Ethics and Society

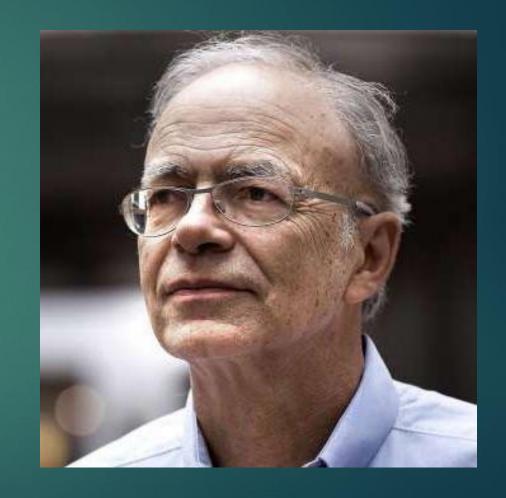
POLI 27

Reading for Wednesday 8/25

- ▶ Peter Singer Famine, Affluence and Morality
- Toby Ord The Moral Imperative toward Cost-Effectiveness in Global Health
- ► Emily Clough Effective Altruism's Political Blind Spot (with reply)

- "I shall argue that the way people in relatively affluent countries react to a situation like that in Bengal cannot be justified; indeed, the whole way we look at moral issues—our moral conceptual scheme—needs to be altered, and with it, the way of life that has come to be taken for granted in our society."
- "I begin with the assumption that suffering and death from lack of food, shelter, and medical care are bad."
- "...if it is in our power to prevent something bad from happening, without thereby sacrificing anything of comparable moral importance, we ought, morally, to do it."
 - ▶ "By "without sacrificing anything of comparable moral importance" I mean without causing anything else comparably bad to happen, or doing something that is **wrong in itself**, or failing to promote some moral good, comparable in significance to the bad thing that we can prevent."
 - ▶ Question: is anything wrong "in itself" on a consequentialist standard?

- "An application of this principle would be as follows: if I am walking past a shallow pond and see a child drowning in it, I ought to wade in and pull the child out. This will mean getting my clothes muddy, but this is insignificant, while the death of the child would presumably be a very bad thing.
- The uncontroversial appearance of the principle just stated is **deceptive**. If it were acted upon, even in its qualified form, our lives, our society, and our world would be **fundamentally changed**. For the principle takes, firstly, no account of proximity or distance."



- From the moral point of view, the development of the world into a "global village" has made an important, though still unrecognized, difference to our moral situation. Expert observers and supervisors, sent out by famine relief organizations or permanently stationed in famine-prone areas, can direct our aid to a refugee in Bengal almost as effectively as we could get it to someone in our own block."
- "No doubt there are some issues of social policy and foreign policy about which it can truly be said that a really expert assessment of the facts is required before taking sides or acting, but the issue of famine is surely not one of these. The facts about the existence of suffering are beyond dispute. Nor, I think, is it disputed that we can do something about it, either through orthodox methods of famine relief or through population control or both."

Major econometric studies and their findings [edit]

The main findings of major econometric studies are summarized in the following table.

Table of econometric studies on aid effectiveness

Author/year ^[35]	Period	Findings on aid effectiveness
Mosley 1987 ^[36]	1960-1980	Aid had no significant effect on economic growth. The reason seemed to be fungibility: aid likely released other resources for unproductive uses.
Boone 1996 ^{[37][38]}	1971-1990	Aid had no clear effect on rates of infant mortality and primary education.
Burnside and Dollar 1997, ^[39] 2000 ^[40]	1970-1993	Aid had a positive impact on growth in developing countries with good policies. But the overall effect of aid was unclear because donors did not especially target such countries.
Svensson 1999 ^[41]	1980s, 1990s	Aid had a positive impact on growth in more democratic countries. But aid on average was not channeled to more democratic countries.
Arvin and Borillas 2002 ^[42]	1975-1998	Aid had no clear effect on GNP per capita.
Kosack 2003 ^[43]	1974-1985	Aid had no clear effect on average, but improved the quality of life when combined with democracy.
Dunning 2004 [44]	1975-1997	In the first few years after the Cold War foreign aid produced a small positive effect on democracy in sub-Saharan African countries, unlike in the previous 15 years.
Easterly et al. 2004 ^[45]	1970-1997	The finding of Burnside and Dollar (2000, see above) is not robust to different definitions of aid and good policy.
Mosley et al. 2004 ^[46]	1980-2000	Aid increased pro-poor public spending in low-income countries.
Rajan and Subramanian 2005 [47]	1960-2000	There was on average no robust positive relationship between aid and growth.
Yontcheva and Masud 2005 ^[48]	1990-2001	Aid by NGOs co-financed by the European Commission reduced infant mortality but bilateral aid generally did not.
Calderon et al. 2006 ^{[49][50]}	1971–2002	Aid had no clear effect on poverty, inequality, economic growth or democratic institutions.
Mosley and Suleiman 2007 ^[51]	1980-2002	Aid most effectively reduced poverty when it supported public expenditures on agriculture, education and infrastructure.
Bahmani-Oskooee and Oyolola 2009 ^[52]	1981-2002	Aid was on average effective in reducing poverty.
Clemens et al. 2011 ^[53]	1970-2000	Aid had a modest positive effect on economic growth. ^[54]
Alvi and Senbeta 2012 ^[55]	1981-2004	Aidespecially multilateral aidsignificantly reduced poverty.
Kaya et al. 2013 ^[56]	1980-2003	Aid to agriculture significantly reduced poverty.
Hirano and Otsubo 2014 ^[57]	1990s, 2000s	Social aid directly benefitted the poorest in society, while economic aid increased the income of the poor through growth.
Nunn and Qian 2014 ^[58]	1971-2006	U.S. food aid increased the incidence and duration of civil conflicts, but had no robust effect on inter-state conflicts or the onset of civil conflicts. ^[59]
Arndt et al 2015 ^[60]	1970-2007	Aid moderately stimulated growth, promoted structural change, improved social indicators, and reduced poverty.
Petrikova 2015	1994-2011	Aid had a small positive effect on food security
Janjua et al. 2018 ^[61]	1995-2009	Project aid had a significant effect on economic growth. Programme aid had a significant effect on social development.

Source: Wikipedia, Aid Effectiveness

- Possible limitation: "if everyone in circumstances like mine gave \$5 to the Bengal Relief Fund, there would be enough to provide food, shelter, and medical care for the refugees; there is no reason why I should give more than anyone else in the same circumstances as I am; therefore I have no obligation to give more than \$5."
 - ➤ Singer's reply: "It is more or less certain that not everyone in circumstances like mine will give \$5. So there will not be enough to provide the needed food, shelter, and medical care. Therefore by giving more than \$5 I will prevent more suffering than I would if I gave just \$5."
 - ► Therefore I have a moral obligation to give more than \$5.

- Recall Bicchieri: "...public endorsement of the norm may coexist with considerable private deviance."
 - "...it is plausible that one is guided by benevolence (or even altruism) in interacting with family and friends, but when interacting with strangers...[one is] guided by social norms.
- ▶ Recall Bowles and Gintis: We have an intrinsic motivation to punish shirkers, but no equivalent motivation to contribute altruistically [this punishment is retributive, not instrumental].
 - ➤ "After the initial rounds in the standard public goods without punishment game, experimental subjects decline to contribute altruistically but once punishment is permitted they avidly engage in the altruistic activity of punishing low contributors."

- "The outcome of this argument is that our traditional moral categories are upset. The traditional distinction between duty and charity cannot be drawn, or at least, not in the place we normally draw it."
 - Charity: required, not supererogatory.
- ▶ Does our obligation to help mean that we should help as individuals, or collectively through our governments?
 - ➤ Singer: whatever is most effective (but government's involvement doesn't relieve individual obligation).

- It might, nevertheless, be interesting to consider why our society, and most other societies, do judge differently from the way I have suggested they should. In a well-known article, J. O. Urmson suggests that the imperatives of duty, which tell us what we **must** do, as distinct from what it would be **good** to do but not **wrong** not to do, function so as to **prohibit** behavior that is intolerable if men are to live together in society."
- "This may explain the origin and continued existence of the present division between acts of duty and acts of charity. Moral attitudes are shaped by the needs of society, and no doubt society needs people who will observe the rules that make social existence tolerable. From the point of view of a particular society, it is essential to prevent violations of norms against killing, stealing, and so on. It is quite inessential, however, to help people outside one's own society."



- "If this is an explanation of our common distinction between duty and supererogation, however, it is not a justification of it. The moral point of view requires us to look beyond the interests of our own society. Previously, as I have already mentioned, this may hardly have been feasible, but it is quite feasible now."
- "Given the present conditions in many parts of the world, however, it does follow from my argument that we ought, morally, to be working full time to relieve great suffering of the sort that occurs as a result of famine or other disasters."

Dambisa Moyo - Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa

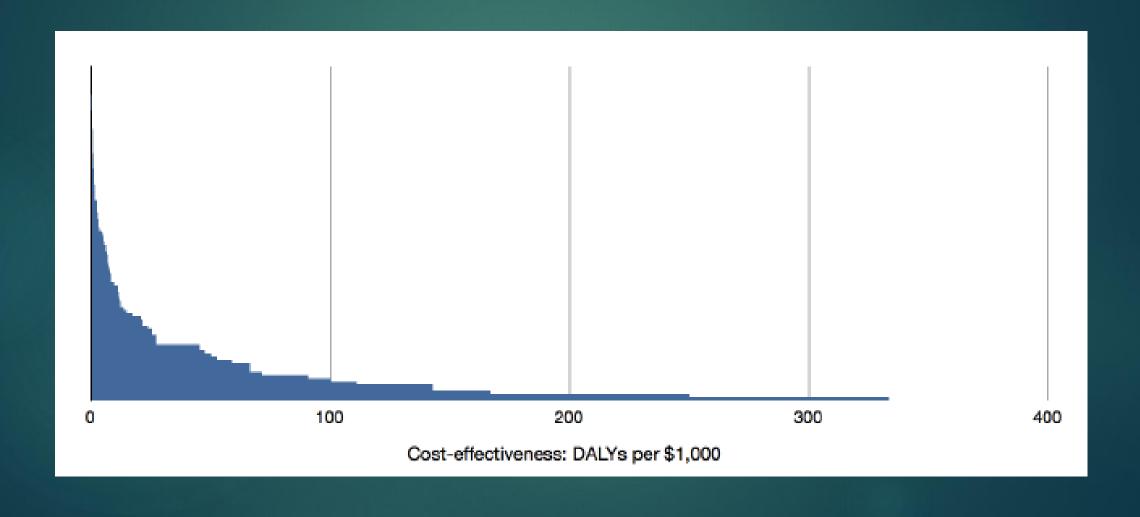
- "Moyo's first book argues that government-to-government foreign aid has harmed Africa and should be phased out. In the book she states that in the past fifty years, more than \$1 trillion in development-related aid has been transferred from rich countries to Africa. Then she questions if anything has changed."
- "It became a New York Times bestseller. The Financial Times summary: "Limitless development assistance to African governments, [Moyo] argues, has fostered dependency, encouraged corruption and ultimately perpetuated poor governance and poverty." [Source: Wikipedia, Dambisa Moyo]
 - ▶ Bill Gates: "books like that they're promoting evil."
 - ▶ Moyo stated "To cast aside the arguments I raised in *Dead Aid* at a time when we have witnessed the transformative economic success of countries like China, Brazil and India, belittles my experiences, and those of hundreds of millions of Africans."



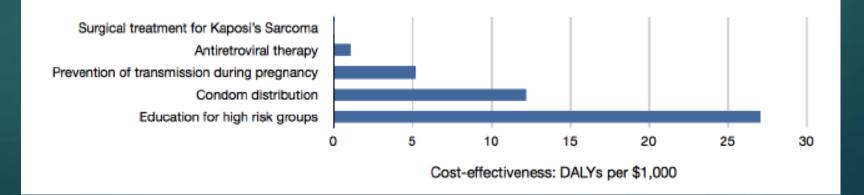


- ► The best health interventions are "estimated to be 1,400 times as cost-effective as the least good."
- "Ignoring cost-effectiveness thus does not mean losing 10 percent or 20 percent of the potential value that a health budget could have achieved, but can easily mean losing 99 percent or more."
- "In practical terms, this can mean hundreds, thousands, or millions of additional deaths due to a failure to prioritize."
- "...merely moving funding from one intervention to a more cost-effective one can produce almost as much benefit as adding an equal amount of additional funding."

- ► "The standard measure in global health is the disability-adjusted life-year (DALY). This measures the disvalue of health conditions in terms of the number of years of life lost due to the condition plus the number of years lived with disability multiplied by a number representing the severity of the disability. For example, a condition that caused one to die five years prematurely and to live the last ten years with deafness would be valued as 5 + (10 x 33.3%) = 8.33 DALYs."
- ▶ "Different reasonable choices on these parameters could change the number of DALYs due to a condition by a few percent or by as much as a factor of two. DALYs should thus be considered to be only a **rough measure**...It might seem that there would be little use for so rough a measure. This would be true if the difference in cost-effectiveness between interventions were also about a factor of two, but **since** it is often a factor of a hundred or more, a rough measure is perfectly adequate for making the key comparisons.



Let us now address all of the three concerns, by looking at a real-world example of funding the prevention or treatment of HIV and AIDS. Let us consider five intervention types: surgical treatment for Kaposi's sarcoma (an AIDS-defining illness), antiretroviral therapy to fight the virus in infected people, prevention of transmission of HIV from mother to child during pregnancy, condom distribution to prevent transmission more generally, and education for high-risk groups such as sex workers. It is initially very unclear which of these interventions would be best to fund, and one might assume that they are roughly equal in importance. However, the most comprehensive compendium on cost-effectiveness in global health, *Disease Control Priorities in Developing Countries* (second edition), hereafter DCP2, lists their estimated cost-effectiveness as follows:³



- "Some object that consequences are not the only thing that matters. For example, some people think that acting virtuously or avoiding violating rights matters too."
- ► "However, all plausible ethical theories hold that consequences are an important input into moral decision-making, particularly when considering life-or-death situations, or those affecting thousands of people. Indeed, these are precisely the types of cases in which people think that it may even become permissible to violate rights."
- "...in the cases under consideration, there is not even a conflict between producing a much greater good and acting virtuously or avoiding violating people's rights. The consequences are thus of great moral importance, with no serious moral factors counting in the opposite direction [compare Singer]. Proponents of all ethical theories should therefore agree about the moral importance of funding the most cost-effective health interventions."

- ▶ "Another reason people might be initially suspicious of prioritization based on costeffectiveness is through confusing it with cost-benefit analysis. The latter is an economic method for prioritization which involves determining the benefits for each person in terms of how many dollars they would be willing to pay, adding these up, and then dividing by the total costs in order to produce a benefit-cost ratio in units of dollars per dollar. This method is ethically suspect as it considers benefits to wealthy people (or groups) to be worth more than comparable benefits to poorer people (or groups) since the wealthy are willing to pay more for a given benefit."
- ▶ "However, the cost-effectiveness I have discussed in this essay is very different, and is a type of analysis known as **cost-effectiveness analysis**. This doesn't convert benefits into dollars, but just provides a raw measure of the benefits in units such as DALYs per dollar, or lives saved per dollar. Thus the wealth of the recipients is not an input to the analysis, and it doesn't discriminate toward interventions that favor the wealthy."

TNVESTIGATIONS

What Does Haiti Have to Show for \$13 Billion in Earthquake Aid?

Five years ago a deadly earthquake ravaged Haiti. Dr. Nancy Snyderman returns to document its recovery.

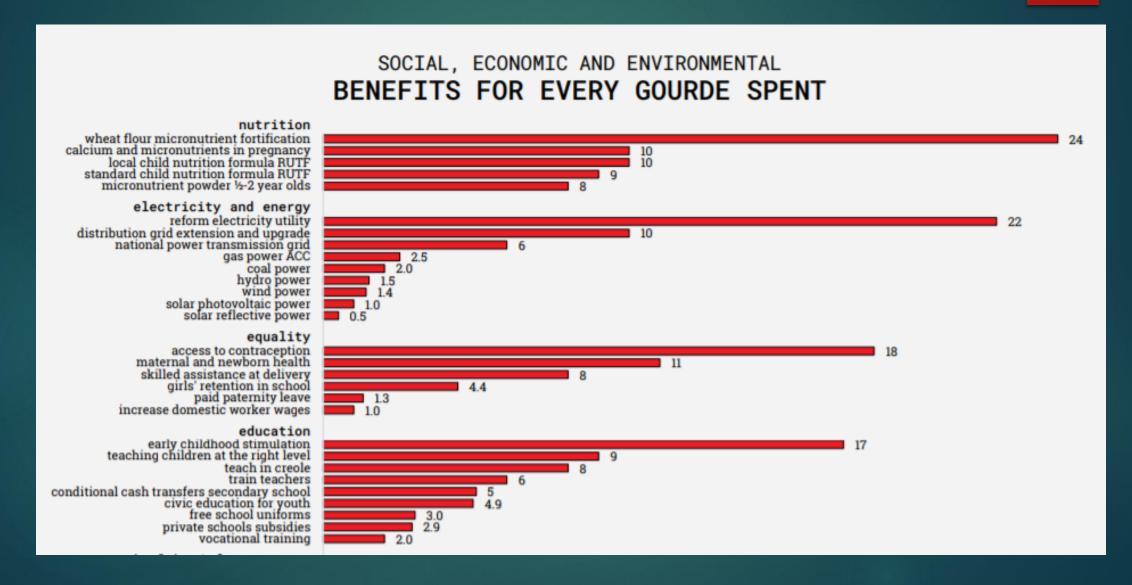
Haiti 5 Years After Deadly Earthquake

JAN. 11, 2015 / 02:29

Haiti - \$13 billion in aid since 2010

USAID - \$4.4BN; PETROCARIBE - \$4BN; DFID - \$2.6BN (MONTERREY CONSENSUS)

Haiti - \$13 billion in aid since 2010



- "In recent years, one approach has emerged as the new gold standard in development economics: the randomized controlled trial (RCT) field experiment. RCTs are designed to make the complex social world as much like a scientific laboratory as possible in order to isolate the effect of a particular intervention. The focus on impact makes RCTs appealing to effective altruists."
- "The quality of the state's social service provision thus critically shapes welfare outcomes for many of the poorest people in the world. Yet it seems that once effective altruists have—for good reasons—ruled out governments as eligible recipients of effective aid, their attention to the state drops off entirely."



"As in medical studies, RCT researchers randomly assign subjects to treatment and control groups to ensure that the two groups are roughly identical prior to the experiment. Then they administer the intervention-mosquito bed nets, de-worming pills, curriculum interventions, eye surgeries—-only to those in the treatment group. Any differences in outcomes (malaria rates, parasite infection incidence, literacy levels, vision) between the treatment and control groups are attributed to the intervention. The clean research design makes researchers confident they have correctly identified whether a program has had the intended impact."



- "However, this approach to assessment has a serious downside: RCTs only capture a narrow view of impact. While they are good at measuring the proximate effects of a program on its immediate target subjects, RCTs are bad at detecting any unintended effects of a program, especially those effects that fall outside the population or timeframe that the organization or researchers had in mind."
- "For example, an RCT might determine whether a bed net distribution program lowered the incidence of malaria among its target population. But it would be less likely to capture whether the program unintentionally demobilized political pressures on the government to build a more effective malaria eradication program, one that would ultimately affect more people."



- "RCTs thus potentially miss broader insights and side effects of a program beyond its target population."
- "Effective altruists are committed to evidence-based selection of charities, but in interpreting RCTs as the "best available evidence" they have prioritized certainty, narrowing the scope of impact they consider in identifying top charities. This choice has built political and institutional blind spots into the way the effective altruism movement redistributes money."
- "The puzzle of how to identify effective organizations—charities likely to have the desired impact on poverty—remains thorny."



- "In the worst case, the presence of NGOs induces exit from the state sector."
- "The result is a disengagement of the most mobilized, discerning poor citizens from the state. These are the citizens most likely to have played a previous role in monitoring the quality of state services and advocating for improvements."
- "Once they exit, the pressure on the government to maintain and improve services eases, and the quality of government provision is likely to fall. This dynamic, sometimes called skimming, has unfortunate consequences for those most in need of services."



- "The critical point here is that there is a political dimension to poverty that is ignored in the standard process effective altruists use to target their giving. Charities funded by the movement operate in an inescapably political environment, one in which citizens make demands on their governments to deliver promised services and meet their basic needs."
- These political channels that link the poor to the state are often precarious and partially functioning. Nevertheless, little else prevents governments from divesting from basic service delivery for poor segments of society.



► "The effective altruism movement is not alone in its inattention to these dynamics. Observers have commented on the "anti-politics" of the development industry, arguing that development actors tend to seek technocratic solutions to poverty that skirt the touchy issues of politics but leave untouched the power structures that create and maintain systems of poverty."



"...from a consequentialist standpoint, it is not enough for effective altruists to simply tweak their approach to RCT design. They must contend with the fact that the state remains the primary provider of basic social welfare for most poor citizens in most poor countries, and that pumping money into a parallel set of providers—even good ones—without a plan for reaching the coverage or scale of a state may do serious harm to the poor who are left in the state system."

