

The Impact of the 2005 CAP-First Pillar Reform (FPR) as a Multivalued Treatment Effect

Alternative Estimation Approaches

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OUTLINE

Objective: Is the increasingly complex TE econometrics toolkit suitable for “complex” policy treatments like the **FPR?** By the way: about 40 bil €/year (30% of EU budget)

1. The FPR case: methodological challenges
2. MT-ATE alternative estimation approaches
3. Results
4. Concluding remarks

1. FPR: methodological challenges (1/5)

What is needed to recreate such a quasi-experimental situation and identify/estimate the Avg. TE (ATE):

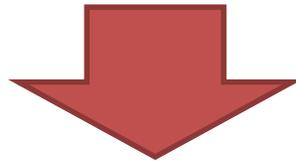
Requirements	Issues
A clear treatment (T)	<ul style="list-style-type: none"> - Multiple treatments - Multivalued treatments 
A clear objective (Y)	<ul style="list-style-type: none"> - Unclear (undeclared) outcome/target variable - Multiple objectives 
A clear counterfactual (T = 0)	<ul style="list-style-type: none"> - No counterfactuals - Unsuitable counterfactuals 
Observable confounding variables (X)	<ul style="list-style-type: none"> - Controlling for (un)observables - Proper matching 

1. FPR: methodological challenges (2/5)

Objective – Estimate the TE of FPR

→ The treatment: the 2003/2005 Reform of the First Pillar of the CAP (FPR)

- Decoupling of support: the key of the reform
 - **Reorientation to market:**
 - Let farmers choose what (and if) to produce
 - Let farmers achieve an higher allocative efficiency



Objective/Expected outcome: change in the production mix of farmers receiving the treatment

1. FPR: methodological challenges (3/5)

Why don't use powerful TE econometrics to assess the impact of the FPR?

– We have micro-data!

➤ **The sample:** a balanced panel (constant sample) of **6542 farms obs. over years 2003-2007** (*pre and post-reform*).

– But:

1. CAP is a multioutcome policy
2. CAP is a multitreatment policy
3. CAP is a multivalued treatment
4. No suitable counterfactuals for the FPR

1. FPR: methodological challenges (4/5)

1 FPR as a multioutcome policy: How do we measure if and to what extent farms changed their output vector?

- Two different types of outcome (*i-th* farm):
 - **In a short-run perspective**: change in the composition of output (K is the of possible production activities; s_k the respective share on GPV). Measures of distance between *pre* (A) and *post* (B)

Alternative:
 y^2 simply counts
the changes in
the output vector

Output-distance
index

$$\longrightarrow y_i^1 = \sqrt{\sum_{k=1}^K (s_{ik,B} - s_{ik,A})^2}$$

- **In a long-run perspective**: investment decisions (I = investments; VA = Value Added)

Alternative:
 y^3 investments in
absolute values

Investment rate

$$\longrightarrow y_i^4 = \left(\frac{I_{i,B}}{VA_{i,B}} - \frac{I_{i,A}}{VA_{i,A}} \right)$$

Note: the outcome/target variable is **ALREADY a difference**. The TE is a difference in the difference

1. FPR: methodological challenges (5/5)

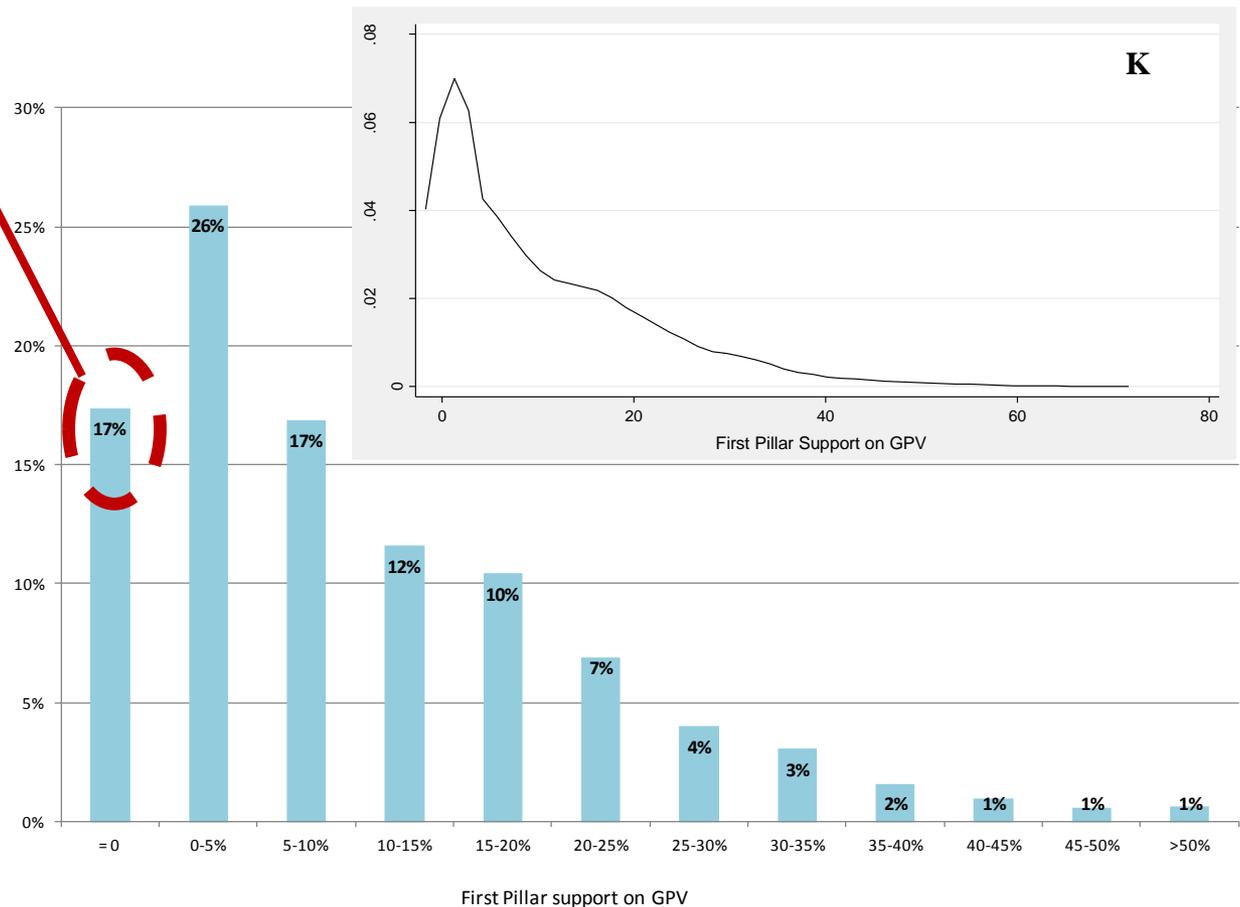
2 FPR as a Multivalued Treatment (MT) → Treatment Intensity (TI) = FPs/GPV

Distribution of the continuous treatment (TI), First Pillar support on farm's GPV (in %): Kernel density (K) and frequency histogram (avg. over 2003-2007 period)

5430 treated farms
1112 non-treated farms
Can't they be suitable
counterfactuals for the
FPR?

Eligibility to FPR depends on production choices made in the 2000-2002 period. If they made very peculiar choices they must be peculiar

But with MT we do not need counterfactuals



2. MT-ATE estimation approaches (1/4)

3 POSSIBLE EMPIRICAL STRATEGIES:

- ❖ 1st strategy – **PSM-ATT**: binary treatment; counterfactuals found through matching conditional on a set of covariates
 - **Selection-on-unobservables bias still a problem**
- ❖ 2nd strategy – **DID-ATT**: binary treatment, counterfactuals are the treated observations themselves before the treatment, still non-treated are needed to get rid of the effects of time
 - **Selecting the baseline and the follow-up obs. (years) is critical**
→ **CIIA and placebo testing**
- ❖ 3rd strategy – **MT-ATE**: the treatment is a continuous/discrete variable, a relationship between the treatment level and the outcome variable can be estimated (the *DRF*); non-treated units (counterfactuals) are not needed → **which is the effect for a treated unit of receiving an higher (lower) treatment level?**

2. MT-ATE estimation approaches (2/4)

Hirano-Imbens approach - Start with the Rubin (1974) intuition:

- Define a set of *potential outcomes* $\{Y_i(T)\}_{T \in \Xi}$ where Ξ is the set of potential treatment levels and $Y_i(T)$ is a random variable that maps, for the i -th unit, a particular potential treatment, T , to the potential outcome Y
- However, for any i -th only one Y_i is observed corresponding to the actual treatment level T_i
- The approach estimates the function linking $Y=f(T)$ on average: the *average Dose-Response Function (aDRF)*

❖ It is a 4-step parametric estimation approach

2. MT-ATE estimation approaches (3/4)

Hirano-Imbens approach - Estimation:

❖ **1st step: the GPS estimation:** $GPS_i = r(T_i, \mathbf{X}_i) = T_i | \mathbf{X}_i \sim N(\boldsymbol{\beta}' \bar{\mathbf{X}}_i, \sigma^2)$

✓ Probability of the i -th unit to receive the treatment level T_i

❖ **2nd and 3rd steps: the $uDRF$ and $aDRF$ estimation**

✓ Estimation of the conditional expectation of the potential outcome with respect to T and the estimated GPS : a fully interacted flexible function (K, H -th order polynomial) then averaged for any given T

❖ **4th step: the ATE estimation**

$$ATE_j = \partial(aDR\hat{F}_j) / \partial T \quad \text{or} \quad ATE_j = (aDR\hat{F}_j - aDR\hat{F}_{j-1})$$

2. MT-ATE estimation approaches (4/4)

The Cattaneo alternative (1):

- ❖ Hirano-Imbens approach: computationally complex and too arbitrary parametric assumptions
- ❖ Cattaneo (2010) approach: a semiparametric estimation
 - Discrete instead of continuous treatment
- ❖ A 3-step approach:
 - The first step is common: GPS estimation (but now is a MLM)
 - The second step is a semiparametric estimation: based on the estimated GPS, the potential outcome means for any treatment level (μ_j) are estimated imposing a set of moment restrictions
 - Two asymptotically equivalent alternatives (the latter is preferable in finite sample):
 - ✓ IPW (Inverse Probability Weighting) Estimation
 - ✓ EIF (Efficient Influence Function) Estimation
 - The third step consists in estimating the ATE

$$ATE_{IPW/EIF, j} = \left(\hat{\mu}_{IPW, j} - \hat{\mu}_{IPW, j-1} \right)$$

3. Results of the application (1/7)

Covariates - Three (+1) groups of confounding factors:

- ✓ **Individual characteristics** of the farmer (AGE) and of the farm (Altitude - ALT).
- ✓ Economic (ES, FC) and physical (AWU, HP, UAA and, at least partially, LU) **size** of the farm clearly matters.
- ✓ Variables directly expressing the **production specialization** of the farm (TF and, in part, LU) .
- ✓ A final confounding variable included in the analysis is the dummy expressing **second pillar support** (RDP) (1766 farms; 27%)

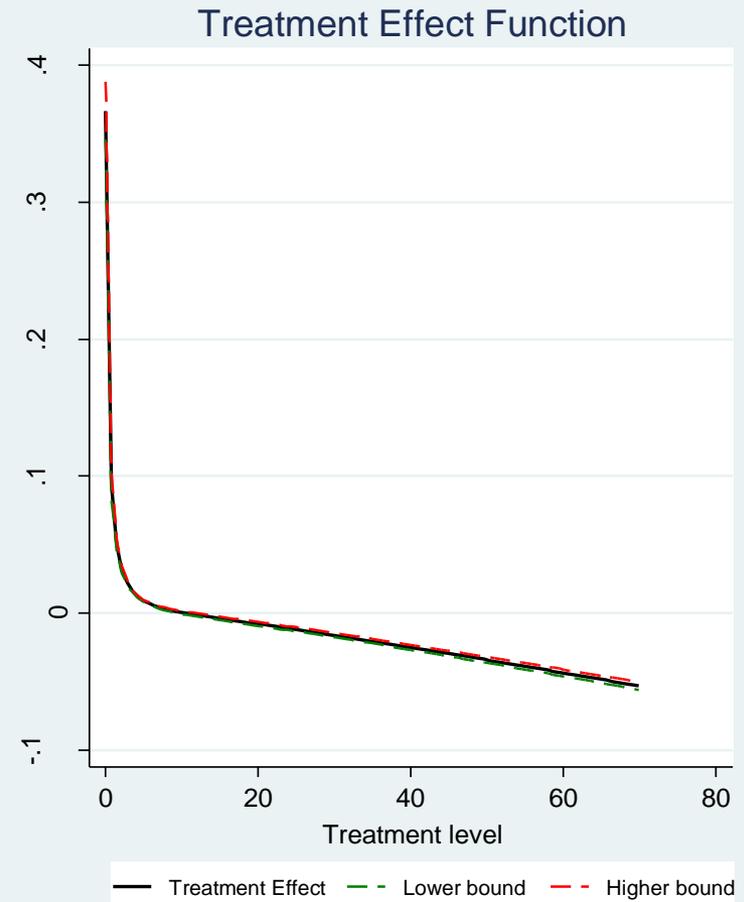
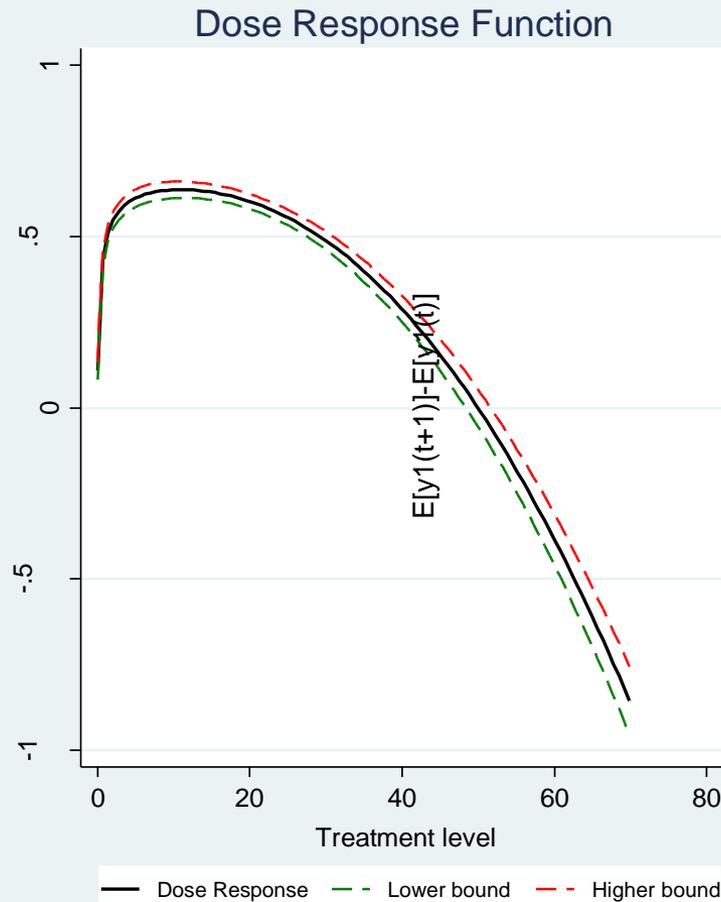


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3. Results of the application (2/7)

❖ MT estimation - Hirano-Imbens: $aDRF$ and TE

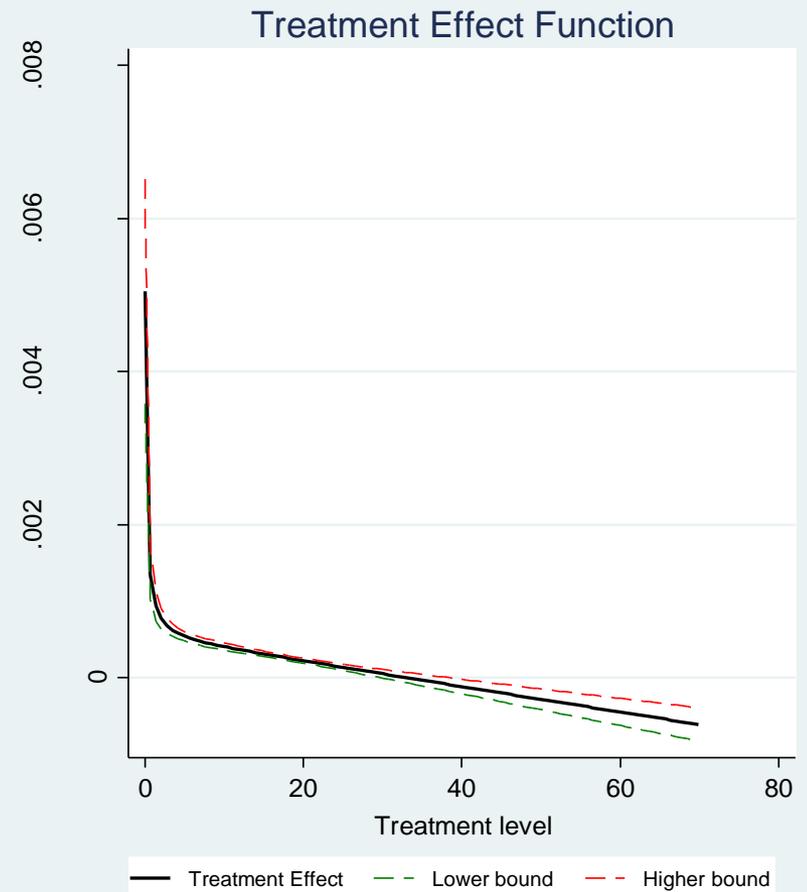
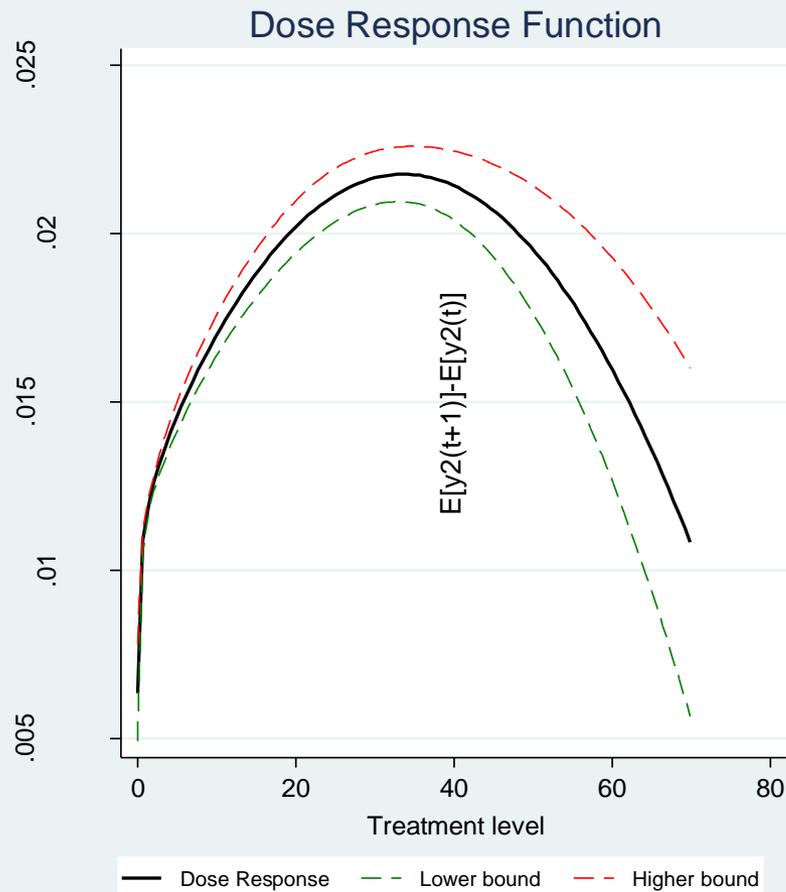
y^1



3. Results of the application (3/7)

❖ MT estimation - Hirano-Imbens: $aDRF$ and TE

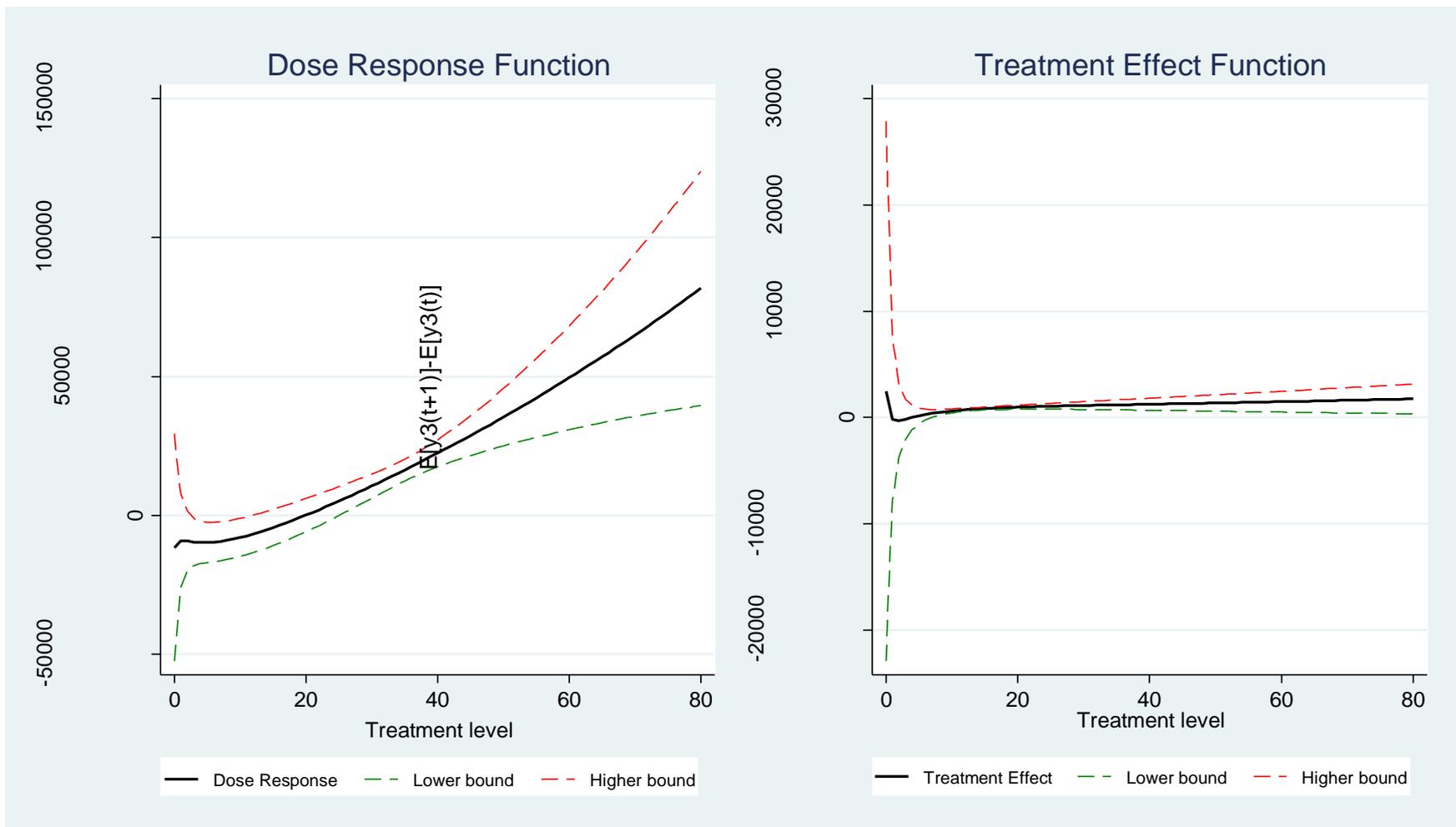
y^2



3. Results of the application (4/7)

❖ MT estimation - Hirano-Imbens: $aDRF$ and TE

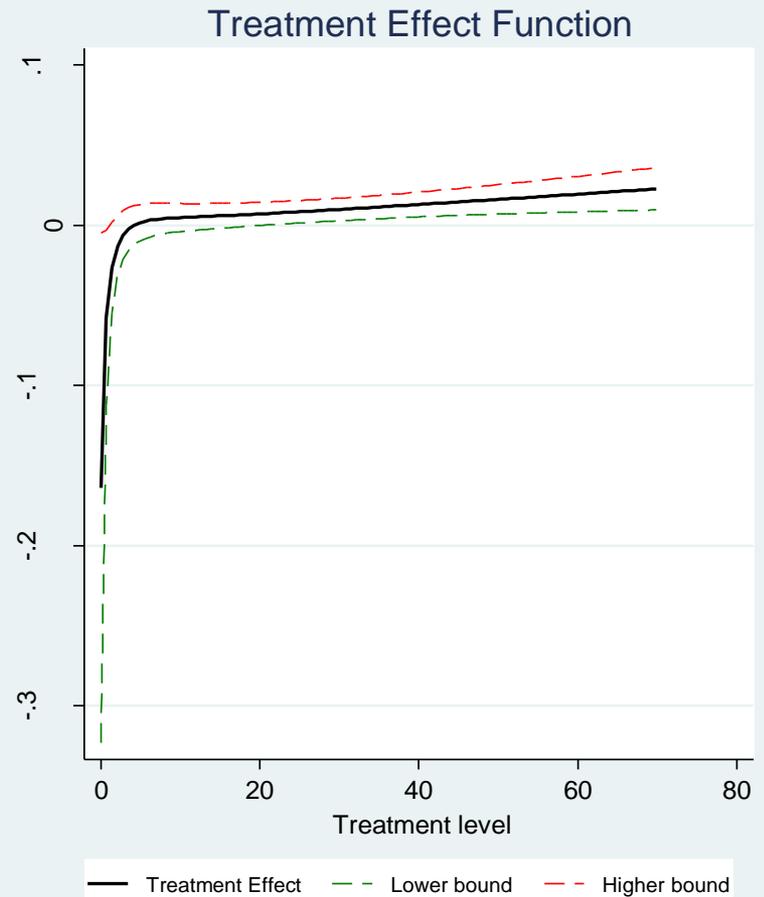
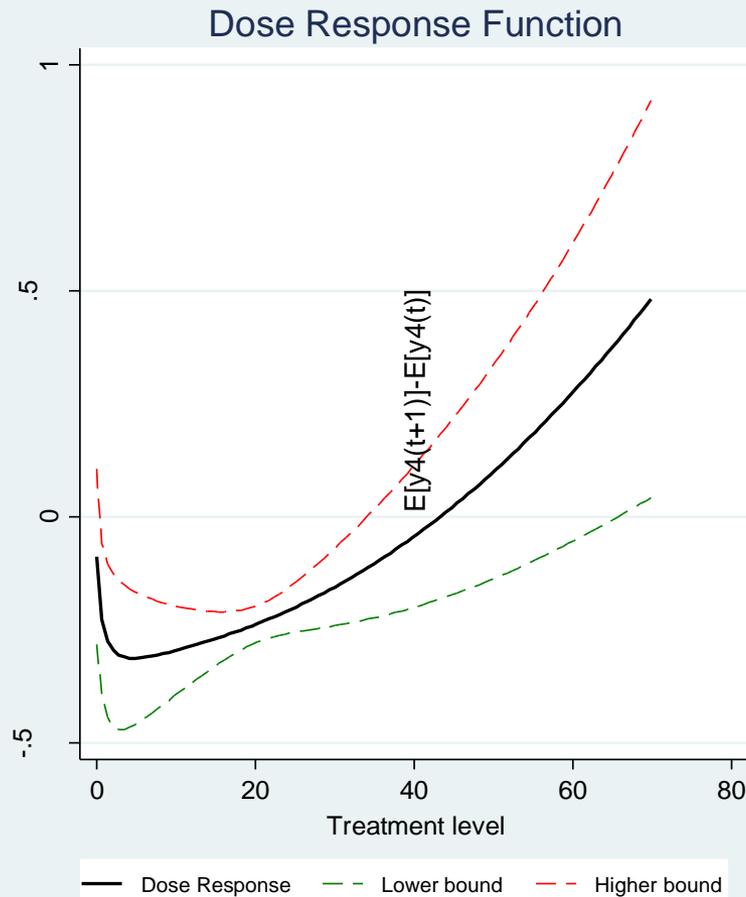
y^3



3. Results of the application (5/7)

❖ MT estimation - Hirano-Imbens: αDRF and TE

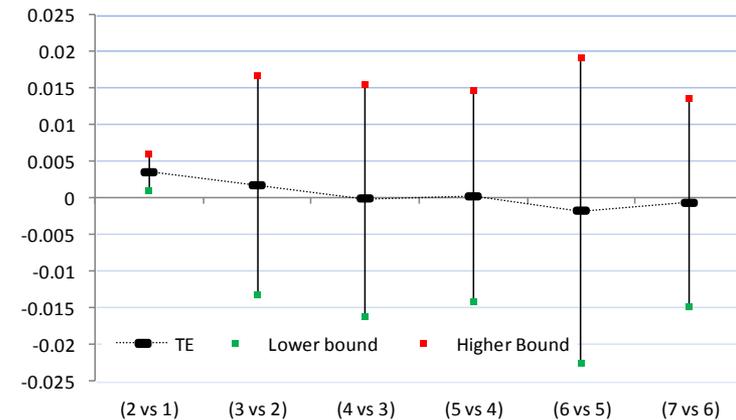
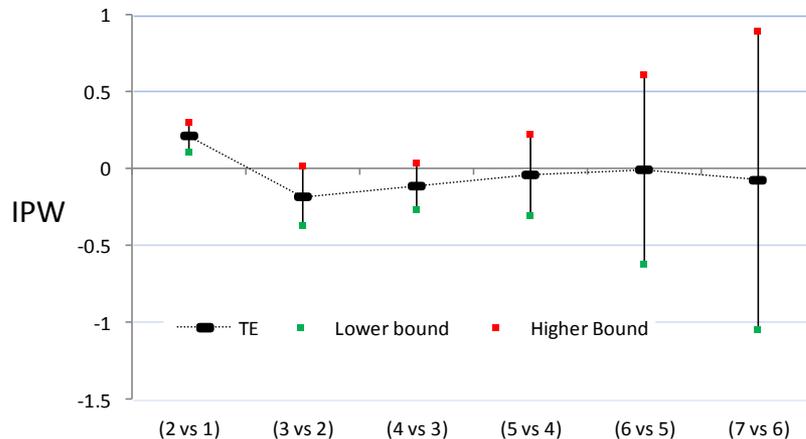
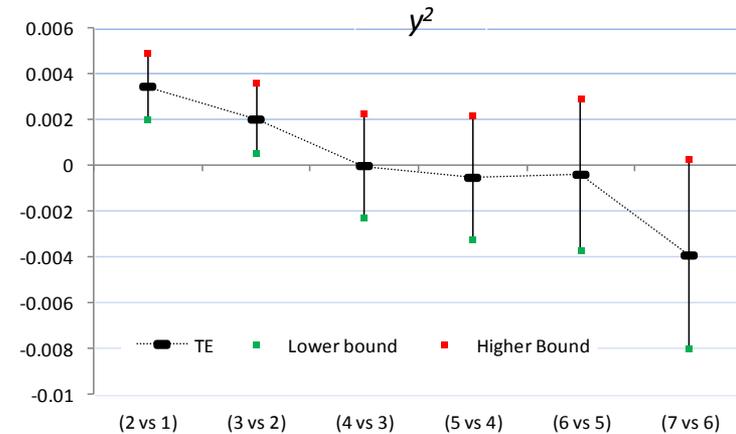
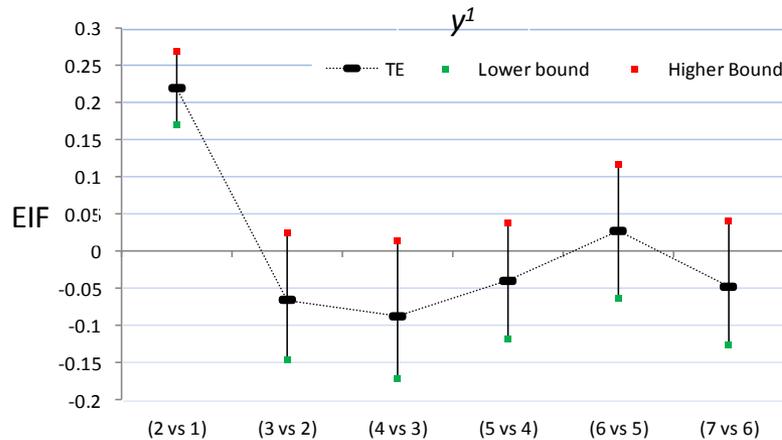
y^4



3. Results of the application (6/7)

MT estimation - Cattaneo (EIF, IPW)

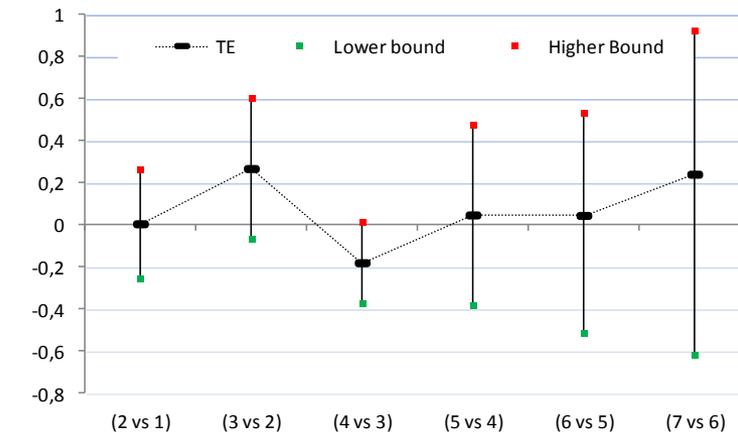
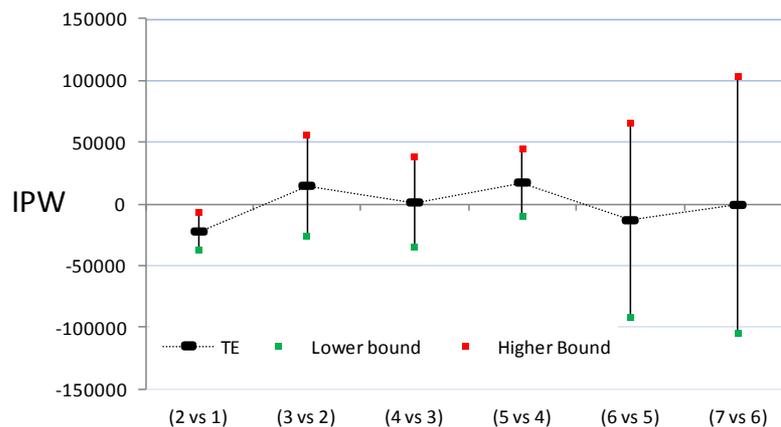
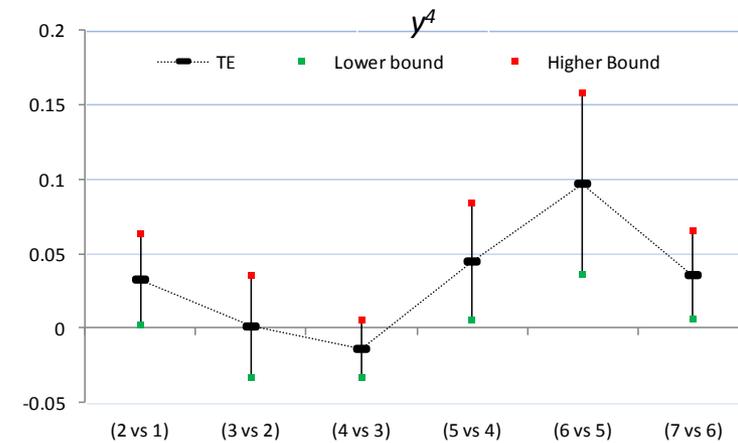
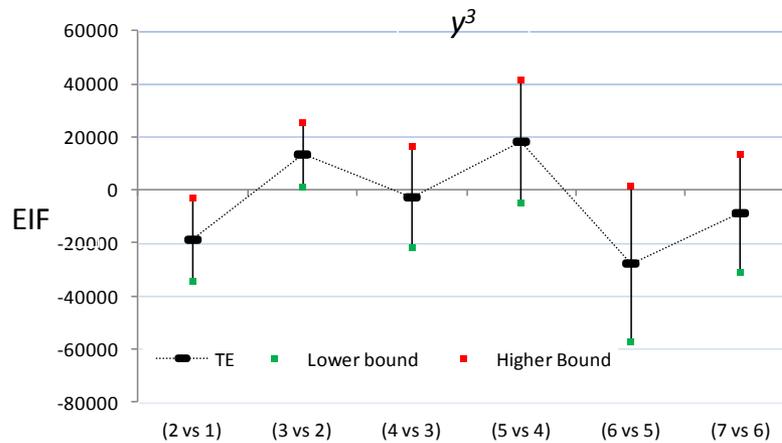
❖ TE (y^1, y^2)



3. Results of the application (7/7)

MT estimation - Cattaneo (EIF, IPW)

❖ TE (y^3, y^4)



4. Concluding remarks

- Did the FPR reoriented production decisions? **YES**
- Short-run vs. Long-run production decisions
 - FPR affected SR production decisions
 - SR changes seem conservative: +in number of products, - in GPV shares
 - SR impact is lower (or null) for higher treatment levels: **lock-in effect?**
 - Impact on LR (inv.) decisions is questionable
 - LR impact (if any) is higher for higher treatment levels: **pure financial effect?**
 - LR impact may come from the complementarity of the two pillars
 - *Multitreatment effects?*
- Pros and cons of the MT estimation approaches
 - Advantages on PSM-ATT and DID-ATT estimation :
 - no need of counterfactuals (non-treated units)
 - take the continuous nature of the treatment into account
 - more robust
 - MT-ATT estimation complex and based on arbitrary assumptions
 - Results of good quality with the Hirano-Imbens approach
 - Cattaneo approach: poorer results (especially with IPW estimation)

pros

cons

Thanks for your attention