GiveWell Virtual Research Event July 8, 2020

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Elie Hassenfeld 00:00
Hi, everyone. Thank you for joining us for this virtual research event. I'm Elie Hassenfeld, GiveWell's co-founder and CEO. In the next hour, we're going to share some of the research work that we've done this year. And you'll have an opportunity to hear from Natalie Crispin, who will talk about the effects of COVID-19 on our recommended charities, James Snowden, who will discuss our research into funding opportunities that aim to reduce the impacts of the COVID-19 pandemic, and Teryn Mattox, who will discuss our work to expand the scope of GiveWell's research work into a new area.

Elie Hassenfeld 00:40
2020 has been a challenging year for all of us. At GiveWell, we've dealt with challenges that I'm sure are familiar to many of you. Personally, my wife and I have three young children, all of whom are out of school and childcare for months. And it was difficult to manage that well while we were both continuing to work full time. You know, that said, I've been especially grateful for how well GiveWell has been able to manage this difficult situation. Our Director of Operations, Whitney Shinkle, did an exceptional job navigating the transition from in-office to remote work. And even as we were all dealing with personal issues, GiveWell staff kept making progress towards our 2020 goals. And the progress that we've made, some of which we'll talk about today, has made me proud of our team.

Elie Hassenfeld 01:28
Importantly, what we were able to do in 2020 was made possible because of you, GiveWell's donors. Thank you for your support of our recommended charities and your support of GiveWell's operations. As peers of mine at other organizations were worried about laying off staff, GiveWell was actively hiring. And we've made four new hires since the middle of March. We've been also slowly building our outreach team over the last two years to increase the amount of money we can direct to our recommendations. And last week, we launched our first major advertising campaign. We're grateful that GiveWell is in a position to spend money on marketing during this time. So thank you for joining us today. And thank you for the support that has helped make our work possible.

Catherine Hollander 02:19
Thank you so much, Elie. I'm Catherine Hollander, a senior research analyst focused on outreach at GiveWell. I'll be moderating tonight's event. So I just wanted to share a couple quick bits of housekeeping. The first is that we're planning to share a recording of this event publicly in keeping with our typical practice of sharing research event recordings. Your identities as participants will not be available in the public recording. So don't worry about that. But do want to let you know that the talk will be made available after the fact. We also want to make sure that we have plenty of time to answer any questions that you have. We hope that you'll ask questions throughout the presentation. The way to do that is in the button at the bottom of your screen that says "chat". So if you look in Zoom, right in the middle, there's a chat button. Please send your questions through the chat. They will only reach GiveWell staff and not all participants. And we hope that you'll keep them coming throughout the

evening, and we'll answer as many of them during the Q and As throughout, as we can. So with that I would like to turn it over now to my colleague Natalie Crispin. Natalie is a Senior Research Manager at GiveWell and leads the team responsible for evaluating GiveWell's top charities. She's going to share an update on how our top charities are responding to the COVID-19 pandemic. So with that, Natalie, over to you.

Natalie Crispin 04:02
Thanks, Catherine. So, yeah, as you might expect something that's been top of mind for us in our conversations with our top charities over the last few months is a concern that COVID-19 will disrupt other important health and development programs. Government-ordered behavior change as well as individuals choosing to change their behaviors could lead to fewer people accessing life-saving and life-improving programs. Over the last couple of months, we've been really happy to see that in large part, the programs that our top charities run have been able to go ahead. So first, I'll give you an update on how our top charities are modifying their programs in order to continue operating during the pandemic. I'll then talk about some activities that have been disrupted due to COVID-19—in particular, follow-up monitoring and deworming programs. And finally, about where we see our top charity funding needs at the moment.

Natalie Crispin 04:58
We estimate that in 2019, GiveWell donors gave about 100 million dollars to our top eight charities. Donors provided this funding in such a way that our top charities have been able to flexibly spend it and decide where it can be used best. And this has been really important to enable them to respond quickly to the new demands of COVID-19. So yeah, we and they really greatly appreciate the trust that you've put in their work, and that's allowed this flexible response. Of that $100 million, $75 million went to three programs in particular. So there was Malaria Consortium's seasonal malaria chemoprevention program, the Against Malaria Foundation's malaria net program, Helen Keller International's vitamin A supplementation program, and all three of these deliver life-saving health commodities in Sub-Saharan Africa. All three have responded to the World Health Organization's recommendation that these types of programs be continued—with modifications—during the pandemic. These organizations have spent the last few months working with their government partners to change their procedures, retrain frontline health staff, and ensure access to personal protective equipment and sanitizer.

Natalie Crispin 06:17
So we have here a job aid that Malaria Consortium created pretty quickly over the last couple of months. They've used it to retrain the community distributors who take the preventative malaria drugs door to door. And each of the distributors has had to learn these new sets of procedures, with the goal of minimizing the spread of the virus as well as increasing community confidence in the program. And we've been really happy to see that there was fairly minimal delays. These programs are basically going forward as scheduled. SMC in particular is on track to launch next week in the countries that Malaria Consortium works in.

Natalie Crispin 07:02
One change we expect to see this year is a disruption in our top charities' ability to conduct surveys to check the reach of their programs. So during normal operations, in the weeks following a mass

distribution, surveyors go house to house in a randomly selected set of villages. And they ask whether children received vitamin A supplementation, preventative malaria medication, etc. This year, we expect that in at least some cases, these surveys will have to be skipped in order to minimize the opportunities for transmitting COVID-19. So for example, we've heard from Helen Keller International that it doesn't expect to conduct coverage surveys after the vitamin A campaigns that are happening in the next couple of months. And it's looking into ways that it might be able to monitor the program somewhat through the phone, though it expects that that data will be less reliable than if it were able to do the the door to door surveys. On the other hand, there's the Against Malaria Foundation, which does its follow up surveys 9, 18, and 27 months after a distribution to check whether malaria nets are still in place and what the condition is, whether people are reporting that they use them consistently. So that means that so far the pandemic has delayed some follow up for past distributions, but it's likely that there will be some follow up for each distribution, with potentially some rounds missed.

Natalie Crispin 08:36
Another situation that we're following is how many deworming campaigns will be delayed and for how long. So the World Health Organization has recommended that countries pause their deworming programs for now. Most deworming programs take place on an annual basis and some take place twice a year, which means that there are many deworming rounds that haven't yet been scheduled to take place. And it's an open question how many will be delayed or skipped as a result of COVID-19 this year. All of our top charities working on deworming plan to retain all of their staff working on the program or nearly all, and that will enable them to quickly restart their work when governments give them the go ahead.

Natalie Crispin 09:20
And so overall, because the largest top charity programs have been able to continue this year, and the organization's running deworming programs are operating with an eye to getting back to work as soon as they can—we expect to continue seeing large funding needs for these and other programs. Two time-sensitive needs that I wanted to talk a little bit about are ones that we're currently gathering more information on, and these are in malaria net and vitamin A supplementation programs.

Natalie Crispin 09:51
So on the first, we've been talking to the Against Malaria Foundation to understand the extent to which the funding requests that they receive from countries are expected to exceed the revenue that they will receive. So donations to AMF have been increasing over the last few years. And at the same time, its expenses have been increasing as it's expanded to new countries. And in particular, it's put a lot of funding recently into the Democratic Republic of Congo, which has a population of 85 million and a very high malaria rate. So over the past few months, we've set out to learn more about their funding situation, as well as to get a stronger understanding of another question we had around the specifics of the process that they use to collect data on how long the nets last and whether they're being used consistently. As part of that, we've interviewed the organizations that carry out these surveys on AMF's behalf in its main six countries of operation. And as a result, we've gotten to a place where we've really strengthened our understanding of the strengths and weaknesses of the methodology and are continuing to work with AMF to run some additional analyses on the data that they've collected and better understand trends in net presence and use.

Natalie Crispin 11:16
The second potential grant that I wanted to talk about is Helen Keller International's work in Kenya, and about a funding gap that it might have there. And so several funders contribute to the program in that country. And one of the funders is seeing more demands on its budget as a result of responding to the pandemic and has asked HKI to help fill that gap. We're currently trying to learn more about the size of the gap, and if we recommend a grant to fill it, what are the options for evaluating its impact. COVID-19 will add some new hurdles to being able to evaluate that.

Natalie Crispin 11:59
So our top recommendation to donors continues to be to give to GiveWell's discretionary fund, and we allocate that among our recommended charities where we assess the greatest need. We've delayed the decision about where to allocate funding received in the first quarter of the year due to uncertainty about whether there would be new, more urgent gaps opening up due to COVID-19. Based on what we've learned, we see three leading contenders for the first and second quarter allocations. There's the gaps at AMF and HKI, which I talked about a moment ago. Or if we conclude that those gaps are less promising than they initially seem, we continue to see a large funding gap for Malaria Consortium's seasonal malaria chemoprevention program. The difference being that we think HKI and AMF's funding gaps require funding decisions sooner than Malaria Consortium's. We're planning to make a decision by the end of July on that and plan to update donors on our blog and by email.

Natalie Crispin 13:01
Yeah, and finally, I just wanted to say a word of thanks to the staff at our top charities who have continued to pour their efforts into ensuring that these life saving programs can continue in challenging times, as well as the individuals who are on the front line delivering programs door to door and villages and cities, and finally, to the many donors here and around the world who have supported their work. So thanks so much for all your support. And I'll turn it back over to Catherine now.

Catherine Hollander 13:27
Great, thank you so much, Natalie. In addition to the work that our team is doing to monitor the impact of COVID-19 on our top charities that Natalie just mentioned, we have also made some quick turnaround grants that are aimed at reducing the impacts of the pandemic. So I'd like to turn it over to James Snowden, who's a Senior Research Analyst at GiveWell. James led our investigations this spring into grants in response to the COVID-19 pandemic, and he's planning to take you through one of the grants that we have made and why we decided to make it. So with that, James, I'll turn it over to you.

James Snowden 14:07
Great. Thank you, Catherine. So I'll just give some very brief context on our work on COVID-19 and then take you through the rationale for one of the grants we made. So since March, we've been looking into giving opportunities related to reducing the burden of COVID-19 in low and middle income countries. At a very high level, our broad approach was first, you wanted to look for opportunities that might be more cost-effective than our recommended charities and really focus on that. So we weren't looking for the best opportunities to respond to COVID-19 but opportunities that were even better than

the opportunities we had elsewhere. Second, we really wanted to fund areas that seemed particularly neglected by other funders so we could maximize the chance that funding really did cause additional activities. And third, we decided to limit our investigation to a shallower depth than we normally would, so that we could find opportunities as quickly as possible.

James Snowden 15:01
So at this point, we've made four grants related to COVID-19, totaling $1.1. million. And we're excited about the potential impact of these grants, although we don't feel as confident in their impact as we do for our top charities. So, I'll just take you through one of the more recent grants we made a few weeks ago. So that was $656,000 to a group called IDinsight to work on three projects supporting government decisionmaking related to COVID-19. We haven't yet written publicly about this grant but hope to in the coming weeks. So we expect the funding for IDinsight will be used to support three projects related to COVID-19. The first is assisting the governments of India and Zimbabwe to design strategies for how to use the limited supply of COVID-19 diagnostic tests. The second is working with the government of Uttarakhand, which is a state in India, to redesign the delivery of essential health services to be delivered during the pandemic. And the third is assisting the government of Delhi in India to improve data management of COVID-19 patients, reducing the number of patients who can't be contacted after a positive COVID-19 test.

James Snowden 16:11
So we're excited to make this grant for four main reasons. So firstly, we just think there's a very strong intuitive case that governments are making important and difficult decisions at the moment that affect whole populations. So our understanding from conversations with other grant makers and other people in our network is that there's relatively little funding for this kind of analytical support, relative to more concrete commodities, like personal protective equipment, for example. Second, IDinsight is an organization we think does strong analytical work, and we have some experience working with them in the past and have been impressed by the quality of their work. And thirdly, we believe the projects they're undertaking address real needs, and they're a good fit for their expertise and government relationships. And then fourthly, we think it's likely that without this funding, IDinsight would have had to scale down its work on those projects.

James Snowden 17:01
So I'll just kind of take you over one of those projects, which is improving the data management of COVID-19 patients in Delhi. So some context, Delhi is currently the city in India with the most confirmed COVID-19 infections. It was 80,000 when I wrote this slide a few days ago, and now it's jumped to 100,000. And due to limited testing, the real figure is likely substantially higher than that. So when people get tested for COVID-19, their tests get sent to a laboratory, and the test results are entered into a spreadsheet. And that data flows through to government health workers, who will contact patients who test positive by phone, advising them to self-isolate, or assign them to care. So mechanically, the status quo is that the database is contained on separate Excel spreadsheets, and when new data is inputted into the system, it involves merging spreadsheets manually by copying and pasting between those sheets. So IDinsight told us that currently about 35% of patients who are confirmed with positive tests aren't able to be contacted, and about 70% of that 35% is due to the combination of poor contact information and patient data just getting lost when various sheets are being integrated. So that means

patients who get tested don't know if they have COVID-19. And so they might not self-isolate or receive treatments, which would increase both the rate of spread of the disease and also the mortality rate. In terms of what IDinsight is doing to help, so IDinsight has a team of analysts sitting in the Delhi government office. So that's the state government. Our understanding is that they're the only external organization who's currently working within that office and the Delhi government's official partner in the response. And the government of Delhi requested their support specifically on this project to improve the patient data management system. So that work involves designing processes to integrate data from different labs and health facilities directly into a centralized database rather than all these kind of separate spreadsheets, increasing the speed at which the data should flow through the system and reducing the scope of the human error. So IDinsight believes it should be able to reduce the number of patients lost to follow up by about 50%. So reducing the number of people who aren't able to be contacted if they test positive.

James Snowden 19:11
So when we were investigating this grant, we asked ourselves a number of questions. And kind of very broadly, three of them were: Is this an important contribution to an important problem? Does IDinsight have a comparative advantage working on this type of project? And do we expect decision makers will use the recommendations, and so this work will actually have an impact? And we thought the project fared well on each of these. So IDinsight decided to work on this project after discussion with the Delhi government rather than coming in with their own agenda. We think that's an important determinant of whether the work will ultimately be used. And we've seen evidence of fairly strong demand from decision makers in the Delhi government. Tthe trade off of this approach, which isn't universal in the philanthropic world, is that the government may not always request support on the highest impact projects. We found a theory of change for this project compelling, so really in the sweet spot between high impact and with interest from key decision makers. IDinsight also has experience working on similar projects on data systems for the national Indian government, so we thought they were well placed to assist on this project.

James Snowden 20:13
So on the other hand, you know, the project is focused on the needs of Delhi, which has a population of about 20 million. So while it has a large reach, it has limited scope of global impact. And there is always a risk for these government projects that things can change in unpredictable ways. So for this reason, we decided to support this project's short-term funding needs. We're planning to check in on IDinsight's work in mid August for an update and consider whether we should provide additional funding.

James Snowden 20:39
So just kind of zooming back out to what we're doing with COVID-19 grant making. It is a different kind of grant making for us than our typical process. And generally, we review charities for hundreds of hours before recommending grants and really focus on rigorously reviewing the evidence base for those charities as much as we can. Now, that wasn't the case for these grants. They're necessarily more subjective in nature, and we had limited time to investigate every question we would have liked to answer. However, given just the sheer scale of COVID-19, we thought there was potential for high impact here. So we were willing to to adjust our usual approach to be able to flexibly support projects we thought were really outstanding. So we're excited about the opportunities we found and believe they

may be more cost effective than our top charities, but we are very uncertain about how these projects are going to play out. So yeah, going forward, we're starting to wind down proactive staff time dedicated to seeking new COVID-19 opportunities. But we are going to remain open to react to funding if we come across opportunities we think are particularly outstanding.

Catherine Hollander 21:39
Thanks so much, James. I just want to take this moment to remind folks that if they would like to ask a question, the way to do so is to put it in the chat button at the bottom of your Zoom screen and it will only go to the GiveWell team. So please feel free to add your questions as you have them. So we're going to shift gears a little bit now with the next presentation. You know, James and Natalie have focused on the ways in which COVID-19 has impacted our work this spring. We've also continued our research that's aimed at finding potential new top charities. And so my colleague, Teryn Mattox, a Senior Fellow at GiveWell, who has led some of our work in exploring new types of charities, is going to tell you a bit more about that now. So I'll turn things over to Teryn.

Teryn Mattox 22:26
Thanks, Cat. Right, so GiveWell'ss typical process is to recommend top charities that are supporting the implementation of interventions directly. So what I mean by that is that donors are largely providing the cost for the full delivery of a program directly to participants. That includes like hiring staff, purchasing supplies, and executing the delivery of the program. So just to give a concrete example, one of our top charities, Malaria Consortium's seasonal malaria chemo prevention program (or SMC) is one of these direct delivery type charities. SMC again is the delivery of preventive malaria medications to all children under five for the entire malaria season in areas where seasonal malaria transmission is really high. And we think that SMC is one of the most cost effective giving opportunities that we've found. So in that case, specifically, donor funds support all aspects of the program. Donor money for the medication, hiring and training the staff who deliver that medication, and then monitoring the work.

Teryn Mattox 23:31
So we do think that delivering SMC directly is highly cost effective. But we also think that there might be some cases out there where programs could ultimately be more cost effective when delivered via existing government service infrastructure. So really leveraging that infrastructure that's already there. And we're calling those technical assistance programs, or TA. To be clear, we have funded TA work in the past, but we haven't really explicitly thought it out or thought about it systematically. And I think the reason for that is because with this type of work, there can be a less clear line of sight between donor dollars and impact achieved. So again, let's go back to the case of SMC. There, we have a really good idea exactly how many additional children will be reached with an extra $10,000. So we're working with a single organization, Malaria Consortium. We can just ask Malaria Consortium how much funding it spent and how many children it reached, and we can come up with an estimate of its impact and then its cost effectiveness. So the difference in the case of TA is that we're instead trying to model how a charity might affect the government in working to help make more good outcomes happen. So the impact of that charity's actions are instead mediated through the government systems, which can be complicated and can have idiosyncrasies that are hard to predict. Things like changing political climate is a good example.

Teryn Mattox 25:05
So the point there is that predicting the impact of a charity in influencing existing government systems is just more uncertain by its nature. But we do think that there might be a reservoir of highly cost effective giving opportunities in this leverage technical assistance space that we haven't yet explored systematically. So to that end, this year, we've been really investigating these types of opportunities. Um, over the past few months specifically, we've looked at a lot of different TA projects at like a shallow level.

Teryn Mattox 25:36
So just to get more concrete, a couple of TA type projects that we've looked at include one where a charity was working to support government run health clinics that were providing nutritional therapy to malnourished children. So in these clinics, there's high seasonal fluctuations in food insecurity, and that obviously leads to seasonal fluctuations in demand for this therapy. And clinics were just having a hard time forecasting that demand. So this charity is working to introduce that planning capacity and monitor their work to maintain quality, so supply of medication and adequate staff over the entire course of the year.

Teryn Mattox 26:17
Another example is a charity working in multiple countries in Sub Saharan Africa to increase the use of a cheap and very common antiseptic, to just clean infants' umbilical cord stumps right after birth. Using that antiseptic right after birth can prevent infection and death, especially in areas where there's a high rate of mortality in the period right after birth. So in that case, the charity was doing a pretty broad set of activities, from supporting the building of the first African factory to produce that antiseptic to educating healthcare providers in these government run clinics, and then also working with governments on awareness campaigns.

Teryn Mattox 26:57
And so those are just two examples. We've looked at a lot of opportunities like those two, again on a shallow level. And I'd say broadly, we're pretty encouraged by our initial estimates of cost effectiveness in a lot of cases. At this point though, right now, we've really only looked deeply at just a couple of opportunities that we think are really exciting. So I'm going to dig in now for the rest of this talk on one of those opportunities, which is, I think, a really good example of a TA project that is leveraging the existing government service infrastructure to great benefit to ultimately achieving what we think will probably be highly cost effective impacts. And that project is screening and treatment of syphilis in pregnancy.

Teryn Mattox 27:44
So as background, there are around a million pregnant people every year with active syphilis infections, and most of those people are in Sub Saharan Africa and South Asia. When it's not treated, syphilis in pregnancy can bring a lot of very unpleasant outcomes. One third of those pregnancies with active syphilis end in either a stillbirth, which is death right before birth or death during birth, or neonatal death, which is a death in the month after birth. Among children that survive, around a quarter have congenital syphilis, and congenital syphilis results in severe deformities and lifelong disability. So, the good news, though, is that syphilis in pregnancy is quite treatable. It's treatable just by one injection of

penicillin. Penicillin is, as you probably all know, a very common medication, and at scale, it costs around 16 cents per dose.

Teryn Mattox 28:44
So, screening for and treating syphilis during pregnancy is something that's already recommended by the WHO (the World Health Organization) in countries where there's a lot of syphilis, but it hasn't been implemented by very many countries. And we don't perceive that a lot of philanthropic dollars are going to this issue. It's a question as to why that's the case. We have some hypotheses. We've heard that it might be due to just a general lack of awareness of the magnitude of the problem. We've also heard—and again, this is speculative—but there might be just a focus on HIV during pregnancy, and specifically HIV screening and treatment during pregnancy, kind of to the exclusion of other sexually transmitted infections. But actually, it's that very investment in HIV screening and treatment in pregnancy that could actually now be leveraged to increase the screening and treatment of syphilis in pregnancy. And the reason is because of an exciting recent innovation in syphilis testing, which is a new testing device, and it allows healthcare workers to perform an HIV test and a syphilis test simultaneously. And so the device gives results during that exact healthcare visit, and that is called a dual test. The dual test right now costs just a little bit more than an HIV-only test, but there's another version of the dual test that's in development right now that we expect to cost exactly the same as the HIV only test.

Teryn Mattox 30:14
So there's a really good opportunity here to make the switch to this new dual HIV syphilis test at a low marginal cost, or even likely no marginal cost, and then to treat active cases of syphilis right there during the healthcare visit with a cheap medication that most clinics already have in stock. A couple of countries have made the switch from the HIV single test to the new dual test already, and it seems like they've had good results. But again, it's not happening in other countries, maybe due to lack of capacity or just the range of priorities that are on their plate right now.

Teryn Mattox 30:50
So given all of that, Evidence Action is an organization that we've worked with before. Evidence Action is the parent organization of one current GiveWell top charity, one GiveWell standout charity. And GiveWell also supports Evidence Action Beta, which is a portfolio within the broader Evidence Action organization focused on scoping and then bringing to scale interventions that are GiveWell aligned, so evidence-backed and highly cost-effective. It's under the auspices of that Evidence Action Beta that Evidence Action has been exploring the delivery of technical assistance in the country of Liberia to support the rollout of this dual test in all health clinics that provide prenatal care.

Teryn Mattox 31:34
So Liberia has a high rate of syphilis relative to the world and on the other hand, it actually has high prenatal care attendance rates. So that presents an opportunity obviously. Most people are showing up in clinics for care, and even early in their pregnancies. So on top of that, Liberia also has a strong system for prenatal HIV screening and treatment. So supporting Liberia in making this switch presents a potentially great opportunity to leverage not just the strong HIV screening and treatment infrastructure, but also that high prenatal care attendance rates.

Teryn Mattox 32:14
So right now, what's happening is—with GiveWell's support—Evidence Action is working with Liberia to support a small pilot of rolling out the dual test in just a couple of clinics. We're also currently investigating the possibility of funding Evidence Action to support the Liberian government in rolling it out just nationwide. And the ultimate goal is for Evidence Action to transition this work fully to the government within five years. Our current best guess is that the work may be as cost effective, potentially more cost effective, than our top charities. Um, of course, again, there's a lot of uncertainty that comes with that. And again, it's more uncertainty than with our direct delivery top charities. The past impact is just harder to assess. But we are taking some probability of failure into account here. And in expectation, you know, our best guess is that this is likely a very strong giving opportunity. So if we do decide to move ahead with the grant, it will definitely be with a very strong evaluation plan so that we'll have the ability to look back and kind of retrospectively evaluate impact and cost effectiveness. And the goal of that would not only to see how we did in predicting those things ex-ante, it would be to learn about TA more generally, and also potentially to learn about whether or not we're interested in doing this type of work (syphilis screening and treatment in pregnancy work) in other countries.

Teryn Mattox 33:44
So that's just one concrete and, I think, really exciting example of the type of intervention we're considering as we're just exploring these technical assistance projects. The portfolio is really diverse, of course, so that's just one flavor. Um, but again, just to go back to our hypothesis, we do think we'll be able to find great cost effective giving opportunities in this space. But I also want to be clear that we are very much open to the possibility that we could be wrong on this. And to get specific about ways that we could be wrong, it's possible that we'll find that in general, working through health systems that could be complex or inefficient, or just government systems more broadly could be more expensive overall than doing the same intervention directly. We might find that that government transition that I mentioned, with respect to syphilis screen and treat, doesn't actually end up materializing in reality. Or it could be that government transition happens, but the quality of an intervention degrades to an unacceptable degree after the charity leaves. Another thing that's actually likely is that in some subset of cases of promising opportunities, the impact of the work is just going to be so diffuse that it's hard to quantify.

Teryn Mattox 35:07
So the point of all of that is that this is just a learning process for us. We're really excited to see where this heads, and we'll definitely keep you updated as we learn more.

Catherine Hollander 35:18
Thank you, Teryn. That concludes our formal presentations portion of the event. You've been sending lots of questions. And so we're going to dive right in and try to answer as many as we can. I hope that you'll also consider continuing to submit questions as they come up. As I mentioned, we will try to answer as many as we can, though, many have come in, which is excellent. So I'd like to start by posing the first question to Natalie. The question is: To what extent will Open Philanthropy step in and fill any funding gaps at our top charities that are left by individual donors? So, Open Philanthropy mentioned in this question is a large grant making organization that we work closely with that's a major

supporter of our top charities. So Natalie, could you talk a little bit about what our expectations are for how we work with Open Philanthropy and funding our top charities?

Natalie Crispin 36:19
Right, so Open Philanthropy is a major funder of our top charities based on our recommendations, and they have contributed consistently to the gaps that we've found each year. They've been something like about half of the total funding that we've seen go as a result of our recommendation to our top charities. But they also have a wider portfolio and so they're setting the budget for this work based on how much they have. They have limitations on what they can give based on the other priorities that they have in other areas. And so we've consistently seen that there have been funding gaps that we think are really high priority, very cost effective, that exceed the amount that Open Philanthropy is giving each year. And so we think that will continue to be the case. We've done some projections on this and see some high priority work that we think will probably exceed their budget.

Catherine Hollander 37:31
Thank you, Natalie. I have another question for you, which is about our top charities and COVID-19. The question is: What's the rationale behind pausing deworming activities, but not the activities of the other charities on our list?

Natalie Crispin 37:48
Right, so this comes out of World Health Organization recommendations. So the World Health Organization has specifically said that it thinks malaria prevention and malaria nets and seasonal malaria prevention, being high on the list, should continue during the pandemic. That not continuing them is likely to cost more lives than save by reducing contact and therefore reducing the transmission of COVID-19. The World Health Organization has said that it recommends that country governments pause its deworming programs. It hasn't given an end date on that. And I can only speculate on why that might be, and countries ultimately have the discretion to decide whether or not to continue these programs and so may go ahead and do so. But I speculate that it has to do with the perceived urgency of the problems, perhaps the perceived benefits. And we think deworming is a highly cost effective program, but it does have benefits that are more diffuse and in our estimation, fairly far in the future, helping children grow up more strongly and be able to support themselves and their families more in adulthood. So that's my guess. But I haven't seen a rationale written for this.

Catherine Hollander 39:27
Thank you, Natalie. James, the next question is for you about the IDinsight grant. And someone was seeking a bit more clarity around why it might be hard to contact people who are getting tested for COVID. And you know, why the specific intervention that IDinsight is thinking about is one that we consider promising compared to, you know, maybe other ways that you could improve the contactability of people who've been tested.

James Snowden 39:57
Thanks, Catherine. Um, yes, so just to give a little bit more detail on this—and I should say that, given the rapid investigation, we haven't seen necessarily strong evidence for like each of these claims, and so to some extent, we do have to rely on what our partners are telling us and then try and triangulate

that however possible. But my understanding is that of that kind of 35% of patients who aren't contactable, who tested positive, there are kind of three main reasons for that. So the first, which makes up about 15 percentage points, are cases where patients aren't able to be reached by phone or in person due to poor contact information in the centralized database. And so my understanding is the kind of root cause of that problem is, in the testing laboratories themselves, people aren't getting the right addresses or right mobile phone numbers, and in some cases, there just isn't anything in there. So IDinsight is planning to work with laboratories to try and improve the data collection there. Another 15 percentage points is cases where patients are allocated to home isolation and telemedicine but are unresponsive over time. So you know, they might pick up the phone the first time, but not in future. And I think that that's going to be more challenging to address through the work that IDinsight is doing. And then the third type of case is about five percentage points. They're cases where patient information is being lost due to the lack of a consistent unique ID system, basically human error, and IDinsight expects to be able to mitigate a lot of that. I think, just kind of going a bit further based on what I think was written in Zoom, I think there was actually a really good question that I'm not sure about the answer to: like what happens when somebody isn't able to be tested for COVID-19 because they know that they went and got a test? That's actually something I don't know. And I think it's a very good question. But you know, the way IDinsight kind of explained to me and the way we're thinking about it is that it doesn't seem implausible to me that there are a large number of people who are tested who are unable to receive results, but it's unclear to me exactly how they would act if they had.

Catherine Hollander 42:10
Thank you, James. Shifting gears a little bit. We have some questions for Teryn. But before we go over to Teryn, I want to raise a question for Elie, which is: How does GiveWell think about tackling new projects, like thinking more seriously about TA? So Elie, maybe you can talk a little bit about how we are setting organizational priorities in research right now.

Elie Hassenfeld 42:32
Yeah, that's a great question. You know, GiveWell's overarching goal is to try and maximize the well being of people, you know, whose lives we can help by making great recommendations about donations. And so we aim to be an organization that's consistently reflecting on what approach we can take to research that will best accomplish that goal of maximizing well being. And, you know, new ideas about ways to approach, you know, those new opportunities, like something like technical assistance that Teryn's talked about—it can come from, you know, staff members. And I think that happens, you know, very frequently that people on the team say, you know, "we think that there's an approach that GiveWell's missing and should be doing differently an opportunity to have greater impact than we would if we stuck to the status quo approach we've taken historically." Often, it can also come, you know, come in from potential grantees who reach out to us with a potential project, and when we see an opportunity, we take it seriously. A few years ago, a group called Results for Development contacted us about a need for a technical assistance project to support pneumonia delivery in Tanzania, where the existing funding had gone away, and the government was lacking funding to procure amoxicillin to treat pneumonia. And you know that that was not the only but one of the early technical assistance projects that we looked closely at. You can look at that on our website if you're interested in learning more. And broadly, I think that's an example of where a lot of the ideas come from, or, you know, just driven by

this, you know, this goal of trying to find the ways that we can help people the most with the work that we do.

Catherine Hollander 44:23
Thanks, Elie. So, Teryn, we have a couple of questions about work on TA. The first is noting that it's exciting that we're expanding in our scope, and then asking, in general, how do we conduct due diligence on these charities without having local presence in the countries?

Teryn Mattox 44:45
Well, actually, I might hand that one over to Natalie, who has a lot more experience doing due diligence on charities without a local presence in countries. Because I think that's not just specific to TA but it's kind of a broader question about just organizational processes.

Natalie Crispin 45:01
Sure, yeah. So, I think we take a few approaches. One is trying to get really specific with organizations about what we expect to see and what the information that they provide means, such that we're getting to a point where it's really falsifiable. And then sort of checking some of those claims. And so in many cases, we haven't gone down to the point of auditing data ourselves, but we look to organizations to provide credible auditing processes and the results from those. We, in certain cases, talk to third parties to try to get their views on a particular project. And then we ask for credible processes that are going to allow us to evaluate in retrospect, so sometimes we have to take a claim at face value or, you know, use our intuition initially to evaluate that claim, but then, as a program progresses, we have more opportunity to evaluate it based on actual results and credible processes for following up.

Catherine Hollander 46:36
Thanks, Natalie. Teryn, going to come back to you with a couple other TA questions that I'm going to pair together since I think they fit together nicely. The first is seeking a bit more clarity about how we at GiveWell define technical assistance. So just clarifying what we mean when we say TA. And then the second question is, can you give a few more examples of health interventions that are near the top of our list for technical assistance? And also, are we thinking about any non-health interventions in theTA front?

Teryn Mattox 47:12
Right. So the way that we're defining technical assistance is simply in that the intervention is being delivered mainly through again, that government infrastructure. So we are not funding an organization that is itself working to directly deliver something to participants but rather funding an organization to support the government in delivering something to participants. I think there might be some part of that question that I'm not understanding, so follow up if that's the case. Um, as far as other opportunities we're looking at in health, one that we're really excited about right now is intermittent preventive treatment of malaria in infants, and that is different from seasonal malaria chemoprevention. It is another mass drug administration, where you're giving a lot of children prophylactic malaria preventive medication. But in this case, it's better suited for TA because it's leveraging well child visits. So in countries where there's a strong system of immunization and well child visits, it's easy to hop onto that and add one more thing, which is the provision of preventive malaria medications to children in each of

those visits. And we find that it has a pretty dramatic impact on mortality of infants due to malaria, and actually mortality of infants due to malaria is higher even than it is in older children.

Teryn Mattox 48:47
As far as non-health interventions, it's kind of a trick question. We have technical assistance interventions in our queue where we expect ultimately the main gains from the intervention will be gains to income. But those gains are achieved through health interventions. So for example, organizations that support government run clinics in providing cataract surgeries, in just enhancing the training of those clinics and the types of supplies that they're working with. That probably would be considered a health intervention. But ultimately, it's something that leads to these individuals being able to have just enhanced livelihood and broader well being. So we consider that an income-increasing intervention. As far as interventions that are, you know, outside of health systems, we don't actually have promising ones very high up on our queue thus far. That's just because of how we limited our search at the outset partially. And I think there's also partially some function here about health systems just being a really strong platform to leverage for the delivery of these things. I don't think that it's likely going to be the only system that we find to be effective. But in this case, those are the types of opportunities that we found thus far.

Catherine Hollander 50:12
Thank you, Teryn. I would like to come back to James with the next question, coming back into the realm of COVID-19 response grant making. We have a question on whether we considered organizations that met individuals' basic emergency needs, such as access to food, which could have prevented them from social distancing, to help reduce the spread of COVID. And I might broaden that too to add, you know, what types of organizations did we consider that weren't on the list of grants that we made James, if any.

James Snowden 50:45
Yeah, that's a good question. So we looked into that area at a shallow level and had several conversations with some organizations who are implementing that kind of program. Our kind of best guess was that if you were to kind of cut everything that people are doing to address COVID-19 into different sections, livelihoods programs and programs to support people while they have to social distance is receiving relatively more attention than other areas. In particular, we believe a lot of World Bank funding might eventually go to address that concern. And so we decided not to pursue that area. Another part playing into our thinking there was we really were looking for like truly outstanding giving opportunities that might be highly leveraged. Certainly not entirely, but that was my kind of instinct of where we might be able to have the greatest impact. So we haven't deeply reviewed that situation. It is something that—depending on the capacity we have—I would like to be able to give a better answer to that question, but not something we've looked into as deeply as other areas.

James Snowden 51:55
More generally, we've been fairly responsive or reactive rather, in terms of our response to COVID-19. Early in the pandemic, we tried our hardest to kind of really think through like which areas would look most promising and do it in a very systematic way. I'd say we kind of partially achieved that goal. But there were a lot of different uncertainties. I'd say kind of areas that I wish I knew more about, that we

had a lot of remaining questions on (so didn't decide to pursue given time limitations), were personal protective equipment for healthcare workers. And you know, all of these estimates depend on very uncertain projections on the epidemiology of COVID-19. But I think there's some chance that if you could actually get effective personal protective equipment reliably on to healthcare workers, then you know, that may be a very cost effective opportunity. But at the time that we were looking into opportunities like that, there was a lot of concern about whether the main barrier in terms of getting additional PPE was from the demand side or the supply side. And given the kind of supply constraints and the limited number of surgical masks, for example, that were available—it wasn't clear to us whether providing additional funding on the demand side would help actually unblock the key barrier. So that's just the kind of example.

James Snowden 53:30
Another project we're looking into at the moment and investigating is potentially running a randomized controlled trial on community mask uptake to try and provide strong evidence there. We're still unsure whether we'll fund that, but it's something we're looking into now. I could say more in that there are more areas that we have looked into, but maybe I'll just pause there.

Catherine Hollander 53:55
Thank you, James. I would like to come back up to Elie for the next question. The question is: What is GiveWell doing to improve staff diversity? And relatedly, what is GiveWell doing to address its own potential biases and blind spots?

Elie Hassenfeld 54:12
Yeah, yeah, that's a good question. Um, so let me take those individually. You know, on staff diversity, we have a long way to go to have the type of staff makeup that we ideally would. Over the past year at GiveWell, we've formed an internal group on staff, the Diversity and Inclusion Group, that includes staff members from all parts of the organization and all levels of seniority, to focus on ways that we can improve diversity at GiveWell. And one of the things that we're working towards most is trying to increase the pool of highly qualified applicants that come from underrepresented backgrounds, and by underrepresented backgrounds, what we mean is, you know, people from underrepresented ethnic and racial groups in the United States, but also importantly, people who are from low and middle income countries—the countries that, you know, ultimately GiveWell's work is aiming to help. You know, so that's been a slow and difficult road. It's something that, you know, all of us—especially those of us who work in recruiting—spend a fair amount of time on. But, you know, we believe that doing so will make, you know, GiveWell a better and stronger organization in the long term.

Elie Hassenfeld 55:38
You know, the question on how do we address our own potential blind spots or biases is related but also different. You know, we know that we have biases and blind spots that are in our work. We can't avoid that, we're human, of course, just like everyone else. And, you know, I think we try to approach this in a few ways. I mean, we first have really tried to build an organizational culture that is focused on, you know, getting to the truth. I mean, truth is not really the right word, but getting to the bottom of things when we can. And that means, you know, being a place where people have open communication, where we don't try to hide mistakes. You know, we spend a lot of time turning our eye

towards potential recommended charities and grantees, and we try to, you know, point that same reflection at ourselves. And I think that, you know, has helped us improve. You know, we know that there's a lot we don't know, and we're trying to be an organization that is, you know, out in the world, receiving feedback, and learning, so that, you know, we can, you know, maybe slowly but improve over time and try to root out some of those biases and blind spots to make better decisions over the long run.

Catherine Hollander 56:59
Thank you, Elie. I think we have time for one last question. And this will be a question for Natalie, I believe, which is when we're evaluating charities, what are the main factors that we're looking at to measure impact? Is lives saved the main thing we care about or do other metrics factor into our decisions? You know, do we factor in the impact of lives who have yet to be born or crises such as climate change, etc.?

Natalie Crispin 57:31
Um, yes, it differs for every intervention. So lives saved is one that we've looked at for some of our top choices right now. But we've also looked at various ways of improving lives. So income increase for extremely poor individuals, health improved, other types of benefits. We don't limit ourselves to lives saved. And when we evaluate that, we're often starting with the academic literature that helps us determine what is the independent evidence that a program is going to impact that ultimate outcome. So a set of randomized control trials on the effect of bed nets on lives saved or on deworming on income later in life. And then at the charity level, we're asking questions like how do you know that the program is achieving the types of outcomes that were achieved in those independent trials, and so, looking at ultimately cost per person reached, and how do we verify that those coverage numbers are credible. So those are you know...we're trying to pick up markers along the line of sight from input to ultimate output. And each of those requires different methods at different stages and trade offs between availability of data and rigor of data.

Catherine Hollander 59:25
Thanks, Natalie. So it's just about time. So I'm just popping into say thank you, everyone who attended. This was our first ever virtual event. So really appreciate you taking the time to come and learn about our work and ask lots of questions. In fact, more questions than we were able to answer in the amount of time that we had. So if you have a question that you asked, and we didn't answer here, or you know, you're thinking about this after the fact and have a question that comes to mind, we really hope that you'll feel happy to reach ou. You can reach us at info@givewell.org. So info@givewell.org to ask your question, and we can aim to follow up there if we weren't able to answer it here.

Catherine Hollander 60:12
My final request to you is to please fill out the feedback form that we're going to send after the event. Given that this is our first one, we are particularly eager to hear what works, what you'd like to see in a future event, and help us improve going forward. So thank you so much to the panelists here for sharing their work with us and for of course everyone who supports that work and everyone who showed up today to learn about it. Thank you.