

HIGH LEVEL RESULTS SUMMARY

In 2018, IDinsight conducted an iterative pilot process involving literature review, repeated questionnaire pilots with poor households in Kenya, and an MTurk survey of US respondents. The goal of this work was to develop and test survey methods, and over the course of the year we have refined a set of approaches to robustly capture preferences. As a by-product of this work we collected some initial data on beneficiary preferences including qualitative data on how respondent’s trade-off and make decisions. In this document, we summarize some of our key quantitative and qualitative findings, and describe their potential to inform GiveWell’s moral weights.

To date we have found that:

1. **Children under-5 are consistently ranked higher than adults across different methods and framings, but that not all individuals over-5 are valued equally.** This finding is consistent with the ‘conventional column’ in the current model, but in contrast to staff member’s moral weights. On this basis alone, staff may choose to update their moral weights. However, by conducting research at scale we intend to add:
 - a. A reliable estimate of the preferred ratio for the value of individuals under-5 relative to individuals over-5.
 - b. A more detailed look at the values of different age groups (i.e. the value-age curve for typical beneficiaries), resulting in recommendations about how this nuance could be incorporated into the model.¹
2. **Qualitatively we see that most beneficiaries value their own/their community members health highly, although many can also appreciate the benefits of increasing consumption.** These qualitative findings may suggest that GiveWell is currently undervaluing the value of saving lives relative to increasing consumption in their model. However, we do not currently have enough quantitative evidence to say if the implied ratio is higher or lower than staff moral weights. By conducting research at scale, we intend to capture:
 - a. A best estimate of the preferred ratio of saving lives vs increasing consumption among typical beneficiaries.
 - b. Additional qualitative data exploring how beneficiaries make this Moral Trade-off

1. VALUE OF AN AGE 5+ LIFE SAVED RELATIVE TO AN UNDER-5 LIFE SAVED

A summary of key findings across methods are summarised in the table below:

Table 1. Summary of quantitative trends across methods capturing the relative value of lives of different ages.

Method	N	Key finding
Across methods we have consistently seen that the majority of beneficiaries value the lives of children under-5 above the lives of adults:		
Taking Framing (own)	114	57% are WTP more to avert their own <u>child’s</u> death vs <u>own</u> death.
Taking Framing (community)	135	52% are WTP more to avert the death of a <u>1-year old</u> vs a <u>30-year old</u> .
Method A VSL	29	52% are WTP more to reduce risk for their <u>own child</u> vs <u>own</u> risk.
Method C Relative Lives	24	88% prefer a program that saves 100, <u>under-5-year olds</u> vs 100, <u>20 to 40-year olds</u> .
Method E Budget Allocation	25	63% rank a program that saves the lives of <u>under-5-year olds</u> above saving the lives of <u>20 to 40-year olds</u> .

¹ We recognise that GiveWell must make a trade-off between model complexity and comprehensibility, which may limit the value of including values for more age groups. However, given that the benefits of top charities are also likely to vary by age, we think that this may represent an improvement to the model that is worth further consideration once we have collected more robust data on preferences.

However, it is unlikely that all individuals over-5 are valued equally:		
1. Adults aged over 40, are consistently valued lower than all other age groups		
Giving Frame	158	60% chose to give a <u>cash transfer</u> to one household over saving a single <u>60-year old</u> .
Method C Relative lives	35	92% prefer a program that saves 100, <u>20 to 40-year olds</u> vs 100, <u>40-60 year olds</u> .
2. Older children, aged 10-20, are often valued higher than children under-5.		
Taking frame	148	43% gave the highest value to their own child if <u>aged 12</u> , while only 7.5% gave the highest value their own child if aged <u>under-5</u> .
Method C Relative lives	34	53% prefer a program that saves 100, <u>10 to 20-year olds</u> vs 100, <u>under-5-year olds</u> .

Across our qualitative data, we see that respondents' reasons for valuing lives of different ages can be summarized in four broad categories (economic, biological, governance, and moral). Respondents give a wide-range of reasons for choosing children under-5, but the reasons for prioritising older members of the community appear less diverse. At scale, we plan to quantify the distribution of these different reasons across the age groups.

Table 2. Qualitative data collected from methods capturing the relative value of lives of different ages.

Category	Theme	Quotes
Common reasons for preferences for young children (aged under-5)		
Economic	Children are more valuable as they can contribute future earnings to the family.	"Child will help in the future by providing finances and providing for the family" "The child will grow to be a big person and get a good job which will help the family out of poverty" "In order to be able to help his/her family when he/she start working" "In order to be able to take care of the family financially when he /she finishes school"
Biological	Children represent a continuation of the family lineage.	"Wants the child to grow to help in continuity of the lineage plus assist the family in future"
Governance	Children have the potential to become significant members of the community.	"The children are the leaders of tomorrow" "He/she can be a leader and help the community as a policeman or maybe a chief"
Moral	It's morally fairer to save a younger life.	"She deserves to live since she has lived for fewer years"
Common reasons for preferences for older children / young adults (aged 10 to 20)		
Economic	An older child already represents a significant investment on which respondents expect a return.	"The child would still be important to him as would be almost turning into a productive adult" "Invested much in the child. Child is grown and needs to live to assist her in future" "She would have invested much in the child and the child would almost become a productive adult"
Common reasons for preferences for adults (aged 20 to 60)		
Economic	This group are seen as the most economically productive.	"They are the bread winners" "Are very productive in the economy" "Provide for the households, as they have dependents"
Governance	They are also seen as important advisors and teachers within the community.	"They are the chief advisors in the community" "Help in promoting harmony in the society" "[People aged 40 to 60] are old but useful in passing good morals to youths"

The findings of our empirical facts module may imply different rankings.

- Some respondents see the loss of a child under-5, or children aged 10 to 20 as relatively less difficult:
 - Children under-5 barely contribute to the household (e.g. simple household chores), and they can be easily replaced (e.g. parents might plan to have another child in the short term).

- Although losing a child aged 10 to 20 represents the waste of an investment, or losing a potential source of income, respondents mentioned they could overcome this by conceiving again, or by concentrating resources in the remaining children.
- Conversely, the death of a member aged 20 to 40 was reported as the most impactful for the household as they hold economic responsibility:
 - Respondents mentioned that as a result of the breadwinner's death children may drop out of school, the state of the house would deteriorate, and that other household members' health may deteriorate.

2. VALUE OF DOUBLING CONSUMPTION FOR ONE PERSON FOR ONE YEAR RELATIVE TO SAVING THE LIFE OF A CHILD UNDER-5

Clear themes on how respondents make trade-offs between increasing consumptions and saving lives have emerged in our qualitative data across the year. In Table 3, on the following page, we summarize the main qualitative themes and highlights of our quantitative data.

Overall, qualitative responses have been an important complement to our methodological findings. Throughout our data collection activities, the qualitative responses have allowed us to better interpret and contextualize quantitative answers, and to refine our methodological approaches. Below are three key insights that we have gained from this data:

1. We have seen that some respondents have misconceptions about how cash transfers might be used. While this is not a large proportion of the sample (21% in the final field test) it may lead to an misestimation of the benefits of cash and so is important to understand and address.
 - For example, when asked what a poor household would do if they received a \$1,000 USD cash transfer some said money would be used in unnecessary or expensive things.
 - *"Misuse the money through drinking alcohol or buy expensive clothes"*
 - *"Decorate the house like buying fancy things like TV, or buy fancy seats"*
 - For example, when asked to describe the impact of a program that would provide cash transfers to poor households and save lives, respondents stressed that the results would depend on the use of the money provided.
 - *"It can bring impact or not it; depends whether the family misuse the cash transfers or uses it to develop the community by opening businesses which brings about employment opportunities"*
 - *"No impact because by giving more families they will misuse the money by buy extra food"*
2. We have seen that respondents' answers are often capped by the amount of money they have immediate access to (the liquidity constraint) and we believe this explains some of the lower valuations we have recorded.
 - We think this has been resolved with the small installments approach to Method A (VSL). In this scenario, in order to purchase the vaccine, the only money that respondents need to access immediately is the first monthly installment. But, by asking for monthly installments over a long time-frame, respondents are able to conceive eventually paying a much higher amount for the vaccine.
3. We have seen that some respondents consider aspects of the scenarios that we had not considered when writing the question, bypassing the actual trade-off we intended to present. This highlights the importance of piloting all potential questions in new locations, so we can understand all the different ways interpretation of the scenario could affect the valuation.
 - For example, when comparing cash transfers and bed nets respondents considered the costs of a potential malaria treatment not just the health benefits of avoiding malaria.
 - *"Because malaria is expensive to cure therefore it's better to be given the bed net to prevent malaria"*

Table 3. Summary of quantitative and qualitative results from methods aiming to capture the relative value of averting death to increasing household consumption.

Value	Method	Summary of quantitative findings	Key themes from qualitative data	Example quotes from qualitative data
Individual values (for self or own child)	Taking framing	<ol style="list-style-type: none"> Best estimate of implied mean value from the first pilot - \$3,757. This is less than a third of the current median of moral weights. This value is heavily limited by the liquidity constraint. 	<p>Many responses indicate that people frequently give the highest value that they could conceivably offer, even after our attempts to alleviate the liquidity constraint.</p> <p>Other responses indicate that beneficiaries prioritise short-term consumption needs.</p>	<p><i>"Life is more valuable than anything"</i></p> <p><i>"My life is important"</i></p> <p><i>"My life is very important so I need to save myself"</i></p>
	Method A – VSL	<ol style="list-style-type: none"> Best estimate from final field test gives an implied value of \$13,600. This is similar to the current median of moral weights. The main limitation is sample size, as our preferred approach using the final framing small instalments was used with a small sub-sample only (n=41). 	<p>Many respondents indicate that their health is valuable to them, and they are willing to make all efforts possible to raise money to buy the vaccine.</p>	<p><i>"I would also like to use that money for other family needs like food, shelter, fees and clothes"</i></p> <p><i>"That's what I can pay and the other money I use for other purposes like building"</i></p> <p><i>"To save the life of my child, and also to save some of the money for family support"</i></p> <p><i>"the highest I can pay since the child would still want more care like food"</i></p>
			<p>Similarly, in the WTA version of the question, respondents were willing to give up large amounts of money to secure a hypothetical vaccine because life is more valuable.</p>	<p><i>"Good health is better than money"</i></p> <p><i>"Life is more important than money"</i></p> <p><i>"Vaccine is more important than the money"</i></p>
			<p>Respondents also recognise that good health can have bigger long-term pay-outs than money.</p>	<p><i>"With a healthy life I can work hard to get more money"</i></p> <p><i>"I may take the money and die before enjoying because I lack the vaccine"</i></p>
Community moral values	Giving framing	<ol style="list-style-type: none"> Best estimate from first pilot gives an implied value of over \$10mil. This is approx. 1,000 times larger than the current median of moral weights. We believe results are heavily biased by the directness of the framing. 	<p>Respondents typically answered this question in very absolute terms, that saving lives is always more important than giving cash transfers.</p>	<p><i>"No amount of money can be equated to life"</i></p> <p><i>"Life is very precious, while the poor can work hard to earn a living"</i></p>
	Method D – choice experiment	<ol style="list-style-type: none"> Best estimate from the final field test gives an implied value of \$15,000, while other framings gave us implied values between \$27,000 and \$1mil. This is between 1 and 100 times the current median of moral weights. We think the direct framing of some choices biases results up. We need a larger sample from our best framing to get a true estimate. 	<p>Some respondents think that saving the lives of community members is more important than any intervention to increase income.</p> <p>While others recognise the potential for income increasing interventions to have a long-term impact on the community, that is more important than saving lives.</p>	<p><i>"Because live is more important than education so it's better for someone to be alive"</i></p> <p><i>"Program A will give more families cash transfers hence reducing the rate of poverty in the village therefore more development"</i></p> <p><i>"There will reduce the rate of poverty at a higher rate there for more development to the community"</i></p> <p><i>"By giving these 20 families they will be able to educate their children and also reduce the rate of poverty"</i></p> <p><i>"Because by educating this kid they will be able to finish school and start helping the family financially hence reducing the rate of poverty on their household"</i></p>