

1 **Approaches for evaluating veterinary epidemiologic models: verification, validation,**
2 **and their limitations**

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14 **Summary**

15 The evaluation of models the spread and control of animal diseases is a crucial
16 undertaking if such models are to be used to inform decisions regarding the control or
17 management of such diseases. Two key steps in the evaluation of epidemiologic models
18 are model verification and model validation. Verification is the demonstration that a
19 computer-driven model is operating correctly, and conforms to its intended design.
20 Validation refers to the process of determining how well a model corresponds to the
21 system that it intended to represent. For a veterinary epidemiologic model, validation
22 would address issues such as how well the model represents the dynamics of the disease
23 in question in a population to which the model is applied, and how well the model
24 represents the application of different measures for disease control.

25 Just as the development of epidemiologic models is a subjective, ongoing process
26 subject to change and refinement, so too is the evaluation of models:. The purpose of
27 model evaluation is not to demonstrate that a model is a “true” or an “accurate”
28 representation of a system, but to subject a model to sufficient – and continuing –
29 scrutiny so that it may be used with an appropriate degree of confidence as an aid to the
30 decision-making process.

31 Among the steps that can be taken by epidemiologic modelers to facilitate the
32 processes of model verification are to clearly state the purpose, assumptions, and
33 limitations of a model; to provide a detailed description of the conceptual model for use
34 by everyone who might be tasked with evaluation of a model; document steps already
35 taken to test the model; and thoroughly describe the data sources and the process used to
36 produce model input parameters from data.

37 **Keywords**

38 Model verification – model validation – model credibility – evaluation of models

39 **1. Introduction**

40 Computer-driven epidemiologic modeling is an increasingly common technique
41 for the assessment of the potential for spread and for the potential consequences of
42 animal diseases. Modeling of animal diseases has been used to estimate the possible
43 magnitude of an outbreak and the resources needed for response, and to inform policy
44 decisions regarding measures for disease control (4, 6, 13, 14, 17, 28, 29, 46, 57).

45 Epidemiologic models may take any of several forms. Some are based on analytical
46 formulas that describe the system of interest in a rigorously mathematical way (13, 14,
47 28, 29, 63). Other models employ computer-driven simulation in order to mimic the
48 actual mechanistic processes at work within a system (5, 15, 22).

49 Regardless of their form, all models – especially models which are intended for
50 use by response planners and policy makers – require careful evaluation. For models to
51 be effectively used in these instances, a sufficiently high level of credibility of the model
52 and its results must be achieved such that decision makers and other stakeholders can
53 have a justifiable degree of confidence in their application. By the same token, the
54 careful evaluation of models can elucidate their limitations and weaknesses, can temper
55 tendencies toward overreliance on apparently “objective” model-produced outcomes, and
56 can minimize the misapplication of models.

57 Methods for model evaluation are quite diverse; as several authors have noted,
58 there is no single standard or approach that can be applied to all models (32, 41). At a
59 very basic level, as the mathematical or computational complexity of epidemiologic

60 models increases, it is essential to demonstrate that the mathematical framework or
61 software used for a model is free from major errors which would threaten the accuracy of
62 the calculations that the model produces. Some approaches for the evaluation of models
63 are by necessity qualitative: any assessment of the conceptual quality of a model, for
64 example, is fundamentally qualitative in nature. In some instances, it may be possible to
65 use quantitative or statistical approaches to demonstrate correspondence between a model
66 and a natural system, although the use of such quantitative methodologies does not
67 necessarily ensure that a model is conceptually sound.

68 The aim of this paper is to describe approaches for the evaluation of
69 epidemiologic models intended to inform management or policy decisions regarding
70 diseases of animals, with an emphasis on two approaches that have been called
71 verification and validation. Our specific objectives are as follows:

- 72 • To briefly define and describe the processes of model verification and validation;
- 73 • To discuss several approaches used to address the challenging issue of validation
74 of epidemiologic models intended to inform emergency response plans;
- 75 • To illustrate practical approaches to model verification and validation based on
76 our experiences as members of the research team behind the *North American*
77 *Animal Disease Spread Model (NAADSM: 22)*;
- 78 • And finally, to present a set of suggestions for steps that could be taken to
79 improve the credibility and acceptance of epidemiologic models for the
80 management of animal diseases.

81 **2. Model context, development, and evaluation**

82 Figure 1 illustrates a conceptual series of steps in the process of model
83 development and application. Several of these steps deal explicitly with the evaluation of
84 models, but almost every stage in the figure implies some form of appraisal of the model
85 under development. Decisions made at the outset of model development regarding the
86 specific purpose of a model and the questions for which it is being designed to answer
87 will affect the ways in which the model's utility and credibility are assessed.

88 First and foremost, models must be evaluated in the context of the problems that
89 they are intended to answer (35, 43, 52): the criteria used to judge a model intended to
90 inform broad questions in a qualitative way will be quite different from those used to
91 evaluate a model that claims to offer specific predictive capabilities.

92 Second, for results of modeling investigations to be credible, the models must be
93 built upon reliable data (50, 62). Models based on incomplete or theoretical input data
94 may yield useful hypotheses for further research and evaluation, but the limitations of
95 such models should be clearly and expressly stated. The more complete the input data for
96 a model is, the more likely it is that its output will be credible.

97 Third, just as the conceptual development of models is, in many respects, a
98 subjective undertaking, so too is the evaluation of models. Individual modelers must
99 weigh the relative importance of different aspects of epidemiologic systems, and may
100 come to different conclusions about how to represent different processes in their models,
101 or even which processes to represent. Any assessment of the credibility of a model must
102 consider these subjective design decisions.

103 Fourth, Figure 1 makes the distinction between a conceptual model or model
104 framework, and a specific model that applies a particular conceptual framework together
105 with a particular dataset or set of parameter values to represent a specific situation.
106 *NAADSM*, for example, is a framework for the development of epidemiologic simulation
107 models, which has been used to build specific models of a variety of diseases in different
108 settings and populations, such as foot-and-mouth disease (FMD) (45, 67), pseudorabies
109 (46), and highly pathogenic avian influenza (HPAI) (19, 44), among others. Both the
110 conceptual framework and the particular instances in which the framework are used need
111 to be evaluated. The utility of the former does not necessarily rely upon the latter, but the
112 quality of specific models is highly dependent on both the conceptual framework as well
113 as on the data used for construction of specific models.

114 Finally, Figure 1 illustrates that the process of model development and evaluation
115 is cyclical and iterative. Evaluation is not a single, discrete step, and “is not something to
116 be attempted after the simulation model has already been developed, and only if there is
117 time and money remaining” (35). Model evaluation should instead be considered
118 ongoing: model assumptions should be reassessed continually as new sources of
119 information become available.

120 The assessment of the computational correctness of a model has been called
121 “verification”. Verification deals with questions such as “Does the computer program
122 perform all calculations correctly?”, and “Does the program match exactly what the
123 designers intended?” The assessment of how well a model conforms to or exemplifies
124 the system that it is intended to represent is sometimes referred to as “validation” (32, 52,
125 56). Validation efforts are intended to address the question “Is a model an adequate

126 representation of the real system?” [For the remainder of this paper, we will follow these
127 definitions for “verification” and “validation”, but note that these definitions are not
128 universally applied: for example, Oreskes *et al.* (42) use the terms “verification” and
129 validation” to denote somewhat different concepts.] Together, verification and validation
130 efforts can help investigators to ascertain the overall quality and credibility of a model.

131 **3. Model verification**

132 Model verification refers to the process of determining whether the model, as
133 implemented in software, conforms to the desired conceptual model (52). In other words,
134 verification provides an assessment of whether the software implementation of the model
135 is working correctly. Among the criteria by which a model’s verification status might be
136 assessed include its correctness (the “extent to which a model meets its specifications”)
137 and its reliability (the “extent to which a model can be expected to perform its intended
138 function with required precision”) (40, 58). Any model used for scientific research or for
139 decision support should be expected to meet a high standard for such characteristics.

140 Model verification, although straight-forward in concept, can be time-consuming,
141 particularly as models become more complex. Sargent (52) and Scheller *et al.* (55)
142 presented useful discussions of some of the software engineering practices that can
143 facilitate the construction of verified models, particularly for larger projects, and several
144 authors have provided detailed descriptions of approaches to verification (33, 70). Here,
145 we focus on two central aspects of model verification that directly impact the credibility
146 of epidemiologic models regardless of their form, size, or scope: the production of
147 documentation that describes the conceptual model in detail, and thorough testing to
148 ensure that the model is performing as intended.

149 **3.1. Describing the conceptual model**

150 As shown in Figure 1, design of the conceptual model is an early stage in model
151 development. There is a great deal of value in explicitly documenting this conceptual
152 model: such documentation can be used in an assessment of the conceptual validity of the
153 model (see below), but at a more basic level, it can provide a standard by which the
154 correctness of a model can be judged (33, 55). The purpose of a written model
155 specification is to describe, in clear, accessible language, the purpose, requirements, and
156 conceptual details of a model. The intended audience of such a document includes the
157 modelers themselves as well as any technical personnel who will be involved in
158 implementing the model, among others (see Section 4.2.1 below). The model
159 specification can also provide a basis for model testing (24, 55).

160 In the case of *NAADSM*, the model specification document (24) describes every
161 component of the modeling framework in detail: it is the authoritative source that
162 describes how the conceptual model should operate, and is the standard by which the
163 software implementation of the conceptual model is judged. Although the specification
164 may be updated as needed to correct ambiguities or to incorporate new features, the
165 complete history of the specification is tracked, and every version is available for
166 reference and evaluation by independent researchers (23, 24).

167 **3.2. Model testing**

168 Fairley (11) and Whitner and Balci (70) distinguish between two forms of model
169 testing, which they refer to as “static” and “dynamic”. For simple models, static testing
170 may be sufficient: such an approach involves a structured examination of the formulas,
171 algorithms, and code used to implement a model, preferably by several reviewers who

172 were not directly involved in writing the implementation themselves. Garner and Beckett
173 (15) described the use of this approach in the development of *AusSpread*, a simulation
174 platform designed initially to model the spread and mitigation of FMD.

175 For more complex models, dynamic testing is often useful: during dynamic
176 testing, a computer program is run repeatedly under different conditions to ensure that the
177 output it produces is correct according to the conceptual model and consistent with
178 expectations. Often, such tests are established to be run repeatedly and automatically, to
179 ensure that any changes to the software implementation did not inadvertently introduce
180 errors; this process is referred to as regression testing. Scheller *et al.* (55) describe
181 several levels of testing, from simple unit tests that evaluate specific, individual
182 functions; to system testing that assess the interaction of all of the components of a
183 model. We will illustrate these approaches in the following sections with examples from
184 the development of *NAADSM*.

185 3.2.1. Automated software testing of the *NAADSM* framework

186 In order to ensure that the *NAADSM* application correctly implements the
187 conceptual model specification, *NAADSM* relies upon an automated regression testing
188 approach. Simple models have been constructed to test every aspect of the *NAADSM*
189 application. There are currently well over 1000 individual models in this suite of tests,
190 and new tests are continually being developed. When the *NAADSM* application is
191 compiled from program source code, every test is automatically run and results are
192 tracked using a freely available framework for software testing (54). Prior to the public
193 release of any new version of *NAADSM*, every test in the suite must be passed. Every

194 simple model developed for testing is published along with the complete source code for
195 the *NAADSM* application.

196 3.2.2. *Manual testing of NAADSM*

197 In addition to automated use of simple tests, manual testing using more complex
198 situations has been carried out for the *NAADSM* framework. Every aspect of the model
199 framework is examined by analysts working independently of the programmers
200 themselves to confirm that the model conforms to the published specification. Any errors
201 identified during manual testing are noted and must be corrected prior to public release.

202 3.3. *The limitations of model verification*

203 Model verification procedures can be quite objective and thorough. Many
204 techniques developed in the field of software engineering can be rigorously applied to the
205 programming of models (7, 55). Model verification offers no answer, however, to the
206 crucial questions “Is the model useful?” and “Is the model adequate for the purposes for
207 which it was designed?” Questions like these can be addressed by a variety of
208 approaches that fall under the general heading of model validation.

209 **4. Model validation**

210 Validation refers to the process of determining whether a model is an acceptable
211 representation of the system that it is intended to represent, given the purpose of the
212 model or study (35, 52). A more elaborate definition is provided by Schlesinger *et al.*
213 (56): model validation is the “substantiation that a... model within its domain of
214 applicability possesses a satisfactory range of accuracy consistent with the intended
215 application of the model”. It is important to note that “acceptable representation” in the

216 definition above does not connote an “accurate” or a “true” representation: Oreskes *et al.*
217 (42) convincingly argued that it is impossible to establish that any particular model is an
218 accurate representation of a natural system, and that the use of the term “validation” in
219 this sense is highly misleading.

220 ***4.1. The problem of model validation***

221 In contrast to the process of model verification, establishing the validity of models
222 is not clear-cut, and can be quite problematic. As McCarl (41) observed, “there is not,
223 and never will be, a totally objective and accepted approach to model validation.” The
224 standards by which a model’s validation is judged are partly dependent upon the purpose
225 of the model. The validation of models designed strictly to address research questions
226 (for example to generate and test hypotheses concerning population or disease dynamics
227 or to identify new areas of research) does not have to be as stringent as the evaluation of
228 models that will be used to inform operational management decisions. When such
229 decisions will be made on the basis of the results of modeling studies, we would wish to
230 know that these studies are appropriate, accurate, and correct. Given the difficulties
231 associated with the study of very complex multifactorial problems, the subjective
232 elements of modeling itself, and philosophical issues like those presented by Oreskes *et*
233 *al.* (42), the threshold for the acceptance of models cannot be that of “proof” of their
234 accuracy or validity. Rather, this threshold should be that of reasonable confidence in the
235 results produced by models. As Holling (25) stated, “provisional acceptance of any
236 model implies not certainty, but rather a sufficient degree of belief to justify further
237 action.” The task of model validation, as described here, is that of evaluating models in

238 order to have a justifiable level of confidence in their results before they influence policy
239 or management decisions.

240 It is often constructive to think of a model in a way similar to a scientific
241 hypothesis. An epidemiologic model, for example, represents the modelers' hypotheses
242 regarding the interactions among members of a population, the dynamics of disease in
243 that population, mechanisms of disease spread, and the efficacy of different disease
244 control measures. As with any hypothesis, models should be tested and challenged. As
245 models are subjected to and withstand increasing levels of scrutiny in diverse situations,
246 their credibility is increased. Such models can then be applied to problems of
247 management and policy with greater confidence, provided that it is always clearly
248 understood that no model truly represents physical reality, and that the acceptance of any
249 model must be subject to ongoing evaluation.

250 What follows is not a set of methods that will prove that a model represents a real
251 system, but rather a set of activities that might be undertaken to provide evidence which
252 may either support or refute the hypothesis presented by a model. Several authors
253 present descriptions and detailed taxonomies of the methods used to assess model validity
254 (33, 34, 50, 52). Our intention in the following sections is to present and discuss the
255 utility of some of these methods, together with examples of their application both from
256 our own experience and from other published reports of animal disease modeling. We
257 would also refer readers to several excellent discussions of model validation, including
258 those presented by Oreskes *et al.* (42), Rykiel (50), and Taylor (62).

259 **4.2. Conceptual validity**

260 A particularly useful – and a foundational – criterion for the validation of an
261 epidemiologic model is the answer to the question “Does the structure of a model make
262 logical and biological sense?” This has been referred to as “conceptual validity” (50, 52).
263 For a model to have conceptual validity, its theoretical underpinnings should be shown
264 to be based on known and scientifically accepted properties of the system of interest, or at
265 least on reasonable and justifiable assumptions about such properties. Among some of
266 the questions that might be addressed in assessing the conceptual validity of a model are
267 the following:

- 268 • Does the model fit the purpose or purposes for which it was designed?
- 269 • Does the structure of the model sufficiently capture the relationships and
270 interactions among components of the system being modeled?
- 271 • Given the purpose of the model, are key components of the system absent from
272 the model, or oversimplified? Is additional detail necessary for any component?
- 273 • Based on existing knowledge and experience, are the outcomes produced by a
274 model reasonable?

275 Review by independent subject matter experts (sometimes referred to as
276 establishing “face validity”: 50) can be used as a means of assessment. In order to
277 facilitate such review, it is quite helpful to have a detailed document that describes the
278 conceptual model, as described in Section 3.1. Such a document can provide a basis for
279 discussion and evaluation of the details of model operation. The publication of model
280 descriptions (5, 22, 26, 60) greatly facilitates the assessment of the conceptual validity of
281 models.

282 Reliance on the peer-reviewed literature provides one avenue for the conceptual
283 assessment of epidemiologic models. The *NAADSM* development team has also taken a
284 more direct approach, and has sponsored a series of meetings of subject matter experts,
285 including epidemiologists, virologists, economists, policy makers, and other modelers,
286 for the purpose of review of the *NAADSM* modeling framework (10, 64, 65). The
287 structure and assumptions of the modeling platform have been described in detail during
288 these workshops, and discussion, suggestions, and advice are solicited from all
289 participants. The results of these expert panel evaluations are then used to guide future
290 research and development.

291 ***4.3. The utility of data in model validation***

292 As noted in Section 2, it is possible to assess the conceptual framework apart from
293 the data used to inform a model. Empirical data are generally used in two ways during
294 modeling: 1) input data are used to develop parameters that will influence model
295 outcomes, and 2) data that represent the outcomes or results of a system (output data) are
296 used to provide a basis for comparison with model-produced outcomes. In a few cases,
297 particularly for endemic disease situations, large amounts of both types of data may be
298 available for models of disease spread in populations. In many instances, however, we
299 have access to information pertaining to only a single outbreak of disease in a particular
300 set of circumstances. Information collected during the 2001 outbreak of FMD in the
301 United Kingdom, which has been widely used for modeling studies (13, 14, 28, 29, 53),
302 represents one such dataset. In still other cases, models are developed to explore
303 hypothetical situations (5, 6, 15, 19, 44). In these cases, some information is generally

304 established to inform model inputs, but there can be no data regarding the (nonexistent)
305 system outcomes.

306 Whatever the form or source of data used to inform models, their correctness and
307 validity also should be considered. As Rykiel (50) pointed out, there is no guarantee that
308 available data necessarily provide a better or more accurate depiction of a real system
309 than a conceptual model. The process of ensuring so-called data validity (50, 52) can by
310 itself be complex.

311 Several authors have emphasized the notion that, in order to demonstrate validity,
312 models should be tested against data not used during their construction (31, 59). Green
313 and Medley (20) indicated that such a step should be a requirement before a model is
314 used to inform policy decisions. This is one of several possible approaches that falls into
315 the general category of “operational validation” (52).

316 Although this suggestion seems straight-forward, its implementation for
317 incompletely understood biological and epidemiologic systems is problematic. First, it
318 implies that reliable, valid data exist for at least two situations, for both the development
319 of parameters and for comparison to actual system outcomes. Second, this approach
320 would require the existence of a suitable means of evaluation by which the similarity of
321 model-produced outcomes to system outputs can be assessed. Third, it implies that these
322 situations are sufficiently dissimilar from one another that they represent unique tests of a
323 model, but are still similar enough that exactly the same approach to modeling developed
324 for one situation can be legitimately applied to the others. We have already mentioned
325 the first difficulty. The remaining two problems are discussed below.

326 A variety of quantitative, statistical approaches to show the correspondence
327 between model-produced outputs and outcomes generated by biological systems have
328 been devised and applied in a few situations (12, 32, 36, 39, 47, 48, 49, 69). Most of
329 these approaches to what has been called statistical validation rely upon the existence of a
330 large amount of data (*i.e.*, many observations) pertaining to the outcome of the natural
331 system, which limits their applicability to most situations of interest to animal disease
332 modelers.

333 Waller *et al.* (69) proposed the use of Monte Carlo hypothesis tests, which in
334 essence compare a single set of outcome data from a real system to multiple model-
335 generated outcome datasets, and seek to answer the question “Do the observed data
336 appear consistent with the model?” rather than the more typical question “Does the model
337 appear consistent with the observed data?” Although this approach is not without utility,
338 it raises an additional question: how representative is any single outcome? Among recent
339 outbreaks of FMD in the United Kingdom, for example, is the 2001 outbreak, which
340 resulted in the infection of over 2000 herds (1), more or less representative than the 2007
341 outbreak, which produced only eight infected herds (2)? How “consistent” would each of
342 these two outcomes have to be with model-produced data in order to conclude
343 affirmatively that the data are consistent with the model? Efforts made to compare
344 outcomes from epidemiologic models to data generated by individual outbreaks should
345 be undertaken with care: such comparisons are potentially informative, but an
346 overreliance on quantitative approaches for the evaluation of models may well be
347 misleading.

348 The disparity between these two recent FMD outbreaks in the UK also illustrates
349 the third potential problem raised above: the dissimilarities among outbreaks of even the
350 same diseases in generally the same types of populations make it difficult to test a model
351 against data not used during its construction. As described in Section 2, the use of data is
352 integral to model construction. Although a conceptual framework of a model and the
353 data used to inform a model are distinct and can (and should) be evaluated individually,
354 output generated by a model is inseparable from the combination of these two elements.
355 The correspondence of model output to a natural system cannot be evaluated without
356 considering the conceptual model and the source data simultaneously.

357 Although it is generally helpful to have detailed data, it may not be strictly
358 necessary for a model to be built upon detailed empirical information for it to be useful as
359 a source of information for policy development. For example, Green *et al.* (19)
360 developed a model of HPAI in domesticated poultry in Manitoba, Canada. They
361 compared several disease control strategies, one of which was the use of concentric zones
362 with radii of several kilometers around infected premises, for disease surveillance,
363 restriction of movement, and depopulation. Although most of the parameters used in the
364 models for this study were derived from expert opinion rather than empirical data, model
365 results strongly suggested that the utility of such relatively small zones would be
366 insufficient in the population and setting for which the study was conducted. Results of
367 this study are not definitive and do not prescribe a specific policy formulation, but they
368 provided sufficient justification for, and have already prompted, a re-evaluation of
369 existing approaches to surveillance (C. Green, personal communication).

Comment: The manuscript by Green *et al.* is in the final stages of preparation, and we fully expect to have it submitted for publication before this article appears in print.

370 **4.4. Validation of model components**

371 Although it is difficult to demonstrate the validity of an entire model by the means
372 described above, especially in the absence of relevant data, it may be possible to assess
373 the validity of some individual components of a more complex model. This component-
374 based approach to validation is sometimes recommended (38). An example is a recently
375 completed validation of the process used in *NAADSM* to simulate animal movements and
376 contacts among farm premises (C. Dubé, personal communication).

377 Briefly, the objective of this study was to validate the contact component used in
378 *NAADSM* by comparing simulated movements to real-world, farm-to-farm movements
379 that had been recorded for adult milking cows in Ontario, Canada. The study concluded
380 that the approach used in *NAADSM* performed reasonably well in simulating average
381 network characteristics observed in real-world movement data, but did not perform as
382 well in simulating extreme upper percentiles of movement network components,
383 involving rare but observed farms with excessively high shipment frequencies. The
384 results of this study will be used to inform future development, with the objective of
385 providing better representations of actual events and greater confidence in the results of
386 modeling studies.

387 **4.5. Comparison of models**

388 Comparison of several independently developed models may be used to improve
389 the level of confidence in the models tested. This process of comparing the results of
390 several models has been called “relative validation” (9).

391 Dubé *et al.* (9) conducted a comparison of three simulation models using several
392 relatively simple disease scenarios. Among the findings of this comparison was that,

393 although statistically significant differences were observed among model outputs, results
394 from all three models supported the same or very similar conclusions regarding
395 approaches for disease control. This finding could be used to increase the confidence of
396 end users and decision makers in modeling results (9). The results of a follow-up
397 investigation that considered more complex scenarios are reported elsewhere in this issue
398 (51).

Comment: My understanding is that Robert Sanson is authoring a paper for the same issue of Rev Sci Tech OIE. If this is incorrect, this sentence should be removed.

399 Several similar comparisons of models of the spread and control of animal disease
400 have also been undertaken. Vigre (68) reported on a comparison of mathematical and
401 simulation-based models. The differences identified were more substantial than those
402 reported by Dubé *et al.* (9), and may reflect the broader distinctions between the
403 fundamental assumptions made by the individual models. Continued investigation in this
404 vein would be quite helpful. Gloster *et al.* (18) also recently reported on the comparison
405 of several models of airborne dispersion of FMD virus. Like Dubé *et al.* (9), they
406 reported that the results of the models evaluated were broadly similar, but of course,
407 highly dependent on the assumptions made and the data used by different groups of
408 modelers.

409 Loehle (36) identified the comparison of models as a component of the larger
410 process of what he called structural analysis, or the evaluation of the inherent
411 assumptions and the identification of deficiencies in different models. Loehle argued
412 that, because of the existence of such structural differences among models, and because
413 the comparison of multiple models is the most effective way to identify and determine the
414 effects of such differences, it is essential to have multiple modeling efforts directed
415 toward addressing any important policy or management problem.

416 **4.6. Sensitivity analysis as a form of validation**

417 When data from real systems are limited, sensitivity analysis is sometimes
418 suggested and used to inform model validation efforts (6, 27, 32). Sensitivity analysis is
419 used to determine the amount of influence that particular parameters have on model-
420 produced outcomes. Sensitivity analysis can also be used to assess the conceptual
421 validity of a model: if certain parameters are expected to be important in a system based
422 on prior knowledge of that system, then sensitivity analysis should bear out these
423 expectations (32).

424 Of greater utility is the use of sensitivity analysis to determine which parameters
425 in a model are important. If a model includes parameters about which there is a high
426 degree of uncertainty but which are shown by sensitivity analysis to have a substantial
427 impact on model results, such parameters are good targets for additional research. A
428 broader discussion of the application of sensitivity analysis for animal disease modeling
429 can be found elsewhere in this issue (61).

Comment: My recollection is that Mark Stevenson is writing a paper that discusses sensitivity analysis for the same issue of OIE Sci Tech Rev. If this statement is incorrect, it should be removed.

430 **5. Suggestions for the construction of useful, credible models of animal**
431 **disease**

432 As we have discussed in the preceding sections, the primary objective of model
433 verification and validation efforts is not to demonstrate that a model is a true or even a
434 highly accurate representation of a real system, but rather to provide a set of approaches
435 and criteria by which a model can be evaluated. For models that might be used as a
436 partial basis for policy or management decisions, it is essential that such an evaluation
437 establishes a foundation of support and credibility. To that end, we suggest the following
438 practical steps that members of the veterinary epidemiologic community can take to

439 produce credible, useful models of the spread and control of disease in animal
440 populations. These suggestions are drawn from our own experience, as well as from
441 many of the other valuable sources cited throughout this article, in particular those
442 written by Bart (3), Rykiel (50), Law and McComas (35), and Sargent (52).

443 *Clearly and precisely state the purpose for which a model was designed*

444 The importance of the first step illustrated in Figure 1, that of determining and
445 then clearly and precisely stating the questions to be asked of a model, may seem self-
446 evident, but this step is often overlooked (3). Overton (43) remarked that “the great
447 majority of criticisms of models relate to a capacity for which the model was not
448 designed in the first place.” A clear understanding of the purpose of a model is a
449 prerequisite for any further evaluation.

450 *Provide a detailed description of the conceptual model, and documentation concerning*
451 *the assumptions and limitations of the model*

452 Virtually every paper on techniques for the verification and validation of models
453 stresses the importance of documentation for the conceptual model (3, 33, 35, 52, 55). A
454 model description should not be produced solely, or even primarily, for the developers of
455 an individual model. Those who will derive the most benefit from the existence of such
456 documents will be other model users, in the broadest sense of the term: other researchers,
457 analysts, and decision makers who will be tasked with the application or evaluation of the
458 model and its results. It is particularly useful when model documentation includes
459 discussions of assumptions and limitations, presented in ways that are clear and
460 biologically relevant (21).

461 *Provide details of steps taken for model verification*

462 At its most basic level, the credibility of a model relies upon the demonstration
463 that the model, as implemented in software, does what it is supposed to do. Anyone
464 tasked with the evaluation of a model, particularly if it will be used to influence policy,
465 should have sufficient access to a computational implementation of a model, details of
466 the verification procedure employed, and to any tests used for verification purposes such
467 that he or she can reproduce and evaluate the computational correctness of the model.

468 *Describe the data used to develop model parameters, and provide documentation for the*
469 *approaches and assumptions used to produce model parameters from data*

470 The process of translating raw data into parameters suitable for use in models is
471 seldom straight-forward. An understanding of this process, however, is essential for
472 reviewers to have an adequate basis by which to judge the results of a model. Two recent
473 reports illustrate this suggestion quite nicely: Mardones *et al.* (37) conducted a meta-
474 analysis based on 21 research papers and documented in detail the procedures that they
475 used to estimate the durations of different disease states for FMD for the purpose of
476 disease modeling. In a different study, Patyk *et al.* (44) produced a model of the spread
477 and control of HPAI in the US state of South Carolina. This study included an online
478 supplement that described in detail all of the sources of information used for the study, as
479 well as the several computational tools that they developed and used for parameter
480 development.

481 In order to further support the objective of transparently presenting the process of
482 parameter development, the research team behind *NAADSM* recently implemented an
483 online, collaborative resource for the storage and organization of information used to
484 develop simulation models. In particular, this resource is designed to make it possible for

Comment: This site is currently in the final stages of testing, and will be publicly available by press time.

485 researchers to document and share the approaches, tools, and assumptions that they use to
486 produce the input values that they use. This parameter library, which is freely and
487 publicly available via the Internet at <http://www.naadsm.org/parameters>, is currently
488 optimized for users of the *NAADSM* modeling framework, but we hope that, as additional
489 information becomes available for other models, we will be able to incorporate other
490 approaches to modeling into the parameter library.

491 *Involve independent experts in the evaluation of models and their outcomes*

492 Veterinary epidemiologic modeling is an interdisciplinary undertaking. Modelers
493 can take advantage of a great deal of expertise in different fields by involving experts
494 from these fields. For models to be used for decision making, it is also essential to
495 involve other stakeholders, for example, those who will be responsible for decision
496 making or for implementing policies in the field, in this process. In our own experience
497 with *NAADSM*, we have found that, through its widespread application, we have
498 benefited substantially from the efforts of others to use and evaluate it.

499 A variety of forums for the sharing and discussion of veterinary epidemiologic
500 modeling work have been available over the last several years (10, 64, 65, 66). We
501 encourage anyone involved with the construction, use, or evaluation of models to seek
502 out and take advantage of such opportunities when they occur.

503 *When possible, use existing information for data-driven validation of models or their*
504 *components*

505 We have discussed the limitations and advantages of this approach in Sections 4.3
506 and 4.4 above. Such approaches should be undertaken with care, and with the
507 recognition that the results will not be definitive: a poor conceptual model may still

508 produce a good fit to observed data, and *vice versa*. In situations where appropriate
509 information is available, however, the comparison of model-produced outcomes to real
510 data can still be enlightening. Retrospective analysis of past outbreaks is critical to
511 understanding them, and modeling can be a very useful tool in this pursuit (16, 30).

512 *Present a range of possible outcomes, including “best case” and “worst case” scenarios*

513 As we have discussed, models are not definitive representations of reality. We
514 are often uncertain about the ways in which at least some components of our systems
515 operate, and also about specific parameter values. Presenting a range of results is one
516 way to capture some of this uncertainty.

517 *Use sensitivity analysis to determine the importance of parameters used in a model*

518 In addition to the benefits discussed in Section 4.6, the evaluation of the
519 importance of model parameters – especially those for which data are limited – can be
520 used to evaluate the potential effects of parameters about which we are uncertain.

521 *Compare the purposes, conceptual bases, and outcomes of different models*

522 During the modeling process, different modelers make different subjective
523 decisions and assumptions. Qualitative agreement among several models may lend
524 credibility to the conclusions drawn from model-based studies. Areas of disagreement
525 among models should prompt additional research and investigation to improve our level
526 of understanding of the system components in question.

527 *Finally, treat model evaluation as an ongoing process, not as settled fact*

528 Every epidemiologic model is a work in progress, informed and updated by
529 existing and new knowledge about the dynamics of disease; changes in agricultural and
530 social practices; and changes in the forms, sources, and quality of available data. The

531 validity of any epidemiologic model should be continually reassessed under new
532 conditions or as the state of our knowledge is improved.

533 **6. Conclusions**

534 The careful evaluation of any model intended to inform management or policy
535 decisions is a critical activity. Two key steps in the assessment of the quality and utility
536 of epidemiologic models are verification and validation. Unfortunately, there are no
537 purely quantitative, strictly objective means by which to evaluate models. Each model,
538 and each situation to which modeling will be applied, is at least somewhat unique, and
539 unique means may be necessary to evaluate a model and its particular applications.

540 Holling (25) pointed out that “provisional acceptance of any model implies not
541 certainty, but rather a sufficient degree of belief to justify further action.” We have
542 outlined a set of recommendations that can be used by epidemiologic modelers to
543 continue to cultivate a level of confidence in the application of the technique to important
544 problems in animal population health. Individual models will continue to be developed
545 and compared, and will evolve as they are scrutinized. Through these exercises, our
546 collective objective of providing useful tools to assist in decision-making processes can
547 be met.

548 In order to achieve a sufficient level of credibility in model outcomes, it is
549 essential to involve not just modelers in their evaluation. As Rykiel (50) observed, “to
550 the extent that a model is a scientific experiment and theoretical development, its testing
551 and validation are within the purview of the scientific community.” We agree, and would
552 add that, in the case of models for animal diseases, the evaluation of models is also within

553 the purview of field epidemiologists and veterinary practitioners, policy planners and
554 decision makers, and animal industry representatives.

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Comment: The manuscript by Green *et al.* is in the final stages of preparation, and we fully expect to have it submitted for publication before this article appears in print.

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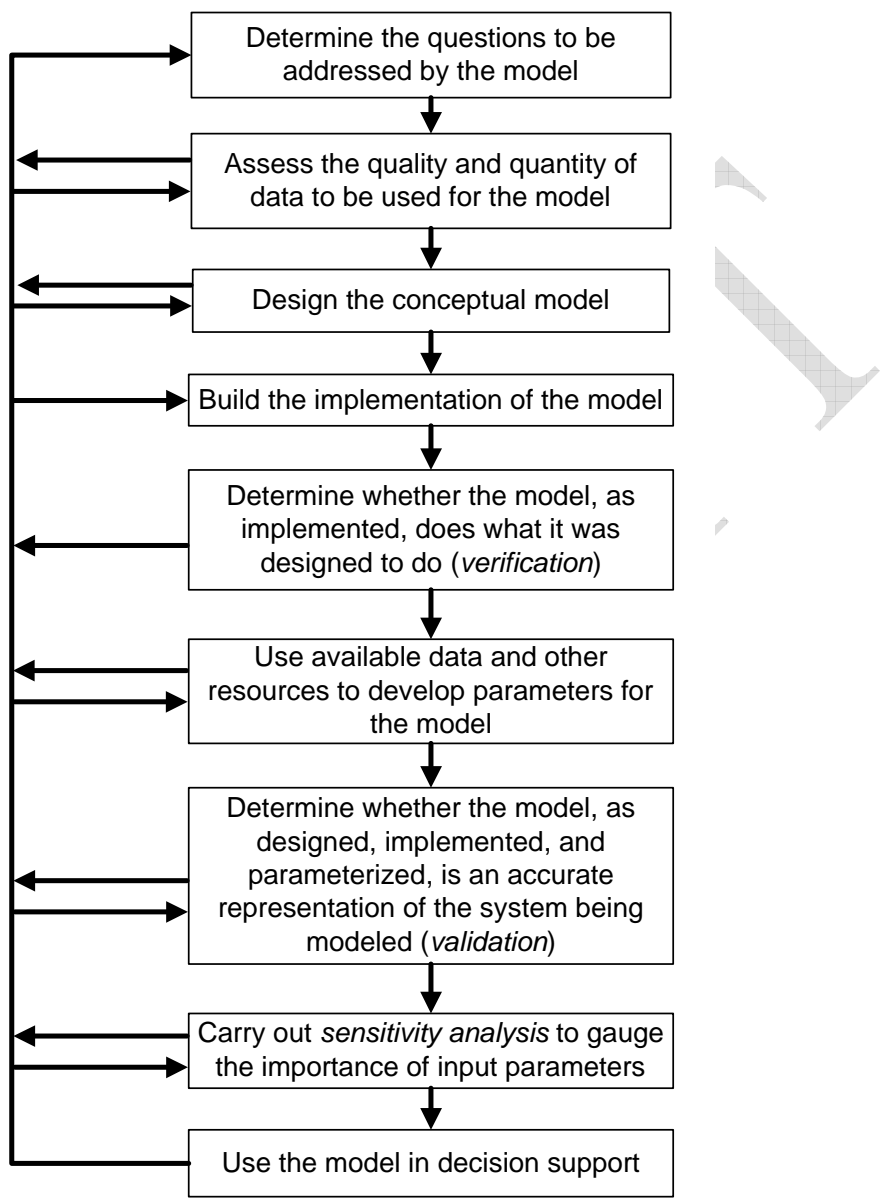
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DRAFT

773 **Figure 1.** Schematic diagram of the stages of model development, evaluation, and
774 application. Adapted from Dent and Blackie (8), Martin *et al.* (38), and Taylor (62).



775