

Summary

- We developed an approximate Bayesian inference method using Laplace approximation, adaptive Gauss-Hermite quadrature and principal component analysis
- Motivated by an evidence synthesis model for small-area estimation of HIV indicators in sub-Saharan Africa
- Implemented as a part of the `aghq` package (Stringer 2021), allowing flexible use of the method for any model with a Template Model Builder `TMB` (Kristensen et al. 2016) C++ user template

1. The Naomi HIV model

- District-level model of HIV indicators (Eaton et al. 2021) which synthesises data from 1) household surveys, 2) antenatal care (ANC) clinics, and 3) 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`
 - Figure 1 illustrates the seven stages of using the app
- Inference conducted in minutes using empirical Bayes and a Gaussian approximation
- It would take days to get accurate answers with MCMC via `tmbstan` (Monnahan and Kristensen 2018), and this is not practical in this setting
- We are looking for a fast, approximate approach, that properly takes uncertainty in hyperparameters into account

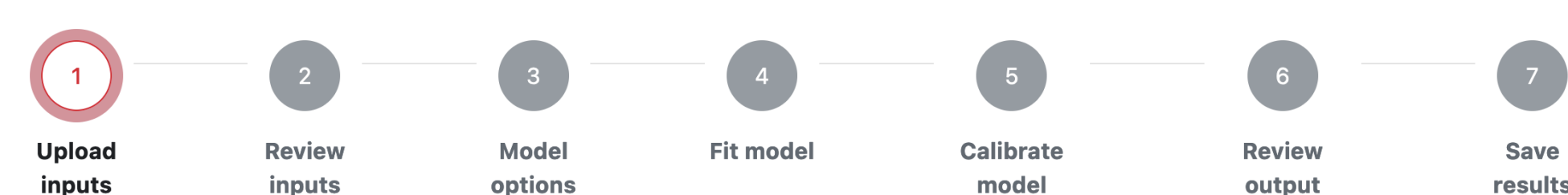


Figure 1: Model fitting occurs interactively in stages.

2. 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 θ
- In an LGM the conditional mean depends on exactly one structured additive predictor $\mu_i = g(\eta_i)$ with $g: \mathbb{R} \rightarrow \mathbb{R}$
- Extended latent Gaussian models (ELGM) remove this requirement such that $\mu_i = g(\eta_{\mathcal{J}_i})$ where $g_i: \mathbb{R}^{|\mathcal{J}_i|} \rightarrow \mathbb{R}$ 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:
 - Incidence depends on prevalence and ART coverage
 - Incidence and prevalence linked to recent infection
 - ANC offset from household survey
 - ART coverage and recent infection are products
 - Observed data are aggregated finer processes
 - ART attendance uses the multinomial
 - Multiple link functions
- We extend work of Stringer, Brown, and Stafford (2022) in this setting to the challenging Naomi ELGM
- Though we focus on Naomi, the HIV Inference Group (`hiv-inference.org`) works on many other complex models, challenging for existing Bayesian inference methods, which require flexible modelling tools

3. Inference procedure

- Laplace approximation** Integrate out latent field using a Gaussian approximation to the denominator

$$p(\theta, y) \approx \tilde{p}_{\text{LA}}(\theta, y) = \frac{p(y, x, \theta)}{\tilde{p}_{\text{G}}(x | \theta, y)} \Big|_{x=\hat{x}(\theta)},$$

where $\tilde{p}_{\text{G}}(x | \theta, y) = \mathcal{N}(x | \hat{x}(\theta), \hat{H}(\theta)^{-1})$

- Use automatic differentiation via `CppAD` in `TMB`

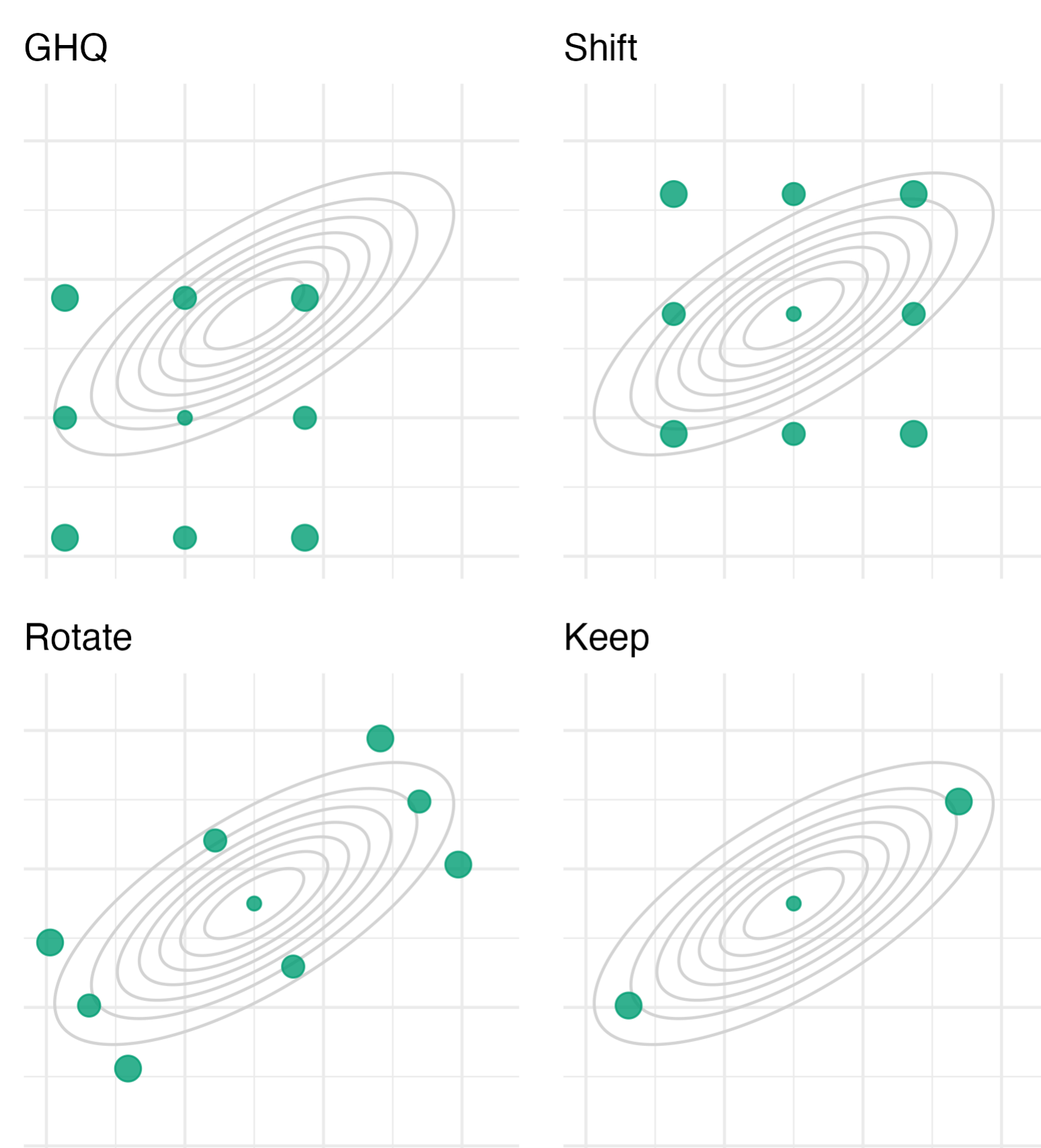


Figure 2: Demonstration of PCA-AGHQ.

- Adaptive Gauss-Hermite Quadrature (AGHQ)** perform quadrature over the hyperparameters

$$\int_{\Theta} p_{\text{LA}}(\theta, y) d\theta \approx |L| \sum_{z \in \mathcal{Q}(m, k)} p_{\text{LA}}(\hat{\theta} + Lz, y) \omega(z),$$

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

- The mode $\hat{\theta} = \operatorname{argmax}_{\theta \in \Theta} p_{\text{LA}}(\theta, y)$
- A matrix decomposition $LL^T = -\partial_{\theta}^2 \log p_{\text{LA}}(\theta, y)|_{\theta=\hat{\theta}}$
- Use the spectral decomposition $L = E\Lambda^{1/2}$ and keep only the first $s < m$ **principal components** (PCA-AGHQ)

4. Application to Malawi

- Malawi is a relatively small country but still has latent field $\dim(x) = 491$ and hyperparameters $\dim(\theta) = 24$

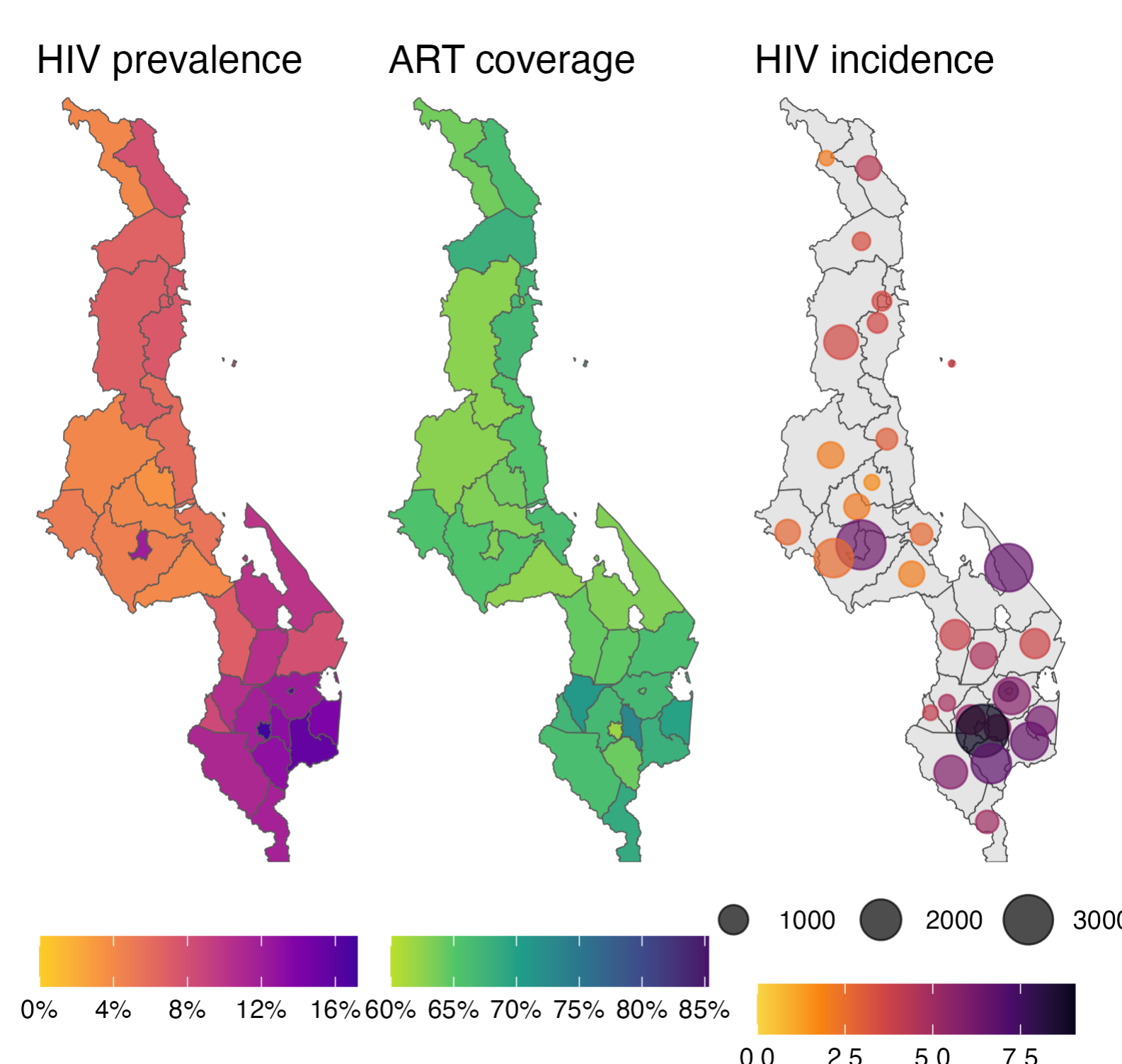


Figure 3: District-level model outputs for adults 15-49 in January 2016. Adapted from Eaton et al. 2021.

Method	Description	Time
TMB	Baseline	42 secs
PCA-AGHQ Ours		1 hour
NUTS	Gold-standard	3.3 days

- For PCA-AGHQ $k = 3$ and $s = 8$ chosen using Scree plot to explain $\sim 90\%$ of variance
- For NUTS 4 chains of 100,000 thinned by 40 were required for good diagnostics
- Kolmogorov-Smirnov (KS) test based on the maximum difference between marginal ECDFs
 - Average KS distance from NUTS reduced by 10%
 - Also considering joint posteriors via Pareto-smoothed importance sampling and maximum mean discrepancy
- Naomi can be used to assess probabilities targets have been met e.g. 90% of those who know their HIV status are on ART ("second 90"). Both TMB and PCA-AGHQ have biased inferences (Figure 4)
 - Reduced RMSE for estimating second 90 exceedance probabilities by 9%

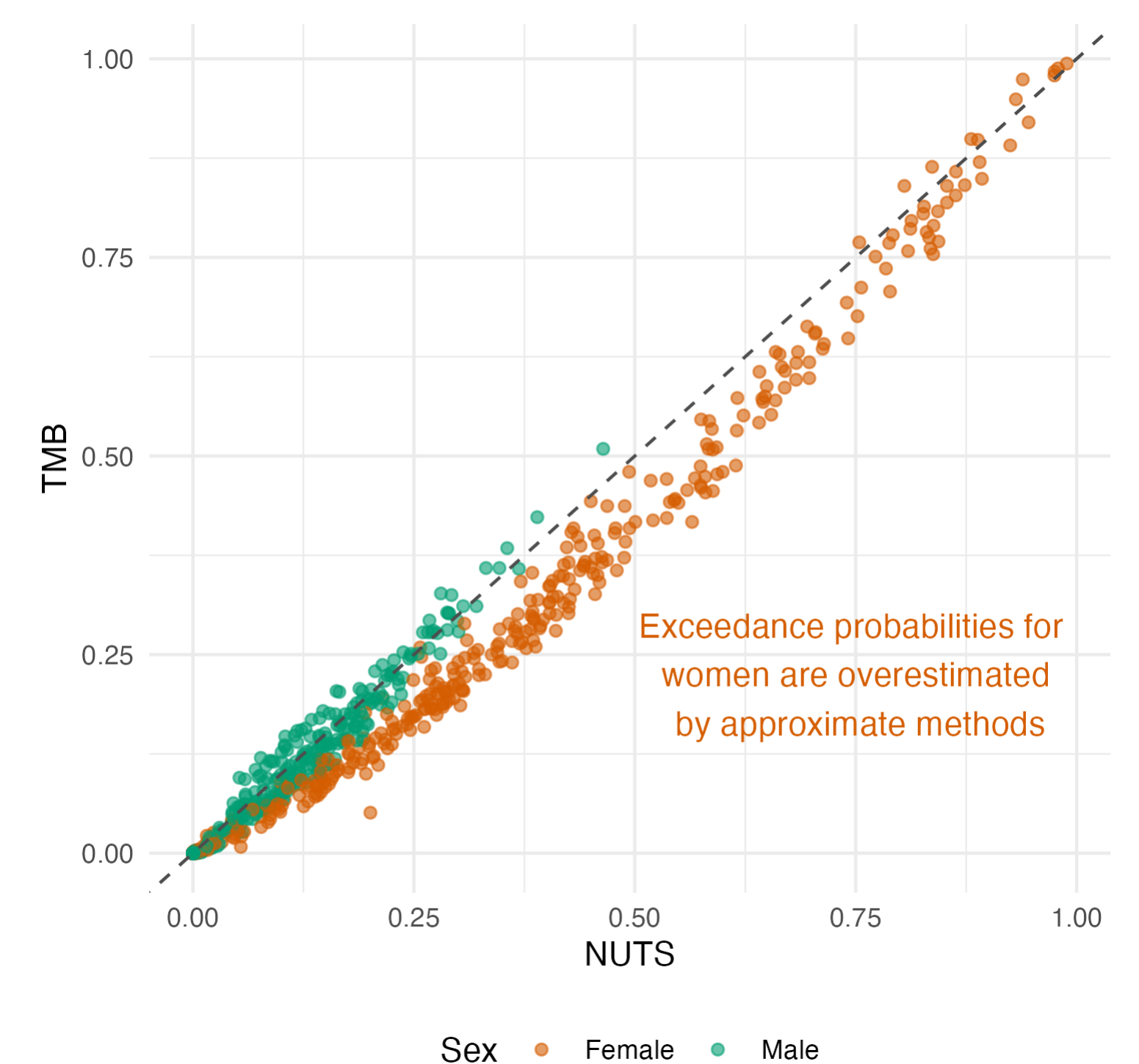


Figure 4: Both approximate methods are meaningfully incorrect for policy.

5. Future directions

- Can we do any better than modest improvements?**
- Laplace marginals with matrix algebra approximations (Wood 2020) to speed up calculations
- Further methods for allocation of effort to "important" dimensions of hyperparameter grid

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