



Reexamining Assumptions in Compartmental Models of Heterosexual HIV Transmission applied to Eswatini

Final PhD Defence

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University of Toronto

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Motivation



HIV Epidemic: Context



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Eswatini:

- Highest national HIV prevalence: 28%
- Recently achieved 95-95-95 treatment cascade





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Eswatini:

- Highest national HIV prevalence: 28%
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Key Populations, e.g. Female Sex Workers:

- Disproportionate risk: acquisition + transmission
- Unique barriers to care





HIV Epidemic: Transmission Modelling



HIV Epidemic: Transmission Modelling

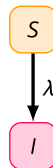
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Compartmental Models: memoryless homogeneous groups





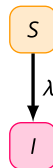
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Risk Heterogeneity: acquisition, transmission, + interventions

- prior work: influences model outputs
- defined by: structure, data, equations \rightarrow *assumptions*





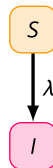
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Overall Research Question:

How do modelling assumptions influence outputs from HIV transmission models?



Overview

Chapter Research Questions: In compartmental models of HIV transmission ...



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2. *How might **model assumptions** influence prevention impacts of treatment?*



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2. *How might **model assumptions** influence prevention impacts of treatment?*
5. *How might **treatment coverage assumptions** influence prevention impacts?*
3. *How can we improve assumptions in **model design & parameterization**?*



Overview

Chapter Research Questions: In compartmental models of HIV transmission ...

2. How might **model assumptions** influence prevention impacts of treatment?
5. How might **treatment coverage assumptions** influence prevention impacts?
3. How can we improve assumptions in **model design & parameterization**?
4. How can we improve assumptions in **incidence equations**?



CHAPTER 2:

Scoping Review: Heterogeneity in Models

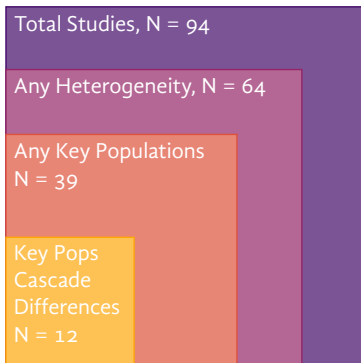
How might model assumptions influence prevention impacts of treatment?



Scoping Review: Missing Heterogeneity

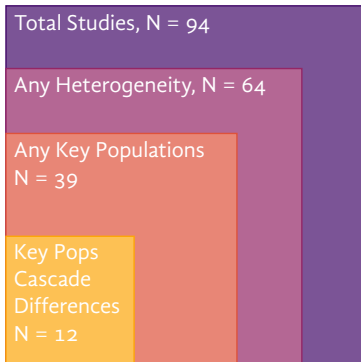


Scoping Review: Missing Heterogeneity





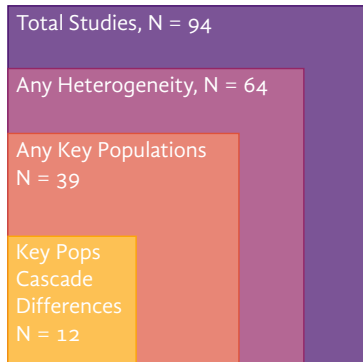
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Prevention impacts of treatment:



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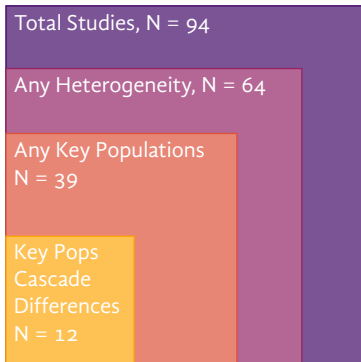


Prevention impacts of treatment:

~ Risk heterogeneity



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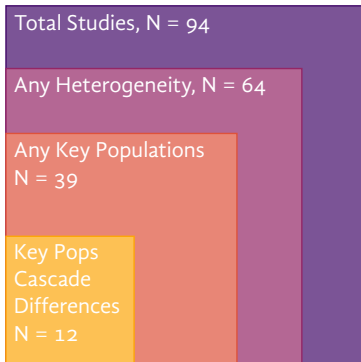


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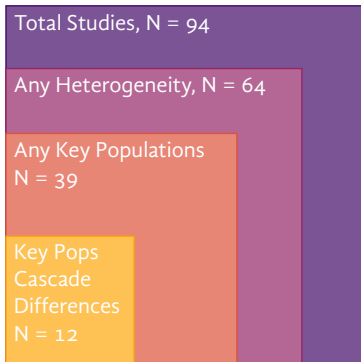


Prevention impacts of treatment:

- ~ Risk heterogeneity
- ↓ Risk heterogeneity + turnover
- ↑ KP cascade prioritized



Scoping Review: Missing Heterogeneity



Prevention impacts of treatment:

- ~ Risk heterogeneity
- ↓ Risk heterogeneity + turnover
- ↑ KP cascade prioritized
- ? ↓ KP cascade lagging



CHAPTER 5: Intersecting Risk & Treatment Gaps

How might treatment coverage assumptions influence treatment impacts?



Treatment as Prevention: Impact of Who is Left Behind



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Observed 95-95-95: base case vs...



Treatment as Prevention: Impact of Who is Left Behind

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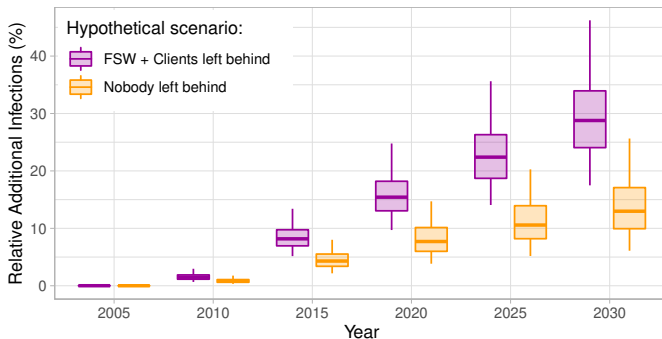
Hypothetical 80-80-90: groups left behind



Treatment as Prevention: Impact of Who is Left Behind

Observed 95-95-95: base case vs...

Hypothetical 80-80-90: groups left behind





CHAPTER 3: Model Design, Parameterization, & Calibration

How can we improve assumptions in model design & parameterization?



Model Design & Parameterization: Usual Assumptions



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Usual Assumption



Model Design & Parameterization: Usual Assumptions

Usual Assumption

→ Data-Informed Assumption



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- overlapping partnership types
- higher vs lower risk FSW + clients



Model Design & Parameterization: Usual Assumptions

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Model Design & Parameterization: Usual Assumptions

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- adjust using polling-booth data
- adjust for partnership duration
- flexible log-linear mixing



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Model Design & Parameterization: Usual Assumptions

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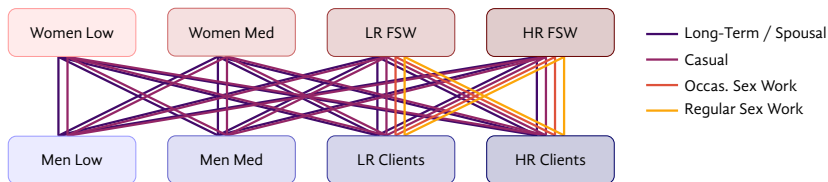
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- flexible log-linear mixing
- turnover framework

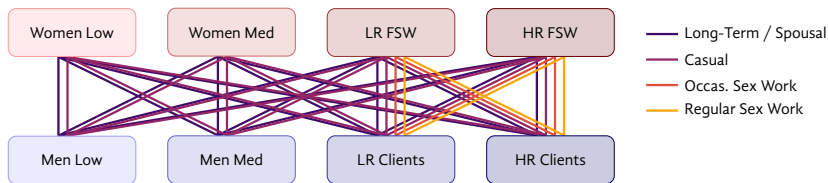


Model Design & Parameterization: Eswatini Model





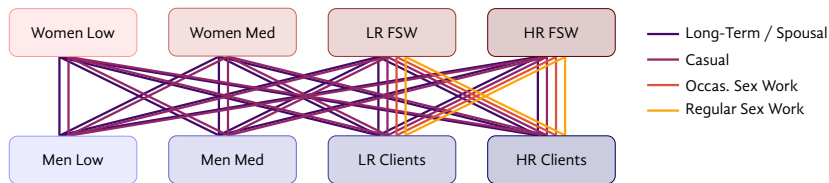
Model Design & Parameterization: Eswatini Model



Eswatini data sources:



Model Design & Parameterization: Eswatini Model

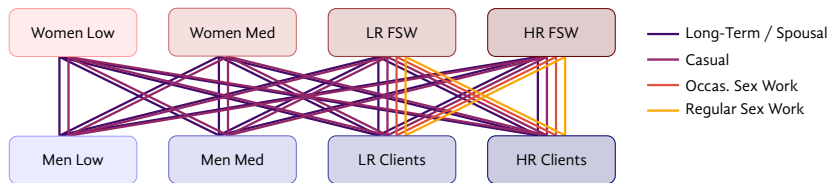


Eswatini data sources:

- Household surveys: '06, '11, '16



Model Design & Parameterization: Eswatini Model



Eswatini data sources:

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- FSW surveys: '11, '14, '21



CHAPTER 4: Effective Partnerships Adjustment

How can we improve assumptions in incidence equations?

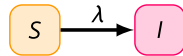


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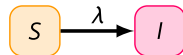
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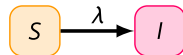


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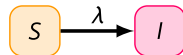


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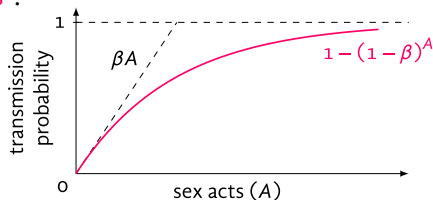
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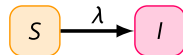
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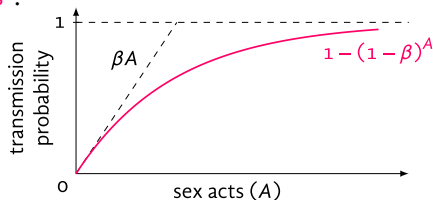
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Instantaneous Partnerships: Problems



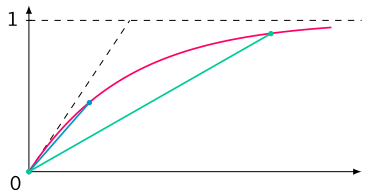
Instantaneous Partnerships: Problems

1. **Instant risk** of onward transmission



Instantaneous Partnerships: Problems

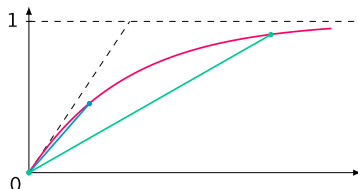
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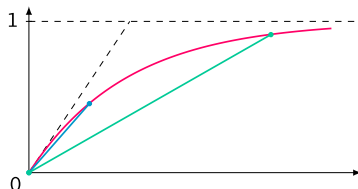
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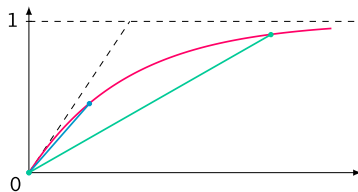
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2. Wasted sex acts *within* partnerships
→ **trade off**:
 - full duration → *frontload* wasted acts
 - 1-year only → *ignore* wasted acts
3. Wasted sex acts *between* partnerships
→ **unnecessary**





Effective Partnerships Adjustment



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Core Idea: People who recently *acquired or transmitted* → *holding state*
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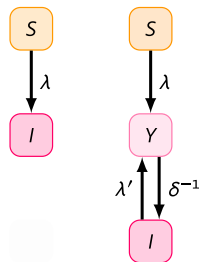
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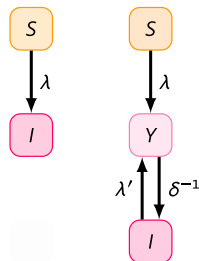
Effective Partnerships Adjustment

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Details:





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- If 2+ partnerships: decrease partners by 1

Instant Proposed





Comparing Incidence Approaches: Equal Parameters

FOI Approach  Duration-Within  1-Year-Within  1-Year-Between  New Proposed

HIV Incidence (per person-year)

Year

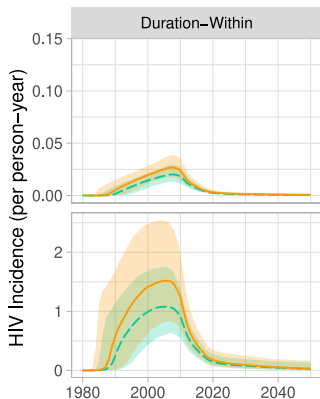
Lower Risk

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Comparing Incidence Approaches: Equal Parameters

FOI Approach --- Duration-Within --- 1-Year-Within --- 1-Year-Between --- New Proposed



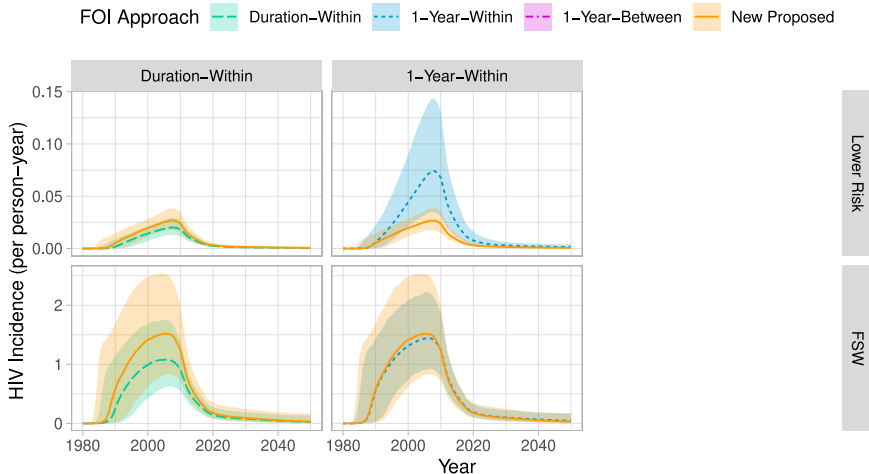
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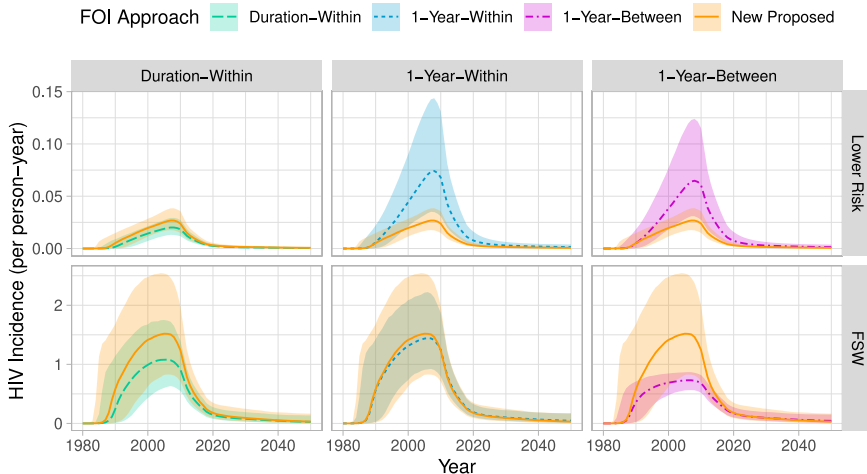


Comparing Incidence Approaches: Equal Parameters









Comparing Incidence Approaches: Equal Parameters





Comparing Incidence Approaches: Re-Fit Parameters

FOI Approach  Duration-Within  1-Year-Within  1-Year-Between  New Proposed

Attributable Fraction (%)

Main / Spousal

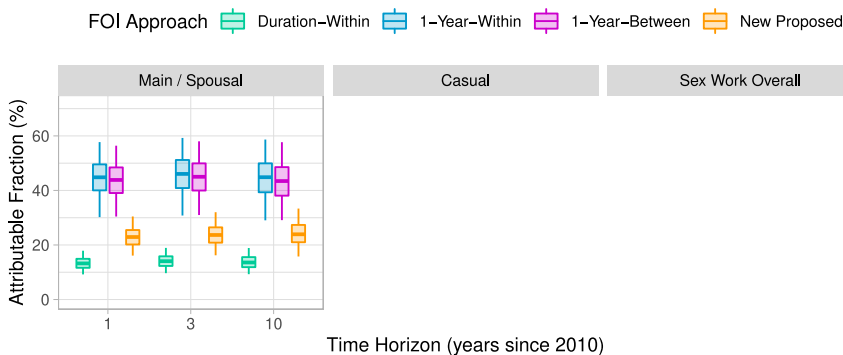
Casual

Sex Work Overall

Time Horizon (years since 2010)

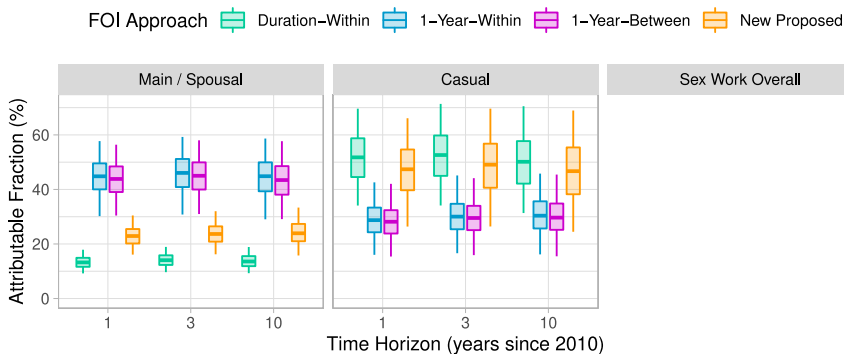


Comparing Incidence Approaches: Re-Fit Parameters





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Conclusion



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 4. **Assume Equal Interventions:** who is being left behind?
- **Thesis:** + methods to improve these assumptions



Thanks

Supervisor

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Thesis Committee

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Laura Muzart

Zandile Mnisi

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