



doebem ❤

Cause Prioritization Research in Brazil

Poverty and Development

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Summary

- **doebem's** Cause Prioritization research was carried out to guide our actions in the coming years, in line with our commitment to maximizing the social impact of donations in Brazil.
- We used the ITN framework, which evaluates causes based on the criteria of Importance, Tractability and Neglectedness. In general, causes that stand out in these criteria offer greater opportunities for effective donations, that is, they generate a greater return per monetary unit invested.
- We evaluated 59 causes grouped into 7 areas related to Poverty and Development in a phased study, with an innovative approach, which included the participation of 16 experts.
- We point out 3 causes with the greatest potential impact on the allocation of **doebem's** resources: Non-communicable chronic diseases; Access to Treated Water and; Hunger, Malnutrition and Nutritional Deficiency.

Introduction

doebem is dedicated to maximizing social impact. Our commitment to our donors goes beyond ensuring that their donations have a social impact; we aim to achieve the greatest possible social impact. To fulfill this commitment, it's essential that we have a robust methodology that allows for the comparison of cost-effectiveness across various interventions.

The task of comparing interventions is complex, as it involves considering numerous contextual factors to avoid misleading conclusions. This complexity is further heightened when comparing interventions aimed at addressing or mitigating issues of different natures. For instance, how do we compare the impact of a professional training program with that of a program combating child violence? Such challenges are related to the concept of "moral weights," a topic that has been extensively studied and debated.¹

Nevertheless, a portion of this challenge can be addressed through more established and widely accepted methodological approaches. One such approach is the prioritization of causes based on the criteria of Importance, Tractability, and Neglectedness:²

Importance

refers to the scale of the problem. This encompasses the number of individuals affected and the extent of the impact on those suffering from it.

Tractability

is defined as the feasibility or likelihood of finding workable solutions to address the problem.

Neglectedness

measures the current level of effort being applied to solve the problem in comparison to what is actually needed.

Generally, **causes that are substantial in both size and intensity, solvable through relatively straightforward interventions, and currently under-addressed tend to be more promising targets for effective donations.** In other words, they yield a greater social impact per monetary unit.

At **doebem**, we adopted this theoretical framework to prioritize causes within our current Poverty and Development focus area. Spanning six months in 2023, the study was divided into four major stages:



Construction of the Cause Map

The first step involved conducting a comprehensive survey of various social issues to identify **the causes and consequences of poverty and underdevelopment in Brazil**. This preliminary map was then shared with members of the Effective Altruism community³ for additional insights, critiques, and suggestions.

The outcome of this stage was **a map featuring 59 causes, organized into 7 distinct areas**, as detailed in the table below:

Poverty and Development

Education

Absence of psychological support and social assistance in schools
Age-grade distortion
Devaluation of the teaching profession (low salaries, work regime, inadequate working conditions, etc.)
(Issues related to) early childhood education
(Issues related to) elementary school (grades 1-5)
(Issues related to) middle school (grades 6-9)
(Issues related to) high school education
(Issues related to) higher education
(Issues related to) the school curriculum
(Issues related to) technical education
Lack of student motivation/low attractiveness of education
Lack of vacancies in early childhood education
Low level of learning
Low quality/inadequacy of teacher training
School dropout and abandonment
School management problems

Employment and Income

Barriers and difficulties in job searching
Inadequate qualification for the demands of the job market
Informality/underemployment
Low educational attainment/technical qualification
Low remuneration (compared to the cost of living)
Unemployment

Food Insecurity, Obesity and Malnutrition

- Hunger and malnutrition
- Nutritional deficiencies
- Overweight and obesity

Housing

- Housing in areas at risk of environmental disasters
- Housing in precarious, informal, or inadequate settlements
- People experiencing homelessness
- Real estate speculation

Basic Sanitation

- Lack of access to sewage systems
- Lack of access to treated water
- Lack of access to waste collection

Health

- Abusive consumption of alcohol and drugs
- Blindness and visual impairment
- Deafness and hearing impairment
- Early pregnancy, STIs, and other issues related to sexual and reproductive health
- Hypertensive disorders, hemorrhages, puerperal infections, abortion complications, and other causes of maternal mortality
- (Issues related to) infant mortality
- Malaria, tuberculosis, and other neglected tropical diseases
- Mental disorders, psychosocial disabilities, and other issues related to mental health
- Non-communicable chronic diseases
- Parasitic diseases
- Sedentary lifestyle

Crime and Violence

- Child labor, abuse, exploitation, and torture against children
- Digital crimes
- Fear and perception of insecurity
- Femicide and other forms of violence against women
- Forced labor and slavery-like practices
- Hate speech and its consequences
- Homicides
- Human trafficking
- LGBTQIA+phobia
- Mass incarceration, prison violence, and criminal recidivism
- Organized crime and parallel powers
- Police violence
- Racism
- Religious intolerance
- Violence in rural areas
- Violence in schools

Two key observations from this initial stage are noteworthy. Firstly, it's important to acknowledge that the map might not encompass every possible cause. The goal was not to create an exhaustive map covering all conceivable causes, but rather a comprehensive map that encompassed potentially more relevant, strategic, and representative causes related to the themes of Poverty and Development.⁴ We took care to ensure that this mapping remained within a maximum size to avoid compromising the progress and completion of the study. Secondly, we allowed for some level of overlap between causes to explore different perspectives on the same issue.

Expert Analysis

After listing the potential causes, the next step was to compare them using the criteria of Importance, Tractability, and Neglectedness, as previously mentioned. To enhance the robustness of our study, we engaged experts from each field identified in the initial mapping stage, aiming to evaluate the causes within their areas of expertise.

This approach significantly enriched the study in several ways.

Firstly, it brought a diversity of perspectives to the process. Secondly, **involving of individuals with deep knowledge in the relevant fields led to a more informed and qualified assessment of the causes.**

However, incorporating a larger number of participants, particularly experts and renowned figures in their fields, presented challenges related to meeting deadlines and obtaining responses, especially considering their involvement was on a voluntary basis. In response to this, we established minimum desirable criteria to ensure quality in the process and devised participation formats that accommodated these dynamic requirements. Our goal was to ensure that each cause was evaluated by at least two knowledgeable individuals, using an online form or interview, depending on their availability.

In identifying potential experts, we conducted online searches, including platforms like Lattes,⁵ and leveraged recommendations from our team, Board, and key figures within the Effective Altruism community. By the end of this process, we had secured the voluntary support of 16 specialists.

Education

Ernesto Martins Faria: PhD in Teaching Organization and Teacher Training from the University of Coimbra, Specialist in calculations and analysis of educational indicators and Founder and Executive Director of Iede - Interdisciplinaridade e Evidências no Debate Educacional.

Gabriel Barreto Corrêa: PhD student in Public Administration at FGV, Visiting Researcher at Stanford University College of Education and Director of Public Policies at Todos pela Educação

Priscilla Tavares: PhD in Economics from FGV-EESP, Professor at the same institution and Researcher in the area of Educational Economics. She was a Technical Advisor to the Government of the State of São Paulo and an impact assessment consultant for the UNDP, World Bank, UNESCO, Ministry of Education and Ministry of Labor.

Employment and Income

Edivaldo Constantino das Neves Junior: PhD in Economics from USP, member of the Network of Black Economists and Manager of the Brazil Employment and Opportunity Initiative (JOI Brasil) for J-PAL in Latin America and the Caribbean. He was a Consultant for the FIPE IDB.

Specialist*: PhD in Economics, Technical employee at a Research Institute and member of the editorial board of an academic journal.

Food Insecurity, Obesity, Malnutrition

Larissa Galastri Baraldi: PhD in Nutrition and Public Health by USP, Scientific Researcher at the Center for Studies and Research in Food (NEPA-UNICAMP) and associate researcher at the Center for Epidemiological Research in Nutrition and Health (NUPENS-USP)

Renato Carvalheira do Nascimento: PhD in Social Sciences in Development, Agriculture and Society at UFRRJ, S&T Analyst at CAPES and Deputy Coordinator of Brazilian Research Network on Food and Nutritional Sovereignty and Security (Penssan). He was Brazil's rapporteur for the Human Right to Adequate Food at the Regional FAO Latin America in 2009.

Housing and Basic Sanitation

Frederico Poley Martins Ferreira: PhD in Demography from UFMG, Researcher at Fundação João Pinheiro in the areas of Local and Regional Development, Depopulation, Housing, Sanitation and Households, Professor and Manager in Public Bodies.

Renato Cymbalista: PhD in Urban Environmental Structures from USP, Professor at the same institution, President of the Pólis Institute and Advisor to Casa do Povo. He was Deputy Editor of the Brazilian Journal of Urban and Regional Studies.

Basic Sanitation

Wilson Tadeu Lopes da Silva: PhD in Chemistry with an emphasis on Sanitary Engineering from USP and Level A Researcher at Embrapa. He has 48 publications in refereed scientific journals and 20 technical publications “Embrapa Series”. He is the editor of 6 books and author of 8 book chapters.

Specialist*: Master in Economics, Executive Partner of a Multidisciplinary Consultancy, Researcher of the Sanitation Ranking and author of a book on the subject in Brazil.

Health

Isabel Bichucher Opice: Masters in Economics from USP and in Public Administration from Harvard University, Co-founder and Director of Operations at ImpulsoGov.

Thais Junqueira: Master in International and Comparative Education from Stanford University and General Superintendent of Umane.

Specialist*: Master in Public Health, specialist in morbidity and mortality of diseases transmitted by arthropods

Crime and Violence

Joana Monteiro: PhD in Economics from PUC-Rio, Professor at EBAPE and EAESP and Lemann Visiting Public Policy Fellow at Columbia University. Specialist in evaluating public security and criminal justice policies. She was President-Director of the Public Security Institute and coordinator of the Research Center of the Public Ministry of Rio de Janeiro.

Thomas Conti: PhD in Economics from UNICAMP, Professor at Insper and IDP, Entrepreneur partner and CEO of AED Consulting, member and former academic director of the Brazilian Association of Law and Economics, member of the Brazilian Association of Jurimetrics and researcher in the area of Law and Economics, in particular institutions, development and crime.

* Experts who preferred not to have their names disclosed.

The expert group predominantly comprised individuals affiliated with academia (26%), followed closely by those from research centers (20%) and government bodies (20%). Representatives from Civil Society Organizations, private companies, and other institutions also participated but to a lesser extent. In terms of demographics, there was a noticeable concentration of white men based in São Paulo. This is certainly an important point of weakness in the research that we intend to address in future research.

There are various methods to prioritize causes within the ITN framework, ranging from subjective evaluations to the use of quantitative indicators. Given the extensive and diverse nature of the cause map and the voluntary involvement of experts, we opted for a qualitative approach. This approach required less time commitment, thereby increasing the likelihood of acceptance of our invitation.

Each evaluation was conducted using a form that included items related to the **criteria of Importance, Tractability, and Neglectedness**. These were measured on Likert scales designed to capture the magnitude or intensity of each evaluated cause and aspect:⁶

	Aspect	Response Scale
Importance	Percentage of Brazilian population who endures the problem	Population percentage ranges
	Probability that a person who endures the problem will die as a consequence of it	5 points ranging from very low to very high
	Level of loss of quality of life caused by the problem	5 points ranging from very low to very high
	Size of obstacle to overcome the situation of poverty represented by the problem, for the person who endures it	5 points ranging from very low to very high
	Level of complexity to solve the problem	5 points ranging from very low to very high
Tractability	Average cost of interventions related to the problem	5 points ranging from very low to very high
	Existence of civil society organizations working on the cause ⁷	Many, at least one and I don't know
Neglectedness	Level of public investment in relation to the size of the problem	3 points ranging from well below what is necessary to adequate
	Level of private investment in relation to the size of the problem	3 points ranging from well below what is necessary to adequate

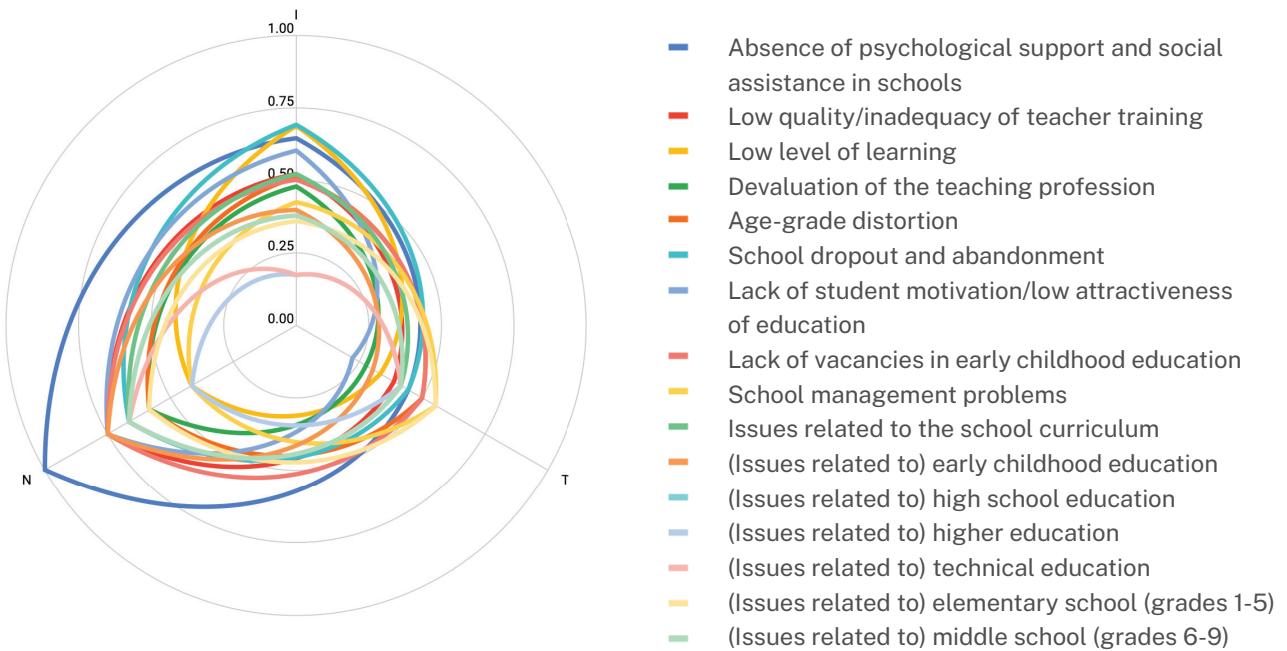
After receiving the evaluations from the group of experts, their responses were quantified according to [this table](#), allowing each criterion—Importance, Tractability, and Neglectedness—to be assigned values ranging from 0 to 1. We then calculated the simple average of the experts' assessments for each criterion pertaining to each cause.

The following table summarizes the results of this exercise.

It highlights the causes that scored highest in each criterion, categorized by area. Additionally, we have prepared some detailed graphs and descriptions to provide a more in-depth view of the results. For transparency and further analysis, the individual responses from each expert can be consulted in this [spreadsheet](#).

	Importance	Tractability	Neglectedness
Education	<ul style="list-style-type: none"> • Low level of learning • School dropout and abandonment 	<ul style="list-style-type: none"> • School management problems • Elementary school (grades 1-5) 	<ul style="list-style-type: none"> • Absence of psychological support and social assistance in schools
Employment and Income	<ul style="list-style-type: none"> • Low remuneration • Informality/underemployment 	<ul style="list-style-type: none"> • Low educational attainment/technical qualification 	Multiple causes with the same score
Hunger and Malnutrition	<ul style="list-style-type: none"> • Hunger and malnutrition 	<ul style="list-style-type: none"> • Nutritional deficiencies 	<ul style="list-style-type: none"> • Hunger and malnutrition
Housing	<ul style="list-style-type: none"> • People experiencing homelessness 	<ul style="list-style-type: none"> • People experiencing homelessness • Real estate speculation 	Multiple causes with the same score
Basic Sanitation	<ul style="list-style-type: none"> • Lack of access to treated water 	<ul style="list-style-type: none"> • Lack of access to treated water 	<ul style="list-style-type: none"> • Lack of access to sewage systems
Health	<ul style="list-style-type: none"> • Mental health 	<ul style="list-style-type: none"> • Sexual and reproductive health 	<ul style="list-style-type: none"> • Non-communicable chronic diseases
Crime and violence	<ul style="list-style-type: none"> • Mass incarceration, prison violence and criminal recidivism 	<ul style="list-style-type: none"> • LGTQIA+phobia 	<ul style="list-style-type: none"> • Organized crime and parallel powers

Education

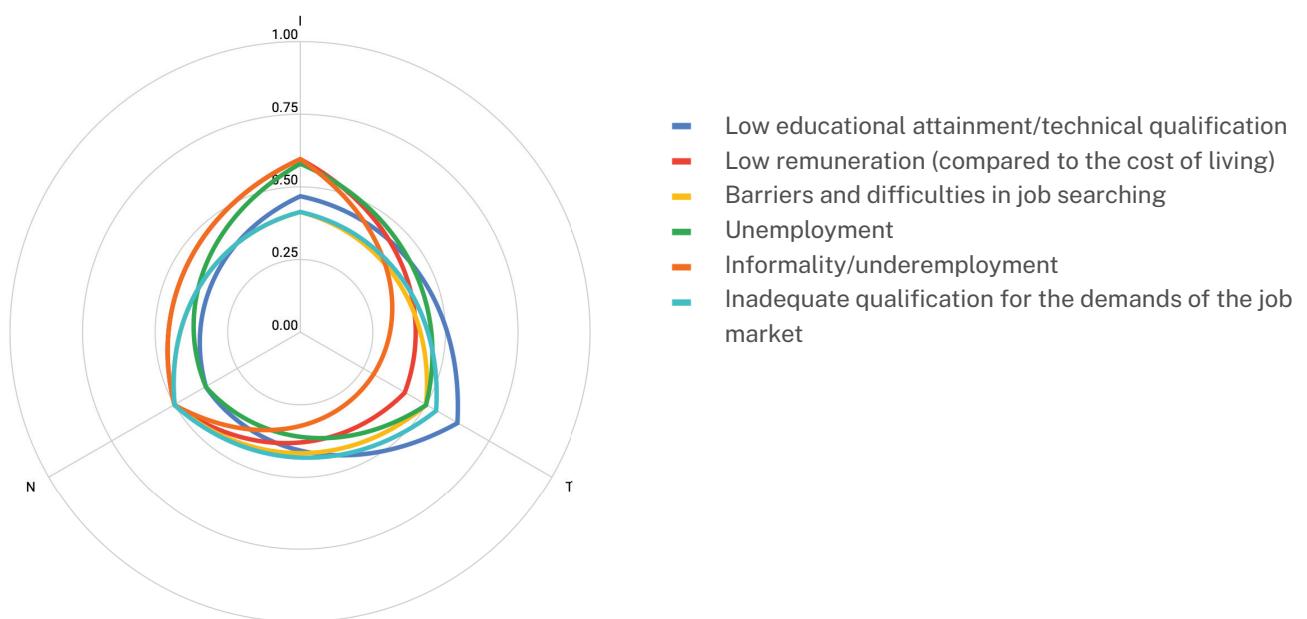


A notable outcome in this area is the high degree of Neglectedness (1.0) assigned to the issue of inadequate psychological support and social assistance in Brazilian schools. This finding is particularly relevant in light of recent incidents of violence against schools in the country,⁸ underscoring a worrying trend. These attacks can be seen both as a result of the lack of psychological and social support in schools and as a factor that exacerbates the problem, with traumatized children requiring even more support. This high score in Neglectedness might reflect the timing of the evaluation, highlighting a real and pressing issue that has yet to be adequately addressed by public authorities and civil society. In terms of the other criteria, this cause scored 0.65 in Importance, higher than the average of 0.47 for all causes, and 0.44 in Tractability, slightly above the Education sector average of 0.41.

Issues concerning school management and the early years of Elementary Education were identified as the most tractable, with Tractability scores of 0.56. However, their scores in Neglectedness and Importance were lower than the average for Education-related causes.

In terms of Importance, the causes that stood out were low learning, and school dropout and abandonment, both scoring 0.69. Low learning was assessed as having a relatively low level of Neglectedness (0.42) compared to other causes, but an even lower Tractability score (0.33). School dropout and abandonment had slightly higher scores in Neglectedness and Tractability than the average for Education causes, at 0.67 and 0.44 respectively.

Employment and Income

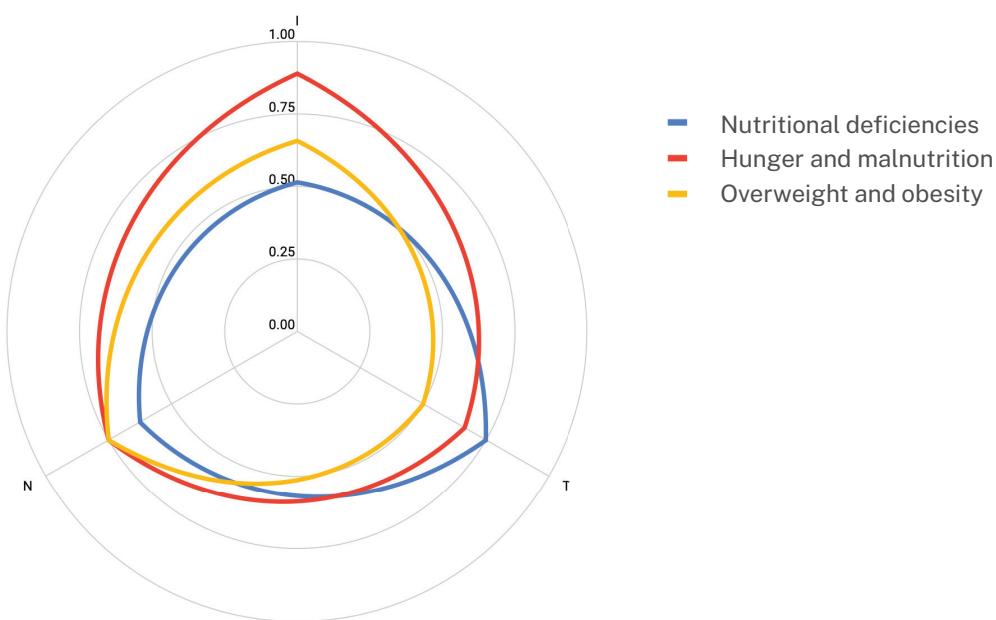


In this area, the issue of low education and technical qualifications emerged as the most tractable, with a score of 0.63, significantly surpassing the area's average tractability score of 0.48. However, its scores in the other criteria were below the averages, with 0.47 in Importance (against an average of 0.51) and 0.38 in Neglectedness (against an average of 0.46).

Concerning employment issues, the problems of low pay, informality, and underemployment were notable for their high Importance, each scoring 0.59. Specifically, the issue of low pay was seen as less tractable (0.42) compared to the average, and slightly more neglected (0.50) than average. Informality and underemployment were identified as relatively neglected problems, with a score of 0.50, above the average, but with low tractability at 0.29.

In terms of Neglectedness, no specific cause stood out distinctly. Instead, two distinct groups emerged. The first group includes the challenges of low education/technical qualifications and unemployment, each with a Neglectedness score of 0.38. The other group encompasses challenges with higher levels of Neglectedness, all with scores of 0.50.

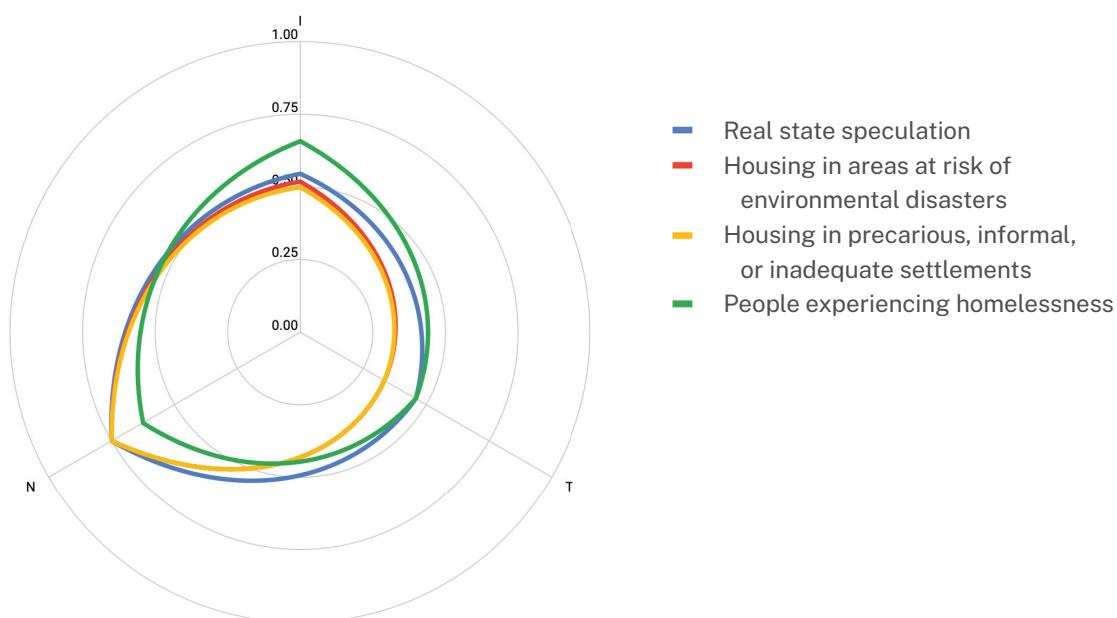
Food Insecurity, Obesity, and Malnutrition



Hunger and malnutrition emerged as the most pressing issues in terms of Importance, scoring 0.89, and also highly Neglected, with a score of 0.75. However, their Tractability score of 0.67 is lower compared to the problem of nutritional deficiency. Nutritional deficiency, on the other hand, is identified as the most tractable (0.75), but it scores lower in Importance (0.51) and Neglectedness (0.63) within this group.

Lastly, the issue of overweight and obesity is perceived as quite neglected (0.75), indicating a significant lack of attention to this problem. However, it is comparatively more challenging to address, with a Tractability score of 0.50. Its Importance is moderate, at 0.66, positioning it between the other causes in this category.

Housing

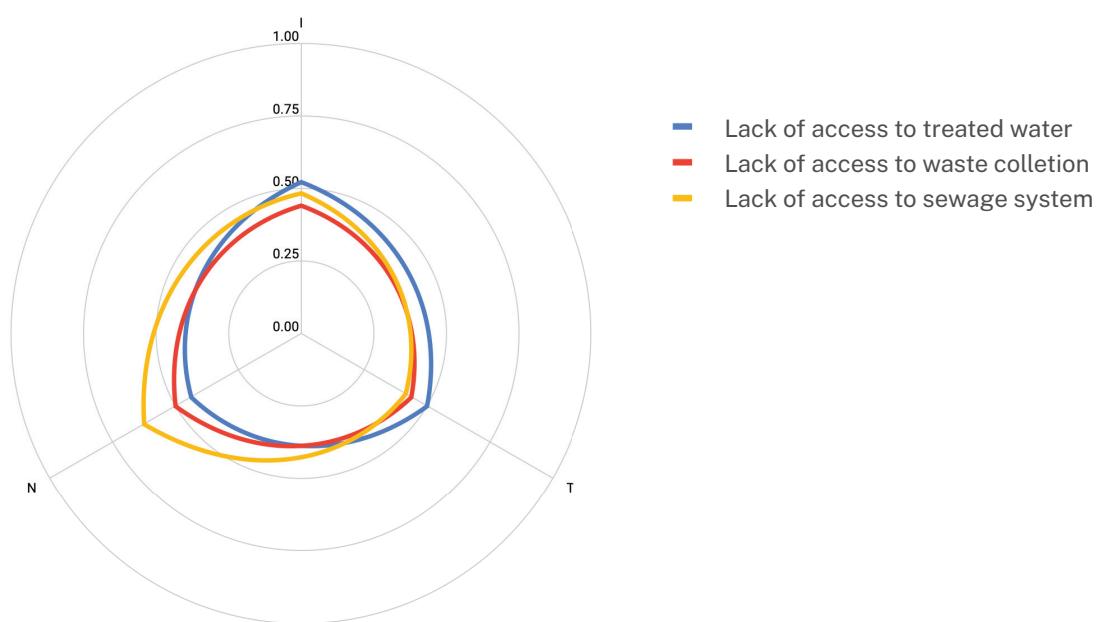


Homelessness emerged as the most significant issue in terms of Importance, scoring 0.66. This might initially seem counterintuitive given the relatively small number of individuals in this situation compared to other issues in this area. However, it's crucial to consider that this criterion evaluates not just the scope but also the magnitude of the negative impact on those directly affected. This cause also scored highest in Tractability at 0.46, on par with the issue of real estate speculation. Nonetheless, it is the least neglected issue in the housing area, with a score of 0.63.

Real estate speculation, besides being significant in terms of Tractability (0.46), also received the highest score in Neglectedness (0.75), a score shared with two other yet-to-be-mentioned causes. In terms of Importance, it ranked second-highest, with a score of 0.54.

Finally, the challenges related to housing in areas at risk of environmental disasters and in precarious, informal, or inadequate settlements had very similar scores across all three criteria: a high level of Neglectedness (0.75), a medium level of Importance (between 0.50 and 0.52), and low Tractability (0.33).

Basic Sanitation

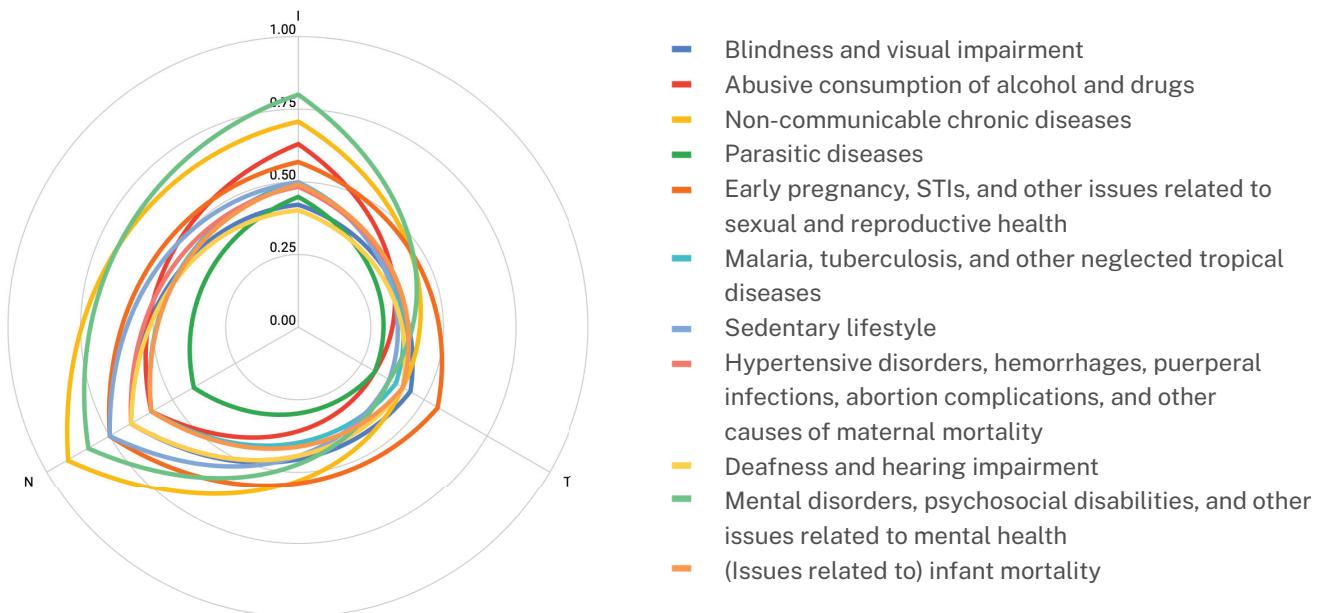


The issue of access to treated water scored the highest in both Importance (0.52) and Tractability (0.50). However, it falls behind in Neglectedness, with a score of 0.44, when compared to the other challenges within this sector.

The challenge of improving the sewage system is notable for its high level of Neglectedness, scoring 0.63. It ranks second in Importance, with a score of 0.48, but is the least tractable, scoring 0.42.

Lastly, the issue of inadequate access to garbage collection services is ranked second in both Neglectedness (0.50) and Tractability (0.44), but it scores lower in Importance, at 0.44.

Health

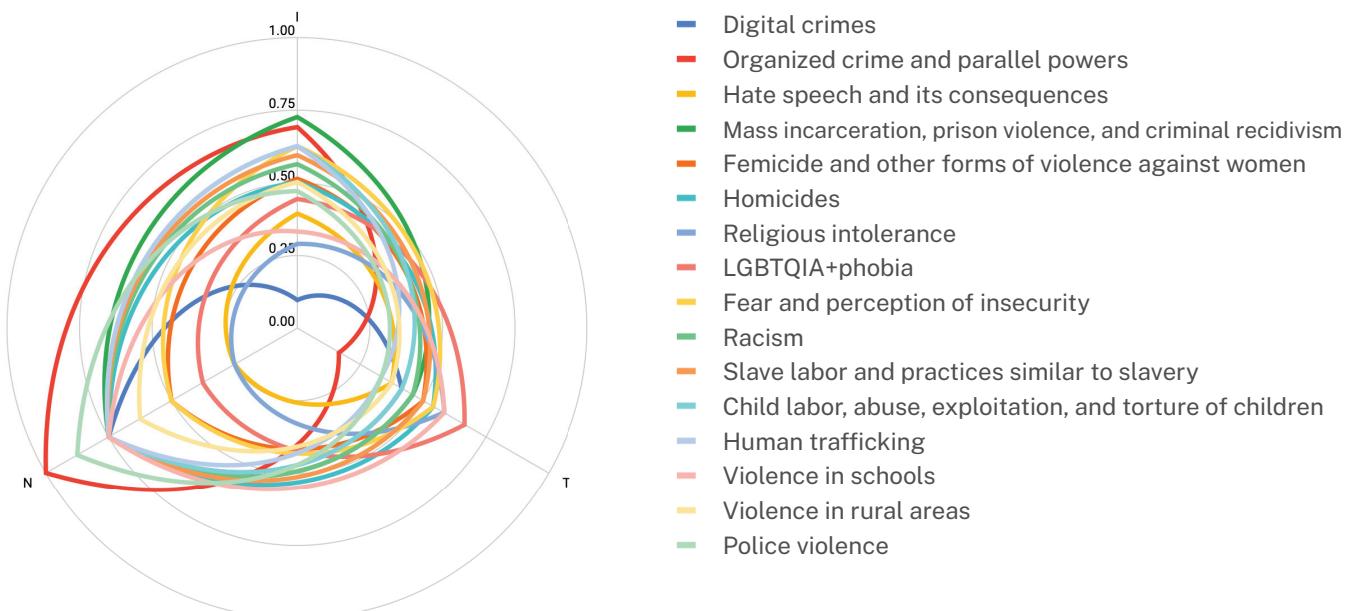


Mental health challenges emerged as particularly significant in terms of Importance, achieving the highest score of 0.80, notably surpassing the average score of 0.54 for causes in this area. It also scored relatively high in Neglectedness, with 0.83 (average 0.67). However, its Tractability score was 0.36, falling below the area's average of 0.40.

Non-communicable chronic diseases (NCDs) received the highest score in Neglectedness, at 0.92, and the second-highest in Importance, with a score of 0.71. However, they did not stand out in Tractability, scoring just slightly above the average at 0.42.

Regarding Tractability, the cause related to sexual and reproductive health was notable, scoring 0.56, significantly higher than other issues in this sector. It also scored above the average in the other two criteria, with Neglectedness at 0.75 and Importance at 0.57, although these scores were less pronounced compared to its Tractability score.

Crime and Violence



This sector displayed the most significant variation among criteria for its causes. A prime example is the issue of organized crime and parallel powers. It achieved the highest score in Neglectedness at 1.0 and a very high score in Importance at 0.69. However, it received the lowest Tractability score at 0.17, making it the least tractable both among the Crime and Violence causes and in comparison to the other 58 causes evaluated.⁹

The challenges of mass incarceration, prison violence, and criminal recidivism were notable for receiving the highest Importance score at 0.73, surpassing the average of 0.50. They also scored high in Neglectedness at 0.75 (average 0.65) and slightly above average in Tractability at 0.46 (average 0.45).

LGTQIA+phobia stood out in terms of Tractability, scoring 0.67. However, it scored below average in the other two criteria, with 0.45 in Importance and 0.38 in Neglectedness.

Data Analysis and Cause Ranking by Area

As can be seen in the previous section, in general, the causes do not present high scores, compared to the others, in the three criteria. It is common to observe, for example, a negative correlation between Tractability and Neglectedness: in some cases, the level of Tractability may be low because few or no interventions have been tested, implemented, and evaluated due to the high level of Neglectedness of the problem.

Therefore, our choice on how to create a synthetic index that brought together the three criteria, enabling the ranking of causes through a single metric became a relevant decision. Many questions provoked us in this decision:

Should we prioritize a cause by considering the criteria equally important? In any context, does it depend on the profile of the organization, or the profile of your potential donor? Should a cause be prioritized when it is very high on one of the criteria, even if it is low on another? Or would it be better to prioritize a cause without major variations between criteria, even if it is not highlighted in any of them?

As **doebem** is a multiplier organization that aims to contribute to the reduction of the most urgent problems in the country through donations to organizations that implement effective solutions, we understand that the Tractability criterion should have a higher weight than the others in the composition of the index. This is because this criterion brings aspects more related to doebem's challenge of finding effective interventions in the country. Therefore, the calculation chosen to compose the index is a weighted average of the criteria, with 50% in Tractability and the other 50% divided equally into the other two.¹⁰

The graph below presents the results by area with the causes ordered in descending order. As, by design, the results should only be evaluated within the same area, we chose to establish the cause with the highest index with the maximum score and the others in a proportional relationship to the first.

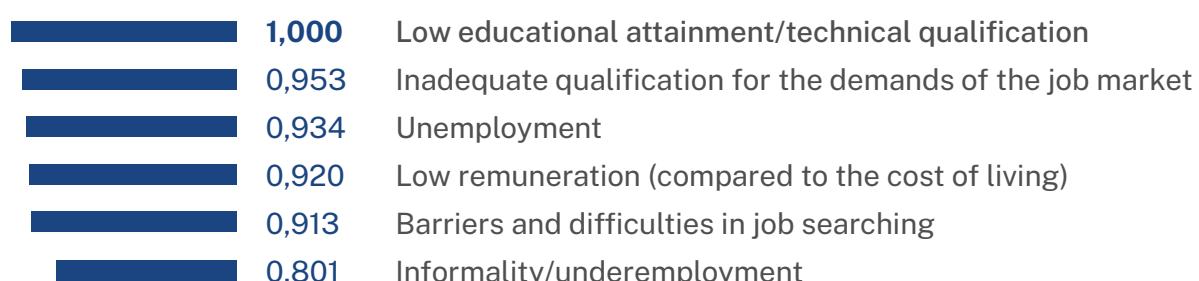
Adjusted ITN

Index

Education



Employment and Income



Food Insecurity, Obesity and Malnutrition



Housing

1,000	Real estate speculation
0,995	People experiencing homelessness
0,876	Housing in areas at risk of environmental disasters
0,867	Housing in precarious, informal, or inadequate settlements

Basic Sanitation

1,000	Lack of access to treated water
0,991	Lack of access to sewage systems
0,927	Lack of access to waste collection

Health

1,000	Non-communicable chronic diseases
0,988	Early pregnancy, STIs, and other issues related to sexual and reproductive health
0,958	Mental disorders, psychosocial disabilities, and other issues related to mental health
0,807	Hypertensive disorders, hemorrhages [...] and other causes of maternal mortality
0,804	Blindness and visual impairment
0,802	Sedentary lifestyle
0,776	(Issues related to) infant mortality
0,773	Deafness and hearing impairment
0,757	Malaria, tuberculosis, and other neglected tropical diseases
0,742	Abusive consumption of alcohol and drugs
0,600	Parasitic diseases

Crime and Violence

1,000	Mass incarceration, prison violence, and criminal recidivism
0,980	Forced labor and slavery-like practices
0,976	Homicides
0,939	Violence in schools
0,932	Racism
0,924	Child labor, abuse, exploitation, and torture against children
0,923	Fear and perception of insecurity
0,900	LGBTQIA+phobia
0,854	Human trafficking
0,847	Organized crime and parallel powers
0,841	Femicide and other forms of violence against women
0,841	Police violence
0,785	Violence in rural areas
0,713	Religious intolerance
0,701	Digital crimes
0,582	Hate speech and its consequences

Considering the ITN index as a proxy for the most strategic cause in the area and taking the Health ranking as an example, we understand that the cause of parasitic diseases is 60% as strategic, or 40% less strategic, as the cause of non-communicable chronic diseases.

To verify the level of consistency of these results, we carried out a robustness analysis identifying what would be the most strategic cause of each area in alternative weighting scenarios and decision rules for composing the synthetic index.

Alternative scenarios	Weighting and decision rule
Scenario 1	$I=0,5, T=N=0,25$
Scenario 2	$I=T=0,25, N=0,5$
Scenario 3	$I=0,2, T=N=0,4$
Scenario 4	$I=N=0,4, T=0,2$
Scenario 5	$I=T=0,4, N=0,2$
Scenario 6	$I=T=N=0,33$
Scenario 7	$I=T=N=0,33$ and all criteria with a score equal to or greater than 0,5
Scenario 8	$I=T=N=0,33$ and all criteria with a score equal to or greater than 0,4
Scenario 9	Geometric mean

The table below presents the conclusions of this analysis.

Cause	% of alternative scenario with the same result	Alternative scenarios								
		1	2	3	4	5	6	7	8	9
Education										
Absence of psychological support and social assistance in schools*	89%		X	X	X	X	X	X	X	X
Lack of vacancies in early childhood education										X
Employment and Income										
Low educational attainment/technical qualification*	22%				X	X			X	X
Low remuneration (compared to the cost living)		X	X		X	X	X	X	X	X
Inadequate qualification for the demands of the job market					X					
Food insecurity, Obesity and Malnutrition										
Hunger and malnutrition*	100%		X	X	X	X	X	X	X	X
Housing										
Real estate speculation*	67%		X	X	X		X	X	X	X
People experiencing homelessness		X			X					X
Basic Sanitation										
Lack of access to treated water*	22%				X	X		X	X	X
Lack of access to sewage systems		X	X	X	X		X	X	X	X
Health										
Non-communicable chronic diseases*	78%		X	X	X	X	X	X	X	X
Mental disorders, psychosocial disabilities, and issues related to mental health			X							
Early pregnancy, STIs, and issues related to sexual and reproductive health										X
Crime and Violence										
Mass incarceration, prison violence, and criminal recidivism*	67%		X	X	X	X	X	X	X	X
Organized crime and parallel powers		X		X						
Forced labor and slavery-like practices										X

*Base scenario

In 5 areas—Education; Food Insecurity, Obesity and Malnutrition; Health; Housing and; Violence and Criminality—the identification of the most strategic causes is considerably robust: the results are repeated in 67% or more of investigated scenarios. As the decision rule previously established by doebem, of defining greater weight for Tractability, proved to be consistent with other scenarios in most cases, we chose to follow the same rule for the 7 areas.

Final Ranking and Prioritized Causes

As previously stated, the design of our assessment initially prevents direct comparison of cause ratings across different areas. However, **given our ultimate goal of identifying the three most strategic causes**, we implemented an additional step to facilitate this cross-area comparison. This was achieved by developing a new ITN index, which allows for a comparative analysis between causes, following these steps:

Most strategic causes of each area

Cause in 1st place of **AREA 1**
Cause in 1st place of **AREA 2**
Cause in 1st place of **AREA 3**
Cause in 1st place of **AREA 4**
Cause in 1st place of **AREA 5**
Cause in 1st place of **AREA 6**
Cause in 1st place of **AREA 7**

Comparative analysis and new ranking among areas

Hypothetical scenario

Cause in 1st place of **AREA 5**
Cause in 1st place of **AREA 4**
Cause in 1st place of **AREA 2**
Cause in 1st place of **AREA 6**
Cause in 1st place of **AREA 5**
Cause in 1st place of **AREA 7**
Cause in 1st place of **AREA 1**

Identification of the first 3 causes and areas

Cause in 1st place of **AREA 5**
Cause in 1st place of **AREA 4**
Cause in 1st place of **AREA 2**

Incorporation of other potential causes in the comparative evaluation

Cause in **1st place** of **AREA 5**
Cause in **2nd place** of **AREA 5**
Cause in **3rd place** of **AREA 5**
Cause in **1st place** of **AREA 4**
Cause in **2nd place** of **AREA 4**
Cause in **1st place** of **AREA 2**

Possible final results

 Cause in 1st place of AREA 5 Cause in 2nd place of AREA 5 Cause in 3rd place of AREA 5	 Cause in 1st place of AREA 5 Cause in 2nd place of AREA 5 Cause in 1st place of AREA 4
 Cause in 1st place of AREA 5 Cause in 1st place of AREA 4 Cause in 2nd place of AREA 4	 Cause in 1st place of AREA 5 Cause in 1st place of AREA 4 Cause in 1st place of AREA 2

Process for Identifying Top Strategic Causes

- 1. Initial Selection:** We began by creating a list of causes, each representing the top-ranked issue from every area. This formed our initial set of seven causes.
- 2. Comparative Evaluation:** These seven causes were comparatively evaluated based on Importance, Tractability, and Neglectedness. This analysis helped us identify the top three global winners.
- 3. Expanding the Selection:** Recognizing that causes ranked second or third in one area might be more strategic than the top-ranked causes in another area, we expanded our pool. This involved adding the causes ranked second and third in the highest-ranked area, plus the second-ranked cause from the second-highest-ranked area. This addition created a new set of six causes.
- 4. Generating Combinations:** From this set, we derived four potential combinations of the three most strategic causes, taking into account the hierarchy of areas determined in the previous step.
- 5. Final Assessment:** The final step involved evaluating the Importance, Tractability, and Neglectedness of these six causes to determine the most strategic set of three.

Applying the model in practice, the **the seven causes in first place in their respective rankings were:**

Education

Absence of psychological support and social assistance in schools

Employment and Income

Low educational attainment/technical qualification

Food Insecurity, Obesity and Malnutrition

Hunger and malnutrition

Housing

Real estate speculation

Basic Sanitation

Lack of access to treated water

Health

Non-communicable chronic diseases

Crime and Violence

Mass incarceration, prison violence and criminal recidivism

These causes were evaluated again in terms of Importance, Tractability and Neglectedness comparatively as follows:¹¹

Importance

Number of people suffering from a given problem. These numbers were collected through research in public databases, news, studies and the like.

Absence of psychological support
and social assistance in schools

**33.8 million public school
students in schools
without psychologists
or social workers**

Source: School Census 2022¹²

Low educational attainment/
technical qualification

**47% of the population
over 25 years old –
approx. 65 million – without
completing high school**

Source: PNADc 2022¹³

Hunger and malnutrition

Between 21 million and 33 million people in severe food insecurity according to the research used as a reference

Source: VIGISAN 2022¹⁴, SOFI 2022¹⁵

Lack of access to treated water

35 million people without access to treated water

Source: SNIS 2021¹⁸

Mass incarceration, prison violence and criminal recidivism

832,000 is the size of the prison population

Source: SISDEPEN 2022²⁰

Real estate speculation

56.8 million people pay rent or still have their properties financed or are homeless

Source: PNADc 2022¹⁶, IPEA 2022¹⁷

Non-communicable chronic diseases

51% of the population – approx. 108 million people – diagnosed with some NCD

Source: PNS 2019¹⁹

To compose the index, these values were categorized and the categories quantified as follows:

Value	Categories
0	Less than 1 million people
0.25	Between 1 million and 10 million people
0.5	Between 10 million and 50 million people
0.75	Between 50 million and 100 million people
1.0	Over 100 million people

Tractability

Complexity of solutions, using as a proxy the level of need for coordination with public authorities and the size of potential cultural barriers related to the lack of consensus in public opinion on the problem or its solution. These aspects were evaluated by doebem staff and volunteers on a 3-point Likert scale. The values presented in the table below refer to the percentage of people consulted who evaluated the cause in that way.

Cause	Aspects			Cultural barriers / Divergence in public opinion		
	High	Medium	Low	High	Medium	Low
Absence of psychological support and social assistance in schools	57%	43%	0%	14%	57%	29%
Low education attainment/technical qualification	29%	43%	29%	0%	43%	57%
Hunger and malnutrition	29%	14%	57%	0%	14%	86%
Real estate speculation	57%	14%	29%	57%	43%	0%
Lack of access to treated water	43%	43%	14%	0%	14%	86%
Non-communicable chronic diseases	29%	29%	14%	0%	14%	86%
Mass incarceration, prison violence and criminal recidivism	100%	0%	0%	100%	0%	0%

Such responses were quantified to compose the index as follows:

Aspect	Level	Value
Level of articulation with public authorities	High	0
	Average	0.5
	Low	1.0
Divergences in public opinion	High	0
	Average	0.5
	Low	1.0

Then, the simple average of the two aspects was calculated.

Neglectedness

Degree of participation (number of institutions and volume of resources) of Private Social Investment (PSI) in each cause. This assessment was made by a representative of the Group of Business Institutes and Foundations (GIFE):²¹

Degree of PSI participation		
		Value
Absence of psychological support and social assistance in schools	Average	
Low educational attainment/technical qualification	Very high	
Hunger and malnutrition	Average	
Real estate speculation	Very low	
Lack of access to treated water	Low	
Non-communicable chronic diseases	High	
Mass incarceration, prison violence and criminal recidivism	Very low	
Then, the responses were quantified as follows:	Very high	0
	High	0.25
	Average	0.5
	Low	0.75
	Very low	1

Subsequently, the ITN index was calculated with a weight of 50% for Tractability and the remainder divided equally into the other two criteria, resulting in the ranking below:

	Importance	Tractability	Negligence	ITN
Non-communicable chronic diseases	1,00	0,75	0,25	0,69
Hunger and malnutrition	0,50	0,79	0,50	0,64
Lack of access to treated water	0,50	0,64	0,75	0,63
Real estate speculation	0,75	0,29	1,00	0,58
Low educational attainment/technical qualification	0,75	0,64	0,00	0,51
Absence of psychological support and social assistance in schools	0,50	0,39	0,50	0,45
Mass incarceration, prison violence and criminal recidivism	0,00	0,00	1,00	0,25

Following the step-by-step instructions presented at the beginning of the section, the causes in second and third place in the area of Health and the cause in second place in the area of Food Insecurity, Obesity, and Malnutrition were included.

2nd place

Early pregnancy, STIs and other issues related to sexual and reproductive health

3rd place

Mental disorders, psychosocial disabilities and other issues related to mental health

Food insecurity, obesity and malnutrition

2nd place

Nutritional deficiencies

In examining the cause of mental disorders/mental health, we recognized a significant overlap with Non-communicable chronic diseases (NCDs). For example, depression, which is prevalent in Brazil,²² is categorized as an NCD. This led us to the conclusion that addressing these issues separately might not be necessary.

Similarly, we combined the cause of nutritional deficiencies with that of hunger and malnutrition, resulting in a broader category: “hunger, malnutrition, and nutritional deficiency”. This approach is more strategic, ensuring a comprehensive focus on related nutritional issues.

The only additional analysis was required for the cause of early pregnancy, sexually transmitted infections (STIs), and other sexual and reproductive health issues. In terms of Importance, approximately 1 million STI diagnoses were reported in 2019²³ and in 2020, there were 381 thousand births among women aged 10 to 19.²⁴

The cause was seen as having very low participation from the Initiative for Private Social Investment (ISP). The Tractability assessments varied, with respondents’ views on the need for coordination between public authorities and differing public opinions being mixed.

These evaluations resulted in the following scores for each criterion: Importance (I) = 0.25, Tractability (T) = 0.36, and Neglectedness (N) = 1.0, leading to an ITN index of 0.49. This placed the cause below third place in our overall ranking.

After thorough analysis and consideration, we conclude that the most strategic causes for doebem to focus on in the upcoming years, in the realm of Poverty and Development, are:

Non-communicable chronic diseases

Hunger, malnutrition and nutritional deficiency

Lack of access to treated water

Study Limitations

We believe that this study reached satisfactory levels of quality and robustness, in line with other similar studies from internationally renowned organizations, especially considering the institutional context of **doebem**. However, there is evident room for improvement for future exercises, the most important being:

Number and profile of experts

Considering the ambitious objective of the study, to identify the most urgent and strategic causes in Brazil, it would be interesting to have a higher number of experts. More than that, it is essential to diversify the profile into different social categories, such as gender, race/ethnicity and location, aiming to contemplate other perspectives on the country's social context.

Results dependent on the sequence in which the steps occurred

Considering our institutional context, we chose a phased approach to facilitate the study. As a consequence, the results became dependent on the order in which the steps occurred. In future iterations, we would like to have resources to evaluate the causes at once comparatively, avoiding this problem.

Primarily qualitative approach

Many stages of the study were carried out based on subjectivity or through more qualitative parameters. Ideally, this could be better balanced by incorporating more quantitative metrics to compare causes. As it was a considerably comprehensive study - 59 causes -, and considering the limited production of knowledge and official data that is still relatively high on some topics in Brazil, this was not possible, but it is certainly a path we would like to follow.

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Notes

Introduction

- 1 <https://www.givewell.org/how-we-work/our-criteria/cost-effectiveness/comparing-moral-weights>
- 2 <https://forum.effectivealtruism.org/topics/itn-framework>

Construction of the cause map

- 3 Acknowledgment for the contribution: Davi Romão, Fernando Moreno, Juana Maria, Leo Arruda, Rafael Proença Ramiro Peres e Renan Araújo.
- 4 If, by chance, you have any suggestions for the inclusion of causes with these characteristics, please feel free to contact us for future improvements.

Expert analysis

- 5 <https://lattes.cnpq.br/>
- 6 In addition to the Likert scale questions, there were open questions about the exercise as a whole, relevant points of attention to pay attention to when analyzing the responses and indication of organizations working on each cause.
- 7 This aspect could also be interpreted from the perspective of negligence. However, keeping the level of private investment in the cause constant and given the response categories available, we believe that it better responds to the Tractability criterion. More than that, the cause can only be understood as treatable by doebem to the extent that there are CSO(s) acting on it.
- 8 <https://observatoriodeeducacao.institutounibanco.org.br/em-debate/conteudo-multimidia/detalhe/os-desafios-da-violencia-contra-e-nas-escolas>
- 9 Comparing scores between causes from different areas is not straightforward, as will be discussed below.

Data analysis and cause ranking by area

- 10 Other combinations of weights, as well as the calculation made using the geometric mean, were explored and will be presented in the sensitivity analysis.

Final ranking and identification of prioritized causes

- 11 Questions may arise regarding the change in evaluators and the aspects investigated at this stage in comparison with the previous evaluation in the ITN criteria by experts. The idea here, different from the evaluation of the 59 causes, was to identify aspects that were more objective and feasible to be collected by doebem's internal team, as in the case of Importance. In relation to Tractability, the aspects are different from the initial ones due to the understanding that these new ones could be more easily evaluated by non-specialists since they would be evaluated by the doebem team. Finally, in relation to Negligence, the aspect chosen was because we understood that the chosen representative would be able to evaluate it across areas, addressing the main challenge of this stage.
- 12 <https://www.gov.br/inep/pt-br/areas-de-atuacao/pesquisas-estatisticas-e-indicadores/censo-escolar/resultados/2022>
- 13 <https://www.ibge.gov.br/estatisticas/sociais/trabalho/9171-pesquisa-nacional-por-amostra-de-domicilios-continua-mensal.html>

- 14 <https://olheparaafome.com.br/wp-content/uploads/2022/06/Relatorio-II-VIGISAN-2022.pdf>
- 15 <https://www.fao.org/publications/home/fao-flagship-publications/the-state-of-food-security-and-nutrition-in-the-world/en>
- 16 <https://sidra.ibge.gov.br/tabela/6821#resultado>
- 17 <https://agenciabrasil.ebc.com.br/direitos-humanos/noticia/2023-02/ipea-populacao-em-situacao-de-rua-no-brasil-supera-281-mil>
- 18 <https://www.gov.br/mdr/pt-br/assuntos/saneamento/snus/painel/ab>
- 19 <https://www.pns.icict.fiocruz.br/painel-de-indicadores-mobile-desktop/>
- 20 <https://www.gov.br/senappn/pt-br/servicos/sisdepen/relatorios/relatorios-analiticos/br/brasil-dez-2022.pdf>
- 21 Data from the GIFE Census served as inspiration for the evaluation, but were not used in a more objective way because the categories present in it are not exactly comparable with the causes investigated here.
- 22 <https://www.pns.icict.fiocruz.br/painel-de-indicadores-mobile-desktop/>
- 23 <https://www.gov.br/saude/pt-br/assuntos/noticias/2021/maio/cerca-de-1-milhao-de-pessoas-contrairam-infeccoes-sexualmente-transmissiveis-no-brasil-em-2019#:~:text=M%C3%B3dulos%20da%20Pesquisa%20Nacional%20de,anos%20de%20idade%20ou%20mais>
- 24 <https://www.gov.br/mdh/pt-br/assuntos/noticias/2022/fevereiro/casos-de-gravidez-na-adolescencia-diminuiram-em-media-18-desde-2019>