

## EXECUTIVE SUMMARY

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### BACKGROUND

GiveWell makes comparisons across diverse charities using ‘moral weights’, subjective numerical values that weight the trade-off between deaths averted and gains in household consumption. Currently these values are based on the best existing evidence and staff thought experiments,<sup>1</sup> but there is a lack of data on how potential beneficiaries trade-off different outcomes. Therefore, GiveWell has partnered with IDinsight to measure beneficiary preferences on interventions and outcomes associated with GiveWell’s top charities.

### MOVING FROM PILOTING TO SCALE-UP

During 2018, IDinsight conducted an iterative pilot process involving literature review, questionnaire pilots with poor households in one county in Kenya, and an online survey of US respondents. This work developed and tested survey methods, and over 2018 we refined and improved a set of approaches to capture preferences.

While we collected data from around 350 respondents in 2018, it is not possible to draw actionable conclusions from this data. The sample size for each method we trialed is too small to produce precise estimates, and we modified the methods regularly as we collected data. Further, we used convenience sampling at the village level leading to a sample of mostly women and with minimal religious diversity. Data collection at scale is needed to capture actionable data on preferences from a *larger sample* across a population of respondents that are *more representative of GiveWell beneficiaries*.

At scale, we plan to collect data to inform the two principal components of the GiveWell moral weights:

1. **The value assigned to averting the death of an individual relative to doubling consumption for one person for one year.** We will capture:
  - An individual’s willingness-to-pay (WTP) for mortality risk reductions (Value of Statistical Life - VSL).
  - How an individual trades-off between programs that save lives and increase consumption within their community.
  - An individual’s moral reasoning and rationales when estimating WTP values and making community-level trade-offs.
2. **The value assigned to averting the death of an individual under 5 relative to an individual over 5.** We will capture:
  - How an individual trades-off between programs that save lives of different ages, at different rates.
  - Ratio of WTP for mortality risk reductions for oneself compared with one’s child (child VSL).
  - An individual’s moral reasoning and rationales when estimating WTP values and making community-level trade-offs.
  - Empirical facts on the relative cost and contribution of different household members.

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<sup>1</sup> <https://www.givewell.org/how-we-work/our-criteria/cost-effectiveness/comparing-moral-weights>

## Method confidence

We are confident that we can capture VSL data of the same quality as comparable studies in the literature. However, we expect to continue to face the same challenges as in the VSL literature, particularly in ensuring sensitivity to scope among respondents. Despite this, filling the evidence gap in VSL from low income populations is of high value to GiveWell. With our alternative approach exploring trade-offs between community programs, we capture the same information from a different perspective that does not rely on small probabilities. This internal consistency check on preferences further increases our confidence that we can robustly estimate the ratio between saving lives an increasing consumption that.

We have high confidence that we can capture robust data to inform the relative value of lives of different ages. Our method does not rely on any conversion to monetary values. It has been simple to implement, well understood, and we have a clear comparison for our results in the literature.

## Project impact

Reasonable, plausible changes to moral weights inputs can lead to large changes in the outputs of the GiveWell model.<sup>2</sup> Providing specific and population-relevant data to inform the moral weights has two main routes to improve GiveWell's approach:

1. **Reduced cost-effectiveness analysis (CEA) model uncertainty:** GiveWell staff members have noted their moral weights could be improved by data on beneficiary preferences.<sup>3</sup> Filling this clear evidence gap will reduce uncertainty in the model, meaning more weight could be placed on model outputs when making top charity decisions. This may ultimately lead to better decisions and greater impact.
2. **Change CEA model recommendations:** A substantial shift in moral weights could move the cost-effectiveness ratio for some charities above or below the threshold for recommendation (2-3x as effective as cash). This may lead to a reallocation of money to charities more impactful for beneficiaries.

## PLANNED ACTIVITIES FOR 2019

The largest numbers of GiveWell beneficiaries, and active top charities, are in East and West Africa. We balanced the need for demographic diversity, representativeness, and feasibility of data collection to choose Kenya and Ghana for scale-up in 2019. Within each country we will randomly sample villages from two distinct geographically and demographically diverse regions.

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<sup>2</sup> <https://blog.givewell.org/2017/12/22/uncertain-cost-effectiveness-analysis/#MoralWeights>

<sup>3</sup> Additionally, confidence in the 'Conventional' column may be increased if it incorporates more directly relevant data, rather than extrapolating from HICs.

In each region we plan to conduct:

1. 450 surveys containing our principal methods (total 1,800).
2. 50 additional surveys containing (total 200):
  - a. Our secondary methods,
  - b. In-depth qualitative questions to explore moral reasonings,
  - c. Focused empirical facts questions,
  - d. A consumption module for accurate income level assessments.

In addition to data collection, we plan to conduct analysis of existing datasets containing information related to the economic cost and contribution of household members. We also plan to conduct an additional online survey of US respondents, to support interpretation and validation of the data we collect in Kenya and Ghana.

Finally, we see high value in external communication and dissemination of scale-up results to influence the development sector to better incorporate beneficiary preferences in decision making. Therefore, we plan to dedicate staff time to external communication of our work at both the beginning and end of the year, allowing for publication of key findings.

## **BUDGET**

The project will take 9 months (February-October). The estimated cost for the full data collection exercise is \$474,374.