

WHY IS GLOBAL POVERTY  
SO HARD TO MEASURE?  
AND SO HARD TO REDUCE?

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# Global poverty

- The World Bank: “Our dream is a world free of poverty”
- MDG1: Eradicate Extreme Poverty and Hunger
  - ▣ Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 (1993 PPP) a day
- SDG1: End poverty in all its forms, everywhere
  - ▣ By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
  - ▣ World Bank interprets this as less than 3 percent by 2030
- President Obama in SOTU 2013
  - ▣ “The United States will join with our allies to eradicate such extreme poverty in the next two decades.”
  - ▣ New goal for US, and USAID in particular, which had not previously targeted global poverty

# Why does global poverty exist?

- More specifically, why have World Bank and other MDBs and NGOs, not eliminated poverty already?
- Task is perhaps not such a large one
- Calculation from *Great Escape*, see next slide
- Some, e.g. Thomas Pogge, that "we" really don't want to, or care
- Others, that aid (or altruism) has not been **effective**
  - ▣ Evidence based policy has been absent: too many fads, or politics
  - ▣ Propose greater use of randomized controlled trials
    - "Britain has given the world Shakespeare, Newtonian physics, the theory of evolution, parliamentary democracy. .... and the randomized trial" (*BMJ*)
  - ▣ "The World Bank is finally embracing science" *Lancet* editorial, 2004
  - ▣ But WB gave up specific projects because they didn't work if macroeconomic conditions were a mess
    - That problem has not gone away, though more politics than macro

# Global poverty: magnitudes

- Update a calculation from *The Great Escape*, Chapter 7
- According to the World Bank, there were 900 million people living below \$1.90 a day in 2012
  - ▣ From the poverty gap measure, we can calculate that each is \$0.56 cents short of the line
  - ▣ Need \$502 million per day to “eliminate” poverty
  - ▣ 503 million people in European Union, 426 million adults
  - ▣ 319 million in the US, 240 million adults
  - ▣ \$0.75 per adult per day (less if we include Japan, Australia, etc.)
- But, \$0.75 USD buys about 2.5 times as much in poor countries, by PPP correction
- We need 0.30 cents a day in *actual* USD to eliminate global poverty
  - ▣ Cash transfers?
- Actual DAC aid in 2014 was \$134.4 billion=0.41 cents per poor person per day, or \$1.03 in \$ PPP in poor countries.



# Measurement



# Measurement

- We won't know about SDG1 unless we know how many poor people there are
  - ▣ Can monitor changes over time
  - ▣ Note that SDG1 makes greater demands on measurement than did MDG1
    - If you change the measure, you can still halve the new measure
    - Doesn't work if you are committed to zero, or three percent
- We also can't monitor success of *any* poverty strategy unless we can count
  - ▣ This goes beyond the MDGs/SDGs
  - ▣ Success of projects, by themselves, is not enough
    - Unintended consequences, GE effects, politics, macro conditions, can mean that projects succeed without reducing poverty

# Elements of measurement

- Household surveys where we can count the number of people below the local equivalent of the global line
- A global line, usually in USD, but could be something else, world rupees v international \$
  - ▣ Rhetorical value to UN and others of USD: success of \$1-a-day concepts
- A set of converters so local equivalents of global line have the same purchasing power everywhere
  - ▣ PPPs from International Comparison Project

# Each element is problematic

- I will discuss each briefly
- Global poverty counts are **hypersensitive** to difficult-to-resolve measurement issues
- Underlying question:
  - ▣ **Can we do this well enough to make it worth doing at all?**
- Do "we" care?
  - ▣ Comparison with domestic poverty measures
  - ▣ Political economy is different in domestic v international
  - ▣ Who is accountable for success of goals?
    - If no one, then measurement not likely to be well-done
    - Measurement depends on political accountability



# Global poverty over time

	Time series of poverty			
	1981	1993	2005	2012
Poverty line	\$1.90	\$1.90	\$1.90	\$1.90
PPP date	2011	2011	2011	2011
HCR %	53.5	34.8	24.6	14.9
Millions	1,982	1,925	1,358	897
East Asia	80.6	52.6	18.6	7.2
South Asia	58.1	47.9	35.0	18.8
SS Africa	..	61.1	50.5	42.7
LAC	19.7	14.4	9.9	5.6

# Effects for 1993 of changing PPPs

		Changing ICPs, all for year 1993			
		1993	1993	1993	1993
Poverty line		\$1.01	\$1.08	\$1.25	\$1.90
PPP date		1985	1993	2005	2011
HCR %		29.4	28.2	39.2	34.8
Millions		1,350	1,304	1,799	1,925
East Asia		26.0	25.2	50.8	52.6
South Asia		43.1	42.4	46.9	47.9
SS Africa		39.1	49.7	56.9	61.1
LAC		23.5	15.3	10.1	14.4

# Global poverty and PPPs

- Estimates are VERY sensitive to the round of the ICP that we use (as well as to changes in global line that they induce)
- This is true, not just for the total, but for regional breakdown
  - ▣ Africa for ICP1993 versus ICP1985
  - ▣ South Asia for ICP2005 versus ICP1993
- Why does ICP keep changing these numbers?
  - ▣ Invite me back next year
  - ▣ Seriously hard problem: quality v representativeness, especially across very different countries
  - ▣ ICP is not continuous, and no brake on methodological revisions
- **Perhaps**
  - ▣ take numbers now, and update them using local CPIs, so no use of future ICPs

# NAS versus surveys

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- Serious conflict between NAS and survey consumption figures, many countries, here is example from India
- In 1972-3, survey mean 5 percent short of NAS mean
- In 1983-4, survey mean 25 percent short of NAS mean
- In 2009-10, survey mean 46 percent short of NAS mean
- With adjustment for differences in concept, 33 percent short
  - ▣ “there are infirmities in both sets of estimates”
- India is only one of many countries with this divergence
- Difference in concept is itself an issue for poverty
  - ▣ State healthcare provision v private provision, different in different countries
  - ▣ What about rents? In NAS not in surveys

# Scaling up and the density effect

- Once upon a time in India, survey means were scaled up to match NAS data
  - Some still call for this in India, and in global poverty
  - This makes poverty reduction much more rapid around the world
- Indian poverty in 2012 is 231 million (out of 897 million worldwide)
  - If we were to scale up mean by 25 percent to match NAS, Indian poverty falls to 73 million
    - World's greatest poverty reduction program!!
  - Even a 10 percent plus/minus 305 to 160 million
  - 10 percent is small relative to PPP uncertainty, and survey uncertainty
- These uncertainties almost certainly worse in Africa, though there are fewer people near the global poverty line
- This is the “density effect.” Many people near the global line, so small changes have BIG effects
  - 100 million people in [1.8,1.9], 100 million in [1.9, 2.0]

# Reporting periods

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- Response to NAS v survey puzzle
- A good example of how politics penetrates deeply into measurement: the right for NAS, the left for surveys
- How much rice did you buy over the last XX days?
  - ▣ Indian tradition, from Mahalanobis, was  $XX=30$ , based on an experiment
  - ▣ In the debate, right argued this was too long, other statistical offices use 7 days, and that people would forget over 30
  - ▣ This might explain some of the gap between NAS and NSS
    - Though not clear that it can say anything about why that gap increases over time, which is the key issue
- One side wanted 7 days, other 30 days, unresolvable
- How to decide? Do a randomized controlled trial, of course!

# The reporting period debacle

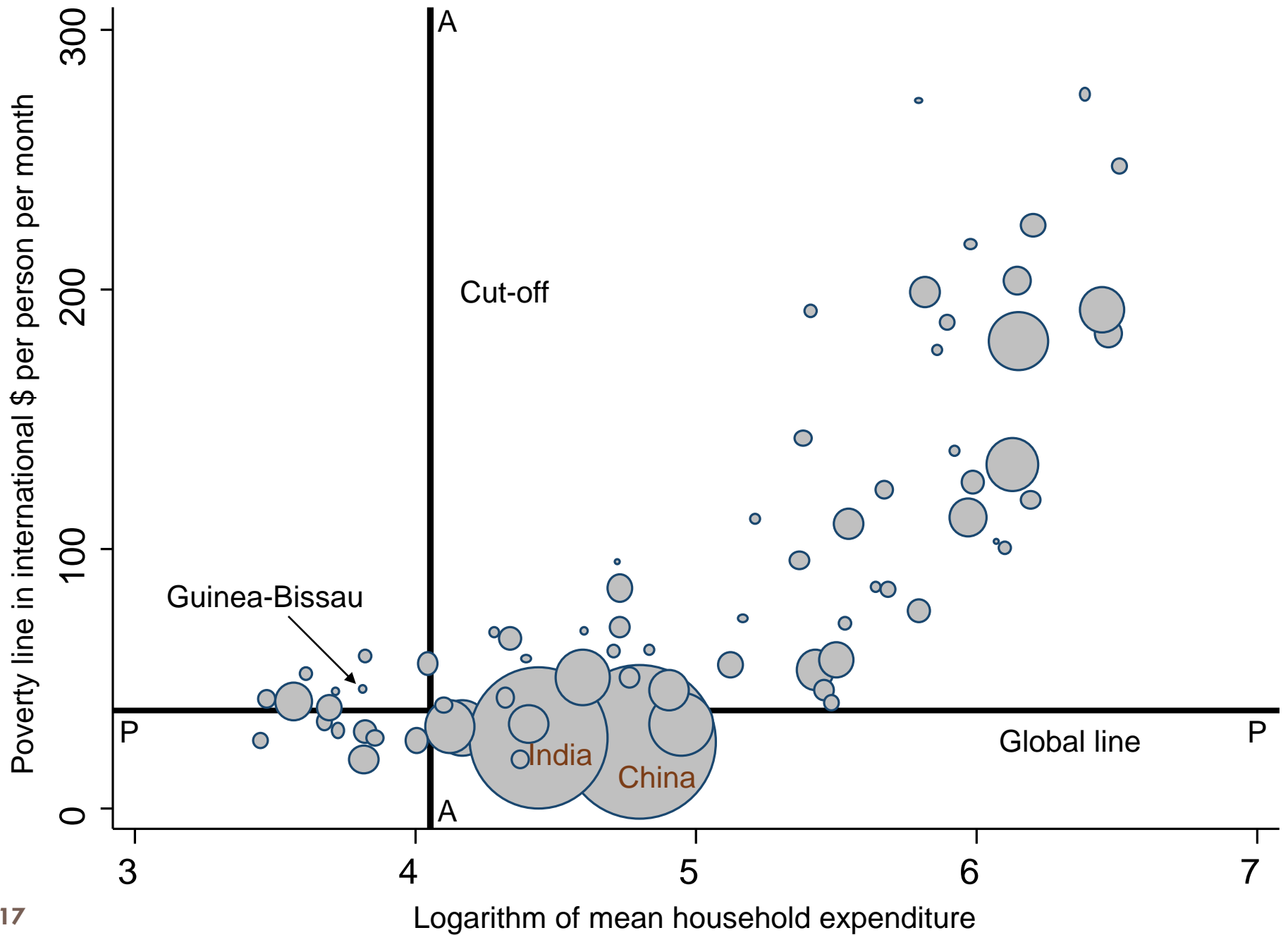
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- Surveyors did a nationwide RCT, randomizing 7 and 30 over villages
- RCT showed, indeed, that flow of reported consumption at 7 days was higher than flow at 30 days
  - ▣ Triumph for the right, or was it?
- The effect is HUGE: 175 million Indians were removed from poverty in 1998, close to a half
  - ▣ This was more than ten percent of WORLD poverty
- But this didn't resolve anything: as always RCTs do not tell us WHY the difference occurred, or which was correct
  - ▣ But they did raise the stakes in the debate, because there was a lot to fight over
- Decided to put *both* measures on survey, contaminating both!

# The global line

- Is chosen as an average of the poverty lines of the world's poorest countries
  - ▣ Done after conversion to PPPs, so depend on PPPs again
- Unweighted average: if they are weighted, then India and China tend to dominate
  - ▣ But unweighted means that a change in the line in a tiny country can put hundreds of millions of Indians into or out of poverty
- India became too rich for its poverty line to count, so its line dropped out, which raised the global line, which put millions of Indians into poverty
  - ▣ India became poorer because it got richer
- Lots of these lines have very dubious provenance
  - ▣ Even when we know what it is





# Basic needs instead?

- Count the number of people below some calorie cut-off?
  - ▣ Poverty lines often originate in such calculations
- But in India and possibly also in China, per capita calorie consumption has been falling for many years
  - ▣ Perhaps turned around in the most recent surveys
- So calorie-based counts show Indian poverty *increasing*
  - ▣ Unlikely given many other measures
  - ▣ Likely because, as people get richer, they do less heavy manual labor, which is an inferior good, or bad
  - ▣ So they need fewer calories
  - ▣ But we have no direct measures of this

# What to do?

- Realistic standard error for global poverty might be 200 million in either direction
- Presumably some autocorrelation in errors, so changes are likely to be a good deal more accurate
- **Is this good enough?**
- Not all of the problems discussed above are easily fixed
  
- Use other measures: anthropometrics, infant and child mortality, comparable if imperfect measures, like durable goods?
  - ▣ Note that these are NOT the same thing
  - ▣ IMR and CMR can fall even when incomes are falling, so they are not proxies but different things
- I think we should put less emphasis on global poverty measures

# Finding out “what works”

“If we know, then poverty will be history”

Effective altruism based on this

Are Randomized Controlled Trials a solution?

# Randomized controlled trials

- Argued that they give strong evidence of causality, unbiased estimates of the effects of policy, and are largely exempt from many of the problems of standard econometric techniques
- Certainly, they have many strengths, though also many weaknesses
- I will talk about some of these
- I also want to talk about how to USE the results of a good RCT
  - ▣ Often, but unhelpfully, called external validity
  - ▣ Looking for external validity in the usual sense is hopeless, but short-changes RCTs
- Start with a few observations about problems of doing RCTs

# About RCTs

- What they do, and what they do not do
- Do they give the right answer in the setting in which they are run?
  - ▣ Internal validity, but better to ask **WHO** they have been shown to work for
  - ▣ In a heterogeneous world, internal validity is not very useful
- I am **NOT** arguing that RCTs don't work
  - ▣ Only that they have their own strengths and weaknesses
  - ▣ As do other methods of knowing, including standard engineering and economic expertise, e.g. from the World Bank
  - ▣ And they are limited in ways that are important

# Building evidence

- The WB used to think it knew the effects of a project
  - ▣ But worried about valuing it: needed the right prices
  - ▣ Large literature in deriving "shadow" prices
- Now we worry about whether we know the effects of project
  - ▣ So we want to test: need quantities
  - ▣ "What works" is both quantities and values
  - ▣ Still need to value things, sometimes not obvious how to
- RCTs are seen as the best way to gather this evidence
  - ▣ Superior to other forms of evidence based on economic or engineering or public health expertise (expertise is challenged)
  - ▣ Need no expert knowledge for evaluation by RCTs: anyone can understand
  - ▣ This is only an advantage if we think economists don't know anything useful
- Given this, we can eliminate poverty, one project at a time

# Getting RCTs right

- Is **VERY** hard, as anyone who has run one will tell you
- In ideal circumstances, they give an unbiased estimate of ATE
  - ▣ Meaning if you did the trial over and over, you would be right on average
  - ▣ Why this is relevant is a considerable puzzle
- No presumption that estimate is close to truth
- Indeed randomization artificially *introduces* noise
  - ▣ Banerjee, Chassang, and Snowberg theorem: loss minimizing design does NOT randomize
- People think randomization controls for unobservables
  - ▣ Which is a misunderstanding
  - ▣ But it seems to be a powerful argument for the lay public
  - ▣ NOT true that, by randomization, ONLY thing that is different is the treatment
- Without blinding, effect could be ANYTHING
  - ▣ Many possible channels of effect other than the effect of the treatment itself



# Statistical inference

- Fisher argued for randomization, not because it was precise, but because it allowed him to calculate standard errors
- New and old debates about this
- Difference in two means is a poorly behaved object
- Student t-distribution doesn't apply
- Particularly bad when treatment effects are asymmetric: e.g. microfinance, Deaton and Cartwright (2016)
- Almost half of all experimental papers in AEA journals find significance that it not really there, Young (2016)
  - ▣ Clustering and heteroskedastic consistent estimation can overstate t-values
- As of now, we DON'T have a method of assessing significance in RCTs

# Simplicity and credibility

- Many believed that RCTs would cut through complexity of statistical and econometric evidence
- Economists were obsessed with identification and causality
  - ▣ Every result was challenged and hard to defend
  - ▣ RCTs seemed to offer a solution
- Yet controversy raged on:
  - ▣ Worm wars: dozens of papers
  - ▣ No agreement even on internal validity
  - ▣ Cochrane says no evidence for deworming on education: Givewell disagrees
  - ▣ No health effects in million person trial in India, or arguably in original paper
  - ▣ Without health as a mediator, how can this possibly work?
  - ▣ See Macartan Humphreys' excellent blog

# What about replication?

- Surely if it works over and over, we are OK?
  - We have discovered something like the law of gravity
  - But gravity is a much higher-level concept than the experiments we look at
- Bertrand Russell's chicken is fed every morning by the farmer
- Based on repeated evidence, chicken concludes that when she hears the farmer coming, she will be fed
- Inference is great until Christmas day
  - Farmer comes, wrings her neck and eats her
- Chicken did not use an RCT, but we could have done so for her, and inference would be the same
  - Her false inference is not through lack of rigor
- Chicken did not understand economic and social structure underlying the observed regularity
  - "more refined views of the uniformity of nature would have been useful to the chicken" Russell (1912).
- Let's not think like chickens: we have to do serious transportation of results
- External validity cannot be about simple generalization
- Replication is of limited value if we do not understand "the uniformity of nature"

# A simple but useful example

- A new fertilizer increases output for treatment cocoa farmers over controls in an RCT, treatment **farmers get rich**
  - ▣ Scale up, price goes down, **farmers get poor**
  - ▣ Opposite sign: causal effect in the opposite direction
- This should *NOT* be seen as a failure of RCT, or a failure of “external validity”
  - ▣ The experiment is just fine, and perfectly correct
  - ▣ An opportunity to *use* RCT in a broader context
  - ▣ This will require observational work and modeling
  - ▣ This is not a *disadvantage*: just what it takes to do serious work!
- Going to scale almost always requires this sort of process
  - ▣ RCT results need to be set in the context of other things that we know. We have to use them as **economists!**

# Cash transfers

- Imagine a man who moves in next door, with a wife who is impoverished and abused by her husband
  - ▣ You feel an obligation to help her
  - ▣ Do you give him money? Probably not
  - ▣ Do you give her money? Who is likely to get it?
  - ▣ Maybe give to him with conditions? Perhaps, but only if you are able and prepared to enforce the conditions
- Imagine a better neighbor, who shares everything he has, as of right, with his wife
  - ▣ Cash transfers are working just fine
- Moral: cash transfers have worked very well around the world, in Africa and Latin America in particular, when they are internally organized, funded, and politically supported
- RCTs that show us that “cash transfers work” are not likely transportable to countries—of which there are many—where governments predate on their citizens

# Traveling worms

- Year long war over the internal validity of the Kremer and Miguel paper showing that deworming kids in Kenya increased their test scores
  - ▣ See above on internal validity
- Does this study justify “deworm the world”?
  - ▣ Seems like a stretch, Nancy and Lucy
  - ▣ So when do they work?
- Important “helping factors” that are absent or present
  - ▣ Open defecation, density of population, toilets or not, soil conditions, worm load, other health conditions
- Again, we have to build models and think about transportation, not jump to global slogans

# Graduation RCT, 2015

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- Multiple sites: “similar” experiment: Banerjee et al, *Science*, 2015
  - ▣ Provision of assets, including cash, advice and counseling
  - ▣ Help people escape from a poverty trap
- High quality technique: rerandomization, correction for multiple hypothesis testing, almost perfect acceptance of assignment
  - ▣ Similar “effect sizes” across sites: not the same as similar rates of return, for example
- Result is somewhat surprising: wide skepticism about poverty traps
  - ▣ So we learn that such things might be possible
  - ▣ Proof of concept: efficacy rather than effectiveness in public health
  - ▣ As always, without randomization at every stage, cannot tell which component does what (as authors note)

# More on graduating from poverty

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- To me, it illustrates central difficulty of “what works” agenda
  - ▣ All of this is done with NGOs, who have different incentives than the government workers who already don’t turn up as teachers, docs, or nurses
  - ▣ We already know many things that work: vaccinations, classroom education
  - ▣ They DON’T work in practice, because of governance, incentives, principal agent problems: because of *economics*!
  - ▣ Does it help to show that something else than won’t work works?
- Rajasthan cameras: worked with Seva Mandir, but not in government health service
  - ▣ Incentives are a high level force, but the causal mechanism can only operate where social and economic structure permits it
  - ▣ The lever on a toaster versus the lever on a toilet



# What are RCTs good for?

- We need to think about RCTs as useful tools of discovery
  - ▣ Not as magic bullets
  - ▣ To use them requires serious economic, social, and political analysis
  - ▣ RCTs do not buy us a pass for practicing our professions!
  - ▣ It is impossible to do evidence-based policy without knowing stuff
- Nor do they provide a license for encouraging innovations and policies that WE think are desirable
  - ▣ Especially without thinking through what is likely to happen when “we” intervene in “their” economic, social, and political system
  - ▣ Unintended consequences, many of which develop over time

# Ethical questions

How to think about welfare?

Without traditional welfare economics

# Beware the anti-politics machine!

- James Ferguson's analysis of an aid program in Lesotho
- Implementers had an analytical framework that was false
  - ▣ And was itself politically structured
  - ▣ Selected so that it didn't cast a bad light on S Africa during apartheid
- The final beneficiaries of the aid were the thugs who ran the country
- Moral 1: not understanding how the economy and its politics works makes it very hard to help people, and we run the risk of harming them
- Moral 2: what gives US the right to meddle in other societies that we barely understand?
- The RECIPIENTS of altruism are notably absent from much of the EA or RCT literature
  - ▣ More than a little paternalism, sometimes explicit, Duflo (2012), Banerjee and Duflo, and a constant risk when behavioral economics tries to think about welfare

# Ethical issues in RCTs

- Beware **technical** solutions to **political** problems
  - ▣ Original sin of modern economic development
- Greenberg and Schroder note that almost all social experiments in the US are done BY rich people ON poor people
  - ▣ Before the current wave of development experiments by J-PAL, IPA etc
- NIT experiments designed (by rich people) to improve wellbeing of the poor
  - ▣ Used (by other rich people) to minimize the cost of “dealing with” the poor
- Are we using altruism as a cloak to cover using poor people as instruments for our own wellbeing?
  - ▣ Without their full, equal and willing partnership, how would we know?
  - ▣ Not possible when one side has all the money, Peter Bauer

# What's wrong with saving lives?

- Or making people richer? Giving people money?
- It's not so simple
- Surveys in sub-Saharan Africa repeatedly show that improving health is NOT Africans' highest priority (compared with jobs)
  - ▣ Yet aid has moved from economic to health aid
- Many anti-poverty schemes are not about saving lives or giving people money
- Even when they are about health and money, there are unintended consequences that can often be exploited by those who have power

# Arguments & counterarguments

- Africans may not understand that government CAN improve their health
  - ▣ Aid agencies may be better at saving lives than creating jobs
  - ▣ And it is OUR money after all, even for effective altruists
- Saving lives: Rwanda, Ethiopia, Goma, Italy
  - ▣ Using aid to save lives of children
  - ▣ In return for ignoring political abuses? (Rwanda)
  - ▣ Many agencies defend such trade-offs: “would you really not vaccinate the kids because you don’t like the leader?”
  - ▣ How about giving money for child and maternal health when two-thirds is used to train (and arm) their fathers and husbands to commit genocide?
  - ▣ Would one third be Ok? How about if genocide is planned for ten years from now?
  - ▣ Germans helping Italy drain the Maremma, then bombing it
- Is it possible to improve health from the outside in the long-run?
  - ▣ NB none of this argues against basic knowledge

# RCT-tested policies

- Policies whose welfare consequences are unclear
  - ▣ Incentivizing people to participate in credit schemes
  - ▣ Microfinance
- RCTs cannot reveal mechanisms, **why** people do things
  - ▣ Without the why, we can't tell if policy makes them better off
- Used to have revealed preference as our yardstick
  - ▣ Basically, that people know what is good for them and act in that light
- Behavioral economics has undermined RP
  - ▣ Opening up our ability to tell people what is good for them, with no constraint
  - ▣ Back to paternalism

# Selective evidence and welfare

- RCTs are not feasible in many circumstances
  - ▣ Timing is an issue if policies work differently in the long run than in the short run, as many do
  - ▣ So those policies are ruled out if we insist on RCT evidence
- Yet according to traditional welfare economics, it is *exactly* such policies that the state ought to implement, Jeff Hammer
  - ▣ Public goods are goods that you cannot provide for yourself
  - ▣ And that the market cannot provide
  - ▣ Can only be provided collectively
- Benefits of public goods are typically diverse
  - ▣ No one can be excluded, nor is it desirable to exclude them
  - ▣ That is the point of the public provision
- It is very difficult to evaluate by RCTs such programs
  - ▣ This is a serious ethical violation, if we rule out policies that cannot be evaluated by RCTs
  - ▣ Throwing away central insights of economics



# More selective evidence

- Unintended consequences are typically not included in the outcome measures of RCTs
  - ▣ Especially if they happen slowly, or over time
- The provision of a clinic, or cash transfers, might free up governments to buy arms
- Building private schools might lead to hollowing out of government schools
  - ▣ Especially if NGOs pay more than the state
- These are difficult or impossible to capture within an RCT
- Yet it is government behavior that is key for poverty reduction
  - ▣ We should try to make governments **MORE** responsive to their citizens, not less

# So what **SHOULD** we do?

- Think seriously about politics, and about the broad consequences of policy change
  - ▣ The World Bank and Oxfam, for all of their faults, do this all of the time
  - ▣ RCT agenda for all of its virtues, shies away from this
  - ▣ Want aid to be freed from the contamination of geopolitics
    - But that is a pure fantasy
- Severe constraint on what can be done from the outside
  - ▣ Yet there are policies in donor countries that are hurting people
  - ▣ We should stop, and do more of GPGs that help



# Conclusions



# Measuring and reducing poverty

- We should obsess less over one particular measure of poverty
  - ▣ Which plays no role in policy anyway
  - ▣ For which no one is politically responsible
  - ▣ So even if we fix it, nothing stops the counters straying off the reservation
- We need to think about RCTs as useful tools of discovery
  - ▣ Not as magic bullets
  - ▣ To use them requires serious economic and political analysis
  - ▣ RCTs do not buy as a pass for practicing our professions!