







# estimation of HIV indicators using the Naomi model

Fast approximate Bayesian inference for small-area

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## Summary

- Approximate Bayesian inference method using Laplace approximations and adaptive Gauss-Hermite quadrature
- Motivated by an evidence synthesis model for small-area estimation of HIV indicators in sub-Saharan Africa
- Looking to implement as a part of the aghq package (Stringer 2021), allowing flexible use of the method for any model with a TMB C++ user template

## The Naomi HIV model

- District-level model of HIV indicators (Eaton et al. 2021) which synthesises data from household surveys, antenatal care (ANC) clinics, and routine service provision of antiretroviral therapy (ART)
  - Combining evidence from multiple data sources helps overcome the limitations of any one
  - Small-area estimation methods to overcome small district-level sample sizes
- Yearly estimation process: model run interactively by country teams using a web-app naomi.unaids.org
  - country teams using a web-app naomi.unaids.orgFigure 1 illustrates the seven stages of using the app
- Inference conducted in minutes using empirical Bayes (EB) and a Gaussian approximation via Template Model Builder TMB (Kristensen et al. 2016)
- It would take days to get accurate answers with MCMC via tmbstan (Monnahan and Kristensen 2018), and this is not practical in this setting
- Motivates looking for a fast, approximate approach, that takes uncertainty in hyperparameters into account

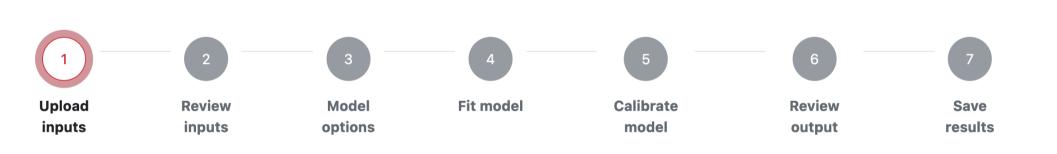


Figure 1: Model fitting occurs interactively in stages.

### Extended latent Gaussian models

- Latent Gaussian models (LGMs) (Rue, Martino, and Chopin 2009) are three stage hierarchical models with observations y, Gaussian latent field x and hyperparameters  $\theta$
- ullet In an LGM the conditional mean depends on exactly one structured additive predictor  $\mu_i=g(\eta_i)$  with  $g:\mathbb{R} o\mathbb{R}$
- The R-INLA implementation of integrated nested Laplace approximations applies only to LGMs, because ELGM precision matrices are not as sparse
- ullet Extended latent Gaussian models (ELGM) remove this requirement such that  $\mu_i=g(\eta_{\mathcal{J}_i})$  where  $g_i:\mathbb{R}^{|\mathcal{J}_i|} o\mathbb{R}$  and  $\mathcal{J}_i$  is some set of indices
- Allows a higher degree of non-linearity in the model
- Naomi is an ELGM, not an LGM, because it includes complex dependency structures:
  - 1. ANC indicators offset from household survey
  - 2. Incidence depends on prevalence and ART coverage
  - 3. Observed data are aggregated finer processes
  - 4. Allow attendance of ART clinics outside home district
  - 5. ART attendance probability as product of prevalence and coverage
- We extend work of Stringer, Brown, and Stafford (2022) in this setting to the challenging Naomi ELGM
- Though we focus on Naomi here, the HIV Inference Group (hiv-inference.org) works on many other complex models, challenging for existing Bayesian inference methods, which require flexible modelling tools

## Inference procedure

• Laplace approximation Integrate out variables using a Gaussian approximation to the denominator

$$p( heta,y)pprox { ilde{p}}_{ t LA}( heta,y) = rac{p(y,x, heta)}{{ ilde{p}}_{ t G}(x\,|\, heta,y)}ig|_{x=\hat{x}( heta)}$$

where  $ilde{p}_{ extsf{G}}(x\,|\, heta,y) = \mathcal{N}(x\,|\,\hat{x}( heta),\mathbf{H}( heta)^{-1})$ 

- Use automatic differentiation via CppAD in TMB
- Adaptive Gauss-Hermite Quadrature

$$\int_{\Theta} p( heta) \mathrm{d} heta pprox |L| \sum_{z \in \mathcal{Q}(m,k)} p(\hat{ heta} + Lz) \omega(z)$$

where the Gauss-Hermite quadrature rule  $z\in\mathcal{Q}(\dim(\theta),k)$  with k points per dimension is adapted based upon

- $\circ$  The mode  $\hat{ heta} = extstyle{argmax}_{ heta \in \Theta} p( heta)$
- $\circ$  The lower Cholesky  $LL^ op = -\partial_ heta^2 \log p( heta)|_{ heta = \hat{ heta}}$
- Algorithm (called adam for now) summarized by Figure 2
  Where possible, previously calculated quantities and quadrature rules are reused

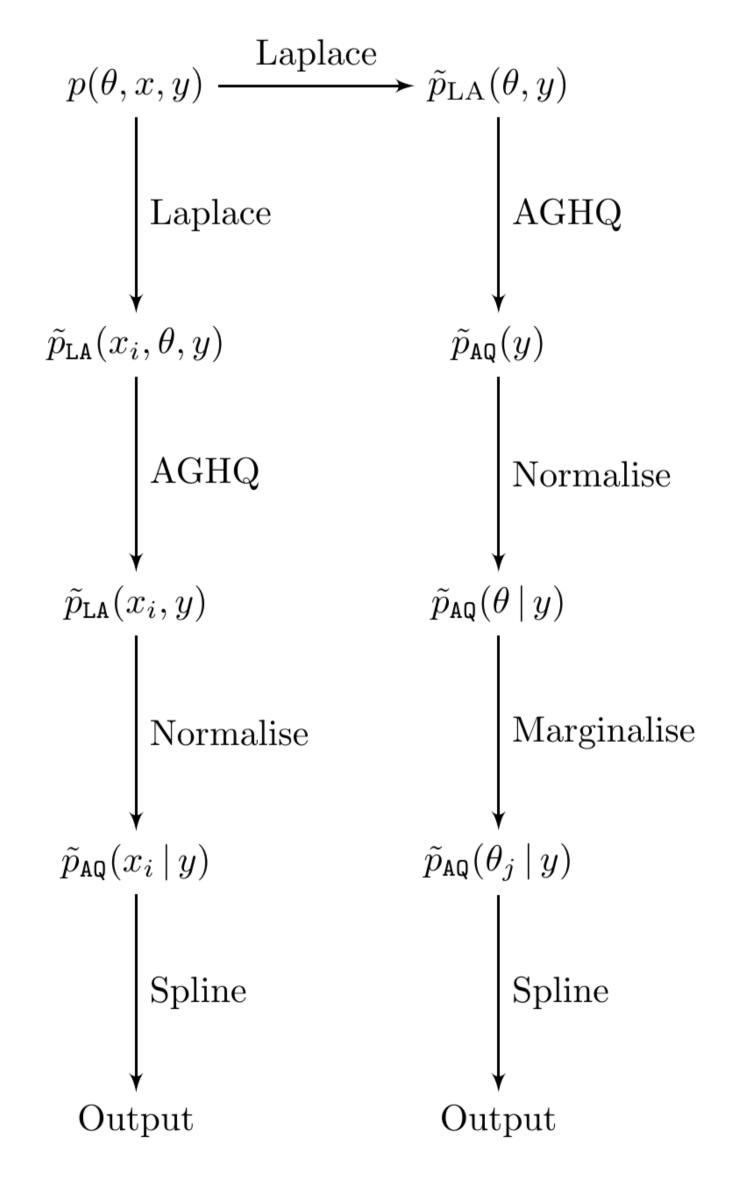


Figure 2: Flowchart describing the algorithm

## Application to Malawi data

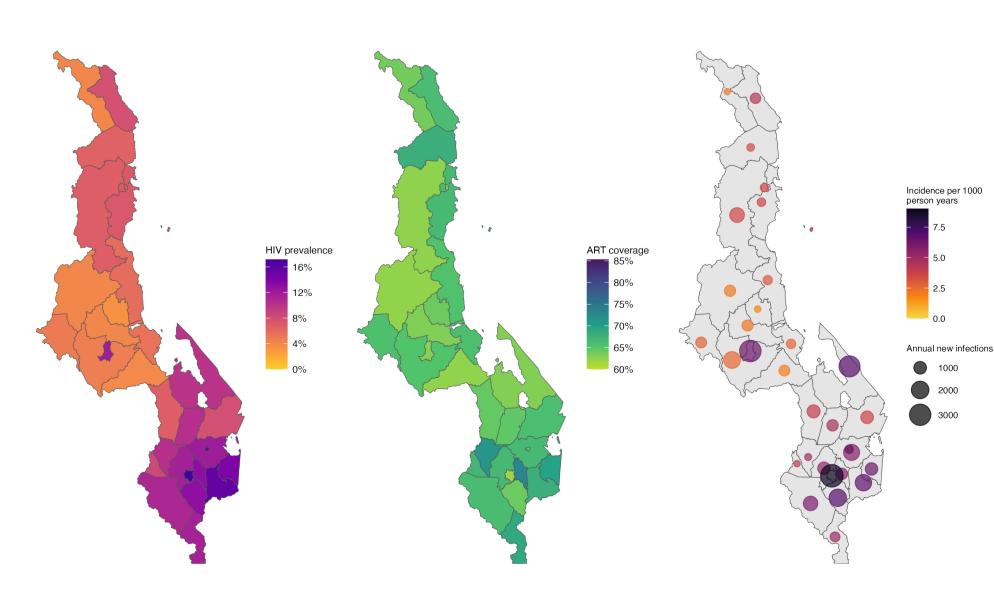


Figure 3: District-level model outputs for adults 15-49 in January 2016. Adapted from Eaton et al. 2021.

ullet Relatively small country but still a large model: latent field  $\dim(x)=491$ , hyperparameters  $\dim( heta)=24$ 

- Fit four inference methods (using one [!] C++ template):
- TMB **(2 mins)**
- $\circ$  aghq (1 mins): k=1
- $\circ$  adam **(26 min)**: k=1
- tmbstan (3.3 days): 4 chains of 100,000 thinned by 40 (required for good diagnostics)
- Figure <u>3</u> illustrates example model outputs: HIV prevalence, ART coverage, HIV incidence, and number of new infections, at the district level

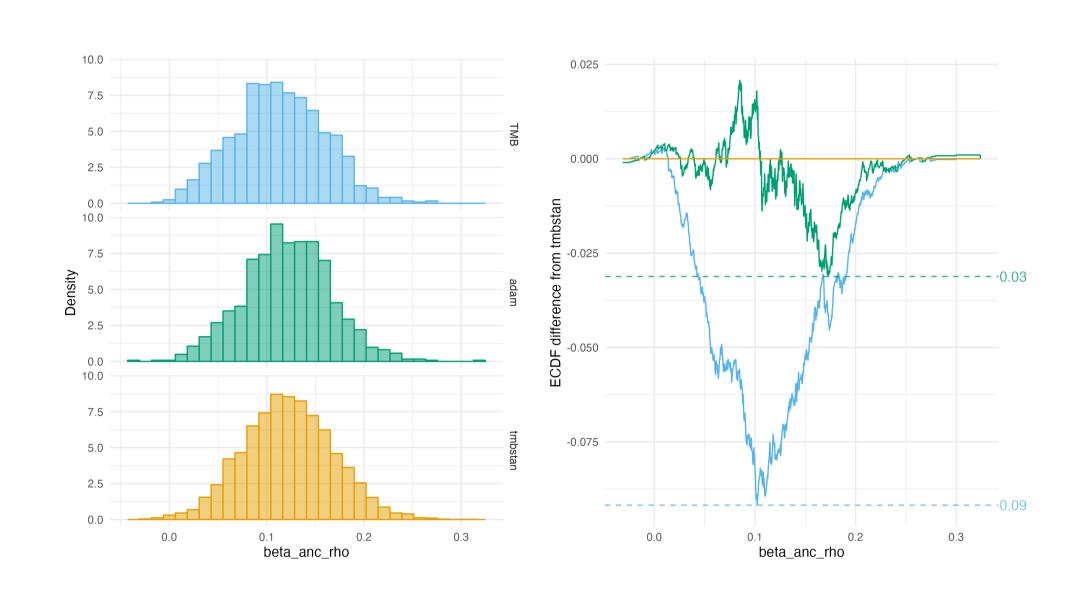


Figure 4: Inference reults and ECDF comparison for one  $x_i$ .

- Compare hyperparameter, latent field, and output posterior marginals based on maximum ECDF difference (Kolmogorov-Smirnov test)
- ullet Figure 4 illustrates this approach for one node in the model with  $\mathrm{KS}(\mathtt{TMB}) = 0.09$  and  $\mathrm{KS}(\mathtt{adam}) = 0.02$

#### Future directions

- ullet Scaling up the hyperparameter grid beyond EB k=1
  - $\circ$  Any dense grid would be impractical ( $k^{24}$  nodes)
  - Alternatives: sparse grids, dense grids on a subspace
- Add Laplace matrix algebra approximations (Wood 2020) to speed up latent field marginal calculations
- More comprehensive inference comparison
- Maximum mean discrepancy
- Pareto-smoothed importance sampling

Interested? Working notebooks and R code available from github.com/athowes/elgm-inf. Or get in touch:

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