Intro 000 HIV 00000 Control 0000000 Decision making 00000000

OPTIMAL RESOURCE ALLOCATION FOR HIV PREVENTION AND CONTROL

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Intro	Model	HIV	Control	Decision making
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Outline				

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- 1 Introduction and motivation for research
- **2** Population balance models
- 3 HIV transmission: modeling and control
- 4 Numerical optimal control
- **5** Issues in decision making



Public health challenges:

- Determine the public-level efficacy of various intervention programs.
- Describe the transmission dynamics of a disease and the effect of intervention using a model of the underlying medical, biological, and social processes.
- Perform effective triage of limited prevention resources.

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IntroModelHIVControlDecision making0000000000000000000000000000Motivation for research

Current state:

- Analytical or semi-analytical methods for computing optimal control profiles for simple epidemiological models.
 - (-) Obtained results are typically not suitable for practical use; too restrictive modeling assumptions.
- Commercial tools aimed at high-level decision-makers for choosing the best public health investments: OPTIMA, etc.
 (-) A one-size-fits-all approach leads to solutions that lack relevant details or specific constraints.

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Motivation for research

What we offer:

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- Population balance models tailored to particular applications.
- Realistic model of different prevention/treatment programs.
- Consider hard constraints.
- Locally defined cost functions expressed in \$\$\$.
- Integrate the obtained results into epidemiological practice by providing programmatic benchmarks.
- Allow a practitioner to draw concrete conclusions about optimal resource allocation in a specific setting.

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Population	n balance m	odels		

- Total population is separated in a number of *compartments*.
- Compartment: a *homogeneous* subgroup of the population.
- *Dynamics*: transitions between groups and the in- and out-flows.

The dynamics of the ith compartment's population:

$$\dot{x}_i = \sum_{i \neq j} \left(a_{ij}(x) - a_{ji}(x) \right) - a_{ii}(x) + w_i,$$

where

 x_i – the number of individuals within *i*th compartment, a_{ji} – the flow rate from compartment *i* to compartment *j* a_{ii} – the outflow out of the *i*th compartment, and w_i – the inflow into the *i*th compartment.

 $\bigcirc a_{ij}(x) \ge 0 \text{ and } w_i \ge 0 \text{ for all } i, j \text{ and } x \in \mathbb{R}^n_{>0}.$

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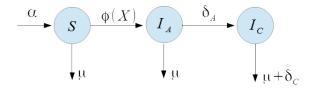
where

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(A) (A) a_{ij}(x) ≥ 0 and w_i ≥ 0 for all i, j and x ∈ ℝⁿ_{≥0}.
(A) a_{ij}(x) = 0 and a_{ii}(x) = 0, i.e. there is no flow out of an empty compartment.

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An exan	nple			

Consider a population divided into 3 compartments: S – susceptible, I_A – acutely infected, and I_C – chronically infected.



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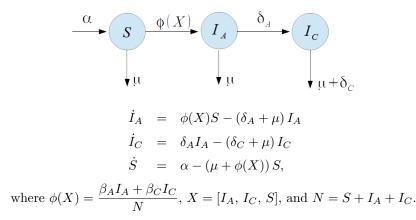
where

 α – the inflow,

 μ – the mortality,

 δ_A – (duration of the acute phase)⁻¹, $\phi(X)$ – the incidence rate.

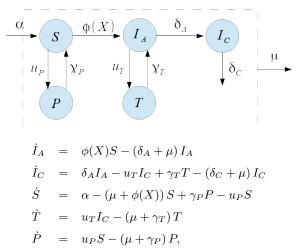
Intro Model HIV Control Decision making occords An example: the model



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Add 2 more compartments: T - treatment, P - prophylaxis.

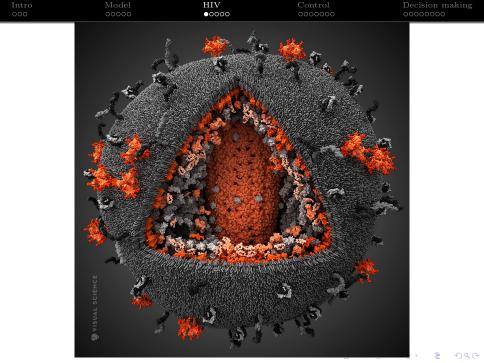


where u_T and u_P – fractions of the respective populations that are addressed; γ_T and γ_P – the rates at which the prescribed care fails.

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An exa	mple: contro	l theoretic	view point	

$$\frac{d}{dt} \begin{bmatrix} I_A \\ I_C \\ S \\ T \\ P \end{bmatrix} = \begin{bmatrix} \phi(X)S - (\delta_A + \mu) I_A \\ \delta_A I_A + \gamma_T T - (\delta_C + \mu) I_C \\ \alpha - (\mu + \phi(X)) S + \gamma_P P \\ - (\mu + \gamma_T) T \\ - (\mu + \gamma_P) P \end{bmatrix} + \begin{bmatrix} -I_A & 0 \\ 0 & 0 \\ 0 & -S \\ I_A & 0 \\ 0 & S \end{bmatrix} \begin{bmatrix} u_T \\ u_P \end{bmatrix}$$

- A bilinear control system.
- The system is not controllable in the neighborhood of X_{DFE} .
- $\dim(\text{controllable subspace}) = 1!$
- R₀ > 1 ⇒ uncontrollable subspace is unstable → system is not stabilizable.
- Standard non-linear control methods are not applicable



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Intro	Model	HIV	Control	Decision making
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- Sexually transmitted diseases are particularly suitable for modeling.
- Further specialization of the model: Men having Sex with Men.
- Gay population in USA: 3-4% of total population \leadsto 60-70% new infections
- Compartmental model: 9 subpopulations (2 x Susceptible, 4 x Infected, 2 x Treatment, 1 x Prophylaxis)
- 2 controls: TaP vs. PrEP (fractions of screened individuals that are administered either to treatment or to prophylaxis)

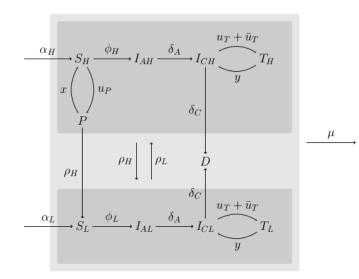
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$$\begin{split} \dot{S}_{H} &= \alpha_{H} - (\phi_{H}(X) + \rho_{H} + \mu)S_{H} + \rho_{L}S_{L} + xP - u_{P}\zeta_{P}(X)N \\ \dot{S}_{L} &= \alpha_{L} - (\phi_{L}(X) + \rho_{L} + \mu)S_{L} + \rho_{H}(S_{H} + P) \\ \dot{I}_{CH} &= \delta_{A}I_{AH} - (\rho_{H} + \mu + \delta_{C} + v_{b})I_{CH} + \rho_{L}I_{CL} + yT_{H} - u_{T}\zeta_{T,H}(X)N \\ \dot{I}_{CL} &= \delta_{A}I_{AL} - (\rho_{L} + \mu + \delta_{C} + v_{b})I_{CL} + \rho_{H}I_{CH} + yT_{L} - u_{T}\zeta_{T,L}(X)N \\ \dot{I}_{AH} &= \phi_{H}S_{H} - (\rho_{H} + \mu + \delta_{A})I_{AH} + \rho_{L}I_{AL} \\ \dot{I}_{AL} &= \phi_{L}S_{L} - (\rho_{L} + \mu + \delta_{A})I_{AL} + \rho_{H}I_{AH} \\ \dot{T}_{H} &= -(y + \rho_{H} + \mu)T_{H} + v_{b}I_{CH} + \rho_{L}T_{L} + u_{T}\zeta_{T,H}(X)N \\ \dot{T}_{L} &= -(y + \rho_{L} + \mu)T_{L} + v_{b}I_{CL} + \rho_{H}T_{H} + u_{T}\zeta_{T,L}(X)N \\ \dot{P} &= -(x + \rho_{H} + \mu)P + u_{P}\zeta_{P}(X)N, \end{split}$$

where $\zeta_{(*)}(X)$ and $\phi_{(*)}(X)$ are rational functions related to probabilities.

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Optimal control problem

• Consider the period $[0, t_f]$ divided into n_{int} equal intervals

HIV

- Over each single interval i the control is constant: $U^i = [u_T^i, u_P^i] \in \mathbb{R}^2$
- Minimize the total incidence rate:

$$J^C(X) = \int_0^{t_f} S_H \phi_H(X) + S_L \phi_L(X) dt,$$

• Budgetary restrictions (for each interval $[t_{i-1}, t_i]$):

$$J_i^B(X, U^i) = \int_{t_{i-1}}^{t_i} K_3[T_H(t) + T_L(t)] + K_4 P(t) + K_5 N(t) u_T^i(t) + K_6 N(t) u_P^i(t) ds,$$

and

$$J_i^B(X, U^i) - J_i^B(\tilde{X}_i, \mathbf{0}) \le B, \quad i = 1, \dots, n_{int}.$$

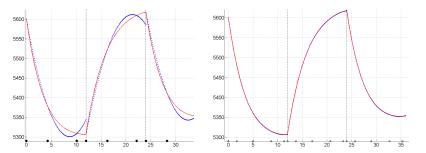
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Intro Model HIV Control Decision makin 0000 00000 000000 0000000 Numerical approach

- The total interval is separated into n_{int} subintervals
- Over each interval the system's trajectory is interpolated by Lagrange polynomials with a non-uniform grid {τ_i}^{n_{cp}}_{i=0}.

$$\hat{X}_j(t) = \sum_{k=0}^{n_{cp}} L_k(t) X_j(\tau_k), \text{ where } L_k(t) = \prod_{l=0, \ l \neq k}^{n_{cp}} \frac{t - \tau_l}{\tau_k - \tau_l}.$$

- The trajectory (solution) is parametrized by $X_j(\tau_k)$.
- Grid points zeros of a Legendre/Chebyshev polynomial (recall Runge's phenomenon)





• Integration and differentiation reduce to linear algebraic operations Differentiating $\hat{X}_j(t) = \sum_{k=0}^{n_{cp}} L_k(t) X_j(\tau_k)$ and evaluating at τ_k we get

$$\dot{\hat{X}}_{j}(\tau_{k}) = \sum_{l=0}^{n_{cp}} X_{j}(\tau_{l}) \dot{L}_{l}(\tau_{k}) = \sum_{l=0}^{n_{cp}} X_{j}(\tau_{l}) D_{kl},$$

where D is an $[n_{cp} \times (n_{cp} + 1)]$ differentiation matrix.

• DEs $\dot{X} = F(X, U)$ turn into a set of linear algebraic equations:

$$D\mathbf{X} - \frac{\delta t}{2}F(\mathbf{X}, U) = 0,$$

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where $\mathbf{X}_{j,k} = X_j(\tau_k)$, and δt is the length of the interval.



Resulting nonlinear constrained optimization problem:

$$\begin{split} & \int \frac{\delta t}{2} \sum_{i=1}^{n_{int}} \sum_{k=0}^{n_{cp}} w_k C(\mathbf{X}(\tau_k^i), U^i) \to \min \\ \text{s.t.} & D\mathbf{X}^i - \frac{\delta t}{2} F(\mathbf{X}^i, U^i) = 0 \\ & X(\tau_0^i) - \frac{\delta t}{2} \sum_{k=0}^{n_{cp}} w_k F_j(\mathbf{X}(\tau_k^i), U^i) = 0, \ i = 1, \dots, n_{int}, \\ & D\mathbf{X}_0^i - \frac{\delta t}{2} F(\mathbf{X}_0^i, 0) = 0, \qquad i = 1, \dots, n_{int}, \\ & \mathbf{X}_0^i(t_{i-1}) = \mathbf{X}(t_{i-1}^i), \qquad i = 1, \dots, n_{int}, \\ & \frac{\delta t}{2} \sum_{k=0}^{n_{cp}} w_k \left[B^i(\mathbf{X}^i(\tau_k^i), U^i) - B^i(\mathbf{X}_0^i(\tau_k^i), 0) \right] - B_{lim} \le 0, \\ & i = 1, \dots, n_{int}. \end{split}$$

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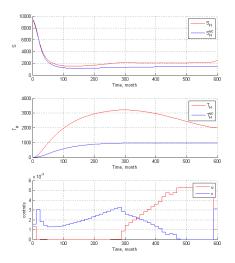
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Implemen	tation			

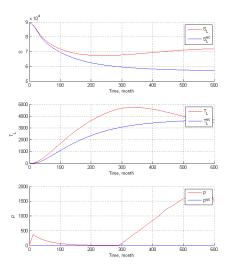
- The described problem is implemented in Matlab with fmincon.
- Computation time depends on the initial guess. Typically a couple of hours.

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• Reason for large time consumption: sensitivity of the constraints to the control values.

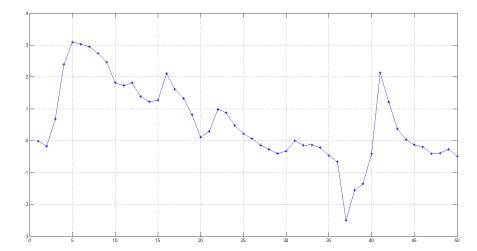
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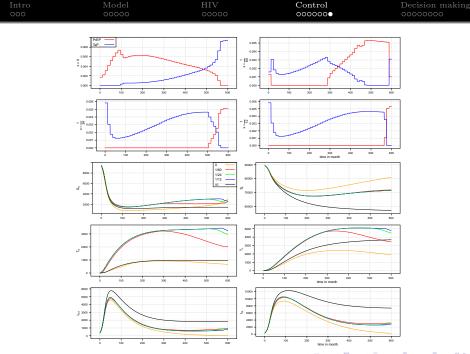


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Suboptimal solutions

Model

If one component of U^i is kept zero $\forall t \in [0, t_f]$, the optimization problem turns to a set of n_{int} scalar optimization problems: Determine the value of control $U^i \in \{0\} \times \mathbb{R}_{\geq 0}$ $(U^i \in \mathbb{R}_{\geq 0} \times \{0\})$ s.t.

Control

Decision making

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$$\begin{cases} ||U^{i}|| \to \max, \\ J_{i}^{B}(X, U^{i}) - J_{i}^{B}(\tilde{X}_{i}, \mathbf{0}) \leq B, \\ X(t), t \in [t_{i-1}, t_{i}], \\ \text{satisfies (*) with } X(t_{i-1}) = X_{i-1} \text{ and } U(t) = U^{i}, \\ \tilde{X}_{i}(t), t \in [t_{i-1}, t_{i}] \\ \text{satisfies (*) with } X(t_{i-1}) = X_{i-1} \text{ and } U(t) = 0, \end{cases}$$

which can be solved sequentially for $i = 1, \ldots, n_{int}$.

- Rule: determine the maximal value of the respective control such that the budgetary constraint holds.
- Scalar optimization problem: can be solved within seconds.

Intro Suboptimal solutions (cont'd)

Suboptimal solutons

- can be computed for a large set of parameters;
- provide certain intuition about true optimal solutions:

	x = 0	x = 1/60	x = 1/24	x = 1/12
single TaP	6.843e + 04	6.843e + 04	6.843e + 04	6.843e + 04
single PrEP	4.179e + 04	7.753e + 04	8.852e + 04	9.300e+04
mixed	4.109e + 04	6.634e + 04	6.829e + 04	6.841e + 04

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Further analysis?

- Clusterization?
- Parallel coordinate plot.

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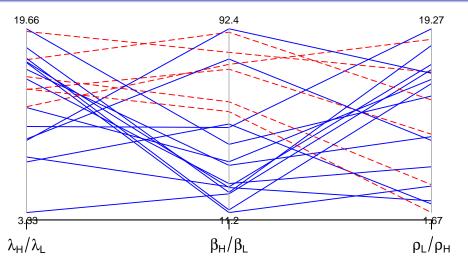
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We vary values of different param's, e.g. λ_H/λ_L , β_H/β_L , and ρ_L/ρ_H , and determine for each param. set if TaP or PrEP yields lower cost. ・ロト ・四ト ・ヨト ・ヨト

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Enrollmen	it			

- Enrollment: by randomly sampling individuals at locations where high-risk individuals resp. chronically infected prevail (HRE).
- Evaluating probabilities using Bayes rule:

$$\begin{split} \mathbf{P}(X|\mathrm{HRE}) &= \frac{P(\mathrm{HRE}|R=H)P(X)}{P(\mathrm{HRE}|R=H)P(R=H) + P(\mathrm{HRE}|R=L)P(R=L)} \\ &= \frac{p_H \frac{X}{N}}{p_H \frac{N_H}{N} + p_L \frac{N_L}{N}} = \frac{r_b X}{r_b N_H + N_L}, \end{split}$$

where $N_H = S_H + I_{AH} + I_{CH} + P + T_H$, $N_L = S_L + I_{AL} + I_{CL} + T_L$, $N = N_H + N_L$. $r_b = p_H/p_L$ – odds of a high-risk person to go to a HRE.

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Intro	Model	HIV	$\begin{array}{c} \text{Control} \\ \text{0000000} \end{array}$	Decision making
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State Es	stimation			

- N_s the number of individuals that were sampled at a HRE;
- $\hat{s}_{(\cdot)}, \hat{i}_{(\cdot)}, \ldots$ fractions of the respective groups within the sample;
- Compute fractions of the respective groups within the total population:

$$\begin{bmatrix} \begin{pmatrix} r_b \mathbf{I} & 0\\ 0 & \mathbf{I} \end{pmatrix} + (1 - r_b) \begin{pmatrix} \operatorname{diag}(\hat{x}_H) & 0\\ 0 & \operatorname{diag}(\hat{x}_L) \end{pmatrix} \begin{pmatrix} \mathbf{1} & \mathbf{0}\\ \mathbf{1} & \mathbf{0} \end{pmatrix} \end{bmatrix} \begin{pmatrix} x_H\\ x_L \end{pmatrix} = \begin{pmatrix} \hat{x}_H\\ \hat{x}_L \end{pmatrix}$$

where $x_H = \begin{pmatrix} s_H & i_{AH} & i_{CH} & t_H & p \end{pmatrix}^T$, $x_L = \begin{pmatrix} s_L & i_{AL} & i_{CL} \end{pmatrix}^T$
and a normalization condition $\sum \hat{x}_L + \sum \hat{x}_H = 1$ was employed.

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Intro Model HIV Control Decision making Control Occore State estimation (cont'd)

- Estimates for r_b .
- Some groups cannot be recognized during sampling, e.g., $S_H \leftrightarrow I_{AH}$.

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- Statistical analysis: multinomial distributions. Not many results are available...
- "On-the-fly" state estimation.
- . . .

Intro
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coolConclusions and future directions

Now:

- Efficient numerical optimization scheme
- A number of results aimed at providing practical rules for a decision maker

In future:

- Analyzing and addressing potential issues when applying the obtained results in epidemiological practice
- Application of control-theoretic methods to controlled population balance models.

References:

- Gromov, D., Bulla, I., Serea O.S., and Romero-Severson E.O. Numerical optimal control for HIV prevention with dynamic budget allocation, in print, *Mathematical Medicine & Biology*, 2017.
- Bulla, I., Spicknall, I., Gromov, D., Romero-Severson, E. Maximizing population-level prevention effects by dynamic allocation of limited resources: Treatment-as-Prevention and Pre-Exposure Prophylaxis for HIV prevention, submitted to *Epidemiology*, 2017.

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Work is in progress, we are open for suggestions and comments.

Thank you!

