

GiveWell New York Research Event, December 4, 2014 - Top Charities

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[background conversation]

0:00:04 Holden Karnofsky: So the first thing I want to talk about is GiveWell's top charities. Basically, these are the best giving opportunities we know of for individual donors today, and the basic way we define top charities is they're combining evidence of effectiveness with excellent bang for the buck or cost effectiveness. In other words, for every dollar you spend, you're doing a lot of good in terms of saving lives or improving lives, and there is strong evidence behind that idea. The programs you're supporting and the charities you're supporting have track records behind them. They have impact evidence behind them. That's what we mean by top charity. And we've spent the last seven years or so trying to identify charities like that to give people a very tangible place to give and feel like you're doing as much good as is kind of possible to do with the information we have, which is obviously very limited.

0:00:57 HK: The basic way we go about finding top charities has evolved over the years somewhat. But the fundamental idea is to look for programs that have strong evidence behind them. So, there's a lot of different things that charities do and that governments do to try to improve people's lives. A lot of them are kind of untested. A lot of them we're only guessing at what impact they have. But there are some programs, especially when it comes to global health, where there is strong evidence, strong studies, and you can say not only is there a good reason to believe that this program really does improve people's lives in a significant way, but it's also doing a lot for the money. And so, it's those two criteria that lead us to identify programs, which you'll hear about, like insecticide treated bednets for preventing malaria, like treating children for intestinal parasites, or in some cases something simpler, like handing out money to people who have very little money.

0:01:57 HK: But all of these things have kind of a strong evidence base. And there is good reason to think that we know something about their impact on people's lives, and that the impact is pretty big for the money you're spending. And the focus here is very much on the developing world, because we've worked on both developing world and US programs over the years, and have just ended up focusing on the developing world, because we believe poverty there is much more severe. And as a result, the opportunities to help people with money are much greater. There is much more basic needs that are lacking and you can do a lot more with a little bit of cash. That's our basic process. That's our basic criteria.

0:02:40 HK: So, our top charities, they're all charities that we've recommended in the past. But for all of them, there is some significant new developments. And also for all of them we had to take a really close look this year at how much money we think they can productively take in. One of the big things that we care about a lot at GiveWell is what we call room for more funding. And that is the idea that there may be a great charity, but they may have all the funding they can use to do their best activities. We really care about where that next dollar goes, and that's a huge focus of our investigations. So, we've paid a lot of attention to that this year because I think a lot of our top charities, we may be moving them about as much money as they can productively handle and we've been sure to calibrate our recommendations to that.

0:03:27 HK: So, the charities themselves, probably the most familiar one is Against Malaria Foundation or AMF. They distribute insecticide treated bednets which kill mosquitoes and help prevent malaria. There has been studies associating these with reductions in child mortality and other health benefits. We recommended AMF as our top charity for a couple years, moved them something in the range of \$10 million total. And then, a couple years went by where they kind of just, that money didn't go out the door. They didn't sign new distributions to distribute bednets. And I think a major factor in that is that, AMF compared to other bednet organizations, has high standards for data. They want proof that the bednets were delivered. They want data on whether people are still using the bednets, a while after they get them. They want the whole thing documented.

0:04:19 HK: And this is something that we are very much in support of and think it's a great thing, but it can cause it to be difficult with negotiation. Because you're working with a government in Africa, is where AMF works, and you're saying "Well, we'll provide you bednets, but we want this kind of above and beyond data reporting, and we want it to be public." So, that creates challenges. And a couple of years went by where AMF wasn't getting money out the door, and we suspended their top charity recommendation, not because we think they are bad, but because we said, "Look, they haven't gotten money out the door in a substantial way in a couple years. Let's wait until they do before recommending that more money goes there." This year they did. They signed a couple more distributions with some new distribution partners, and they committed a total of about \$8.4 million to distributions that will take place in the next couple of years. They committed 8.4 million. They have about 6.8 million left. So, that was substantial. And we have returned them to the list for that reason.

0:05:15 HK: There is no obvious way to say how much more money they could take in this year. Our basic thinking is if they took in \$10 million more, they would then have twice as much on hand as the total they've committed to date. Which I think is a lot. And we would like them to have a lot, because we'd like to be helping them grow and get bigger. But to us, that's probably where we'd feel good seeing that donations kind of stop coming in. And then, Good Ventures, which is a major foundation that we work with and has taken a lot of our recommendations has already committed \$5 million to them. So, basically, we are hoping to get them another \$5 million this giving season. And just to keep in mind with AMF, I think they're a great...

0:05:58 HK: It's a great organization and they hold bednet distributions to a high standard which we think is great. There is a limited track record here. They used to do very small distributions and now they do big distributions, but there's only a couple of those that have progressed far enough that we really know how they're going. And they're both in the same area with the same partner, so I think it is good to get them more money and see them grow. I don't think we want to do that without limit. Then next top charities, there are two charities that both work on what we call deworming, which is also treating children for intestinal parasites such as hookworm and Schistosomiasis, which is a great name. These parasites are very common, so in a lot of areas of Africa like over half the children in an entire country will be infected with one of these parasites. They're very easy to treat, they're very cheap to treat. It's like in the range of 50 cents a year to treat children for these worms, maybe a dollar a year. They are also however often completely without symptoms, and it's not really clear what you get by treating the worms.

0:07:02 HK: So we've been going on limited evidence, and prior to this year we would have said, "The best thing we had to go on was a single study in which there is, they randomly treated some

children for worms and not others. They found that attendance improved in school among the children who were treated, and then many years later earnings were higher as well." That was really impressive if you believe you can get that kind of effect for only 50 cents a year per child. I think we always had issues with that study because among other things, it took place in the middle of El Nino and so worm infections were like greatly elevated and were extremely high. And so there's a question of how much that generalizes. This year a new study came out looking at a randomized deworming program in a nearby area that may have been affected by El Nino, but probably not as much and found cognitive test improvements from deworming.

0:07:58 HK: So this was actually very reassuring to us, and although both studies have their problems and some of the problems overlap, we definitely increased our confidence that deworming really is a great intervention. We estimate that it's about as good as distributing bednets when we do our calculations, although they are obviously very difficult to compare because one saves lives and the other is mostly having kind of these intangible effects on perhaps health or earning capacity. And so, but overall, we think this is an excellent intervention. There's two charities on our list that work on it. One of them is called "Deworm the World Initiative", and the main thing I have to say about them is that they don't have a ton of room from our funding this year. So I think they're a great organization, they don't carry out deworming themselves, they work with governments, and they try to advocate for it and they try to help the process along. We've been pretty convinced that they have actually gotten the process to move along in a lot of cases.

0:08:55 HK: But at this point they actually have interests from a lot of major funders, which is more the case this year than last year. And so when they're asking for money it's mostly unrestricted funds to fill in the gaps. Some of that is like operational research to help them study their own programs and see how they work. But we're only talking about 1.3 million dollars over the next two years, and much of that is not for core activities. And Good Ventures has given them a quarter million dollars so there's like one million dollars remaining over two years that we're hoping to see them get, and we're kind of recommending a target of half a million this giving season. Other deworming organization is Schistosomiasis Control Initiative or SCI. This is a group we've always struggled with, because they work on a great intervention, they're well respected, they're run by academics. They've been around for a long time, they've move a lot of money but we have had a lot of trouble communicating with them. We still have very little sense of how they've spent their unrestricted funds. And we've also had major problems with their evaluation.

0:09:59 HK: So they've had these research reports that for years we thought were evidence that their programs are actually working and that they're getting governments to roll out these deworming programs. And last year we discovered major problems in these studies that we felt we should have known about before that really make us see these studies as not, at least some of these studies we no longer believe are indicating much to us at all. And so it's that tension that has made us always a little bit unsure what to do with SCI, but we have been following them for a long time, we've looked at them really carefully and we haven't found red flags. We think this is a pretty straightforward program, we think they're getting into work, and we think they can absorb about seven million dollars over the next year. However, when you take out the grants that we already know about from other sources, including Good Ventures we think there's about a million dollars left that we would like to see them raise this year.

0:10:51 HK: And then the final top charity and then I'll take questions is GiveDirectly. GiveDirectly is very different from the others. GiveDirectly is a pretty new organization and what they do is for

every dollar you give, they try to get 90 cents directly into the hands of very low income people like in Kenya and Uganda, and it's with no strings attached. So they use a mobile money system, and it's basically these lump sum cash payments. They're not providing services, they're not buying health equipment, and this is obviously... Some people think this is the greatest thing in the world. Some people think it's very controversial and would be more comfortable with health... For our part, we think this is a pretty good intervention. And there's, it's actually been a lot of studies on it partly 'cause people are skeptical about it. They ran a randomized study on themselves a year ago. They were the first charity we knew of who had done that, and it had very encouraging results. So we don't think cash transfers are the best intervention, we actually think deworming and bednets do more good for a dollar. But we do think that unconventional cash transfers are really, really good. And we think GiveDirectly is a great organization.

0:11:56 HK: So when we first recommended them, they were young, they didn't have a track record, and we didn't have that much to go on, but now they've been scaling up fast, they have an encouraging study of themselves. Last year they took in 17 million dollars, they got 13 million out the door. That was a big growth. And this year they're saying 40 million, and we think that's probably true, that they can do that. And by the way there's an event on Monday night at NYU with the GiveDirectly co-founders that we tweeted about today, if anyone wants to check that out. Because they're a very interesting organization. The main bad news for GiveDirectly, most of the news from them has been good, the main bad news is just that their competition has gotten stronger. I think our estimate of how good deworming is is more this year than last year.

0:12:39 HK: AMF is back in the picture with the bednets, and so where last year we had GiveDirectly at the top of the list and GiveWell staff were all giving there, this year it's a tougher call. I think they're the best organization of the crop in terms of execution, in terms of room for our funding, in terms of consistently monitoring how things are going and reporting on it so that they can find any problems. But we do estimate that deworming and bednets probably accomplish more good than cash transfers by a significant amount, a factor of five to 10. So this year we're recommending \$1,000,000. We're targeting \$1,000,000 this giving season from individuals to GiveDirectly. So those are our top charities. I'm going to take questions now and then I'll talk about the standouts.

[background conversation]

0:13:33 Speaker 2: So just for disclosure I'm [0:13:35] ____ but... It would be helpful maybe to give people really a context about how these compare to kind of the broader universal charities, and international versus domestic. And you mentioned earlier that there's more bang for the buck on international versus domestic, but if you weren't as familiar with GiveWell's work, just from what you said, if you're hearing a lot of pros and cons. Maybe wondering is why do these stand out relative to the PAC?

0:14:03 HK: Sure, so the question is why do these charities stand out relative to the PAC? How do they compare to domestic charities? For each of these charities I can say they focus on a program. The program has really unusually strong evidence behind it, so even those two semi-problematic studies of deworming, those are semi-problematic. Most evidence of what charities do is extremely problematic or nonexistent, and so I would say these charities all focus on programs with very strong evidence of impact and they do an amazing amount of good per dollar. So even GiveDirectly, I think of it as 100x multiplier on your money, because you're giving to people who's

incomes are 1/100th of the median income in America.

0:14:47 HK: And the amount they're able to do with that... I mean in some cases people are using it to buy livestock, which is probably something you've heard of a charity doing, but they're doing it when it makes sense for them. In other cases they might replace their straw roof with a metal roof, and save time and expense for 10 years on repairing the roof and not having it leak. Your money can go really far with these interventions, and the evidence is really strong that it can do so. And I think these are almost the only charities we found that we can say that about. And then within that small universe of charities that I can say that about, there's some that we've also really checked out the organization itself and that's these organizations. So GiveWell's all about disclosing the good and the bad, and not turning everything into a sugar-coated story. And that's why with all of these there's warts, there's doubts, there's risks, there's confusions, but absolutely these are the charities that I would give to if I was trying to help people a lot with every dollar that I gave. Yep?

0:15:48 Speaker 3: So I thought the Deworm the World program sounds pretty good as long as you care for that generalized ability concerns, but so there was analysis from two years ago showing that deworming has a not very good effects and the kind of impacts that schools that are supposed to be proxy for. So if your weighing evidence from the studies that [0:16:06] ____ how do you choose what to incorporate to?

0:16:09 HK: Yeah, so how do we choose which studies to put weight on, and in particular how do we view what one might call "The great deworming debate" if one reads different news than most people? [chuckle] Which is, The Cochrane Collaboration which is a very well respected and we find an incredibly useful group, that they tend to review a lot of evidence on medical interventions and come out with a bottom line. And their bottom line on deworming was it's not really very impressive, there's really no evidence that deworming helps people at all. So first, I'll answer the general question. The general question is, we believe that in these areas, these are very difficult fields to do measurements in. You can't do lab experiments, you're doing experiments on people and they're taking place over many years. We have not found a formulaic way or a single reliable source that's just going to give us the answer on how good the evidence is.

0:17:03 HK: And a lot of what we do at GiveWell and a lot of the value that we believe we bring is just looking really hard at everything, understanding exactly what the researchers did, why you might think this was a good idea, what problems you might see with the study, and writing up everything in exhaustive detail. You can go to our website and read our deworming page, and it will walk through the studies that we don't think are good, why we don't think they're good, the studies that we do think are good, why we do think they're good. And really all we're trying to do is just work really hard at it, be really thoughtful and not rely on some authority or some formula, but rather just understand everything ourselves and use our own judgment. I think for these kinds of studies that's exactly the right way to do it, because a lot of the issues are more qualitative. The fact that El Nino happened, how you deal with that is a judgment call, and it doesn't generally take a lot of technical expertise to understand these studies.

0:17:57 HK: What it does take is patience and detail. So in the case of deworming, my take on this debate is that the Cochrane Collaboration does a good job when there are a lot of studies, and the studies were all done in similar ways with similar measurements, similar outcomes. And then Cochrane can kind of apply criteria, aggregate them, compare them and say, "Here's the bottom line." That is not the case with deworming. With deworming there's a lot of short-term studies and

then there's... There was one, and now there's two long-term studies. Oh, and I think that just doesn't fit Cochrane's approach.

0:18:31 HK: So basically what I would say with deworming is like short-term studies show almost nothing. Long-term studies show much more impressive effects, and I don't think that Cochrane really did anything to undermine that. But it, it... I mean, also, it does give me doubt and the Cochrane study, the Cochrane point we take, which is that there are a lot of short-term studies and they don't show very much, and that should make you question, "Hey, does this actually make sense? Or is there something weird going on with those two studies?" I think there's a really good chance that there's something weird going on with those two studies.

0:19:03 HK: And the case for deworming is that maybe those studies are valid and maybe they aren't. The intervention is really cheap. The effects are really impressive, and at the probability we're assigning that those studies are legit, it comes out as a really good deal in probabilistic terms.

0:19:18 Natalie Crispin: It's also the case that in the Cochrane review that did not look at studies that included Schistosomiasis treatment, which is mostly what SCI does. Deworm the World only does soil-transmitted helminth treatment which the Cochrane review was focused on, but the two longer term studies that Holden mentioned and SCI's work in general treats both what kinds of worms, and generally Schistosomiasis is thought to be a worse disease.

0:19:46 HK: The newer study does not look at just... It's only the soil transmitted, but otherwise that's right. This is kind of the point, it's like Cochrane is looking for studies that all do the same thing. So they are very focused on one kind of worm and then there's another kind of worm, and so that's an example the kind of stuff that we spend a lot of time debating. Yeah, Ian?

0:20:05 Speaker 5: I've heard that next year might be an El Nino year. Is that going to change your thoughts on the cost effectiveness of donations to deworming in this given cycle?

0:20:16 HK: Question is, "Next year might be an El Nino year. Would that change our recommendations?" I've never, never considered that before. Good question. Maybe. I guess I will... I guess I will note it down.

[chuckle]

0:20:29 HK: I mean one thing is that the studies we're talking about not only took place the middle of El Nino, but also took place in areas that were like especially good areas to get flooded. So it was just kind of this perfect storm which tends to be the case with these studies. People want... People are studying something. They want to know if their program works. They don't want the study to fall apart just because they didn't, like, "Oh there didn't turn out to be any worms," or something. So they tend to just like find the perfect circumstances to carry out their study, and they carry it out perfectly and like with the bednets, I think a lot of the studies they will like wake people up at three in the morning and make sure the nets were hanging. So, I mean a lot of times you have to use a lot of judgment deciding how the study applies, and I think, yeah, I mean that's an interesting point about El Nino. I think if it is an El Nino year, I'm sure we will put a lot of thought into how exactly that should effect our estimates. Yep?

0:21:21 Speaker 6: So one thing I've been wondering a lot about recently is... With the effects that

people people can't really measure. 'Cause people often measure individualist effects. How a certain intervention effects somebody's income. But a lot of people have grave concerns about the effects that maybe you can have on the communities and nations on generally, and if those could possibly counteract any positive effects that would apply to individuals. I was wondering how good GiveWell kind of plans to cover those concerns?

0:21:47 HK: Sure. So GiveWell tends to look at evidence on, the impact that a program has on individuals and... What?

0:21:54 S?: Repeat the question.

0:21:56 HK: That's what I'm doing. Oh. Yeah. I'm trying to repeat the question. So the question is... The question is, starting with a statement, and now there's going to be a semicolon.

[chuckle]

0:22:06 HK: GiveWell tends to look at evidence on how programs affect individuals and the question is, "Is that cancelled out by the program's effect on the countries at large?" And in particular there's some people out there who say, "Aid is making countries dependent. It is stopping them from developing," etcetera. So I mean a couple of things at this point, I mean one, we are pretty familiar with the literature on the big picture impacts of aid. I will say that it's like pretty inconclusive, and a general fact is that it's hard to say things about the effect of a program on individuals. It's like very next to impossible to say things about the effect of a program on countries.

0:22:45 HK: I will say that I don't see any good reason to think that aid is hurting countries more than it's helping them. I don't think that's something anyone's made good arguments for, and I actually think there's really strong arguments going the other direction, that we've seen a lot of decreases in child mortality, and other improvements that look like you should attribute them to aid and just... The arguments that aid hurts, I mean there are arguments, but I don't think they're very strong, and they're not very empirically supported. So that's my opinion. There's not enough evidence here for opinion to be irrelevant, so if you're worried about that then I think is something to consider in deciding where to give, but I think it's going to be an issue for most charities.

0:23:24 HK: Another interesting comment on this is that GiveDirectly is trying to take this on in an unusual way. So right now they're doing something that I think is pretty cool. They're running like a really, really massive randomized study, but they are randomizing at... It's like, I don't even think... Is it the village level or is it some bigger unit than that?

0:23:42 NC: I'm not sure.

0:23:42 HK: You don't know? Yeah. They're randomizing into large units. So instead of saying, "This person gets cash, that person doesn't", they're saying something much more like, "This village gets cash, that village doesn't."

0:23:53 Speaker 7: It's per village. Some people in the village, some of the people don't get it, and then they look at the effects of people in the village who get money, people in the village who don't get money and then...

0:24:02 HK: And then the villages versus the other villages? Right. So they're trying to do an actual village-level study and trying to capture some of those macro effects. That still doesn't tell you about the effects on a country but I still think that's a very cool thing to be doing and pretty interesting. Yeah, Bill?

0:24:18 Speaker 8: I don't remember the exact numbers you quoted on each charity about target you need to move, but let's say it's four charities, and target one is three million and the other are a million each, does that have a recommendation to say for somebody who's got a giving pie of a certain amount that there should be a 50% of the charity day, and a third, a third, a third to the others? And then you also said something about, I think, was it Malaria... Malaria [0:24:47] _____ may be five times more effective than GiveDirectly? So that ratio implicit than this asset allocation now that you've kind of put forth?

0:24:56 S2: Sure.

0:24:56 S8: And are you putting it forth as an asset allocation, or are you just kind of funding it so people could draw their own conclusions?

0:25:05 HK: Yeah, so I'd phrase this question as how, on what basis did we come up with our funding targets, the numbers I said we wanted each charity to get? That's kind of part A. Part B is, did we incorporate our cost effectiveness estimates into that? And part C is, what are we telling individuals to do about this? Are we telling them to give in the ratio we recommend? So, I'll take them in turn 'cause that's what I think is easiest to do.

0:25:27 HK: Part A, how did we come up with these targets? This was a lot of discussion. What we did was we estimated how much money we think we're going to, we call it "moving money", how much money we're going to influence this year. And basically, what we tried to do this year is we said, first off, we would like all top charities to get some significant amount of money because we think that matters a lot for incentives, and for signaling and for kind of the future of GiveWell's ability to follow these groups and also to influence other groups, and to make it worth their while to participate in our process. So, that's where we said, we'd like to see each one receive at least a \$1M. And also, I think, I hopefully made it pretty clear going through the strengths and the weaknesses here that I don't think there's any clear cut. I think a reasonable person could really argue for any of the four. If I didn't think that, I don't think we'd necessarily would have gone for this minimum for each, but I do think that, and I think it's a hard choice.

0:26:23 HK: Next thing we did is we said, yeah, five to 10X more cost effective than cash transfers is an awful lot. We don't fully believe that number. It's the best number we could come up with. We made a giant spreadsheet and we posted it online. We all argued about it a lot, but I mean it's not a number that we really have a lot of confidence in at all, and we're very aware of that, and we don't want to put too much weight on these kind of spreadsheets when we have a lot of other data. So, how do you feel when you kind of have this process that says "GiveDirectly is much worse," but then you also have noticed that GiveDirectly is much better in a lot of other ways. It has done a better job moving money out the door, following up on it, reporting, producing new information. So that is a tough one. I think in past years when the multiplier has been lower than five to 10, we've said ultimately we think GiveDirectly is just as good a choice.

0:27:15 HK: This year, with the multiplier at five to 10 and with us thinking that we really did the

best we could at those calcs, we are saying that we prefer to move money to other charities before GiveDirectly. And so, basically, what we did is we said, first start off with a million for each charity, then how much can we get each charity before it starts to run out of room? And once we did that, we were kind of out. We had hit the total number we projected.

0:27:39 HK: Finally, what do we want people to do with these numbers? Yeah, we think everyone should do what they want, for sure, and we're trying to put the information out there so they can make their own decisions. If someone wants to do the full GiveWell recommended donation action, yes, we would recommend giving in that ratio, largely because we think saying that to everyone is probably the thing that's most likely to result in that allocation. That's something we've done in years past, and it's actually worked pretty well 'cause a lot of people do want to do exactly that, and so then you end up with the allocation you're targeting. But we can't control what people do and we're not going to end up with the exact allocation. We're just trying to get close to it.

0:28:20 NC: And practically if someone gives to GiveWell and says, "Re-grant at your discretion," we will use that allocation in the near future.

0:28:27 HK: That' right. Yep.

0:28:32 Speaker 9: So, you mentioned with basically all the charities except for GiveDirectly, that it sounded to me like you wish they would do kind of more or better research as to the effect of their own actions. Have you thought about maybe past the room for more funding that you identify, restricted funding to kind of force them to do better, more reliable research on the impact of their actions? And I haven't seen that in particular...

0:29:01 HK: Sure. So, has GiveWell kind of tried to, thought about restricting money and kind of forcing charities to do things more as we would? Our general model is not to do that. Our basic thing is to say where we would give, say why, and try to create incentives, and try to create sort of information for charities about what is going to get them a good recommendation and what isn't, but that is a different thing from restricting money, so I think this way we leave them with the freedom to make their decisions, and spend their money how they're going to spend it, and take that into account. That's the quick answer. Just to clarify a couple of things, there's two kinds of evidence you could collect about a program. One of them is you really want to know if this program helps people at all. The gold standard is a randomized study, where you randomly give the program to some people, not to others and you see if some people do better than others.

0:29:59 HK: There's another thing where you already have a program that has some evidence behind it, and you're just trying to do every day keeping up on how are things going, is this program still running kind of normally? And you're not randomizing anything at that point, your data is going to look more like, "How many kids did we deworm?" instead of "What happened to people's earnings?" So, it's important to distinguish between those. GiveDirectly is the only one who's done a randomized study of their own program, but bednets and deworming have had independent academics doing randomized studies of them a bunch of times, and it's debatable whether we really need more at this point. And then there's the monitoring point where I also think GiveDirectly is the strongest on collecting information like, "Did the cash get into the right people's hands? Were there problems? Were there any reports of trouble?" But AMF is also very strong in that, I think. And that's a lot of what actually makes things challenging for them is they're very determined to do that. And I think SCI... Anna, what would you say about SCI on that? There's been a lot of confusion,

so...

0:30:56 NC: So they have collected some... I would say that their future plans are probably stronger than their past track record, and so we'll see if that pans out. But basically, they are trying to collect information both on prevalence and intensity. So whether children are actually being cured of the worms that they are being treated for as well as covered rates. So whether pills are getting... Whether children say that they have received the pills that they were supposed to receive. And so we've seen our first few coverage studies, and so we're supposed to see a lot more of that in the future.

0:31:33 NC: So I think the question of whether giving them more money or giving them money in a certain way to do more of those studies had really changed their behavior is pretty debatable, because I think they're already saying that they're going to have that behavior in the future. And whether or not we find those studies credible. I think it would be much harder to restrict some money for. And so it's more a question of whether we think that they can run high quality studies, and we've seen some evidence of that. And whether we're going to be able to see the data that they collect because I think they have some challenges with getting that data to us based on their own restrictions, country's restrictions and just sort of implementation challenges whether they actually are able to collect the data that they plan to. So I think the intention is there, and the track record is not quite there as to their monitoring.

0:32:37 HK: Other questions? I'll take a couple more and then we'll talk about our stand outs, but I'll still be able to take questions after that.

0:32:43 Speaker 10: Any thoughts about this organization's room for more funding in future years, and how it's going to scale? And A, what the living impact is more likely to be? And B, is there any way for GiveWell to help that?

0:32:55 HK: Yeah. Do we have thoughts on room for more funding in future years, and how that's likely to change? So I expect it to be very dynamic. I don't really think that we have the answers now. What we're trying to do is... I mean I think the way we're trying to help them is basically by closing their funding gaps now, and getting them money now because there's this relationship that GiveWell itself has seen between money and capacity where money helps build capacity to then take in more money. So I mean, and that's a good example. I mean, we're trying to get them to a level where they can do more than they've ever done before, but not too much more. And then we'll come back in a year, and maybe they'll still be sitting on all that money. And maybe they've gotten it all at the door, and that will definitely make a difference to what we do next.

0:33:39 Speaker 11: So I noticed that the cafeterias are all direct services. Do you have advocacy organizations? And it's also, so much of this is research-based, but for advocacy organizations, it's very doable to sometimes measure your effectiveness, so do you have advice for advocacy organizations how to remain to be more effective than their enemy?

0:33:57 HK: Yeah. So do we look at advocacy organizations or just direct service organizations? So some of our... Some of these organizations do a fair amount of advocacy, and are like... I would say, Deworm the World is like part... Is well-described as an advocacy/technical assistance organization. We knew this criterion for this area that the charities' focus program is something that's evidence supported. So that is very different. They're advocating for deworming, which is itself evidence-

based. It's something very different from like advocating for better healthcare policy in the US. We do not evaluate those kind of groups for this particular arm of GiveWell. This is an arm that tries to focus on having really tangible giving opportunities that we can understand extremely well. If you do want to hear our thoughts on advocacy, stay for the next session because that's what we do at Open Philanthropy project or that's part of what we do. Yep?

0:34:53 Speaker 12: I was wondering your money move projections for this year like how you compare with the previous years and future years? And if you think... And it seems like what you're kind of running up against how much money the organizations really think are effective can handle, and especially, if you filled our funding needs this year, does this restrict your plans for having more people give to advertising. You imagine GiveWell growing and where is the money going to go if it grows?

0:35:23 HK: Right. So how do we... Are we running up against the limit of charities to absorb the money we're moving? I mean, this is not the first time we've been bumping up against that limit. And I think things change a lot from year to year. So in past years, we would have said, "GiveDirectly is great, but they're so young. We don't want to move them \$40 million." I mean, this year we'd be fine to move them \$40 million, though we expect 10 from other sources. And so maybe 20 million would be fine. And that's more than we can move. Actually I think this year is... Again, that's a complicated relationship because charities mature, and our research process finds new charities. And so, we do increase our ability to move money as we increase money moved. But yeah, it can be hard for the two to keep up with each other.

0:36:09 HK: I think this year is some of the best position we've been in a long time 'cause even if we move three times as much money as we're expecting, GiveDirectly could absorb all that residual, no problem. And even some of these other ones. It would be okay if they had more money, it might just take them a while to spend it. So I think that's a lot better than it's been, and I think we will continue to see these groups grow and we have some future top charities on the list, hopefully. So I hope we'll be able to do it, but I have no guarantee of this.

0:36:37 HK: And obviously, we're thinking about that. We're thinking about what we can do to create more giving opportunities in the future. So every year we say, "What haven't we thought of this year that we could try in the future?" Examples of things that we are doing now to create better giving opportunities in the future, we've provided a seed grant to a group that does conditional cash transfers which is a different program from unconditional. It's basically things like paying parents on the basis that their children attend school, and have their vaccinations and things like that. This is a good program, it has strong evidence base. There's no charity that focuses on it. But there is a very young, very new one that we were trying to give them enough to get them off the ground. And we work with Good Ventures and so for small grants like this often Good Ventures puts forth that money.

0:37:25 HK: Another thing we're doing is we're saying, "Let's build the evidence base. Let's increase the number of programs that can say they're proven. So we've talked to all the groups that do good studies. We've talked to Innovations for Poverty Action and Poverty Action Lab, and Evidence Action which houses Deworm World Initiative. And said, "What can you do to run more studies to prove more programs? And can we support that?" And we did some of that too. So it's something we think about. But I also think that we're in decent shape at the moment. So I think that's actually a pretty decent transition to just me talking about the standout charities which are

potential future top charities. So basically, this year we had more capacity than we'd ever had before, in terms of staff. And we looked at more charities than we ever had before. And none of the new ones quite made it into the top tier this year but they could in the future. And there were some that really stood out, and that had something outstanding about them, even if ultimately we wouldn't give their... Before we give it to the top charities.

0:38:25 HK: So first there's two groups that work on salt ionization. Basically, most of the countries in the world, and especially the rich countries, especially including the US, have public programs for putting iodine into salt to make sure that everyone gets enough iodine. This isn't something that's naturally there, it's kind of something that's always a publicly run program. There is good evidence we think that having enough iodine is important and that supplementing iodine deficient people with iodine can create cognitive benefits. Like, a few IQ points per person on average. Debatable whether that should count as an outcome, but we think there's at least a good argument that it should. And so, we've been looking at groups that are interested in taking the rest of the world that doesn't have universal salt ionization and supporting them to try and get every country to that point. These are examples of groups that are much more advocacy oriented and they're much more technical assistance oriented.

0:39:23 HK: So they don't go around putting iodine in random salt. They work with governments and they advise them and they advocate to them. And they say, "Let's get a universal salt ionization program in place". That makes them hard to assess because they aren't doing it themselves. And so, you have to kind of find cases where they made a difference and investigate them with more of a history methodology and less of a statistics methodology and ask, "What happened?" And that's something we did with Deworm the World, and that's something we tried to do with these groups. One of them is "Gain". They're a really big group, they have been supported a lot by the Gates Foundation though it's not entirely clear whether that support is going to be renewed. And we think they could use more.

0:40:03 HK: This year we just weren't able to get to the bottom of their track record. We have some... A few stories of how they've made impact but haven't been sold on any of them yet, and that may change next year when we do more investigation. So that's Gain. There's another group which has a really difficult name. It's the International Council for the Control of Iodine Deficiency Disorders. Global Network, which they added Global Network on the end this year.

[chuckle]

0:40:34 HK: So they're a really small group. They're basically... It's the same idea as Gain. They try to do advocacy and technical assistance to get iodine into salt. And with them it was more like we got their case studies and we tried to examine them and we just came away unconvinced. On the other hand, there's a really small group, like a half a million dollars a year. And Good Ventures has given them \$350,000 this year, and maybe some people will give more. And so, we're looking at a substantial increase in their capacity, in their budget. And maybe we'll come back in a year or two or five, and they'll have some real accomplishments in their track record.

0:41:07 HK: And even now I think they're a place to consider giving. They are a definitely very reputable group and other groups in the space talk highly of them. We just haven't gotten to the bottom of their track record yet. Another group is pretty interesting. Development Media International. They have the basic strategy of using radio and television to try to get people to adopt

life-saving behaviors. Things like exclusive breast feeding of infants, seeking treatment, early treatment for symptoms associated with fatal diseases.

0:41:35 HK: The theory here is that you can reach a lot of people for very little money when you're using radio and TV. And so, if you can have an impact on their behaviors, you could actually save lives for less than ever before. These groups... Groups like this have been around for awhile. This is the first one that is running a randomized control trial of their own program. And previous to that, there hadn't been any studies that we'd considered credible on this. This year, their midline results came out, which means they're halfway through the study and they're hoping to look at the effect on mortality. They're all going to say, "This program saved lives."

0:42:09 HK: They don't have that data yet. What they do have is self-reported behavior data. So they randomized who is in the areas. They got the radio spots and then they ask people, "When your child showed these symptoms, did you take them to the hospital?" Things like that, and they did find some improvements which is a good thing. Definitely it's not conclusive and our estimate says that based on the improvements they've found and based on various adjustments we've made for not fully trusting the study, we don't think the cost per life saved is as good as AMF or our other top charities. It's also in newer organization. We don't think they have as impressive of track record as some of our other top charities, so we're not recommending them this year. However, if they hit their declared goal in terms of mortality impact next year, then they really could be a lot lower cost per life saved than our other top charities. And so we've got a careful eye on them and they could be a top charity next year. It really depends on what comes out of that study.

0:43:08 HK: Final standout organization is Living Goods. They recruit, train, and manage a network of community health promoters, basically people selling health and household goods door to door in Uganda and Kenya, and they provide basic health counseling. So they're basically running a network of door to door people trying to promote healthy behavior and sell healthy goods. They also ran a randomized control trial of their own program, found an impressive drop in mortality cost per life saved by our calculations, all things considered is not as good as our top charities, but it's still really good. So I think they're a good place to give and just on a note there, a couple of years ago I could have not named one charity had done a randomized control trial that's what the most rigorous study of its own program. Now I can name three. So I think in some sense things are improving. I also think GiveWell's research capacity is improving a lot. This is definitely the most work we've ever done on top charities, the most charities we've investigated, the most information we've taken in. And this is the first year that I've done almost nothing on this front, because I've been focused on the open philanthropy project which is our other project that I'm going to talk about in the next session.

0:44:19 HK: So GiveWell used to really rely on Elie and me, and the small team that we had and now we have a much bigger team we're able to do much more, and I think that's a good reason for optimism. So that's been a long road getting there, and for a long time it just looked like us with a very small team trying to figure out how to recruit, and train and productively incorporate people into the process, and in many ways it took years to get to the point where we're really seeing the effects, but now I think our capacity for spotting feature top charities is better than it's ever been, and I think our top charities are about as good as they'd ever been. So with that I'll take about 10 more minutes with questions, and you can ask about standouts or GiveWell, in general or the top charities, anything you want except the open philanthropy project. That's the next session. Yeah?

0:45:06 S?: So when you think about the standouts for giving them money, how much benefit is there from giving the money now, because we get more information? Or they're so... How much closer does it get them to be in a top charity to be given the output as an investment?

0:45:21 HK: Yeah. The question is how much better... By giving money to a standout charity, do you increase the probability that they'll be a top charity in the future? We thought about this. I don't think there's a really strong case for that in most of these cases. I think, certainly, with the really small one, ICCIDD, I think they need to grow, but I think already like Good Ventures gave them enough money to almost double budgets, so I'd like to see them some more this year. But I don't know how much more I want, how much more and really makes sense. Gain is more an issue of us doing the work to understand their track record. They're huge. And DMI is more a matter of us waiting a year to see what that study says about mortality. So I think in all three of those cases, I don't really know that the case is there. Then there is Living Goods. I don't know that Living Goods has really got a path to being a top charity unless the other one runs out of room just because of our cost per lives saved estimates, though that could change.

0:46:20 S?: Talk about charities that participated in the process and didn't make it to be a top charity or a standout charity in terms of how many they are or what kinds of issues that you saw when you were talking about it?

0:46:35 HK: Sure. Do we want to talk about charities that participated in our process and didn't make it? Yeah, just one of the things that we've done is we've started focusing in only on charities that are focused on the programs we think are really strong. So we used to look at a lot of groups and then say the evidence isn't there. And we have like long list of them on our website. Now we tend just to look at charities with the most proven programs and so a lot of it is a matter of like do they participate? Do they turn out to have good data? Another thing that happens is that a lot of... We offer charities the option to pull out of our process anonymously like under the table, because we don't want it to be risky for a charity to go through our process.

0:47:18 HK: So a lot of times, what will happen is we'll review someone we'll say, "This is what we think about you. This is what we would write if we reviewed you." Or we can just say, "This charity declined to participate in our process." If you go to a charity page on our website and you see this charity declined to participate, it could mean that we sent them the initial email and they said, "No, thanks," or it could mean that we went through the whole process and then they said, "No thanks." And we give them that option because we don't want it to be risky for them to deal with us so we're not able to say a ton about those groups.

0:47:46 HK: I would say there's a general pattern in which we have definitely spoken to charities that we are interested in their program and we just couldn't... We didn't see any evidence of monitoring how was the program going? Is it being delivered as intended, or how are you going to use money, or how have you used money? I mean sometimes we've just gotten caught up on those things.

0:48:08 S?: Can you come up with a number of these?

0:48:10 HK: It really... Again it's like, charities drop out at all different stages of process and for all different reasons. So I... We have tried to produce these numbers in the past and put them out, and you would have to like... The more you define it, the smaller the number gets.

0:48:23 S5: This year we only invited I think, six or seven to apply, and we picked those specifically and announced them on our blog, and three, no, two of those ended up on the stand outs list, and two others we added at a later stage in the process gain, because we're referred by ICCIDD and Living Goods because they came to us with their randomized control trial. So two of seven...

0:48:48 HK: So it ended up being like nine or something, or no, seven? The total number of charities that either were invited or...

0:48:54 NC: I think we invited like six, and then added two more or something like that.

0:48:59 HK: And then we have four new standouts. Yep.

0:49:03 S?: With the instruction of the Salt Iodization charity, that seems like, that's like sort of taking a little bit of a step away from strictly relying on RCT basis for the charity. So can see, that's being taken further in the future? Like relying on different methods on impact evaluation.

0:49:19 HK: Sure, so are we moving away from randomized control trials and broadening out with the Salt Iodization. I mean I would say we, A: We've never been wedded to randomized trials. There's different kinds of studies that we find convincing and again, there's no formula to it, it's just like for any given study I'll tell you whether I think it's convincing and why, and it'll say on our website like what kind of... We do have a blog post series on like generally what methodologies we find convincing, and which we think are just not any good. So we've always been open to that. I think the iodine stuff was mostly like... It was like sort of randomized iodine studies, do you know?

0:49:55 NC: I think it's a mix.

0:49:56 HK: It was like somewhat... Some of it was like arbitrary instead of randomized, which means like using the alphabet and things like that, and then I think there may have been some that weren't randomized that we found convincing anyway, and there's one study on worms that like plays into our thinking and is not randomized. That we think is pretty interesting and it's on our deworming page. So we've never been wedded to it. Then there's this fact, that with an advocacy technical assistants organization, you have to do something that's more of a case study method of inquiry, and less of a statistical method. So, Deworm The World says "We played a key role in this program" and then we go around and talk to everyone who's involved and say "What exactly Did Deworm the World do here? What would have happened without them?", and then we come up with a conclusion. So the first time we ever tried doing that was last year, and we kept doing it this year with the Salt charities. Yep.

0:50:44 S?: Do you think that the existence of GiveWell and the amount of money it's been moving the last couple of years has had a positive effect on whether charities are willing to actually do, collect this data and do these studies?

0:50:56 HK: Yeah. Do we think the existence of GiveWell and the money moved has had an impact on charities willingness to do these studies? It's hard to say. I mean I think there's some reasons to think the answer might be yes. One is that we have seen, just like the charity universe improving, a lot of our top charities, or standout charities, or promising charities, didn't exist or were very young when we started. But it's hard to draw like very direct causal pathways. I think that there has been a

growing interest in evidence generally, we're part of that. It's hard to say why different groups have chosen to run randomized control trials. I think the most direct impact we've had has been on the charities we've actually worked with.

0:51:39 HK: Just making sure that they see it as really important to be... The data stuff, the stuff about being transparent and open, producing kind of comprehensible reports about what they're doing, and why they're doing it. I think that has remained a value for a lot of our top charities that it might not have, or the charities might just have gone away or stayed very small, in the absence of GiveWell. So I mean that's the most direct impact, and then, I think the more diffuse thing is very hard to say. Yep.

0:52:08 S?: Are there any charities you find particularly terrible, and if so, would you consider to have a shame list of charities that under no circumstances you can turn in to?

0:52:16 HK: Have we thought about putting out a shame list of really terrible charities? We wrote a blog post a few years ago, which is not exactly what you're looking for, which is called "Celebrated charities that we don't recommend." If you Google that, you'll probably only get one result, and it's not a focus of ours though. The way that I would put it is, to establish that a charity is good takes a huge amount of work, and it's almost impossible to do without cooperation from the charity. Now the way that we run things, it seems worth it to us because we put in a ton of work and then we give them a ton of money. To put in that kind of work, with a charity that's not cooperating, just to establish that they're bad, just doesn't, it doesn't...

[chuckle]

0:52:56 HK: The cost benefit is not there, and that is something that is different about GiveWell from other groups, is we're not really interested in identifying the bad or distinguishing that bad, from the average, from the good. We're really just saying, "We are the best, and where you should give?" and we know you can win some media points for being negative, but I mean, it isn't worth it to us. It just, like... The cost benefit is not there like I said.

0:53:20 HK: The "Celebrated charities that we don't recommend" post I think is kind of interesting. What we did there, was more, looked at charities that are really renowned, that people really love, and kind of called into question the stories they're telling about themselves, and I think a lot of that stuff is worth reading and is interesting, and is actually more interesting than, just hearing... If you want to know literally the worst charity in the world, it would be some operation that's a complete scam, and they would call you and ask you for money, and then they would illegally spend it on other things, and that's just not very interesting, so.

0:53:47 S?: No, because you could have a charity that has negative impact?

0:53:50 HK: That goes and harms people.

0:53:52 S?: Like PlayPumps, right?

0:53:53 HK: Right. I think PlayPumps is closer to neutral, but yeah I think they had some negative impact. That is, yeah. PlayPumps is an interesting story. I guess I don't intend to tell it.

[chuckle]

0:54:04 S?: Are there any charities cases that you think are particularly underserved that you think would have potential to be a top charity or standout charity? Space to be filled.

0:54:12 HK: Yeah, are there spaces that we think that are underserved that someone who is doing something could be a top charity? I think we've thought about putting out a request for charities or something. We might do that in the next year. And I think the answer is yes, so we definitely have some ideas. A few years ago we would have said cash transfers and then along came GiveDirectly. Now we would say conditional cash transfers where we've provided a seed grant to a group that's trying to do that. I think deworming, really. The two groups... Deworm the World, I think, has got a certain area where they work and a certain thing that they do, and then SCI, I mean we've had our communication problems. I would love to see a charity that ran more like GiveDirectly and was focused on deworming and that was going to all places in the world where they're not already and I think there's more. There's some answers to that.

0:55:05 S?: So this is a question. I have malaria in mind when you [0:55:07] _____. Do you see a point in the reasonable future where between charity and the governments, and overall the world getting better where the malaria problem is not... Where it's not going to be a top charity because there are too many people distributing then that [0:55:23] _____ partners?

0:55:24 HK: Yeah, do we see a point where Malaria is no longer... There's no more, kind of no more room for funding in all of Malaria, so there's no point giving there? I hope that'll happen some day. I think there's a pretty good chance that'll happen. I think it'll happen for deworming first. Deworming is really cheap, and also the evidence for it is building and the hype around it has been building. I hope and think it's possible that we'll basically be having deworming programs everywhere, it makes sense in the world in some reasonable period of time. Maybe a decade? I think that's something that may happen. Malaria, I think, will take longer. There's a lot of people to cover with bednets and bed nets are costlier than deworming, and so there's billions of dollars a year to be spent there.

0:56:11 NC: And bednets are only part of the equation, you need treatments and diagnosis as well.

0:56:16 HK: So I think malaria control is billions of dollars a year short of where I'd like to see it, and so it'll take a while to get there. I hope with declining poverty, declining disease burdens, improving wealth, growing aid that a lot of these things will go away, and that there won't be as good top charities anymore. That would make me happy, for sure. I think GiveDirectly will be around for a while 'cause that's cash, and I think the room for that is pretty large.

0:56:44 S?: I don't know if this is more of a question for Open Philanthropy. On your website, you had a couple of short posts about Ebola and I think according to some of your previous post saying... Giving in response to a drug crisis, headline crisis is often not a good thing in general, but it said that, I think, there was going to be an update, but the last time I went on the website there was no update. Do you have any thoughts on how to take sense of this session, or is that something for the there sessions?

0:57:13 HK: It's in between the two sessions, which is kind of where we are time wise. So, Ebola. Yeah, we started looking at Ebola and at the point where we decided that there wasn't anything

urgent to do and we had to finish our top charities report, we put it off. We're now working on getting that post up. I think it'll still be a few weeks but it'll go up. I think the Ebola situation is much tougher call than most headline situations, so in general, when there's something all over the news, I would say as a good general rule, you should not give there because everyone is obsessed with it, and everyone is trying to do something, and these things that get in the news tend to be very chaotic, which is related to why they're in the news, and so a lot of times it's like... We've seen it in, definitely I would say in Haiti and Japan, there was good evidence, good reason to believe there was more money sitting around than could be spent really effectively. And they're complicated, logistically difficult, challenging, unprecedented situation with a lot of attention and money going into them.

0:58:12 HK: I think that doesn't look as good as our top charities, which we think are largely working on some of the world's most neglected populations and province. I think Ebola is a little bit different. It actually didn't get as much money and hasn't been as kind of all over the headlines. I don't think it's like the Japan earthquake was. It's definitely been all over the news. And it's also just the risk there is just so enormous. A natural disaster is one thing, but if Ebola became endemic or spread to a whole bunch of countries, it could cost a really ridiculous number of lives. I think containing the epidemic is really important and they haven't raised every dollar they're looking for. So that one has not been as obvious as some of the other cases, and for a while we were wondering if we were even going to say "Yeah, give here. This is as good as our top charities".

0:58:57 HK: I think at this point though, a lot of money has come in. One thing about Ebola is that it is kind of a national security issue, and so rich countries tend to be more interested in it than they are in say Malaria or Schistosomiasis. So, from the looks of things, I would say there is interesting work to do, but I think maybe the most interesting and good... I think maybe the most good work to be done has more to do with taking advantage of the interest in rebuilding health systems and surveillance to generally strengthen health systems, and especially strengthen routine disease surveillance so we catch this thing early next time, which would have been way more cost effective than responding to it on the fly. I think that's stuff they're actually actively looking into more under open philanthropy.

0:59:46 NC: We should stop there and give... People want to get more pizza and salad and drinks, use the restroom and we'll get started on Open Philanthropy in about 10 minutes.

[background conversation]