

**GiveWell San Francisco Research Event, June 26, 2015 –
Top Charities**

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00:01 Elie Hassenfeld: Alright, we're going to get started. Thank you everyone for coming, we really appreciate it. I'm Elie Hassenfeld, I'm one of GiveWell's co-founders. I'm going to talk for... Spend the next hour focused on GiveWell's top charities work, which is trying to find groups that are evidence backed in serving the global poor. And these are the groups that are... That we are most confident that they're having a significant impact on people's lives.

00:32 EH: And then after this hour's up, Holden Karnofsky, the other co-founder will come and he'll talk about the Open Philanthropy Project, which is the more open-ended, less focused on evidence part of the work that we're doing. You might notice that I have this recorder here, we're going to record this and post audio and a transcript on our website, if there's anything that you say that you would prefer not be included on the website, that's not a problem, just let me know we're happy to edit it out. But just wanted to let you know that was happening.

01:04 EH: So, then the way that each of these sessions is going to go is I'm going to give a brief overview of our top charities, and what we've learned about them this year. Then we'll break so you can ask some questions, and then I'll talk a little bit about the future. Potential new top charities, some of the work we're doing to support the development of future top charities, and some of the work that... One of our major priorities has been building capacity at GiveWell for the future, and so, I'll talk a little bit about that, and then that will conclude the session. So, I'm going to just go through our current recommended charities and give you sense of what they're doing, and what we've learned so far in 2015.

01:47 EH: So, the group that we got the most money to last year was the Against Malaria Foundation, we call them AMF. They fund distributions of the nets that protect against the mosquito that transmit malaria in the developing world. And AMF is a standout first because of the program it runs, bed nets is one that has significant evidence behind it, it's very cost effective, and there's a large global need for more money to get nets to people.

02:15 EH: AMF itself is also very transparent and collects monitoring data after people have received the nets to show that they stay in good repair and that people continue using them long term. The biggest question we really had about AMF over the last few years is whether they would be able to take in additional money and get it out into the field. And this was when... At the end of 2013, they had struggled to get money into the field for a couple of years, and we actually took them down as a recommended charity at that point because we thought the money could do better elsewhere, rather than in their bank account where they were struggling to fund net distributions.

02:53 EH: Last year they successfully signed an additional deal in the Democratic Republic of the Congo, and they're now in the process of completing the distributions there. The big question we have about AMF right now is whether they could take in an additional \$5 million or \$10 million, which is about where we're comfortable today, or whether they could take in significantly more. Rob Mather, who's the head of AMF, and AMF is for all intense and purposes a one person organization at this point, he thinks that they could take in up to \$50 million, and then that would put them in a better bargaining position with countries that they were negotiating net distributions with.

03:36 EH: And so, what we're really focused on over the next few months with AMF as we come towards the end of the year is how successful was the distribution that they did in the Democratic Republic of the Congo? Because this is a country where we expect there to be significant challenges to implementing a successful distribution, and we want to see whether or not AMF is able to successfully carry out its work there. And if it is, I think that would be a strong signal that they're able to continue growing and completing distributions in many countries.

04:08 EH: The next charity, the one that we got the second most amount of money to last year is GiveDirectly. And they do something very simple, they just give a direct cash transfer to very poor people in East Africa. They give about \$1,000 to each family, and the people are able to spend the funds on whatever they want. This, I think to some people is intuitive, to some it's counter-intuitive, but the evidence behind cash transfers is extremely strong. It shows that people consistently use the funds wisely and for productive purposes, like investments in their home, or in business, and very rarely, and there's really no evidence to this effect, spend significant sums on so-called "temptation goods," things like alcohol or tobacco.

04:56 EH: GiveDirectly among our top charities really stands out for being an all around excellent organization, really beyond what we would even expect from our top charities. They consistently communicate with us, share information both about what's going well, and what's going poorly. Last year they had a case where about \$20,000 was stolen by the

local... By GiveDirectly's local staff. And they told us about it ahead of time, they wrote all about it publicly, and they responded to the mistakes that caused the fraud to happen.

05:32 EH: I should say that \$20,000 is a very small amount relative to their total budget, they distributed about \$15 million total last year, but that's the type of organization we're looking for, the one that will find the problems and talk about them publicly, rather than one that tries to pretend or doesn't know that they're even there.

05:53 EH: GiveDirectly has grown very rapidly over the last few years, I think in 2012 their budget was in the half million dollar range. And last year they said they moved to about 15 million and they think they could move \$40 million, \$50 million or more this coming year, and they've been able to scale up their capacity over time to put them in a position to do that. And so, we think they're an organization that has substantial ability to take in more money and put it to use in the field.

06:23 EH: Our final two top charities both run a similar program. It's Deworming, which is treating children en masse with a single pill that treats a parasitic infection that infects a large proportion of children in the developing world. These two organizations are running in relatively similar ways. I think the biggest differences between them, one, the Schistosomiasis Control Initiative that we refer to as SCI. They're slightly larger, so their budget is on the order of \$10 million a year now, and they're the organization with which we've had the most difficulty communicating and understanding over the years.

07:07 EH: So there's... GiveDirectly is sort of at the top end of our ability to understand what they are doing and communicate and answer questions. Among our top charities, SCI is at the lower end and we've really struggled to follow their work in the way that we would like. With that said we still have seen enough that we're confident that money that goes to them leads to more deworming treatments happening in the field. But they're certainly not at that GiveDirectly level of communication.

07:34 EH: The other deworming organization, the program is called the Deworm The World Initiative, and it's a program of a larger group called Evidence Action. They do a very similar deworming program. The way in which they're relatively unique among our top charities, is they have significantly more limited room for more funding at this point. And when we say room for more funding, that's how much money can this organization bring in and productively put to use?

08:01 EH: So last year they told us that they had about \$1.3 million in room for more funding over the subsequent two years, and we moved them a little bit more than a million dollars at the end of last year. And so, the question that we're really focused on with them as we move forward, is whether they're going to be able to identify new countries to go into where they can put funds to use. They have been close at several times to reaching agreements with new countries, but at least for now we're still waiting to learn more about that. This room for more funding question will be a focus over the next six months.

08:36 EH: In addition to our top charities, we recommend four other groups that we call stand-outs. And so, these are groups that don't quite meet the bar that we have for our top recommendation. But our, standout significantly from the rest of the groups that we have considered. So just to run through them quickly: Two of them work on a program called Salt Iodization, which is fortifying salt with iodine. And there is strong evidence that people who are deficient in iodine have trouble developing cognitively.

09:07 EH: So they'll run trials where they find that people who are severely deficient in iodine will have IQ gains when they are brought up to a moderate level or the appropriate level of iodine in their diet. And at extremely severe levels of iodine deficiency, it can result in significant cognitive impairment and lifelong disability. So the two groups we've looked at, both are groups that are not directly implementing the program of Salt Iodization, so they're not on the ground using the machines that put the iodine in salt. Instead, they're working with governments and the private producers to monitor, encourage, track, and generally try to increase the rates of iodization in the countries in which they work.

09:55 EH: Both of these groups are ones that because of the nature of their work, when we first looked at them last year, we really struggled to nail down what their track record was, and whether they had successfully increased iodization rates in the countries in which they worked, but we're continuing to follow them this year and are optimistic that with more investigation and more research, we'll be in a position to, we hope recommend them in the future.

10:20 EH: Then, there's two more groups. One is Development Media International. They... We call them DMI, they run mass media programs to promote improved health behaviors. They... So this would be something like a radio show or a commercial that says, "If your child is sick with a fever you should take them to a clinic because they may have malaria." And then they would hopefully encourage more people to get malaria treatment when they need it. They stand out because they're running a randomized control trial of their program. They randomized 14 radio stations in Burkina Faso, some into the treatment group running the DMI programs, seven in the control group not running those programs, and then they measured self reported changes in behavior. And so, they found the group that was hearing their radio shows were significantly more likely to report that they had gone and received care.

11:09 EH: Now, obviously this is a big... There is a difference between self reported behavior and actual behavior. And the main thing we're waiting on with DMI is the end of this trial, where they're going to have mortality data from the study as opposed to just self reported behavior change. That is intended to come out later this year, but we don't think it will be available in time for our updated recommendations which we tend to do around December 1st, because December is the time of year when people give substantially to charity.

11:42 EH: And then finally, there is a group Living Goods. Living Goods also ran a trial of their program. What they do is enable individual, what they call micro entrepreneurs to sell a basket of health goods door to door in Uganda. And so, someone would come to your door and offer you a vitamin A pill, a bed net, a deworming pill. Soap is one of the most bought products that the micro entrepreneur's sell, and in their trial, they found a substantial 25% reduction in child mortality between the treatment group and the control group. We haven't put as much time into them this year because our best estimates of their cost effectiveness are substantially lower than for most of our top charities.

12:27 EH: GiveDirectly, in its cost-effectiveness is a little bit of an outlier for us, which I'm happy to get more into if anyone's interested. But Living Goods doesn't seem, at least to us right now, as cost-effective enough to potentially be one of our top rated charities, and so, we haven't followed them as closely this year. So that's a relatively brief update on what's going on with our past top charities, so I just want to pause here and open it up to questions on that, or anything else about GiveWell's top charities work. Yeah, Ben.

12:58 Speaker 2: So it seems like part of the idea of this is split between GiveWell classic and GiveWell Labs, is sort of Labs for the more like everyday donor who wants to know that they're like, put a certain amount of money into the charity, and it like, does a certain thing on the margin. And, thinking about your description of AMF, it actually sounded like AMF might not be a very good fit for that model. In comparison to something like GiveDirectly, where like, presumably, it's fairly easy for GiveDirectly to scale their program by an additional person, or an additional village. AMF works in extremely large chunks. And it seems like it's actually, like, there's a pretty significant mismatch between the model in which AMF funds distribution of having large chunks to go at once, and having more... And the model in which GiveWell donors fund their charities of having a stream overtime.

13:47 S2: So it seems like AMF's funding model might be actually a better fit for something more labs like, where you have one funder that they have a relationship with, and can say something like, "Oh, I'll give you \$50 million, if you finalize this. If you can finalize this distribution." And then AMF can go back to the negotiating table, and say, "Yes, I definitely have \$50 million, and not worry about whether their top charity status is going to be revoked in the future." Do you have any thoughts on how... Is like... How it... Like you could I guess, make that situation for AMF better, or do you not agree with Rob Mather's assessment that he could use \$50 million? Or like, what's your take on this?

14:27 EH: So I think there's two parts to this question. One is the question of whether AMF can use additional arbitrary amounts of money in its operations. And then the other question, which I think you might've been getting at is, how certain are we that additional money that goes to AMF can go out into the field and buy more bed nets in a reasonable timeframe.

14:51 EH: So just to sort of keep those two separately. On the certainty question, I think that it's fair to say that GiveWell's top charities are the groups that I am most confident in in the charity world, but there's still a great deal of uncertainty about these, and I think we, I mean with all of the groups, AMF, but GiveDirectly too, these are like far from a sure thing. So it's far from a case where you can be confident that you're putting a dollar in, and it's like, immediately flowing out the door at the end. And so, that uncertainty and that risk exists, even with GiveWell's top charities, and you know, for sure.

15:28 EH: And then there's this other question about arbitrary amounts of additional money and how that works for AMF. I mean, I think what Rob has told is, is that he tends to think in chunks of \$10 million, and so, it's true that, in

between the point where he has \$2 million in the bank, and \$4 million in the bank, he... That is less of an impact than moving from maybe \$8 million in the bank to \$10 million in the bank. I think that's true, and it's easier for him to work in larger chunks. That said, I think, more or less, the money, there's this, basically a linear scale where as he gets more, he is more flexible, and able to do more, and the sizes of the deals that he negotiates are often in strange enough chunks with unique factors where he has to add in a little bit of extra money, that I don't think it's quite true that there's limited value to the additional million dollars beyond 10.

16:26 S2: Okay. I guess I was also just wondering... What I was more wondering is, it seems like it would be easier for AMF if they could get conditional commitments from donors, rather than like... Or like, if they could have a closer relationship with their funders and then thing that, like GiveWell currently allows, which is just a bunch of individuals.

16:46 EH: I think it's possible, though I also don't think that the question of whether AMF will be able to sign deals, is the key consideration at this point. I think that was a key consideration before they had successfully signed a second major deal with a new partner. And I think the bigger question now is really whether AMF can identify a partner... Like, you work with partners in such a way, that the programs go well, I think that is where we're really awaiting this data from the DRC, because I think it will be the first indication of the answer to that question. Yep.

17:24 Speaker 3: I guess, in 2015, have you seen any shifts in the willingness of non-profits to cooperate with you, and be transparent about their operations with you, and/or in their eagerness to pursue studies with trials that, sort of, independently of you, specifically cooperating with you, but to verify the effectiveness of their work?

17:52 EH: Yeah, good question. I'm going to repeat the one from further back, just for the recording. So the question is, have we seen non-profit's willingness to engage with us go up, and have we seen an interest in more research, that they would need to evaluate their own effectiveness go up.

18:07 EH: I think there has just been a general positive trend over the years with charities willingness to engage with GiveWell. When we started, people would not take our phone call, or if they did, they were probably making a mistake, because we were going to spend... Take a lot of their time with very little to offer them. And that has really changed, where people... Last year, we moved approximately \$20 million to these top charities, and funding chunks of that size are hard to come by for international charities, and so, these groups are pretty much willing engage with us, share information. There definitely have been some cases where groups have not engaged, and I think those are more difficult to understand. But by and large, we have access to groups that we want to talk to.

18:57 EH: I think it's harder to say whether groups are now more interested in running trials or creating evidence that would affect our bottom line. I don't think I've seen strong evidence to that effect, and something I'll talk about in a little bit is some of the work that we're doing to directly, with Good Ventures, which is a foundation we work closely with, to fund additional research, either monitoring of charities themselves or additional trials, to try and build the evidence base for potential future GiveWell top charities. Yeah, in the back, Karl.

19:34 Speaker 4: So, a lot of these names are the ones that we heard last year, too. So, can you tell us a little about funnel of what new ones have been investigated, not necessarily going through with it, but how many new ones were looked at this year at different stages, and why aren't more coming forward? Things like that.

19:57 EH: Yeah. So, that's the next thing I'm going to talk about. I think the big picture answer is, I think it's definitely a challenge, and one of the most surprising things... If you had told me, when GiveWell started in 2007, that we would successfully do research that, I think, led to a meaningful signal about which charities were doing the best work, and we would find donors who actually cared about the research that we were doing, and we're giving to those charities, and willing to fund us to find those charities, and we'd be able to hire staff to do high quality research beyond just holding in me, like those all three seemed the most difficult challenges. And then what we're finding out is, what has actually been most difficult right now is identifying groups that meet criteria, that still from the outside, seem like very reasonable criteria to hold charities to. But I'll talk a little bit more about the specifics of what we're doing on a few minutes. Yep.

20:56 S?: So, you mentioned that GiveDirectly is a little bit less cost-effective than your other top charities. It also sounds like, in your conversations with them, their philosophy very much aligns with yours. So, how do you take that into consideration when determining the optimal amount to recommend, to donate, to give to GiveDirectly?

21:12 EH: Yeah, so, cost-effectiveness, the cost-effectiveness assessments are complicated, because on one hand, at the end of the day all we really care about is where you can give a dollar and get the most impact, and that is clearly a

question of cost-effectiveness. At the same time, the models that you have to create to assess that... To answer that question are fought with judgment calls and assumptions that are highly debatable.

21:40 EH: And so, our best guess, and this includes both assumptions about the facts, but also value judgments, like how should you weigh giving a family a \$1,000 that they'll invest and earn a 10% return every year versus saving X children's lives from Malaria. That's not even a factual question. That's a values-laden question, and so, that's not... And so, even we try to do something with that in the estimates that we make, but clearly, that's not something that there is an objective answer to. But we do do our best to quantify it. And our best guess, is that, GiveDirectly is five to 10 times less cost-effective than the other top charities I've mentioned, so that's AMF and the Deworming charities.

22:24 EH: But I think there is... The main reason that we still are... That doesn't just lead to this obvious conclusion that they shouldn't be rated as high, is that there's a great deal of... I think the error bars around the estimates that we're making for cost-effectiveness really overwhelm those best guesses at where they stand. And so, you can even see this if you go on our website and you pull up the cost-effective file, you'll see that different staff have input their own assumptions and their own value judgments about how to weigh this charity versus the other, and the estimates range like all over the map.

22:58 EH: I think in some cases, you could find ones that are almost equivalent, and in others, people will think they're 30 or 40 times more or less cost-effective, and so, that's led us to use this as an input, but also not make that judgment the... Like have our entire view rely solely on this one calculation that we made, because I think that would end up losing more of the substance of some of what's required. And so, with GiveDirectly, if they were a less exceptional organization, I think we would not be treating them in the way that we do. But because they've been so exceptional, we continue to think of them as a really excellent giving opportunity. Yep.

23:36 S?: Are the deworming organizations working together?

23:40 EH: They certainly... So, the question was whether the deworming organizations are working together? They know about each other and are part of the same network of groups that work on deworming globally, and they certainly are not... So, if they both go into a country like Ethiopia, they're aware of what the other is doing and not going to just overlap and be redundant, but they don't tend to work directly together because of some of the specifics of the diseases that they treat. So, one group actually focuses more on one worm infection and the other group focuses more on another worm infection and that leads to differences in what locations they'll go into.

24:19 S?: So, could you expand a little bit more on GiveDirectly, if you don't mind? I don't want to make this a complete symposium on GiveDirectly, but specifically, and they're obviously very sophisticated about their interventions, and their use of data, and their use of technology. And do you think they're working toward more refined interventions that could lead to higher cost effectiveness or do you think they're potentially... They're potentially working with approaches that could be applied to other causes? What's the value of that sort of in the long run for the kind of things you guys are looking at?

24:57 EH: Yeah. So, the question is just a little more elaboration on GiveDirectly and their impacts. So, first of all, something that is now true about GiveDirectly, I think they've been trying to do it for a long time, but now is the case. It's pretty much every dollar that they receive is not only going to a cash transfer, but is also part of a research study that they're running. And so, in some cases these are operational questions about, what is the best way to target people for a cash transfer?

25:27 EH: In other cases, it's comparing cash to other opportunities and saying, "How does cash transfers compare to some other development program, an agriculture program, a job training program?" And I think that has the potential to add a lot to the conversation in aid about how to give most effectively. And I think when it comes to GiveDirectly, the biggest impact that you can imagine them having beyond just the cash is, this changing the way that the aid industry works and directing more of the funding that goes to less well studied... Presumably I would guess less cost effective programs to something like cash, which I think is tough to compete with the \$5 bed net or the 50 cent deworming pill, but probably is significantly better than a lot of where aid money goes.

26:20 EH: The other thing just to know is, I really think it's tough when you try to do the calculation of how does a dollar given to GiveDirectly compare to SCI and including not only the factors of the programs, but also the organizations and what they might be, where they might do things particularly well or where they might struggle. I mean, I think... And this is not a GiveWell opinion, this is more Elie's personal opinion. I think GiveDirectly becomes

significantly more competitive because they find those problems, they fix them, and they communicate about them.

26:53 EH: So last year, where the sort of GiveWell recommendation was to give a significantly more to AMF and less to GiveDirectly because... Largely because of this cost effectiveness consideration. I ended up splitting my personal, or my wife and my personal donation between AMF and GiveDirectly because I don't think that even the direct cost effectiveness comparison is quite as conclusive as you might initially think.

27:19 EH: There's a blog post we wrote where you can read about staff member's personal donations because each person... That's on our website from last December because each person answered this for themselves.

27:29 EH: So, let me pause here and talk a little bit about some of the work we're doing for the future, and then you can ask more questions either about the old names or about some of the new ones. So, it is definitely been a struggle for us to find new charities that meet our criteria of running evidence backed programs, cost effective, transparent, and sharing monitoring data, and able to productively take in and use additional funding.

27:57 EH: And so, if you've been coming to these for awhile or you've been following GiveWell, the names have been pretty familiar for a few years. AMF, GiveDirectly, SCI, and so, what we're doing this year is first, just trying to finish canvassing all the groups that work on the programs that from the independent evidence look to be the most effective, the most cost effective. And so, these are other groups working on micro-nutrient fortification or supplementation. So, there are programs like Vitamin A supplementation, folic acid and iron fortification. That's one group, these nutrition groups.

28:34 EH: We're also trying to continue to go on with other groups that are fighting deworming, doing deworming or treating other, what's called Neglected tropical diseases. There's a whole host of conditions that fall under this broad category.

28:48 EH: So that... There's a whole other group there. And then finally, Immunizations group. So, these groups that are trying to scale up vaccine programs. In pretty much all these cases, and this is why it's difficult, we have looked at these groups in some way in the past and prioritized them below the groups that we looked at first because they seem to be less likely to succeed in GiveWell's process. Either because they ran so many programs that it was going to be hard to target additional funding to the specific program that we were most interested in supporting or because they were so large that it would be hard for us to get a foot in the door and find the person there who could really answer the questions that we have.

29:30 EH: But now, with GiveWell's increased money moved which has lead group to, charities to be more willing to engage with us. We've had more ability to find the people we want at these organizations. And so, we're looking at groups, just to sort of run through some of the specifics. We're looking at a group called Sightsavers International and The END Fund. These are both groups that run deworming programs worldwide.

29:55 EH: We're also continuing to look for new organizations that run the same program as AMF funding and distributing bed nets in Africa because the program is so strong, we know so much about it that if a group could share the monitoring data that they have and if it's as good as AMF's, then we'd be very likely to recommend them. And then also, some immunization programs. The one that we are sort of most interested in is UNICEF's Maternal and Neonatal Tetanus Immunization Program. This is a program that's still... Maternal and neonatal tetanus is still a condition that kills a significant number of largely very young children worldwide. When we looked in immunizations back in 2012 what we found was that it didn't seem that the key obstacle to additional immunizations was additional money. Instead, it seemed like most immunization programs were able to access the money that they need.

30:50 EH: But in this case with UNICEF, we've basically been following them now for a few years and they're telling us about the same countries where they wish they had been able to run a program and they haven't had the funding to do so. And so, it seems legitimately that this is a case where lack of funding is preventing immunizations from moving forward. The key challenge here is there's the likely impact of this program depends heavily on how many people are already immunized before they go in, what the neonatal mortality rate is, and how successfully UNICEF and its partners are covering the people that they're trying to reach.

31:28 EH: And this is data that we have yet to see that we'd like to see, and what we find there will have a big impact on what we ultimately think about this program. So in addition to those, we're also starting this work of supporting the development of future top charities because we really struggle to find organizations that meet this criteria, and so, we're

doing a few different things in that front.

31:52 EH: First, we're partnering with a group called IDinsight, which is trying to run lower cost, lower intensity, high quality evaluations of programs. So where academics often run randomized control trials that have significant expense and take a long time, IDinsight is trying to do this at significantly lower expense, maybe a 10th of the cost, and have the results available immediately. And they're not trying to publish their findings in academic journals, instead making them more immediately available to the aid community so that the groups can immediately act on them.

32:31 EH: And so, our first project with IDinsight is working with SCI to better monitor their deworming program. So as I said before, SCI is the group that we've had the most trouble understanding, we would like to know more about how well their program works. They've done some monitoring where they go and ask children, "Did you take a pill a month ago? And what color was the pill?" To try and see whether it really happened. But it happened so long after the fact, they didn't share all the data that they collected, and so, we've asked IDinsight, and Good Ventures has provided them with a grant to go in and try to see whether they can get better data for SCI's program.

33:10 EH: And so, we're hoping to see that data come out at the end of this year. And then, the long term hope is that if this pilot project with IDinsight works with SCI that we'd be in a position to partner with them to gather and share monitoring data for other groups that we come across that don't have the type of data that we're looking for.

33:32 EH: Another thing we've done is provide funding to an organization that runs a cash transfers program and it's instead of GiveDirectly, which is unconditional where they give people money and say spend it however you want, this group runs a conditional cash transfer program to, where the condition is having pregnant, HIV-positive mothers take the drugs that prevent mother to child transmission of HIV.

33:57 EH: And so, this is a group that is very small, it's literally just getting off the ground, but because they are in a program that has significant evidence behind it, because their founder has been extremely transparent, we and another funder made grants to them to try and help see if we can eventually cause the creation of a new GiveWell top charity. So this group is called New Incentives and they're currently working just in one area of Nigeria.

34:25 EH: The final thing that we're really actively doing on this front is thinking more about where we can support the creation of additional evidence. So a big part of our process is programs that have substantial evidence exclusive of the charity that's running them. So there's a lot of evidence that bed nets are effective, it helps us understand AMF, it would also help us understand other charities. And so, to the extent that more programs have that type of evidence, we would be more likely to recommend them.

34:54 EH: And so, there's a program that started as a single trial in Bangladesh, I think it was five or six years ago, where they offered people a small credit and encouraged them to migrate from the rural area to the urban area just for the famine season, and they found that when people got this credit and migrated they earned significantly more and brought it back to their family and they also were more likely to migrate again in future years even without the cash incentive come in place again.

35:26 EH: And so, this is a program that... It has a single trial, there wasn't any charity that was trying to run the seasonal migration program, and Good Ventures provided a grant to Evidence Action which is the parent organization of the Deworm the World Initiative to see whether they could collect additional data on this program in Bangladesh and at the same time as they were trying to slightly scale it up.

35:51 EH: So I think the initial study was 400 people and the scale up pilot is for 1,000 people, and the idea was to collect additional information about how this program worked when it was operating at 10 times the scale that it was initially, and also see whether the results at that larger scale were consistent with the results that were found in the initial trial, and if this goes well, the idea would be that long term you could serve significantly more people in Bangladesh or potentially elsewhere in the developing world.

36:23 EH: One of the really interesting things that they did is they sent someone to Zambia and Malawi also. So this Bangladesh thing is going on so far it has been successful, but we have yet to see the data so we still... I guess the jury is out on exactly how successful and whether this will work, but they sent someone to Zambia and Malawi to see whether they could run programs of a similar type there, and they found that in at least Malawi, I don't remember the details of which country, the famine season and the migration possibilities didn't exist for this program to be feasible in those countries.

37:00 EH: There wasn't an urban environment that was within reach of some reasonable travel that could let someone move during the low season, and then send money back, and so, they wrote this report which they published which is really interesting of how this program that seemed so good from a single trial wasn't something that could easily be scaled up in other locations.

37:20 EH: So those are the main things that are sort of actively on our plate right now that could be future top charities either this year or in future years. The other thing that's just taking a ton of our attention and has over the last couple years is growing our staff. So when we moved from New York to San Francisco at the beginning of 2013 and we were five people, now we're 23 or 24 people full-time, and we have a bunch of summer research analysts here now and also are planning to have eight or nine new hires coming on by the end of the year.

37:55 EH: And what all of this is doing is building the capacity to help support the research that we want to do both for GiveWell which I've been talking about and Open Philanthropy Project which Holden will talk about and that process has taken a lot of capacity to bring people on, evaluate, train and manage them, but also is already enabling us to do things that we certainly couldn't have done when we were a staff size of five, so there's no way that two years ago we could have been following eight organizations looking for more and trying to support the development of new organizations, and so that we're already seeing some of the fruits of the capacity building that we've gone through and we still expect because of the time it takes someone to train and get up to speed really the bulk of the impact we still expect to come in the future.

38:44 EH: So I just want to... That's all I wanted to share and now I just want to open it back up for questions on either the first part of what I talked about our current top charities, future top charities or anything else about GiveWell.

39:00 S?: I was just wondering how much it takes to put GiveWell's time and effort to monitor a top charity over the years, like is that just as much as it takes to find a top charity and is that worth that investment?

39:13 EH: Yeah. Its a substantial amount of time to find a new top charity, to follow a top charity. It's definitely more time to assess a new top charity the first time than to follow a group for an additional year because a lot of what we're doing is figuring out even now where we've done this for a while and reviewed a number of organizations, we're still figuring out what questions we need to ask in each charity's case to assess whether they're having impact, so the questions we ask for the Bed Net charity are very different than what we asked for the group that is supporting Salt Iodization efforts in Africa through technical assistance in advocacy. I think that the follow up in some ways is more valuable in a sense from the initial finding. Obviously we need to find the groups initially, but the follow up has helped us learn things that we never would've learned if we just found groups and then put them on our website and walked away and never followed up on them again.

40:16 EH: Its a... Anyhow I could give some examples of that, but I think we've learned concrete things whether its about the need for monitoring or groups struggles to spend funds in the field that we got from following them closely. It also is just a part of what we have to do because each year we want our top charities list to reflect the groups that we have the most confidence in right now, and so that means that we both need to be looking for new ones and continuing to follow ones that we had recommended in the past. Yep.

40:48 S?: You mentioned that for the Salt Iodization organizations it's harder to understand how effective they are because of their intermediary nature. I wondered if you could say a little bit more about how you thought about trying to understand how effective they are?

41:01 EH: Sure. So it's the questions about these Salt Iodization organizations that are not directly implementing the program in the way that GiveDirectly or an AMF is. Mostly it's still a learning process, and so, when GiveWell started we had to figure out how to assess the direct service organizations and we're still trying to figure out how to assess these advocacy organizations, but what it mostly relies on is first trying to gather whatever data that we can to show that the group... To assess whether or not the group is making a difference.

41:36 EH: So in the case of Salt Iodization, the first question that we'll ask is have iodization rates really gone up? And there are periodic nutrition surveys in many countries where you can see before the group went in iodization rates were X, and now the group has been there for awhile and iodization rates are Y. There's obviously this question about what role the group, the particular charity had in that move, and so, then we'll ask so... So one of the groups is called the Global Alliance for Improved Nutrition or GAIN.

42:05 EH: And one of the things that they'll do is they will... They'll donate equipment. So they'll donate Salt-Iodization machines to physically do the iodizing. They will do quality control in factories and assess whether the iodization is happening to the appropriate level. And then finally they'll even do these... Like run checkpoints along the road where they'll just say, "Oh well, you're a trucker bringing iodized salt from the factory to the market, is it appropriately iodized?" And so, the thing that we want to see from them is the data backing up that each of those claims is actually causing some additional iodization to occur or that it... That they have the data to show that they've... There's been some change.

42:51 EH: Even with all that, there's obviously this question. Were they the causal actor, relative to the other groups that are involved in Iodization? There's really no debate that iodization is good, and so, there's just a question whether you can... How well you can attribute that to Gain. And there I think we just are relying on our own individual assessments of the people we talk to. We're trying to ask them tough questions in the way that a journalist would or a historian would about what happened. And then trying to use that to see whether or not we buy the case that they had an impact. Yep.

43:28 S?: It sounds like the capacity to accept additional funding is a major bottleneck for some of these organizations. In your research, have you found other charities that have very high cost-effectiveness, but can't accept further funding?

43:41 EH: It's not... It's not something we... It's not currently a reason that we wouldn't recommend a group. So we haven't come across it. And I think the main reason is that you have to get pretty into the weeds with an organization to... To have the... To reach the conclusion that they might struggle to use x additional dollars well. So you could look at a very small group and say, "Well they couldn't expand their budget by 20 times" but in most cases we're only able to have an estimate of the amount of money they could use by having long, ongoing conversations with them.

44:16 EH: But this is... This is definitely a challenge for us right now. I think the... The good part of this is that GiveWell's influence and the donations going to our top charities has grown substantially over time. And the challenge is that it's grown so fast that some of the groups we recommend are bumping up against their ability to use that amount of money well. And so GiveDirectly has a ton of additional room to take in money and use it well. AMF it's a question and the Deworming Charities both appear to be potentially near their limits. And so that's one of the reasons that we're out there trying to find new top charities. Not only because they could be even more effective than the ones we have, but also because we are looking for... We need more places to put money that wants to good things. Yeah.

45:04 S?: I think you mentioned at the beginning of the second section that it is sort of surprising that you've been able to find so few charities that need what you... What seem to be reasonable criteria. And I'm curious... This is related to the previous question, what is the major... What is the biggest barrier there? And you mentioned that you're supporting additional evaluation effort so maybe... I wonder if you think that actually evaluation is one of the biggest barriers and that will actually dramatically change your pipeline or is there... Is it that not enough organizations are implementing practices that are known to be evidence based, or are they too hesitant to share their conclusions, or is it the room for more funding. What is the relative?

45:38 EH: So I think the biggest limiting factor is the fact that most organizations are running programs that don't have evidence that they work. And so, that doesn't mean that they don't, but we really don't know. And for GiveWell, we want to focus on programs where that evidence exists. And so, in the world of... In the world of US registered charities that work internationally and have budgets of say, more than a million dollars, you're talking about probably 500 organizations total.

46:08 EH: And we have this list on our website of groups that are running evidence-backed programs and I think that list is more like 65 or 70. And so, you already are really... You cut the list down substantially when you use that as an initial filter. And then there certainly are the opportunities for groups like Living Goods or DMI to go out there and build that evidence themselves and then come to us and make the case, but those groups are extremely rare. And so... But it's certainly the second bottleneck is, and I think significantly smaller is, the lack of groups doing that type of evaluation that would convince us that their programs are really effective and then being willing to share it.

46:48 S?: What's the reason that they can't do it, though? Is it... Is it a limitation on their own budgets that they can't actually create... Put in the work to be able to get the evidence-backed research done? Or 'cause they have got to be able to put some resources into that in order to be able to give you guys what you need, right?

47:05 EH: Yeah, I think that it is not within the capacity of most organizations to run a trial of their program. And that's a probably both just having the ability to know what to do to run the trial, but also having the funding available. I mean something that... Something that we have said for a long time is that the donor community at large... So not really the GiveWell donors, but donors in general. When they focus so heavily on overhead and wanting funds to go directly to the people who are being helped, it really limits what organizations are able to do when they try to evaluate themselves.

47:41 EH: And that... And so, for most organizations with the standard donor basis, they're not going to win additional money with running a trial and showing the results. Instead they're going to put it more towards the program or marketing. And that definitely is an obstacle. I think though that the... I mean that's one of the reasons we're trying to look out for the programs that we think could be most successful, groups that seem like they're close, and when we can provide the little bit of support to help them move in the direction of a top charity recommendation. Yeah.

[background conversation]

48:18 S?: And so, it strikes me that one of the things that would be really helpful in that is building some sort of infrastructure of TA providers or intermediaries who are really effective at working with these organizations to be more evidence-based, to implement more trials. So how would you think about the relative comparison of the impact... The cost-effectiveness of organizations like that that are much more high-leverage in terms of how they're working across, but not as directly associated with the evidence-based practice on the ground?

48:42 EH: Yeah, so I think you're asking about other groups that could provide the human and financial capacity to set up the studies and deliver the results.

48:52 S?: Yeah, and more so human than financial too, thinking about relative positioning and comparative advantage.

48:56 S?: It sounds like IDinsight might be one of those.

49:00 EH: I think the challenge is that there's lots of groups that say, "We're providing helpful assistance on monitoring and evaluation." Most of the monitoring and evaluation that we've seen I don't think was worth spending the money on, and so, it's not just a question of having the groups existing to run the evaluations, but having them be high-quality. And so, we're hopeful that IDinsight is one, I wish that there were more groups like IDinsight that we were optimistic about to take a bet on. We still need to see, we still have seen relatively little from IDinsight, and so, we're going to have to see whether they're the type of group that could do this.

[background conversation]

49:35 S?: How much of this do you think might be due to the charities not being incentivized or motivated to run the trial in case they find a bad result, and find that what they've been doing is not working. For example, with pharmaceutical companies, the ideal thing would be if they could do head to head trials of all their drugs to compare those against other companies, but they don't do that, because... Or they rarely do it because they're afraid that their drug will come out poorly...

50:01 EH: So the question is whether charities are hesitant to run trials because they might find that their program is not working. It's definitely possible, and we hear the stories about groups that have started trials and stopped them or not published them because they didn't find the results they wanted, so I think this happens to some extent. But I still think the whole idea of running a trial on a program... The whole idea to your standard non-profit executive that their organization's programs are not effective would be so shocking that I don't think it's... I just don't think any of them would really wonder whether or not their program would end up succeeding in that type of trial. Yeah.

50:48 S?: Maybe you could go a little deeper into IDinsight and how you came across them, what makes you think they're different than others, downsides of not being peer-reviewed... And then I guess the other question is around the tactics for helping incubate or helping start, support maybe one day to be top charities. What strategies you've considered, why you've chosen the route you have?

51:20 EH: Sure. So the first question is just on IDinsight, what makes them stand out, how did we find them, what's the story? As far as I know, they're a pretty unique organization and that they're coming from the same evaluation mindset that we have which is ultimately you need randomization, or you need to be very thoughtful about the methodology you use to collect data to be convinced that the results are high-quality.

51:50 EH: And so, we just haven't seen that type of opportunity before, and people... As we were thinking now a year and a half ago about this challenge that Karl raised, it's the same names on the list every year, what are we doing? We went looking for a group that could help bridge this gap between research and implementation, and they were the ones that came through. It's definitely been a long road to even get to where we are today with IDinsight, and I think we're still at the very beginning of this relationship. I don't think we really know how it will go, we're just cautiously optimistic that this could be a partner that we could work with over the long-term.

52:35 EH: On the incubation and start-up side of things, like how are we thinking about that, we're basically open to and excited about any opportunity that looks to us the way that New Incentives does, which is a group that has... Is running an evidence-backed program, is a founder that is transparent and ready to share the good, bad, and the ugly, and is basically ready to go into a country and try to run this program. And so, if other groups like that came to us, we would definitely listen, and we'd be excited to potentially fund them.

53:12 EH: I think that it's... The challenge is that while there are a lot of programs that we call priority programs, so these are programs where we've studied the evidence and they seem effective and they seem cost-effective, they're often not the type of program that a start-up charity could easily implement. So I think that a group like AMF, where an individual started this program in 2003 and is now funding millions of dollars of bed nets every year, it's harder to imagine that type of program getting started today in the way that Rob Mather was able to get that started before. And then programs like deworming pills and immunizations and nutritional supplements, it doesn't lend itself easily to the standard start-up idea that you might imagine with a company?

54:05 EH: Okay, so Karl, I think you're the last question and then we'll wrap up.

54:09 S?: So I'm just trying to understand, can you maybe, you'll have some insight on the... Like there's a lot of different countries, there's a lot of different problems. You mentioned for example that the two deworming things were two different worms, right? So there's this multidimensional space with different geographic regions or countries and different problems and different approaches to solve them. And a lot of these top charities you're recommending target one particular combination of those things.

54:34 S?: And I'm just wondering why especially for the ones that they have demonstrated the cost effectiveness and scalability of their approach and you're channeling money to them to get a sense of why some of those organizations aren't either finding, not competitors since they're really kind of doing the same thing, but the same copy clone organizations that are just tapping the problem in the other countries or they're tapping the similar problems like different worms or why these particular organizations aren't scaling to do that replication. And some of them are, there's a couple going to different countries. But it seems like the space of countries versus worm-types versus other diseases, it's very spotty what you're able to confidently do. Why aren't there more organizations popping up after years of demonstrating effectiveness or why aren't they scaling?

55:28 EH: I'm not sure I'm understanding your question well enough to give it a really great answer. I'm not sure that the gaps are as big as it seems from the outside. So we know that roughly speaking, 80% of children receive their full immunization sequence worldwide, 20% do not. And so, that might lead you to say, "Well, clearly, we should just be able to reach the final 20%, that shouldn't be hard, we can just apply whatever we learned in this 80% to these 20% cases."

56:03 EH: And I think that the... So this is one that where we spent a little more time looking at it over the years. I think the 20%, the problem that the 20% faces is fundamentally different than the problem the 80% faces. And so, maybe for the 80%, the challenge is buying the vaccines from some global supplier and getting them into a country and bringing them to the easy to reach places. And for the 20%, it's the hut at the end of the road that's five miles away from anything and it's a fundamentally different intervention that's necessary. And so, my instinct is that for most of the easy to implement... There's exceptions to this, but with the...

56:44 S?: So the example like are there countries where bed nets would be useful where AMF doesn't operate?

56:50 EH: I think AMF would basically operate in any country and the challenge that AMF has is finding partners that will follow all of its restrictions around monitoring and evaluation and transparency.

57:00 S?: There's implementations...

57:01 EH: Yeah. I think that scaling itself is a challenge. So you look at a group like SCI or Deworm the World. It's just not easy to go out and hire people and scale up and be confident that your program will work. It was just like a long painful road for GiveWell to go from two people to 25 people and we'll see how successful that will end up being. It's just a challenge, and so, I don't think it's just that simple for a group to scale up quickly like that.

57:31 EH: Cool, so let's wrap up on this session and we'll take a 10 minute break for more food that I hope is there and bathroom and then, and then we can reconvene in 10 minutes.