, and we are adding New Incentives to this list in 2020. We annually move approximately $150 million to these programs. Our top charity updates are a smoothly-functioning, relatively established part of our research product. Annually, we review new monitoring and evaluation data from our top charities, revisit our estimates of their cost-effectiveness, and reassess their room for additional funding in order to make up-to-date recommendations to donors.

Recent progress

So far in 2020, we have granted out $36.7 million in discretionary funding to our top charities (more here), with an additional $3.4 million from Q3 2020 to be granted to Malaria Consortium's seasonal malaria chemoprevention program shortly. We have also recommended $70 million in grants to our top charities (including New Incentives) to Open Philanthropy, and expect to recommend an additional $20-$30 million in early 2021.

In addition to the annual updates we make for each of our top charities, this year we did several one-off projects to inform our recommendations including:

- A deep dive into the Against Malaria Foundation (AMF)'s monitoring. At the end of 2019, we wrote that we had outstanding questions about AMF's monitoring. We reviewed its monitoring in-depth this year which reduced our concerns.

1 The ~$190 million total we have in RFMF in 2020, referenced in Attachment A: Update on GiveWell’s major goals, progress, and plans, is a combination of ~$150 million to top charities that we recommend on the margin and ~$40 million to standout and top charities that we do not recommend on the margin or to other opportunities, like Incubation Grants.
An **assessment** of the durability of long-lasting insecticide-treated nets. This is an input to our estimate of AMF’s cost-effectiveness; our assessment ultimately led to a small change in our estimate.

A **change** to how we estimate the burden of parasitic worm infections in the areas where the deworming programs we recommend work. Our cost-effectiveness analyses for deworming programs adjust for differences in the prevalence and intensity of worm infections between the population studied in Miguel and Kremer 2004 and populations reached by our top charities that implement deworming programs; we revised our approach this year to be based on prevalence of moderate- and heavy-intensity worm infections rather than on the average intensity of worm infection.

An **update** to our "moral weights," the values we use to compare different outcomes (e.g. increases in income vs. deaths of young children averted). This work yielded a more complete and useful set of moral weights and made our life-saving current top charities look slightly more cost-effective relative to our income-increasing current top charities.

We are adding a new top charity, New Incentives, to our list for the first time since 2017. Some information about New Incentives:

- New Incentives provides small conditional cash transfers to incentivize caregivers to immunize infants in northwest Nigeria. New Incentives had previously pivoted to new interventions twice to increase its cost-effectiveness, before settling on conditional cash transfers for infant immunizations.
- We have supported New Incentives since 2014, recommending **several Incubation Grants** to support its work on the path to considering it as a top charity. Earlier this year, we received results from the study we supported to evaluate New Incentives’ impact.
- We estimate that New Incentives is roughly 11 times as cost-effective as unconditional cash transfers, making it broadly comparable in cost-effectiveness to our other top charities (aside from GiveDirectly). In other words, we estimate that each $2800 donated to New Incentives yields an outcome equivalent to averting the death of a child under the age of five.
- We've recommended that Open Philanthropy make a grant of $16.8 million to New Incentives. Beyond that grant, New Incentives has approximately $16 million in room for more funding over the next three years.

**Future plans**

We expect our top charity updates process to look similar next year. We will continue doing the necessary research to update our annual recommendations to donors, as well as doing one-off research projects to improve our recommendations.
Intervention pipeline

Context

This section focuses on how we plan to find additional opportunities at similar levels of cost-effectiveness to our current top charities. We're discussing this work in detail since a large portion of the research team is working on it and it will have a big impact on our overall success.

A major area of focus this year was supporting the development of the senior researchers we hired in 2019, who are now leading this work, as well as hiring and onboarding another senior researcher in mid-2020.

Our research process operates as a funnel; at the top of the funnel we review a large number of programs in shallow depth, and at the bottom of the funnel we review a small number of programs and charities in detail before naming them as top charities or standout charities.

In late 2019, we created a roughly prioritized list of hundreds of potentially promising programs. In 2020, we have added additional programs to that list as they come across our radar, and have reviewed dozens of the most promising-seeming programs in shallow depth (i.e. ~week-long assessments by individual researchers, which we call "quick evidence assessments" or "interim intervention reports"). We continue to add to the list of potentially promising programs and shallowly review the most promising-seeming ones. Then, we take the programs that look most promising after our initial review and move forward with more detailed evaluation of those, scrutinizing them further and searching for opportunities we could fund or create.

We do not anticipate finding opportunities that are ready to be added to our top charity list as-is, i.e. existing organizations that are effectively carrying out programs that meet our criteria and can absorb large amounts of additional funding, because we have been looking for that type of program for a few years without finding any. Instead, we think promising programs may need to be created, strengthened, or scaled up, via vehicles like Evidence Action’s Accelerator, via evidence generation like funding randomized control trials, or via other means.

Recent progress and future plans

So far in 2020, we have reviewed dozens of programs in shallow depth, including publishing reports on six programs. A few promising things that have come out of our intervention prioritization work:

- **Syphilis screening and treatment in pregnancy** – we recommended a $3.9 million grant to Evidence Action’s program screening and treating syphilis in pregnancy, which we expect to prevent stillbirths and neonatal deaths. This grant will fund Evidence Action’s efforts over the next five years to support the Liberian government in switching from HIV rapid tests to dual HIV/syphilis rapid tests and syphilis treatment in routine antenatal care.
- Intermittent preventive treatment in infants (IPTi) for malaria – we recently shared a request for information with promising organizations.
- Mass distribution of azithromycin to reduce child mortality – this program looks cost-effective and is fairly straightforward because it involves mass administration. The World Health Organization recommends it in certain areas, and we are looking into implementation opportunities.
- Community-based management of acute malnutrition (CMAM) – we are investigating opportunities to support CMAM programs and/or additional evidence generation.

We expect to continue to find promising programs and look for ways to support or create programs that can absorb millions of dollars of funding in the coming years. As discussed above, in 2021 we aim to find an additional $50 million in promising giving opportunities that are similarly cost-effective to our current top charities. We anticipate those may be spread across five to ten different opportunities in a few different cause areas, and are looking to build a portfolio of programs that can double in size by 2023 to support our goal of identifying $230 million [updated from $280 million] in highly cost-effective RFMF from the intervention pipeline by then.

Exploring high-leverage, more cost-effective areas

Context

In 2018, we decided to expand the scope of GiveWell's work into harder-to-evaluate areas because we believed we could find opportunities more cost-effective than our current top charities. We have made progress but not nearly as much as we hoped (more on this in Attachment A: Update on GiveWell’s major goals, progress, and plans). Our initial work has largely focused on public health regulation.

Recent progress

We identified alcohol as a promising cause and we are nearly finished evaluating a potential grant to Vital Strategies. We are also considering renewing a grant to the Centre for Pesticide Suicide Prevention. Together, we expect these grants would total approximately $10 million.

We spent part of the first half of 2020 looking into grants to mitigate the effects of COVID-19. A few of those are detailed here; we have not written about all of them publicly yet. Notably, we also recommended a $2 million grant for an RCT on the effectiveness of face masks in preventing transmission of COVID-19; the RCT is currently ongoing. We don’t expect COVID-19-specific grantmaking to be part of our high-leverage work going forward.
Future plans

Even though we have been working on this for nearly two years, we have devoted limited capacity to do it. We have one researcher dedicated to it, and we roughly estimate they have allocated ~⅓ of their time to it in 2018 and 2019. This area, therefore, is still at an early stage and we’re in the process of figuring out how to best approach it.

In addition to looking into the cause areas we already have in progress, we have generated a long list of areas to consider. These are wide-ranging, with the scope essentially being anything that plausibly improves the lives of people in low- and middle-income countries and that we could imagine recommending to donors if it seemed impactful. We plan to do shallow reviews of the 10-20 most promising-seeming areas, and then prioritize 3-10 with which to move forward.

Our rough goal is to have a developed program of grantmaking in this area in which we are directing $30 million annually by 2023.

Transparency

Context

We think we still need to publish more information so that users can fully understand our programs, particularly the programs we have considered but do not recommend. More information is available in the two mistake entries here labeled “failure to publish...”

Recent progress and future plans

Expanding our Content Editor team has reduced our backlog of conversation notes from a few dozen to fewer than ten; Content Editors also write, edit, and vet other research pages.

This year, we have more consistently published research we completed on promising programs we evaluated, i.e. (interim) intervention reports. We have yet to publish a clear representation of which interventions we are actively interested in (our priority programs list is no longer effectively serving that function), but we plan to publish a dashboard with this information by the end of 2020.