GiveWell NYC Research Event May 22, 2017 – Top Charities

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00:00 Catherine Hollander: Thank you so much for coming. It looks like we have just enough chairs, but if anyone comes in or is getting pizza and is looking for a chair, feel free to use any of the other chairs that you see around here. I'm Catherine Hollander. I'm a research analyst with an outreach focus at GiveWell. And so just kind of a general overview of what the event tonight will be, I'm going to talk about GiveWell's work for the next, about 45 minutes or so... Or actually, I'm going to talk for about 15 to 20 minutes, and then hopefully just answer questions that you have for the remainder of that time. Then we'll take a quick break, and you can get some more pizza, hang out, and then Holden will come... Holden Karnofsky will speak about the work of the Open Philanthropy Project, which he's the executive director of. So my talk, I am planning to primarily focus on new things that GiveWell is working on in 2017. I'm going to give a quick overview at the beginning of what GiveWell is, but then I'm going to dive right into it.

01:06 CH: So, if I say anything or mention anything that you're not sure what it is or you just have a general question about something that GiveWell does, really encourage you to ask any question, even if you think maybe it's basic, maybe it's been covered on the website. Really happy to talk about anything including what GiveWell is. And then finally, I am planning to record the event, both halves and publish the recordings and transcripts to GiveWell's website. If you have any concerns about that or if you ask a question that you would prefer to have removed from the transcript after that, you can come up and just let me know or you can email info@givewell.org. So, happy to remove anything from the recording that you'd prefer. With that, I'm just going to start by giving a quick overview of what GiveWell is and what our current group of top charities are. GiveWell is a nonprofit that is dedicated to finding outstanding giving opportunities and publishing the full details of our analysis to help donors decide where to give.

02:15 CH: This means that each year we publish a short list of top recommended charities that meet our four criteria of strongly evidence-backed, cost-effective, transparent, and have room for additional funding, which means that we think they can use additional marginal donations to do a lot of good. And so, we currently recommend seven top charities on our list. This is the list that we published at the end of 2016, so we will be refreshing the list at the end of 2017. And the charities that we currently recommend are the Against Malaria Foundation, which distributes preventive anti-malarial nets, the Malaria Consortium, which we recommend for its seasonal malaria chemoprevention program. We recommend four charities that work on deworming programs; the Schistosomiasis Control Initiative, Deworm the World Initiative, Sightsavers, and the END Fund.

03:11 CH: And then finally we recommend a charity that distributes direct cash transfers to very poor individuals called GiveDirectly. So, those are the seven charities that we recommend now. In terms of updates on our top charities' work, the biggest update for 2017 so far has been that we updated our recommended allocation for donors in April. On GiveWell's website, we published a recommendation for donors who are interested in fully following GiveWell's recommendation of where we believe that the current greatest funding need is. At the end of 2016, we have recommended 75% of your donation going to the Against Malaria Foundation and 25% to the Schistosomiasis Control Initiative. We now recommend giving 100% to the Against Malaria Foundation, which we think has a very pressing funding need that's the highest value that we see now. We also made a grant with the funding that we receive for giving to GiveWell's top charities at our discretion. So one of the options if you donate though the GiveWell website is giving to GiveWell to say, "Give this where you believe it can do the most good."

04:21 CH: We made a grant with the funds that we received between November and this spring of $4.4 million to the Against Malaria Foundation, and half a million dollars to the Deworm the World Initiative. And so our updated recommendation of 100% to AMF takes that funding into account as well as the funding that that the charities received during giving season. So, otherwise we're planning to continue to follow the seven top charities that we recommend throughout the year and work toward updating our list at the year's end. We also have this other part of our work, which some of you might be familiar with if you've been to the recent GiveWell research events. This is our GiveWell incubation grants program. This work grew out of a desire to see whether we might be able to grow the pipeline of potential future GiveWell top charities. GiveWell, when we make a recommendation, we're really relying on finding organizations that have a strong track record that we can assess when we're making the recommendation, and we look for programs that are already strongly evidence-backed.

05:27 CH: And so the birth of the incubation grants program was seeing whether we might be able to help develop new additional top charities and priority programs by providing that funding earlier in the pipeline for promising organizations or research that we found to be promising. And this work is funded by Good Ventures, which is the large

foundation that we work closely with and is a major supporter of GiveWell's top charities as well as our partner on the Open Philanthropy Project, which Holden will be talking about. The incubation grants work is broken into three main categories: One is research to evaluate program evidence. This is kind of on the first category in terms of helping develop the evidence base for potential priority programs. The second is providing early stage funding to promising organizations. And the third is monitoring an evaluation of existing organizations where monitoring and evaluation has been sort of the obstacle to GiveWell, feeling like we could recommend something.

06:32 CH: And one of the things that we're really excited about this year is our partnership with IDinsight. IDinsight is an international NGO that aims to help its clients develop and use rigorous evidence to improve social impact. We've provided IDinsight with a grant to support the creation of, we're calling it the GiveWell Embedded Team to work closely with GiveWell on a number of projects. I'm going to talk about some of them here that will help us ideally improve our understanding of our current group of top charities or to develop and identify new top charities. One of the projects that we're really excited about that we've been working on with them are projects around surgery charities. GiveWell has often been asked in its history, "Why don't you recommend any charities that focus on providing surgeries? I think it seems intuitively like a really concrete way to have an impact on saving or improving someone's lives." And there are a lot of estimates about how cheap it can be to provide surgeries like cataract surgery and fistula.

07:39 CH: A couple things that prevented us from recommending surgery charities in the past; one is questions about room for more funding. We've often wondered whether providing additional funding to a surgery charity will cause additional surgeries to happen, or whether something else might be the bottleneck to a charity providing additional surgeries. You could imagine a charity that's plentifully funded but doesn't have enough surgeons to implement their work, for example. So, there's room for more funding question has been one sort of obstacle to GiveWell making these recommendations in the past. And then the other is a lack of high quality monitoring which we think might be especially important for surgery charities because surgery involves particular skills. And so you can imagine that the outcomes may be more heterogeneous and it's really important to do monitoring to understand what sort of impact the surgery is having. And then also some surgeries might require longer term follow-up care where you would want to know what are the outcomes for patients who don't receive that type of care for example. The monitoring question is one that we're now working to address through this partnership with IDinsight.

08:48 CH: On cataract surgery, we revisited the evidence for cataract surgery as a potential priority program in 2016 and concluded that we did think that there was a strong evidence base showing that cataract surgery improves visual acuity. And so we roughly estimate right now that the cost-effectiveness is around $1,000 per severe visual impairment reversed. We have a lot of questions about that, so it's a pretty preliminary estimate, but this could potentially put that program in the ballpark of the cost-effectiveness of our current group of top charities. We classify cataract surgery as a GiveWell Priority Program in 2016, but we spoke with a number of cataract organizations at the time and didn't find any of that yet had the kind of monitoring that we were looking for, before we could assess a charity as a potential top charity.

09:38 CH: We're working with IDinsight on this project to speak with the number of organizations and hopefully identify a candidate organization to work with to help them develop that type of monitoring such that we can then assess the charity as a potential GiveWell recommendation. And we're doing a similar project with fistula surgery. Obstetric fistula is a hole between a woman's vagina and/or bladder or rectum that results in urine or feces leaking, and it's the result of a prolonged obstructive labor. We remain very uncertain about the cost for successful fistula surgery. So unlike cataract where we have a bit of an estimate there, we're not quite sure yet what that cost will be. And, we haven't yet classified fistula surgery as a GiveWell Priority Program the way that we have cataract surgery, but our impression also in the space is that the organizations that work on it don't yet have the kind of monitoring that we'd want to see at this point. And so, we're sort of doing a two-part project with IDinsight to both analyzed cost data from a fistula organization to determine whether we think that fistula surgery in general is likely to be cost-effective. And then if we believe that it is, to then partner with a fistula surgery organization to improve its monitoring kind of similar to what we have in mind for cataract surgery. Those are a couple of the monitoring and evaluation projects that we're planning to work on with IDinsight in this year.

11:05 CH: And then another GiveWell Incubation Grant program that I wanted to highlight, or a piece of this work rather than a program, is improving our understanding of deworming. As sort of long-time GiveWell followers might know, deworming is probably the most controversial thing that we recommend. We've written about how we believe that it may have a very large impact or may have no impact. GiveWell's recommendation is driven by a study that was run by Ted Miguel and Michael Kremer that measured large later in life increases in income among participants. But the randomized controlled trials that have been done on short-term deworming effects have found only modest short-

term effects on weight, and that's actually been debated a bit. But we think that that effect does exist, and then also the no effect on school attendance. Finally, there's also this piece of the level of worm infections during the years that the Miguel and Kremer study was conducted were very high and may not be representative of where our charities are currently working. And so, this also calls into question about generalizing from the study.

12:15 CH: We discount the study a lot in making our recommendation and still find that it's one of the most cost-effective opportunities that we're aware of. So we continue to recommend deworming but we're very interested in better understanding this research since I mentioned four of our top charities work on deworming, and it's a major part of our recommendations. So earlier this year and at the end of last year, David Roodman, who's a senior advisor to the Open Philanthropy Project, dug deeply into the Miguel and Kremer research and a follow-up. And he concluded that our recommendation of deworming appeared to still be reasonable after he looked into it closely, which increased our confidence in this. And he's still looking into other long-term follow-ups that have been done. But we're wondering what else we can do to better understand the evidence around deworming and is there anything that we could do that would make us more confident or less confident in deworming and to kind of inform our view.

13:09 CH: And so we thought about, "Okay, maybe we could fund a new trial." That didn't really feel feasible given the very high levels of infection rates that were seen in Miguel and Kremer and the very low level seen today. You would need a very large study to see a similar effect today if you were comparing it to Miguel and Kremer. And it would take a very long time to get the follow-up data that we're looking at. And so, one of the things that we're interested in is looking at the short-term studies of deworming that were conducted years ago and following up with the participants in those studies. So seeing whether we might be able to fund a long-term follow-up of studies that have already been done on deworming to better answer that question of whether this later in life income increase exists.

13:56 CH: And then, also, I'm going to just quickly run through some of the other research work that we're doing, mostly just to give ideas for things that we could talk about during the Q&A rather than kind of getting into the weeds on all of these. But some of the potential GiveWell Incubation Grant recipients that we have supported already, that we're following as potential top charities. Two of them that we're considering for a potential 2017 recommendation are organizations called No Lean Season and Zusha.

14:28 CH: No Lean Season is a seasonal income support program run by Evidence Action which is the parent organization of the Deworm the World Initiative, one of GiveWell's current top charities. So we're interested in that program. It's primarily operating in Bangladesh right now. And then the other program is called Zusha. And that's our road safety program that is working in... They're working primarily in East Africa and have scaled up the most in Kenya, where the intervention is that they put bumper sticker-sized stickers on the inside of public service vehicles that encourage passengers to speak up if they see dangerous driving, if their driver is driving dangerously. And this intervention has had a couple randomized control trials done, too, that have seen significant reductions in insurance claims, and so we're interested in following this organization as a potential 2017 top charity. And then there are couple organizations that we have made Incubation Grants to that we think are more likely going to be contenders in the 2018 or 2019 year as potential top charities.

15:33 CH: One is an organization called New Incentives. You may have heard GiveWell talk about New Incentives in the past for their facility delivery program. We ultimately decided not to recommend that program based on the evidence base for facility delivery not being sufficient for what we were looking for. But they're now running a pilot program of an incentives for immunization program in Nigeria where they're providing conditional cash transfers to incentivized routine immunizations of infants. This is a very early stage program but it's one that we're excited about following and think it could potentially become a top charity, maybe in the next few years.

16:13 CH: And then the final organization that I wanted to flag is a group called Charity Science Health. They grew out of the effective altruism movement, and they work on an intervention to provide SMS reminders for immunizations in India. So GiveWell doesn't yet have a view on SMS reminders for immunization and the evidence base for that intervention, but we are excited to see an organization that... They were actually founded with the explicit goal of trying to become a top charity and they're really aligned with looking at evidence, and we think we're going to learn a lot from watching them. And we kind of, since they're quite new, think that they might be a contender for a top charity recommendation a little further down the line than this year.

16:57 CH: And then the final two things I want to flag on the research front: One is, I mentioned this idea of revisiting the short-term deworming RCTs, or randomized control trials, to better assess the long-term impact of deworming. We're also interested in doing this with potentially other global health and development interventions. So there have

been a lot of randomized control trials done or a lot of studies done that look at outcomes over the one- to five-year horizon. And we think that doing long-term follow-ups on these studies may potentially be cheaper and provide more timely results for GiveWell, who are more interested in questions like, "What's the long-term impact on consumption of something like receiving insecticide treated net or seasonal malaria chemoprevention for children that receive those interventions?" So this is an early stage project and something we're just thinking about doing now so we're not very far along in that, but we think that that could potentially be really valuable to GiveWell.

17:58 CH: And then the final research area that we are interested in a number of policy areas, and specifically tobacco control and road safety. And so, we're revisiting, looking at some of the evidence for those interventions. Our question is that there's strong evidence, particularly for tobacco control. And some of the questions that we'll have to answer will be around the causal story that we're able to tell with a policy intervention, which is it's a more challenging type of attribution to make compared to a charity that's just directly implementing a program. But we think with policy, you can also imagine these might be very cost-effective ways to do a lot of good if you can pass some policy that impacts a lot of people. So those are a lot of the things that we're working on for research so just kind of flagging all those, and then I just want to raise a couple final organizational updates before we go into Q&A.

18:58 CH: The first is that we are now seeing outreach as more of a limiting factor than research. GiveWell's about 10 years old now. We spent a lot of time building up the research product and we feel like we are now at a point where we are leaving funding opportunities that we've identified on the table. And last year, just to put a finger on it, we estimate that there were over, or around $100 million worth of high value funding opportunities that we did not move money to. So these are funding gaps that we saw at the top charities that we recommend. And so, we're really interested in how we can potentially close the gap and reach more people, direct more funding to the charities that we think are really good. We're very early in thinking about what this will involve. I work in outreach at GiveWell so I'm really happy to take questions related to what we've done so far. But I think the path forward for how we might really increase people's awareness of GiveWell is definitely one that we're still thinking about how to approach.

20:00 CH: And then the final organizational update is, we've been talking about separating GiveWell and the Open Philanthropy Project for a while. We are planning to separate legally soon, but we're still working out the details. But this could potentially be quite soon on the horizon. We think the separation will be helpful to the missions and brand of both organizations, producing clarity around the different things that we work on. You'll hear from Holden later on about the work of the Open Philanthropy Project and see that it's fairly different from GiveWell's approach. But, that being said, we don't really expect this to change much about how GiveWell and Open Phil interact today. We're largely operating as two different organizations already. So that'll be one other thing. And some of the specific details about how the split will happen and the process by which it was conducted will be released when we announce it. I don't have too many details to share yet. I did want to note that that is also on the horizon. With all those updates, I am excited to take questions now. Yeah?

21:09 S?: I have a question about the surgical charities. Even in a place like the Bronx it can be hard to get patients to follow up once the stitches come out, after surgery. So what kind of data are you actually looking for? Do you need one-year follow-up for a certain percentage of patients? It's okay if you don't know the answer to that.

21:34 CH: Yeah, so I'm not sure. I think it would vary depending on which surgical intervention is being implemented, what type of follow-up makes sense. My impression with cataracts is that you actually are replacing a lens, and so the cataract itself is not likely to recur, but my impression is that with other surgeries, there's more likely to be different types of complications.

21:54 S?: Like a fistula.

21:55 CH: Like a fistula for example, re-opening. And so, I think that would be part of the process of thinking about what kind of monitoring and evaluation we would need to see. The way that GiveWell would take in that type of data would be to think about what's the likelihood that this surgery improves someone's life for X number of years and then how does that factor into our cost-effectiveness analysis when we're thinking of things like years of healthy life gained, which would be the input there. We would be taking that to try to answer that question. That would be part of our bottom line recommendation.

22:29 S?: So it sounds like you're not comfortable just inferring that from the studies that have been done on these procedures [22:34] _____ like in a research population because you don't think that's generalizing to the context of the charity operating [22:43] _____.

22:44 CH: Yeah, I think it would depend on... I think it's with something like a deworming pill, we feel very comfortable generalizing about the impact of a deworming pill 'cause you can really imagine that it affects someone in one country the same way as it affects someone in another country. I think, our impression is now at this stage of the investigation that surgical outcomes would vary more, and so you'd really want to follow up to make sure that people were receiving surgeries that led to better outcomes for years to come. And also, I realize that I forgot to repeat the question so I'm going to do that going forward, for the recording.

23:18 S?: Does anyone report any follow-up, like these organizations, do you know?

23:23 CH: So I don't know what information currently exists. I do know it's not strong enough that we are comfortable with the type of monitoring that is out there for a GiveWell recommendation. I imagine it varies to some amount but I don't know [23:33] ____.

23:36 S?: I just started working in city government. One large contributing factor was going to the [23:42] ____ last year. I've been hearing, I don't really remember who, someone talking about government and policy, etcetera. What's an example of one of the policies that you have on the end of, okay, this is an incredibly effective policy that went into place?

24:00 CH: Yeah, so the question is, what is an example of an effective policy that's gone into place. So we were looking at the tobacco taxation, I think, as being something that we're particularly interested in. We're still planning to work in the developing world context, so this is not sort of US policy specific, but my impression is that we believe the evidence base there is quite strong, and so the things that we'll want to nail down for that would be around the cost-effectiveness, and then also GiveWell is making recommendations for donors who will be giving to a particular charity. So another question that we have to answer is, if this charity is doing policy advocacy, how do we know that that charity's policy advocacy is causing a policy to happen? And this has been some of the challenge that we've had in recommending policy advocacy in the past. And so whether or not we can kind of feel that we can tell that story and sort of really understand that will be one of the big questions for getting forward to that, but my impression is that the tobacco taxation policy evidence is pretty strong. Yep, Jason?

25:02 S?: Yeah, so I'm really curious about the outreach, and I wonder if you could rattle off some of the ideas that you've bounced around in terms of being more out of the box things you can do. I know GiveWell's done Google Ads for a long time. I don't know, has Holden considered writing a book or something? What's the brainstorming look like?

25:19 CH: Yeah. What does the outreach brainstorming look like? And is Holden going to write a book?

[laughter]

25:24 CH: You're going to have to ask Holden that question in the second half. Yeah, so I think there's a lot of different ways that you could imagine the outreach going. So we could do more marketing and really try to just reach as many people as possible. Or we could really try to target high net worth individuals or governments that provide a significant amount of funding in the spaces that we already operate, like should we be talking to them more about what we recommend? So those are kind of like some of the high-level buckets that we could imagine. And then at sort of the smaller level, we experimented with some podcast advertising this year, that was new for us. So thinking about... My impression is that came about because a lot of GiveWell staff listen to podcasts, and we talked to donors, and they said they listen to podcasts. And we thought that that might be a good fit.

26:11 CH: So we're quite early on in thinking about this, and I think there've been a lot of different ideas thrown around. Should we do more events or different types of events that might be helpful for introducing people to GiveWell or sharing our ideas in a different way? And I think a lot of different things are potentially on the table right now, and we're still kind of thinking about what we want to do.

26:33 S?: So, if in fact you guys decide that a cataract surgery, it's about $1,000 per very successful outcome, how would you compare that to bednets? In the same ways that you compare GiveDirectly to bednets, and say that GiveDirectly is maybe five times less effective but... And there's some reason why you still recommend GiveDirectly. How would... Do you know how you would compare any of those three?

27:00 CH: Yeah, so I think it would be a similar sort of process to how we think about comparing GiveDirectly, which

is the cash transfer organization that we recommend to the Against Malaria Foundation now. So just for folks who're first time to the event, GiveDirectly, we think the main benefit is that they give people money so they can buy what they need and increase their consumption. The Against Malaria Foundation, the main benefit we see is a reduction in child mortality from malaria, so how do you trade those two off? The answer is, with some amount of subjective judgement, and that would definitely be the case with cataract surgeries as well, thinking about how bad is it to live with cataracts for a year? What's your quality of life with cataracts? And there's some information that's available that can be inputs into these types of things.

27:46 CH: There's the Global Burden of Disease report that publishes disability weights for different diseases and different things that can go wrong. And so there's... Cataracts are on that list so that's one input that's saying, "Here's how they rank that," but then also thinking about it a bit subjectively. And if you go to the GiveWell cost-effectiveness analysis, you'll see that GiveWell staff don't all assign the same value to making these trade-offs in the cost-effectiveness analysis model. And so we definitely encourage donors who are interested or others who are using our research to look at the model and think about how they would make those trade-offs as well and input their own figures into that. And so the answer is sort of making a subjective judgment call based on as much information as we can gather to sort of inform that decision.

28:34 S?: Do you guys have a guess what the ratio would be at this point? Or just too early to say?

28:41 CH: Not that I'm aware of off the top of my head. I think we may have an internal estimate, but I am not sure what it is off the top of my head.

28:51 S?: So you mentioned that there's a gap between what you're recommending, about 100 million is left on the table. So I'm curious about the other side of your impact, which is to say, when an organization comes off of your top charities list, what happens to them? When you do an RTC and find that the debugging pill doesn't cause the desired why or the why that you're looking for, but perhaps there are alternative whys that are happening that may not be captured in that RTC research. What do you do with that kind of information? What do you do for those organizations?

29:24 CH: Yeah, so the question is, what happens when we take a charity off of our list or if we were to decide that one of our priority programs was no longer an effective priority program. So say, we do the deworming study, for example, and decide that we don't want to recommend deworming anymore. I think we would want to be very honest with the donors who use our research about why we've changed our mind in taking something off of the list. Have sort of... I'm not sure what our process is in terms of the organizations themselves, communicating with them so that they can plan when we aren't making a recommendation, but I'm not positive what the exact process would be. We have taken organizations off the list before. It was before my time, so I might follow up with you since I'm not confident how we communicated around that.

30:13 S?: And I'd be curious to see just if you guys have any data tracking, what happens to those organizations when they come off? How their priorities change?

30:20 CH: Yeah, right.

30:23 S?: Yeah, first of all, thanks very much for giving this talk and Q&A. So the next question is going to be put out cost per life equivalent saved, or something like that [30:31] _____, or [30:33] _____ and it shouldn't be taken literally [30:35] _____? I think this year or possibly last year, you put out, it was like a $7,000 figure and a $3,000 figure, I think?

30:44 CH: Yes.

30:45 S?: I was wondering if you could explain what the difference between these two are? I think the $7,000 is [30:50] _____.

30:51 CH: Yes, the question is, we publish two different cost-effectiveness estimates for the Against Malaria Foundation: The cost per life saved and the cost for equivalent life saved were the two different estimates that we put out. And the difference is that the cost per life saved is our estimate of... If you put funding into the Against Malaria Foundation, how much funding do you put in to save the life of a child that is under five? The cost per equivalent life saved is the version of that that also takes into account how you compare increasing income. So in the case of GiveDirectly, to averting the death of a child under five. So that's the one that includes the subjective judgment that makes the trade-off between the two different types of outcomes. So we have one that's sort of... This is just charity-

specific, where we say, "Put this much into AMF," and it averts the death of a young child, according to our best estimate. And again, you're very right that we don't think that they are literal. And the other one is the comparative number that we use when we're sort of standardizing across all of our recommended charities by making that trade-off.

31:55 S?: So the $7,000-ish one is the just life touched and saved ones, and the $3,000 one is that plus some other benefits?

32:03 CH: Yeah. Or that, with the conversion.

32:06 S?: Will that include either the other benefits [32:08] _____.

32:10 CH: Yeah. And making a trade-off into how do you compare that.

32:13 S?: Thank you.

32:16 S?: In terms of outreach, a lot of corporations... The company I work at, for example, towards the end of the year, they're like, "Hey, please match the ways you're giving." They list some token number of charities that the company would match off, dollar, two for one, three for one, whatever. To what extent do you find that sort of thing effective? I imagine your donor base has to [32:38] _____ big cross-section of most corporations, really. So, is there a plan, so to speak, of increasing the corporate outreach?

32:50 CH: Yeah, so the question is, do we have plans to increase corporate outreach for GiveWell? So that has been something that we have thought about. We do have a number of donors who get corporate matches that have told us that that's important to them. Our impression of how we would go about doing this is that often the way that it's been set up in the past, is through donors who work at particular companies, and lobby to those companies to include GiveWell on the list, and it's less clear to us, coming in as outsiders, sort of whether we could lobby ourselves to be on the list, or how we would do that, and whether that would be successful. And so, I think that's something that we've thought about and are not totally sure about, but could potentially do more of in the future. Yeah.

33:35 S?: Thank you.

33:37 S?: So building off the estimates that we're not supposed to use, literally, thing, a thing that I've mulled over, is they're somewhat varied, and I've actually never actually even seen them. But I'm aware that there is a spreadsheet and that there is a thing that GiveWell put different estimates on. Hence, have you guys spent any time thinking about how to make those more accessible in a way that is useful rather than gets people hung up on the numbers in a bad way?

34:11 CH: Yes, the question is, "Have we thought about how to make our cost-effectiveness estimates more accessible without getting people too kind of hung up on the numbers?" So you have hit upon a very important question for GiveWell [chuckle] which is thinking about how do we communicate about our cost-effectiveness estimates, which are a really important part of our research. We spend, I think it's 50% of one staff member's time on cost-effectiveness analyses. And I think there's sort of two different things that you're getting out with your question: One is just making our cost-effectiveness model more accessible in general. If you haven't seen it, it's like a very big spreadsheet with lots of tabs. It takes a while to go through, and I think that part's probably unavoidable. But we have taken some steps in recent years to better communicate about which estimates we think are sort of objectively, like, "This is the number you should have in here," versus more subjective, versus different types of judgment calls. We've tried to communicate around that a bit more clearly, and kind of reorganized the layout of the spreadsheet in a way that I think is just a little more user-friendly if you are interested in going through and putting your own values in.

35:15 CH: We've also just today published our first version notes with an update of our cost-effectiveness analysis. So we are planning to publish more frequent updates in 2017, along with a document that says, "Here's what we've changed in the model, and here's how it affects the bottomline," that will hopefully sort of make it easier to follow along with what types of changes we're making, and also how they impact things, and I think makes it less likely that if we roll out a bunch of changes that it won't be easy to vet, and it will be really challenging to tell sort of where something... If you disagree with it, or if we made a mistake, it will be harder to find the mistake, and also just to kind of follow along. So we are taking some steps just on the sort of user-friendliness.

35:54 CH: And then there's the other question, which is "How much should we highlight these numbers?" as they are very important to us, but as we have also seen that a lot of the times they are portrayed as very literal. When we've seen

them written about or people talk to us about them, I think we've often seen a sense to interpret them as being the literal truth, in a way that doesn't feel correct to us in terms of how we see them, which is something that we spend a lot of time on, we care a lot about but involves subjective judgement calls. So, I think this is something that we spend a lot of time thinking about in the current version where we're talking about how we rank the funding gaps based on their cost-effectiveness and publishing those numbers, putting our cost-effectiveness model prominently on our research dropdown, but not maybe having a huge number on our front page that says, "It's this much to save a life," is kind of where we are now. And it's possible that it'll evolve in terms of how we think about communicating about it, but I agree, it's definitely challenging.

36:55 S?: Three minutes ago, I had an idea for an app, but it's complicated.

[chuckle]

36:58 CH: Yes. A frequent request that we do get is an impact calculator or something along those lines. That's definitely something that has come up a lot. And I think a challenge with that is the challenge that I mentioned just now, is kind of how do we balance the importance of these numbers and that we think they're really good, and that we think the top charities that we recommend are amazing, with this idea that we also have these numbers that can get taken literally in a way that isn't how we see them.

37:28 S?: How did you select cataracts and fistula as the pilot projects for your surgeries? I don't have a background in this, but it seems like that affects folks later in life, and it seems like you'd want to start something that affects children to get maximum utilization. How did you... What's the criteria?

37:45 CH: Yeah, so I'm not sure which other surgeries, if any, were considered at this point. I know cataract and fistula come up quite a lot as very cost-effective ways to have a big impact on someone's quality of life. But this question that you raised of this age at which cataracts affect people, my impression is that it's something like a median age of 65; it's quite old. And so this goes back into the question of the subjective judgments around how you think about the value of increasing someone's vision very late in their life relative to averting a death from malaria of a very young child, and that gets into the complicated, subjective judgements that go into the cost-effectiveness analysis. I think that's definitely something that when we're doing a bottomline comparison with our top charities, and now as we think about cataracts, have to consider, but I can imagine that different staff and others having different intuitions on that question.

38:37 S?: Does that median age apply to your charities as well or in general?

38:40 CH: For cataracts?

38:41 S?: 'Cause I thought in Africa it happened a lot sooner for certain areas.

38:47 CH: That is a good... So I'm not confident in the median age, I hope I said, or that's my recollection from looking at our cataract reports and talking about it with staff, so I could potentially be wrong. But my impression is that it's a later in life, especially definitely relative to the malaria interventions that we recommend that it would affect people significantly later in their lives, but the exact age, I definitely did not mean to be confident that it's 65.

39:14 S?: What's the best way that we as individuals can best promote GiveWell?

39:18 CH: So the question is, what's the best way that we as individuals can promote GiveWell. It's a good question. We do know some things about how people find out about GiveWell. So we surveyed donors that gave $2,000 or more in 2015 and found that personal referrals were the second biggest source of referrals to GiveWell after Peter Singer.

[laughter]

39:40 CH: Who was the number one. This is for people who filled out the survey; I think it was about 900 people who filled out the survey. Personal referrals we found to be a very powerful way for people to find out about GiveWell the first time, maybe bring your friend to a GiveWell event or talking to them about GiveWell. I think that those have been some things that have worked well in the past for folks. But yeah, I think that might be one of the bigger things and continuing to talk about why you're excited about the top charities.

40:13 S?: When you promote GiveWell, do you talk about EA or do you talk about it separate from EA?

40:19 CH: When I promote GiveWell, do I talk about EA or separate from EA? I think it would depend on what questions people were asking or what the context was that came up. Definitely talk about Charity Science: Health, coming out of the Effective Altruism movement, and a lot of folks who find GiveWell through the Effective Altruism movement. I think it would depend on how talking about it or what Effective Altruism intersects with what I'm talking about related to GiveWell.

40:48 S?: So I was thinking more like when you talked about when your organization talked about podcasts, do you say, "We're an outgrowth of the EA movement," or do you say, "We're GiveWell," and don't even mention EA, because it's so big in itself?

41:00 CH: That's a good question. So do we say, "We're GiveWell, here's what we are," or do we say, "GiveWell is part of Effective Altruism"? We haven't done a lot of advertising. I mentioned the podcast ads but they're among the very, very limited amount of advertising we've done. We have historically, when just talking about GiveWell on our website or in the podcast ads, just said like, "This is what GiveWell is, this is the product that we are." We haven't said, "This is part of Effective Altruism," just as a way to introduce it to people. I might guess, just personally, that maybe people who are hearing about GiveWell are hearing about Effective Altruism for the first time, and that if you've heard of Effective Altruism, you may have already heard about GiveWell and vice versa. So it's not clear to me necessarily that if you told someone this is an EA organization they would know about EA but not know about GiveWell; I think that the two are quite intertwined. I think our approach so far has been to talk about GiveWell, just about the product that we produce. Some of our donors are heavily involved in Effective Altruism, and some of our donors haven't heard of Effective Altruism so we have sort of focused on just the product that GiveWell is.

42:11 S?: This is more of a comment. So I worked [42:14] ____ development which received a GiveWell Incubation Grant. So I think one of the hidden benefits of GiveWell that you don't often talk about and as you think about outreach is that it's an extremely efficient way of giving to the organization itself, so there's exceptionally low transaction cost in how you operate, and I think it really in my mind is a good way of doing philanthropy. So for those of you that don't know that, there's no proposal submitted, there's no concept note, there's no eight levels of bureaucracy that you have to go through. It's all based on conversations. And at an organizational level to get those proposals they need to go through like 10 rounds of internal edits, and so I've seen maybe 20 to 30 upwards percentage of the internal team's time spent doing that. So I just think it's really the fact that you only do phone calls, you don't have those written notes that you rate [43:05] ____ on, I think is really powerful, and I don't know if there's a way to capture that. I think that's another pretty mass efficiency that you have.

43:15 CH: Thank you. Yeah, and I think Karen can probably speak better to what that experiences of an organization that... It is phone calls, but it is also quite a lot of phone calls and sharing quite a lot of documents so it's definitely not a no overhead process, but I can imagine that it involves some...

43:31 S?: Significantly less.

43:31 CH: Amount less. [chuckle]

43:33 S?: And over time that's true as well because even if there is some upfront conversation, a lot of donors just want a lot of reports that they never read, and that then end up being a huge focus of staff time, and so over time in my mind there's no question it's a great [43:51] ____ resources more efficiently.

43:57 CH: Thank you.

44:00 S?: So with the separation of GiveWell and Open Philanthropy which I know we are probably going to learn about in a little bit, I fear that there's going to be even farther distance between Effective Altruism and animal charities. Can you speak to that at all?

44:19 CH: I might. So the question is, will there be more distance between Effective Altruism and animal charities if GiveWell and the Open Philanthropy Project separate? I might save that question for Holden's half since the Open Philanthropy Project focuses on farm animal welfare.

44:39 S?: As you're rating charities, how does their fundraising efforts affect their rating? Like if 20% of their income goes to fundraising?

44:50 CH: So how do charities' fundraising efforts affect their GiveWell rating? The core way that fundraising would affect GiveWell's recommendation of a charity... I mentioned that we have the four criteria: The evidence of effectiveness, the cost-effectiveness, transparency, and then this last one, room for more funding. The room for more funding piece is where the fundraising would come in, which is where we're asking if we direct additional funding to an organization, can they do additional good? And so we would want to recommend charities that were having an ability to scale. So doing fundraising isn't necessarily a bad thing for organizations if they can absorb large amounts of funding to do more of their cost-effective programs. So we wouldn't inherently think that a charity that worked on fundraising wasn't good, but we would want to make sure the program that they're implementing, including all of their costs, is very cost-effective even with that factored in and that fundraising we'd be interested in seeing from a perspective of, does this increase the organization's capacity to work in new places or to expand the core cost-effective program that we recommend?

46:04 S?: When it comes to the incubation grants, could you talk a little bit about the process of finding those groups? Where do you find them, who finds them, are you looking in particular subject areas? There's not like an open call for folks to send a proposal in, it's all you directing and getting in touch with the organizations or...

46:24 CH: So how do we find GiveWell incubation grants? I think the answer is a lot of different ways, and a lot of it is GiveWell looking into programs that seem potentially cost-effective or that we already think are cost-effective but we don't have a charity that's implementing that program. So I mentioned there's work that we do to both fund research into promising programs, so this would be maybe GiveWell spending a few hours, or some amount of time doing an initial report and identifying something that seems promising and cost-effective, and identifying a program that we'd like to learn more about as a result of preliminary research.

47:02 CH: Another would be saying, "Hey, we have a priority program in, just a random example, Vitamin A supplementation, and we don't have any charities that are implementing that program. So is there a new charity that's working on that that we might want to fund?" And with monitoring and evaluation, just thinking about what are the core places that that is the obstacle to GiveWell making a recommendation, so I mentioned with surgery that was a particularly challenging obstacle for us, and so we were interested in whether we might be able to fund something there. And with existing top charities we sometimes are monitoring the questions, so working on that as part of the Incubation Grant program. But in general, I think it's a combination of GiveWell doing research, realizing we're interested in something, having conversations with people in the field, sometimes people in the field approaching us and saying, "Hey, here's a really interesting randomized control trial of a program that looks cost-effective and you should look into it more." So it comes from a lot of different directions, and the GiveWell research team is working on that, and there are a few staff members that sort of focus on the incubation grants work in particular. And, I think this will be the last question.

48:06 S?: I was wondering for the incubation grants, is there any plan to allow regular donors to direct towards incubation grants? Or do you just want that separate?

48:13 CH: Yeah. Is there any plan to allow regular donors to support incubation grants? Right now, no. They're fully funded by Good Ventures. There is an Effective Altruism Fund. So, there's these EA funds that are run as part of the Effective Altruism movement. One of them that are for donors to give into, and one of them is run by Elie Hassenfeld, who is GiveWell's co-executive director. And, that's focused on global health and development, and the types of opportunities that that fund might support would be along the lines of potentially GiveWell Incubation Grants. The idea would be to support things that are better on expectation than GiveWell's top charities. Or, to support GiveWell's top charities if those opportunities don't exist. And so, right now the incubation grants work is fully funded by Good Ventures, and we're not currently funding constrain on that work so we haven't... There's not an option right now. So, it's 7:50, so it's time to take a quick 10-minute break to refill drinks, get pizza, etcetera, and then at 8:00 Holden is going to come back and talk about the Open Philanthropy Project. So, thank you.

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