

# Land-use planning for health: Tradeoffs and nonlinearities govern how land-use change impacts vector-borne disease risk

Morgan P Kain<sup>1,2\*</sup>, Andrew J MacDonald<sup>3</sup>, Erin A Mordecai<sup>1</sup>, Lisa Mandle<sup>2</sup>

\*Corresponding author: [kainm@stanford.edu](mailto:kainm@stanford.edu); alt: [morganpkain@gmail.com](mailto:morganpkain@gmail.com)

<sup>1</sup>Department of Biology, Stanford University, Stanford, CA, 94305, USA

<sup>2</sup>Natural Capital Project, Woods Institute for the Environment, Stanford University, Stanford, CA 94305, USA

<sup>3</sup>Earth Research Institute, University of California Santa Barbara, Santa Barbara, CA 93106, USA

1 Patterns of land-use can affect the transmission of many infectious diseases with human health im-  
2 plications; yet, applied ecosystem service models have rarely accounted for disease transmission risk. A  
3 mechanistic understanding of how land-use changes alter infectious disease transmission would help to  
4 target public health interventions and to minimize human risk of disease with either ecosystem degrada-  
5 tion or restoration. Here, we present a spatially explicit model of disease transmission on heterogeneous  
6 landscapes that is designed to serve as a road map for modeling the multifaceted impacts of land-use on  
7 disease transmission. We model the transmission of three vector-borne diseases with distinct transmission  
8 dynamics (parameterized using published literature to represent dengue, yellow fever, and malaria) on  
9 simulated landscapes of varying spatial heterogeneity in tree cover and urban area. Overall, we find that  
10 these three diseases depend on the biophysical landscape in different nonlinear ways, leading to tradeoffs  
11 in disease risk across the landscape; rarely do we predict disease risk to be high for all three diseases in  
12 a local setting. We predict that dengue risk peaks in areas of high urban intensity and human population  
13 density, yellow fever risk peaks in areas with low to moderate human population density and high tree  
14 cover, and malaria risk peaks where patchy tree cover abuts urban area. To examine how this approach can  
15 inform land use planning, we applied the model to a small landscape to the northwest of Bogotá, Colombia  
16 under multiple restoration scenarios. We predict that in an area inhabited by both *Aedes aegypti* and *Ae. al-*  
17 *bopictus*, any increase in overall tree cover would increase dengue and yellow fever risk, but that risk can be  
18 minimized by pursuing a large contiguous reforestation project as opposed to many small, patchy projects.  
19 A large contiguous reforestation project is also able to both reduce overall malaria risk and the number of  
20 malaria hotspots. As sustainable development goals make ecosystem restoration and biodiversity conser-  
21 vation top priorities, it is imperative that land use planning account for potential impacts on both disease  
22 transmission and other ecosystem services.

23 **Keywords:** Ecosystem Services, Land-sparing, Land-sharing, *Nyssorhynchus darlingi*,  $\mathcal{R}_0$

24 **Open Research statement:** All data and code used in this study are available in the online supplemental  
25 material. Code and data are also hosted at: [https://github.com/morgankain/Land-Use\\_Disease\\_](https://github.com/morgankain/Land-Use_Disease_Model)  
26 [Model](#).

## 27 Introduction

28 Land-use change, such as the conversion of forest to cropland, rangeland, or urban area, often has negative  
29 and long-lasting (or irreversible) impacts on biodiversity (Huston, 2005, Mattison and Norris, 2005, Hansen  
30 et al., 2012, Cunningham et al., 2013) and ecosystem services (e.g., water quality: Ren et al. 2003; carbon  
31 sequestration: Guo and Gifford 2002; nitrogen cycling and soil quality: Mirza et al. 2014). Though trade-  
32 offs between economic productivity (e.g., crop yield) and environmental values are sometimes inevitable,  
33 careful *a priori* planning can help to reduce the severity of these trade-offs and thus minimize environmen-  
34 tal degradation (Green et al., 2005, Polasky et al., 2008, Nelson et al., 2009, Carreño et al., 2012, Goldstein  
35 et al., 2012, Kennedy et al., 2016, Pennington et al., 2017). For example, alternative land-use change scenar-  
36 ios can be compared using an optimization framework where the economic driver of the land-use change  
37 (e.g., crop yield), biodiversity, and ecosystem services (such as water quality, carbon sequestration, nutri-  
38 ent retention, and recreation opportunities) are estimated for each scenario and plotted against each other  
39 relative to a hypothetically achievable “efficiency frontier” (e.g., see Pennington et al., 2017). The search  
40 for optimal land-allocation decisions (e.g., location, patch size, and configuration) using this method is in-  
41 creasing in applied research and contributing to policy decisions (Viglizzo and Frank, 2006, Goldstein et al.,  
42 2012, Geneletti, 2013, Kennedy et al., 2016, Pennington et al., 2017).

43 Land-use change can also affect the transmission of infectious diseases, which are one of the leading  
44 global health burdens, as measured by lost disability adjusted life years (DALYs). In 2018, malaria alone  
45 accounted for over 228 million cases (with approximately 1/3 - 1 DALY lost per case: Abdalla et al. 2007,  
46 Gunda et al. 2016) and an estimated 405,000 deaths (WHO, 2019). Land-use change such as deforestation  
47 can increase malaria transmission (Coluzzi, 1994, Sharma, 2002, Hahn et al., 2014), while landscape frag-  
48 mentation increases human risk of Lyme disease (Ward and Brown, 2004), and dengue transmission tends  
49 to increase with urbanization (Vanwambeke et al., 2007). Despite this longstanding knowledge, the health  
50 burden of infectious diseases, and decades-old suggestions that infectious disease transmission should be  
51 considered when making land-use decisions (e.g., Patz et al., 2004), disease transmission has rarely been  
52 accounted for explicitly in applied ecosystem services research. Recently, Castro et al. (2019) provided  
53 guidelines for how planning decisions in the Amazon basin could consider infectious disease transmis-  
54 sion (with a focus on malaria and dengue) and McClure et al. (2019) identified land-use change-mediated  
55 alterations to human population density, human-wildlife contact rates, vector abundance, and human ex-  
56 posure to vectors as the primary mechanisms altering infectious disease transmission. While these works  
57 will hopefully bring increased attention to infectious disease transmission in ecosystem services research,  
58 neither provided direct advice on how to quantify disease transmission as a function of land-use change.

59 Given the high rates of land-use change globally (e.g., deforestation: [Runyan and D’Odorico 2016](#); urban-  
60 ization: [Seto et al. 2013](#)) and the growing momentum of efforts to accelerate the pace of restoration and  
61 protection globally (e.g., the “UN decade on Ecosystem Restoration”: [UN 2019](#); the Global Deal For Na-  
62 ture: [Dinerstein et al. 2019](#)), it is a critical time to seek a more quantitative understanding of how land-use  
63 changes will impact infectious disease transmission.

64 How should infectious disease transmission be modeled in order to optimize land-use decisions? Ide-  
65 ally, a model would have three characteristics. First, it should be constructed using a mechanistic under-  
66 standing of disease dynamics in order to estimate *a priori* how alternative proposed land-use scenarios  
67 would affect transmission. Previous research has investigated links between land-use characteristics and  
68 disease transmission in a variety of disease systems (e.g., malaria: [Vittor et al. 2006](#), [Chaves et al. 2018](#), [San-  
69 tos and Almeida 2018](#), [MacDonald and Mordecai 2019](#); dengue: [Ziemann et al. 2018](#); Lyme disease: [Jackson  
70 et al. 2006](#), [MacDonald et al. 2019](#); multiple diseases: [Vanwambeke et al. 2007](#), [Sheela et al. 2017](#)); however,  
71 these works rely primarily on regression frameworks that are not appropriate for predicting responses to  
72 new environmental regimes that have not yet been observed, which is needed to evaluate alternative poten-  
73 tial land-use scenarios. Second, a suitable model should be able to link spatially-explicit land-use patterns  
74 to disease transmission in order to understand which populations would experience the highest infection  
75 risk for planning targeted control efforts and to map tradeoffs or synergies between disease transmission  
76 and other important outcomes (e.g., ecosystem services). Finally, flexible, generalizable model frameworks  
77 can allow us to compare land use change impacts on multiple diseases, and to capture tradeoffs among  
78 them.

79 Because different infectious diseases often have strikingly different transmission dynamics, predicting  
80 the effects of land-use on the transmission of any single disease could require its own modeling study.  
81 For example, both cholera, caused by a bacteria passed from an infected to susceptible person through  
82 fecal contamination of water, and malaria, a *Plasmodium* parasite transmitted between humans by *Anopheles*  
83 (*Nyssorhynchus*) mosquito vectors, may respond to landscape features such as the location, density, and size  
84 of human settlements, water bodies, and forest patches. However, because cholera is environmentally  
85 transmitted and malaria vector transmitted, the data and modeling techniques required to predict how  
86 land-use change would affect the transmission of these two diseases will differ. Even within a smaller class  
87 of diseases such as mosquito-borne diseases, the disease-causing pathogens vary in the number of species  
88 of hosts and mosquito they use for transmission (altering how humans become infected), which changes the  
89 data requirements to model transmission and can promote alternative modeling strategies. For example,  
90 Zika virus exploits humans as its primary host and is transmitted primarily by *Aedes aegypti* mosquitoes,  
91 which allows single-host single-vector differential equation models to have moderate success (e.g., [Bonyah](#)

92 [et al., 2017](#), [Riou et al., 2017](#)). On the other hand, Ross River virus circulates in dozens of vertebrate host  
93 and mosquito species ([Stephenson et al., 2018](#)), which requires data on a much broader array of species in  
94 order to parameterize a mechanistic model (e.g., [Kain et al., 2021](#)). Further, because the host and vector  
95 community of any vector-borne disease will vary across space and time, modeling even a single disease  
96 requires, at a minimum, location-specific parameter values; transmission predictions in one community  
97 are unlikely to translate well to a different community. The dominant agent of malaria in most of Latin  
98 America (*Plasmodium vivax*), for example, is transmitted by *Nyssorhynchus darlingi* (previously *Anopheles*  
99 *darlingi*), which breeds in standing water at forest boundaries ([Tadei et al., 1998](#), [Vittor et al., 2006](#), [Zeilhofer](#)  
100 [et al., 2007](#), [Vittor et al., 2009](#)), whereas the dominant agent of malaria in sub-Saharan Africa (*Plasmodium*  
101 *falciparum*) is transmitted primarily by *Anopheles gambiae*, which readily breeds in urban and peri-urban  
102 areas in artificial containers, roadside ditches, and a variety of other small water bodies ([Minakawa et al.,](#)  
103 [2004](#), [Awolola et al., 2007](#), [Gnémé et al., 2019](#)).

104 A single spatially explicit mechanistic model will not be able to make predictions for a wide variety  
105 of diseases given that each disease depends on disease-by-location-specific parameter values. However,  
106 general modeling scaffolds exist to quantify the transmission of a broad range of infectious diseases using  
107 a common strategy. Once established, such a model framework can be modified and parameterized as  
108 needed to capture the transmission dynamics of the most relevant infectious diseases in a given location.  
109 Here we construct transmission matrices composed of the transmission rates between all pairs of species  
110 that participate in transmission (which can be parameterized using both laboratory infection data and field  
111 data on contact rates among species). We make these transmission matrices spatially dependent by mod-  
112 eling species contact rates as a function of landscape features. Explicitly accounting for the transmission  
113 rates between all pairs of species can be data intensive, but has the advantage of being able to flexibly  
114 model diseases with a variety of transmission modes including directly transmitted diseases (e.g., chick-  
115 enpox: [Ogunjimi et al., 2009](#)), environmentally transmitted diseases (e.g., chronic wasting disease: [Jennelle](#)  
116 [et al., 2014](#), [Samuel and Storm, 2016](#)), and vector-borne diseases with all forms of transmission strategies  
117 (including host-to-vector and vector-to-host transmission: [Dobson 2004](#), as well as vector-to-vector verti-  
118 cal transmission: [Lequime and Lambrechts 2014](#); and direct host-to-host transmission, which can occur for  
119 some vector-borne pathogens such as Rift Valley fever virus and Zika virus: [Wichgers Schreur et al. 2016](#),  
120 [D’Ortenzio et al. 2016](#)).

121 We use the spatially explicit model to capture the transmission of several vector-borne diseases. We  
122 analyze patterns of vector-borne disease risk as a function of land-use in two stages. First, we explore  
123 general patterns of vector-borne disease transmission as a function of landscape features using simulated  
124 landscapes in order to better isolate how landscape features drive disease risk. For this stage we simulate

125 landscapes of tree cover and urban area (i.e., percent impermeable surface, which we will refer to as urban  
126 “intensity”). These landscapes are simulated to vary along a gradient of spatial heterogeneity from one  
127 extreme of highly segregated landscape features to one of highly integrated features; along this continuum  
128 the average of each landscape feature is constrained to remain the same. This continuum is akin to the  
129 “land-sparing” vs. “land-sharing” dichotomy, which draws a comparison between a land allocation strat-  
130 egy that separates or integrates production and conservation, respectively (Green et al., 2005, Phalan et al.,  
131 2011, Tscharntke et al., 2012). This paradigm has been used extensively to compare methods for conserving  
132 biodiversity (Phalan et al., 2011, Melo et al., 2013, Edwards et al., 2014, Goulart et al., 2016), but has not yet  
133 been applied to human health and vector-borne disease transmission, despite its utility (see McClure et al.,  
134 2019, Table 1 for a list of studies that have used this conceptual paradigm). For each simulated level of spa-  
135 tial heterogeneity we also predict how disease risk will change depending on human population density in  
136 an effort to separate the effects of the spatial configuration of urban intensity from human density. Second,  
137 we apply the model in a specific case study to predict how potential vector-borne disease risk would change  
138 with alternative strategies of partial reforestation on a region of mixed urban area and farmland northwest  
139 of Bogotá Colombia, once again using a range from extremes of “land-sparing” to “land-sharing”. This  
140 region has been identified as being within a broader area of high restoration importance (Strassburg et al.,  
141 2020), and has recent curated MODIS vegetation indices (e.g., NDVI: Normalized Difference Vegetation  
142 Index) available (Gerard et al., 2020). Further, this is a high-elevation region that may experience a higher  
143 overall vector-borne disease burden with climate warming (Ryan et al., 2019, Mordecai et al., 2020)

144 In both stages we model the transmission of three mosquito-borne diseases that differ in which land-  
145 scape features promote transmission, in order to capture the types of tradeoffs that are likely to occur on real  
146 landscapes. Specifically, we model the transmission of: (i) a human-to-human specialist that is transmitted  
147 by urban-dwelling mosquitoes (e.g., dengue), (ii) a human-to-human specialist that is instead transmitted  
148 by mosquitoes that prefer non-built environments (e.g., malaria), and (iii) a disease that both spills over  
149 from non-human hosts but also has the potential for human-to-mosquito-to-human transmission (e.g., yel-  
150 low fever). We use published literature to parameterize each transmission model for dengue transmitted by  
151 *Ae. aegypti* and *Ae. albopictus*, malaria transmitted by *Ny. darlingi*, and yellow fever transmitted by *Ae. ae-*  
152 *gypti*, *Ae. albopictus*, and *Haemagogus* spp. We present our results as applying to the transmission of dengue,  
153 malaria, and yellow fever for brevity, though we suggest caution when interpreting our results as direct  
154 estimates for these three diseases because of a relatively poorly defined quantitative relationship between  
155 many components of each disease’s transmission and land-use. For the first stage of analysis we exam-  
156 ine how the configuration of landscape features (urban intensity and tree cover) and absolute abundance  
157 of humans alters human infection risk for diseases with these transmission modes and explore tradeoffs

158 in risk among them. For the second stage of analysis we focus on what strategy of landscape restoration  
159 minimizes post-restoration disease risk. In an effort to guide future research, we also identify key empir-  
160 ical gaps in the understanding of the underlying mechanistic disease transmission pathway that strongly  
161 affect predictions, as well as suggest strategies for better integration of disease transmission into ecosystem  
162 services research in the future.

## 163 **Methods**

### 164 **Model Overview**

#### 165 **Model outcomes**

166 We calculated two summary metrics of disease transmission on each landscape in order to map disease  
167 metrics spatially, both of which rely on  $\mathcal{R}_0$ , which describes the number of new infections a single source  
168 infection would generate in an otherwise susceptible population. The first metric is  $\mathcal{R}_0$  itself, which we  
169 calculated for each landscape cell (computationally, each cell  $[i, j]$  of a matrix) assuming that an infected  
170 individual were to appear in that cell at the beginning of their infectious period. Thus,  $\mathcal{R}_0$  measures the  
171 epidemic potential of a disease if it were to emerge in a specific location on a landscape and can be thought  
172 of as the potential of that landscape region to serve as a source of infection for the wider region.  $\mathcal{R}_0$  has  
173 a storied history of providing sufficient criteria for affecting change (e.g., the  $\mathcal{R}_0$  of malaria was used to  
174 identify sufficient vector control for the completion of the Panama Canal: [Coleman-Jones 1999](#)), but also has  
175 some known drawbacks as an epidemic metric, including assuming a fully susceptible population with no  
176 heterogeneity in transmission (within classes, i.e., host species) and a temporally constant environment. The  
177 second metric, which we call force of infection (FOI), also depends on a calculation of  $\mathcal{R}_0$ , but summarizes  
178 transmission in the opposite direction by quantifying the flow of infection into a given location. Akin but  
179 not identical to, the classic definition of FOI (the rate at which susceptible individuals acquire an infectious  
180 disease), here we use FOI to describe the conversion of susceptible to infected individuals cell by cell after  
181 one infection generation. Thus, FOI can be interpreted as a measure of the overall infection burden a  
182 specific landscape region would experience from transmission on the broader landscape. We calculated  
183 FOI by summing the number of new human cases a given location on the landscape would experience if  
184 infection were to arise in all possible locations on the landscape.

185 To calculate  $\mathcal{R}_0$  in a given landscape cell for the two human-to-human specialists (parameterized to  
186 represent dengue and malaria), we assumed a single human infection appeared in that cell. For these  
187 diseases we calculated  $\mathcal{R}_0$  as the total number of second generation human infections generated from the

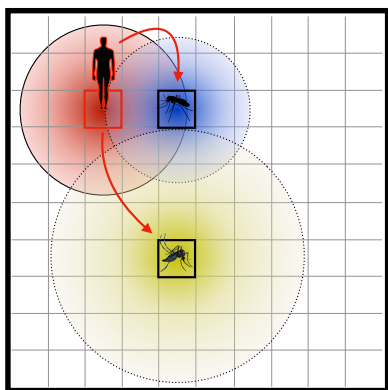


188 source human infection. To calculate FOI in cell  $[i, j]$  for these diseases (which we write as  $\text{FOI}_h$  for FOI  
189 on humans) we summed the number of second generation human infections in cell  $[i, j]$  across all possible  
190 disease emergence locations (all landscape cells). For the disease capable of being transmitted by humans  
191 and non-human hosts (yellow fever) we calculated both  $\mathcal{R}_0$  and FOI arising from either a source human  
192 infection or a source non-human primate infection. To explore the multiple transmission pathways of this  
193 disease, our model separates each  $\mathcal{R}_0$  and FOI value into its component parts, i.e., the number of second  
194 generation human and non-human primate infections arising from a source non-human primate infection  
195 (the sum of which would be the overall  $\mathcal{R}_0$  attributable to a starting non-human primate infection). We note  
196 that these are  $\mathcal{R}_0$ -like quantities as they are not calculated using the traditional dominant eigenvalue of the  
197 pairwise transmission matrix (Diekmann et al., 2010) (which gives the expected number of secondary cases  
198 in a heterogeneous community arising from a *typical* infection).

### 199 **Model structure**

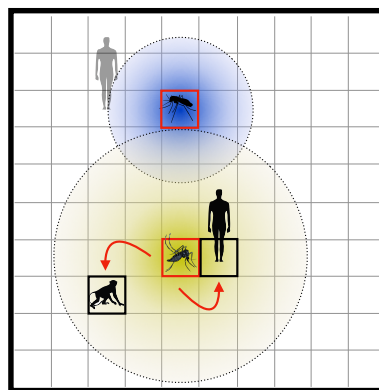
200 To better characterize the spatial dependence of  $\mathcal{R}_0$  and FOI of these diseases (for efficiency we will hence-  
201 forth refer to these three diseases simply as dengue, malaria, and yellow fever) on the landscape and to  
202 evaluate the role of different mosquito vectors, we separated transmission into two components: host-to-  
203 mosquito transmission, which considers the number of mosquitoes the source host infects, and mosquito-  
204 to-host transmission, which considers the number of new (second generation) host infections generated  
205 from the mosquitoes infected in the host-to-mosquito transmission step. We first describe the overall cal-  
206 culation of host-to-mosquito and mosquito-to-host transmission and then describe in detail the data and  
207 statistical models used to parameterize each of the components of these calculations. **Figure 1** provides a  
208 visual model schematic meant to aid the interpretation of the equations for host-to-mosquito (Eq. 1) and  
209 mosquito-to-host (Eq. 2) transmission.

### A Host-to-Mosquito Transmission



- Mosquito infection probability | host pathogen load
- Mosquito biting preference
- Mosquito biting rate
- **Mosquito abundance**
- **Host abundance**
- **Host movement**

### B Mosquito-to-Host Transmission



- Mosquito transmission probability
- Mosquito survival
- Mosquito biting rate
- Mosquito biting preference
- **Mosquito movement**
- **Host abundance**

Figure 1: **The transmission of a mosquito-borne disease on a landscape starting from a source infection in a human.** Red outlined hosts and mosquitoes designate infected individuals, solid black/black outlined individuals are susceptible, and the faded host is recovered. Red arrows show transfer of infection from infected to susceptible individuals. Colored circles in **A** and **B** represent the movement distributions of hosts and mosquitoes on the gridded landscape; boxed cells show the center of these distributions. The text lists the components considered in each transmission step; components that are bolded depend on landscape features. We use the total number of second generation human infections (solid human receiving infection from the red boxed mosquito in **B**) as the  $\mathcal{R}_0$  of an infection originating in the boxed cell in **A**. For dengue and malaria, blood feeding by the infected mosquito on non-human hosts (e.g., the non-human primate in **B**) do not contribute to onward transmission (but do so for yellow fever). Force of infection looks at the problem in the opposite direction, measuring the burden each cell experiences from infections beginning in all possible cells (for which the boxed cell in **A** is one possibility). That is, the transmission pathway pictured here provides one entry in the calculation of FOI for each landscape cell.

210 All of the mosquitoes across the landscape that become infected by a single infection emerging in land-  
 211 scape cell  $[i, j]$  (e.g., the red boxed cell in **Figure 1A**) can be written as:

$$\mathbf{Im}_{ij} = \sum_{d=1}^D \sum_{\phi_{ij}} (p_{Im} | \theta_{dIh}) \cdot Sm_{\phi_{ij}} \cdot \delta_{\phi_{ij}}, \quad (1)$$

212 where  $h$  and  $m$  refer to hosts and mosquitoes,  $I$  and  $S$  refer to infected and susceptible individuals, and terms  
 213 with the subscripts  $ij$  designate specific landscape cells. For ease of interpretation we write this equation  
 214 for one susceptible mosquito species; multiple species could be represented with an additional subscript on  
 215 each term. The outcome matrix  $\mathbf{Im}_{ij}$  contains the total number of mosquitoes with a home landscape cell  
 216  $[i, j]$  (the center of a mosquito's flight distribution, see **Figure 1A**) that get infected by feeding on the source



217 infected host as it moves about the landscape (in **Figure 1A**, cells within the infected host's red circle). We  
218 use  $\phi_{ij}$  to represent the cells that the infected host enters. The total number of mosquitoes that become  
219 infected (**Figure 1A**) is given by a pair of sums: a sum over the host's movement on the landscape (sum  
220 over  $\phi_{ij}$ ), and a sum over the host's infectious period (sum over  $d$ ). Internal to these two sums are three  
221 terms that define host-to-mosquito transmission within the  $\phi_{ij}$  cells:  $(p_{Im}|\theta_{d_{Ih}})$ , the probability of host-to-  
222 mosquito transmission during blood feeding;  $Sm_{\phi_{ij}}$ , the number of susceptible mosquitoes in cell  $\phi_{ij}$ ; and  
223  $\delta_{\phi_{ij}}$ , the biting rate of each mosquito on the infected host in cell  $\phi_{ij}$ . We now unpack these three terms.

224 Susceptible mosquitoes can become infected by feeding on the infected host within any cell  $\phi_{ij}$  that  
225 is found within the mosquitoes' flight distribution (e.g., in **Figure 1A** both the blue mosquito's distribu-  
226 tion and the yellow mosquito's distribution overlap some portion of the infected host's red distribution).  
227 A greater overlap in the host's and mosquito's distributions increases their contact rate, leading to more  
228 opportunities for blood feeding and thus transmission. While the infected host is in a given cell  $\phi_{ij}$ , a  
229 susceptible mosquito can, but is not guaranteed to, become infected during a blood feeding event on the  
230 infected host. The transmission probability during a feeding event is a function of the host's pathogen  
231 load (which varies over the course of their infection) and the intrinsic ability of the mosquito species to  
232 become infected. We write this as  $(p_{Im}|\theta_{d_{Ih}})$ , where  $\theta_{d_{Ih}}$  describes the host's pathogen load on day  $d$  of  
233 their infectious period.

234 The total number of feeding events (and thus potential mosquito infections) that occur while the host  
235 is in cell  $\phi_{ij}$  is first an increasing function of the total number of mosquitoes in that cell. We use  $Sm_{\phi_{ij}}$  to  
236 designate the number of susceptible mosquitoes in cell  $\phi_{ij}$ , which is a function of the landscape suitability  
237 in and around  $\phi_{ij}$ . We note that in the model we keep track of the home cell origin of each of the mosquitoes  
238 that make up  $Sm_{\phi_{ij}}$  in order to accurately calculate  $\mathbf{Im}_{ij}$ ; however, we write  $Sm_{\phi_{ij}}$  as a total number of  
239 mosquitoes here for simplicity instead of including additional subscripts designating the home origin of  
240 each of these mosquitoes. The total number of feeding events is also a function of the feeding rate of each  
241 mosquito on the infected individual, which is a decreasing function of the number of susceptible hosts  
242 which pull bites away from the infected host; an increasing function of the mosquitoes' intrinsic feeding  
243 preference on the species identity of the infected host; and finally an increasing function of mosquitoes'  
244 general feeding rate. We collapse these three terms into  $\delta_{\phi_{ij}}$ , but detail each of these terms, as well as all of  
245 the other **Eq. 1** components after **Eq. 2**.

246 All of the second generation hosts across the landscape that become infected ( $\mathbf{Ih}_{ij}$ ) by the mosquitoes  
247 calculated in the host-to-mosquito transmission step ( $\mathbf{Im}_{ij}$ ; **Eq. 1**), can be written as:

$$\mathbf{I}h_{ij} = \sum_{\mathbf{I}m_{ij}} \sum_{t=1}^T (p_{Ih}|t) \cdot \psi_t \cdot \mathbf{I}m_{ij,\omega_{ij}} \cdot \delta_{\omega_{ij}} \quad (2)$$

248 where, once again,  $h$  and  $m$  refer to hosts and mosquitoes and  $I$  and  $S$  refer to infected and susceptible  
 249 individuals, respectively. For ease of interpretation we write this equation for one susceptible host species;  
 250 multiple species could be represented with an additional subscript on each term. The outcome matrix  
 251  $\mathbf{I}h_{ij}$  gives the total number of second generation hosts in each landscape cell  $[i, j]$  that become infected by  
 252 the mosquitoes infected in Eq. 1. One mosquito-to-host transmission event is shown with the red arrow  
 253 between the yellow mosquito and the solid human in Figure 1B. The total number of infected hosts in each  
 254 cell  $[i, j]$  is given by two sums: a sum over the infected mosquitoes ( $\mathbf{I}m_{ij}$ ) and a sum over these mosquitoes'  
 255 infectious period ( $t$ ). Internal to these two sums are three terms that define mosquito-to-host transmission  
 256 across the  $\omega_{ij}$  cells:  $(p_{Ih}|t)$ , the probability of mosquito-to-host transmission during blood feeding;  $\mathbf{I}m_{ij,\omega_{ij}}$ ,  
 257 the number of infected mosquitoes from  $\mathbf{I}m_{ij}$  in  $\omega_{ij}$ ; and  $\delta_{\omega_{ij}}$ , the biting rate of each infected mosquito on  
 258 susceptible hosts of a given species. We now unpack these three terms.

259 Susceptible hosts in  $\omega_{ij}$  (we use  $\omega_{ij}$  to refer to the cell and  $Ih_{ij}$  to the number of hosts that become  
 260 infected in that cell) can become infected by being fed upon by infected mosquitoes. The mosquitoes from a  
 261 given home cell (one entry of  $\mathbf{I}m_{ij}$ ) will have the opportunity to feed on, and potentially infect, susceptible  
 262 hosts in  $\omega_{ij}$  if their flight distribution includes  $\omega_{ij}$  (e.g., the yellow mosquito in Figure 1B includes the solid  
 263 boxed cell with the human). The probability a mosquito infects a host during a feeding event increases  
 264 over the mosquito's infectious period because of the extrinsic incubation period of the virus within the  
 265 mosquito; we write this as  $(p_{Ih}|t)$ , where  $t$  refers to the day post infection in the mosquito. The total number  
 266 of feeding events (and thus potential host infections) by mosquitoes from  $Ih_{ij}$  (one entry in the sum over  
 267  $\mathbf{I}h_{ij}$ ) on susceptible hosts in cell  $\omega_{ij}$  is first an increasing function of the number of infected mosquitoes  
 268 ( $\mathbf{I}m_{ij,\omega_{ij}}$ ). The total number of feeding events by these mosquitoes on individuals of a given species of  
 269 susceptible host (e.g., humans) is also a function of the feeding rate of each mosquito on that host species.  
 270 This feeding rate is an increasing function of: the relative abundance of that species relative to other species,  
 271 the mosquito's intrinsic feeding preference on that species, and the mosquitoes' general feeding rate. We  
 272 collapse these three terms into  $\delta_{\omega_{ij}}$ .

273 Our  $\mathcal{R}_0$ -like quantity is calculated for the cell in which the source infection originates (e.g., the red boxed  
 274 cell in Figure 1A) as the sum of  $\mathbf{I}h_{ij}$  across all host types that become infectious (which varies by disease,  
 275 see details below). Thus, equations Eq. 1 and Eq. 2 show the complete calculation for  $\mathcal{R}_0$  for one landscape

276 cell. Conversely, the FOI for a specific landscape cell  $[i,j]$  (a cell defined by  $\omega_{ij}$  in Eq. 2) is calculated as the  
277 total number of hosts that become infected in that cell from infections starting in all landscape cells (for  
278 which Eq. 1 and Eq. 2 provide one example). Note that when calculated in this way, FOI is a breakdown of  
279  $\mathcal{R}_0$  values that are spatially reorganized and summed. Thus, over an entire landscape the sum of all  $\mathcal{R}_0$  and  
280 all FOI values are identical.

281 We parameterized each component of Eq. 1 and Eq. 2 using estimates from either statistical models fitted  
282 to data extracted from published literature, or directly from parameter estimates in published literature;  
283 we describe all statistical models, data, and assumptions below. For all components of both transmission  
284 steps for all three diseases we searched the literature for raw data and quantitative parameter estimates  
285 (all references and raw data are available in the online supplement); when data were not available we  
286 relied upon qualitative, and occasionally anecdotal, descriptions (additional detail is available in the online  
287 supplement).

288 We considered the transmission of dengue by *Aedes aegypti* and *Ae. albopictus* and the transmission of  
289 malaria by *Nyssorhynchus darlingi*. An extensive literature search (details in the online supplement) made  
290 it clear that while many host species are fed upon by these mosquito species, and some of them are possi-  
291 bly able to become infected and transmit dengue and malaria, we know definitively very little about which  
292 non-human host species become infected with these pathogens and how competent they are in transmitting  
293 infection to susceptible mosquitoes. Further, the disease strains that non-human hosts are able to transmit  
294 are generally different than the strains that infect humans (Prugnolle et al., 2011, Maeno et al., 2015, Rondón  
295 et al., 2019), which makes modeling the spillover of dengue and malaria a separate modeling task. Thus,  
296 for both of these diseases we consider humans as the only host capable of transmission. However, because  
297 blood feeding by infected mosquitoes on non-human hosts will reduce disease burden on humans, it is  
298 important to consider non-humans in the model for these diseases. This is especially true for spatial esti-  
299 mates of disease risk as a function of landscape features because the proportion of an infectious mosquito's  
300 bites on humans and non-humans will depend in part on the relative densities of these hosts (in addition  
301 to intrinsic mosquito preferences), which will vary across the landscape. For simplicity, computational ef-  
302 ficiency, and data limitations we group all non-human species into a single type which we call "other"  
303 hosts.

304 We modeled both urban and sylvatic spillover of yellow fever by considering transmission by *Ae. ae-*  
305 *gypti*, *Ae. albopictus*, and *Haemagogus* spp.. To capture the predominant form of sylvatic transmission, which  
306 occurs between non-human primates and *Haemagogus* spp. (also *Sabethes* spp.) mosquitoes, we use humans  
307 as the primary host species, primates as a secondary host species, and "others" as hosts that mosquitoes  
308 feed upon but are unable to transmit the disease.

## 309 **Model components independent of landscape features**

310 We parameterized most model components that we assumed to be independent of landscape features using  
311 estimates from statistical models fit to data extracted from the literature, including: host infection (titer) pro-  
312 files over time (Eq. 1:  $\theta_{d_{Ih}}$ ), mosquito infection probability (Eq. 1:  $p_{Im}$ ), mosquito transmission probability  
313 (Eq. 2:  $(p_{Ih})$ , and mosquito survival (Eq. 2:  $\psi_t$ ). For host infection profiles, mosquito infection probabili-  
314 ty, and mosquito transmission probability we fit regression models to host and mosquito physiological  
315 responses to laboratory experimental infections. These models included fixed effects such as days since  
316 experimental exposure, infectious dose, and species. For host pathogen load we used a linear model and  
317 included a quadratic term for days since exposure to capture the rise and fall of pathogen load over a host's  
318 infectious period; for mosquito infection and transmission probability we used generalized linear models  
319 with binomial error distributions. For all models we estimated responses (host pathogen load, mosquito  
320 infection and transmission probabilities) for host-pathogen and mosquito-pathogen pairs for which data  
321 were available, and relied upon qualitative descriptions in literature when quantitative data were unavail-  
322 able. We show all fitted and assumed host infection profiles in Figure S1, mosquito infection probability  
323 curves in Figure S2, and transmission probability curves in Figure S3, and describe in the online supplement  
324 the data and assumptions used to generate each estimated response.

325 We used a simple exponential decay function to model the lifetime of infected mosquitoes (survival  
326 probability up to day  $X = \lambda^X$ ), where  $\lambda$  is daily survival probability. We gathered data from a small number  
327 of papers on the survival of each mosquito species (see Bates, 1947, Galindo, 1958, Dégallier et al., 1998, Muir  
328 and Kay, 1998, Niebylski and Craig Jr, 1994, Kiszewski et al., 2004, Maciel-De-Freitas et al., 2007, Lacroix  
329 et al., 2009, de Barros et al., 2011). Mosquito survival curves are shown in Figure S3; all raw extracted  
330 quantitative data for all mosquito species are available in the supplemental data files.

331 For mosquito feeding preference behavior (Eq. 1 and Eq. 2: part of the  $\delta$  term) we simply used raw  
332 outcomes from blood meal analyses of wild-caught mosquitoes instead of fitting a model for mosquito  
333 biting preference. Specifically, given our approach of collapsing non-human host types, we collapsed the  
334 proportion of blood meals in wild mosquitoes into human and non-human sources. This approach does  
335 conflate mosquito species-specific intrinsic biting preference with the raw abundance of hosts, which could  
336 result in biased biting rates on our simulated landscapes; however, our simplified host model and lack of  
337 data made this simplification necessary. This simplifying assumption could be relaxed in a system with  
338 more species-specific mosquito biting behavior data available. For data sources and raw blood meal data  
339 see the online supplement.

## 340 **Model components dependent on landscape features**

### 341 **Host abundance and mosquito abundance**

342 We assumed that human population density was directly proportional to urban intensity and that the den-  
343 sity of non-human species (primates and “others”) were directly proportional to tree cover, with a scaling  
344 factor that can vary in order to adjust the absolute abundance of each host type on the landscape (ad-  
345 ditional detail available in the online supplement). While assuming different proportional relationships  
346 between urban intensity and human population density maybe somewhat unrealistic, we explore differ-  
347 ent proportional relationships so that we are able to isolate changes in human population density from  
348 landscape heterogeneity.

349 We modeled the relationship between the abundance of each mosquito species and both tree cover  
350 and human population density using details on the preferred breeding habitat of mosquitoes and where  
351 mosquitoes tend to be observed/collected in the wild (Braks et al., 2003, Scott and Morrison, 2010, Sarfraz  
352 et al., 2012, 2014, de Moura Rodrigues et al., 2015, Mucci et al., 2015, de Camargo-Neves et al., 2005, Lin  
353 et al., 2016, Tátilla-Ferreira et al., 2017, Pereira dos Santos et al., 2018, Delatorre et al., 2019, Koyoc-Cardena  
354 et al., 2019, Hendy et al., 2020, Silva et al., 2020). We assumed that each landscape cell supports a given  
355 resident population of each mosquito species (which could be thought of as their breeding location) based  
356 on the composition of that cell (in the case of *Ny. darlingi* also on the surrounding cells given their preference  
357 for forest edge: Tadei et al. 1998, Vittor et al. 2006, Zeilhofer et al. 2007, Vittor et al. 2009). We describe in  
358 detail the relationship between mosquito species abundance and individual landscape features in the online  
359 supplement and show mosquito densities on an example simulated landscape in **Figure S4** (*Ae. aegypti*),  
360 **Figure S5** (*Ae. albopictus*), **Figure S6** (*Ny. darlingi*), and **Figure S7** (*Haemagogus* spp.).

### 361 **Mosquito movement and host movement**

362 Our model for mosquito abundance assumes that each cell contains a resident population of mosquitoes of  
363 each species. It also assumes that each mosquito disperses from its home cell into the surrounding land-  
364 scape cells during its lifetime for the purposes of blood feeding. We modeled the dispersal of mosquitoes  
365 from their home cells using a Gaussian spatial kernel with radius based on mark recapture experiments  
366 and observational field data (Causey and Kumm, 1948, Charlwood et al., 1995, Muir and Kay, 1998, Har-  
367 rington et al., 2005, Russell et al., 2005, Achee et al., 2007, Vanwambeke et al., 2007, Hiwat and Bretas, 2011,  
368 Verdonschot and Besse-Lototskaya, 2014). We also included the option to weight this dispersal kernel by  
369 the habitat preference of each mosquito species (e.g., an *Aedes aegypti* mosquito with high human feeding  
370 preference that has a home cell on the border of a patch of urban area and a patch of high tree cover will

371 spend more of its flight time in the urban area than under the high density tree canopy). However, we  
372 do not use this option in analyses presented here because: 1) we set the diameter of each landscape cell  
373 to equal the flight radius of an *Ae. aegypti*, which means that *Ae. aegypti* do not leave their cell; 2) we  
374 lack enough information on the remaining mosquitoes to accurately parameterize this weighting function.  
375 We also modeled the movement of the original infected host using a Gaussian kernel weighted in direct  
376 proportion to fraction urbanized.

## 377 Landscapes

### 378 Simulated Landscapes

379 For the first stage of our analysis, we simulated landscapes composed of continuous values of tree cover  
380 and urban intensity on a scale of zero to one. To simulate varying degrees of landscape heterogeneity  
381 (measured with spatial auto-correlation: i.e., low landscape heterogeneity is simulated with high spatial  
382 auto-correlation) we used the “midpoint displacement neutral landscape model” (Barnsley et al., 1988), im-  
383 plemented in the package NLMR (Sciaini et al., 2018) (function `n1m_mpd`) in R (R Core Team, 2020). With high  
384 spatial auto-correlation in each landscape feature, large areas of high tree cover are segregated from large  
385 areas of urban intensity (a land-sparing approach); with low spatial-auto-correlation features are highly  
386 spatially mixed (a land-sharing approach). For each desired level of landscape heterogeneity we generated  
387 landscapes with ecologically realistic patterns of tree cover and urban intensity using the following proce-  
388 dure: 1) simulate two individual landscape matrices with values ranging from zero to one, one matrix of  
389 tree cover and one matrix of urban area; 2) check if the average value for each matrix falls outside of  $x \pm \epsilon_x$ ,  
390 where we set  $x = 0.50$  (a balanced landscape) and  $\epsilon_x = 0.02$  (as narrow as possible while maintaining  
391 computational efficiency); 3) check if the correlation between the values in the two matrices falls outside of  
392  $y \pm \epsilon_y$ , where we set  $y = -0.50$  and  $\epsilon_y = 0.02$  (with this range, the highest values of forest cover will tend to  
393 not occur in highly urbanized cells, though urban areas and tree cover will overlap to a moderate degree);  
394 4) if any of the values fall outside of the desired ranges, repeat from step one. Four example simulated  
395 landscapes across the full range of auto-correlations we used are pictured in [Figure S8](#).

396 Although we did not directly simulate additional types of landscape features (such as agriculture), areas  
397 of our simulated landscape with minimal urban intensity and minimal tree cover can be interpreted as an  
398 agriculture-like habitat. We took this approach for two reasons. First, little quantitative information exists  
399 on the relationship between the abundance of *Ae. aegypti*, *Ae. albopictus*, and *Ny. darlingi* and other landscape  
400 features that could be abstracted in a simulation but still be used to parameterize mosquito abundance.  
401 Second, simulating three matrices with appropriate levels of spatial auto-correlation, negative correlation



402 with each other, and average values would be difficult.

### 403 **Empirical Landscapes**

404 For the second stage of our analysis we selected a small landscape (approximately 400 km<sup>2</sup>) just to the  
405 northwest of Bogotá, Colombia, which is part of a larger area of Latin America that is of high restoration  
406 importance (Strassburg et al., 2020) (Figure S9). This region contains a portion of a major city, intensive  
407 agriculture, towns, rural homesteads, and forest. For this landscape we extracted human population den-  
408 sity as of 2010 (Sorichetta et al., 2015, WorldPop, 2016), and leaf area index (LAI) in 2013 as a proxy for tree  
409 cover (Gerard et al., 2020).

410 We simulated habitat restoration on this landscape, modeled as an increase in LAI in three different  
411 ways: 1) reforestation of a single large contiguous area (simulated with NLMR using high spatial auto-  
412 correlation); 2) patchy reforestation across the landscape (e.g., reforestation on individual farms; simulated  
413 with low spatial auto-correlation); and 3) “flat” reforestation which we modeled as an increase in the LAI  
414 in all cells in proportion to their sampled values. For both restoration scenarios one and two, we simulated  
415 reforestation under the constraint that the post-restoration simulated landscapes had a minimum nega-  
416 tive correlation between human population density and tree cover of -0.45 (as we did with the simulated  
417 landscapes in stage one of our analysis). For each scenario we modeled an increase in average LAI on the  
418 whole landscape from baseline (0.17) to a value of 0.50, the same average used in our stage one simulated  
419 landscapes.

420 To predict how disease transmission would change as a function of restoration strategy, we compared  
421 estimated FOI on the baseline landscape to FOI estimated for each restoration scenario. This simulation  
422 ignores the complex ecological process (and time lag) of colonization of the newly restored forest by hosts  
423 and mosquitoes, and simply assumes that the newly restored forest contains “other” hosts, non-human  
424 primates, and forest associated mosquitoes in proportion to the assumed relationship between tree cover  
425 and host and mosquito abundance used to predict baseline disease transmission.

## 426 **Results**

### 427 **Simulated Landscapes**

428 On simulated landscapes of urban area and tree cover, average human infection risk (FOI<sub>h</sub>) for dengue and  
429 yellow fever is driven primarily by human population density (Figure 2, with effects in differing directions),  
430 while malaria risk is a function of both human population density and the spatial configuration of urban

431 area and tree cover (Figure 2). Here, and in the rest of the results we focus on spatial patterns and summaries  
 432 of  $FOI_h$  instead of  $\mathcal{R}_0$  (or FOI on non-human primates or “others”) to focus on those landscape regions for  
 433 which the potential disease flow into humans is highest (recall that FOI is just a spatial reorganization of  
 434  $\mathcal{R}_0$  values and that across an entire landscape total FOI is equal to total  $\mathcal{R}_0$  as both metrics rely on the  
 435 assumption of a source infection appearing in each landscape cell).

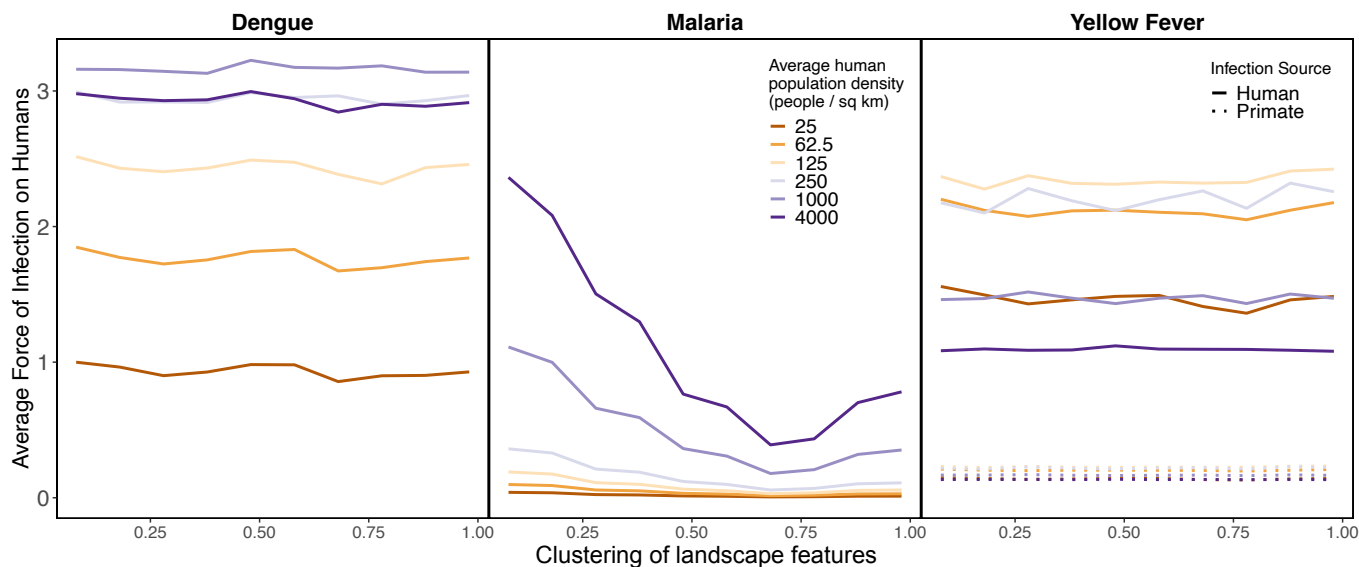


Figure 2: **Human density drives variation in the average force of infection on humans for dengue, malaria, and yellow fever; landscape configuration affects malaria  $FOI_h$  nonlinearly.** Colors show average human population density on the landscape. The clustering of landscape features (x-axis) refers to the values of the spatial auto-correlation used in simulating landscape-features; more clustering equates to decreasing landscape spatial heterogeneity (larger contiguous areas of high urban intensity and tree cover). The  $FOI_h$  shown here is an average of the  $FOI_h$  on all landscape cells, each of which is calculated by summing the  $FOI_h$  from source infections appearing in each landscape cell.

### 436 Dengue

437 Average dengue  $FOI_h$  across a landscape is a non-monotonic function of the human population density on  
 438 that landscape (Figure 2). This pattern arises because of the combined transmission from *Ae. aegypti*, whose  
 439 abundance is strongly tied to human population density and who prefer to feed on humans, and *Ae. albopictus*,  
 440 whose abundance we assumed to be tied to tree cover but who also prefer to bite humans. As human  
 441 population density increases, the abundance of *Ae. aegypti* increases, leading to a larger  $FOI_h$  attributable to  
 442 *Ae. aegypti* (Figure 3). At the same time, however, because *Ae. albopictus* abundance is assumed to be inde-  
 443 pendent of human population density, the single source human dengue infection becomes “lost” in a sea of  
 444 susceptible humans to the constant population of blood feeding *Ae. albopictus*, leading to fewer infected *Ae.*  
 445 *albopictus* (Figure S10) and subsequently fewer second-generation human infections (Figure 3). However, at

446 very low human population densities the  $FOI_h$  from *Ae. albopictus* increases because of a higher proportion  
447 of infectious bites on humans relative to “other” species. Considering transmission by both *Ae. aegypti* and  
448 *Ae. albopictus*, average dengue infection risk is maximized at an intermediate human population density  
449 (Figure 3), though  $FOI_h$  decreases very minimally after the maximum. This highlights that, depending on  
450 the relative abundance and importance of *Ae. aegypti* versus *Ae. albopictus* in a given landscape, different  
451 levels of human density and forest cover could maximize dengue transmission.

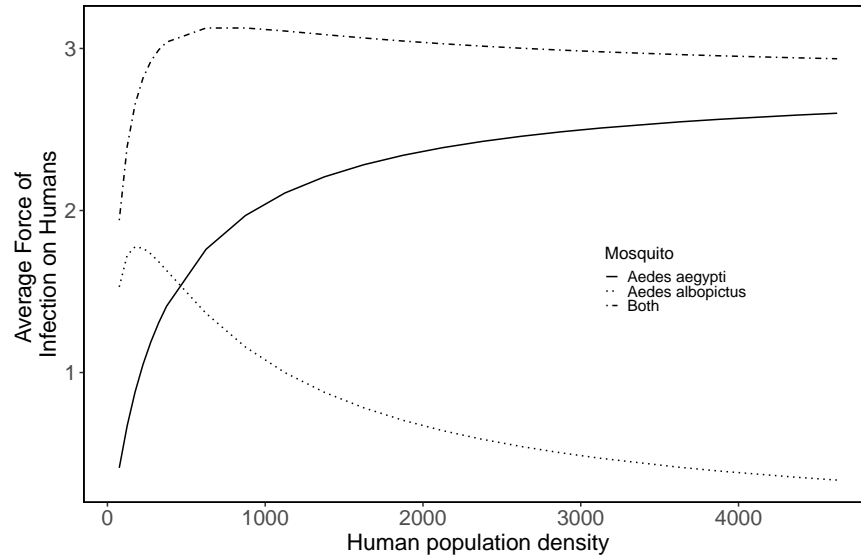


Figure 3: *Aedes aegypti* and *Aedes albopictus* combine to drive dengue  $FOI_h$  on simulated landscapes that vary in absolute human population density.. Total  $FOI_h$  is the sum of the contributions made by *Aedes aegypti*, which increases monotonically with human density, and *Aedes albopictus*, which peaks at low human density. These results were calculated on a landscape with a spatial auto-correlation of 0.78.

452 The relative contribution *Ae. aegypti* and *Ae. albopictus* make to overall human dengue risk also depends  
453 strongly on the relationship between *Ae. aegypti* abundance and human abundance. In Figure 2 and Figure 3  
454 we assumed a linear relationship between human abundance and *Ae. aegypti* abundance; however, it has  
455 been suggested that this relationship may be exponential (Romeo-Aznar et al., 2018), such that the ratio  
456 of *Ae. aegypti* per human increases as human population size increases. Our simulations show that as  
457 this exponent increases from below one (a decreasing mosquito-to-human ratio with an increasing human  
458 population density) to above one (an increasing mosquito-to-human ratio), the contribution that *Ae. aegypti*  
459 make to  $FOI_h$  increases (Figure 4). At low human population densities the importance of *Ae. albopictus* is  
460 greater than the importance of *Ae. aegypti* (Figure 3, Figure 4); however, as human population density and  
461 the exponent linking human and *Ae. aegypti* populations increase, the importance of *Ae. aegypti* overtakes  
462 that of *Ae. albopictus*.

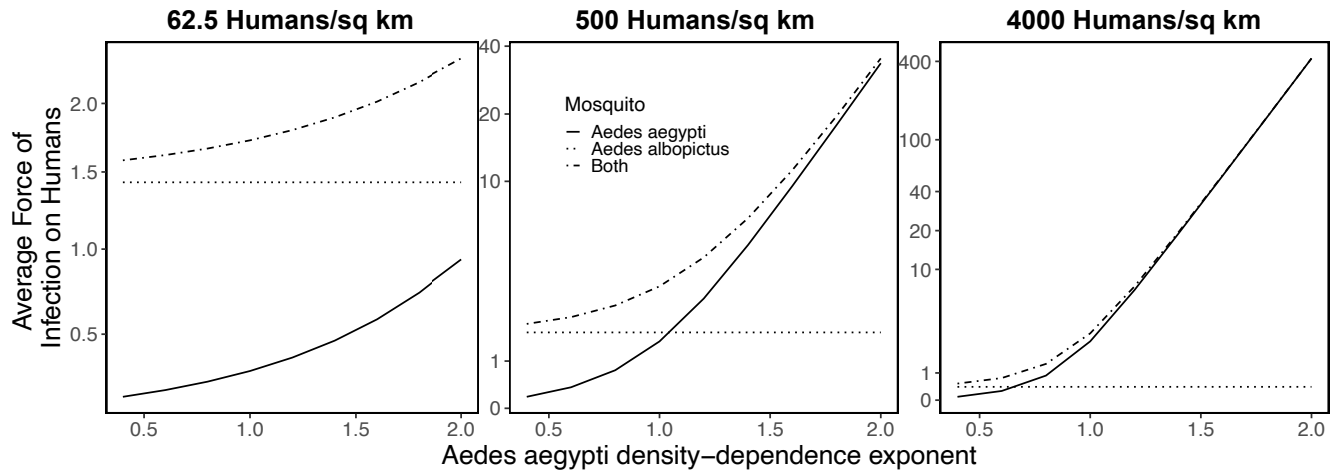


Figure 4: The contribution *Aedes aegypti* and *Aedes albopictus* make to dengue  $FOI_h$  as a function of human density and the exponential relationship between human abundance and *Aedes aegypti* abundance. Panels show low (62.5), medium (500), and high (4000) human population density (humans/sq km). Total  $FOI_h$  is the sum of the contributions made by *Aedes aegypti* (solid line) and *Aedes albopictus* (dotted line). Here we only manipulated the exponential relationship between human abundance and *Aedes aegypti*, thus the  $FOI_h$  attributed to *Aedes albopictus* remains constant. These results were calculated on a landscape with a spatial auto-correlation of 0.78.

#### 463 Yellow Fever

464 Similar to dengue, yellow fever  $FOI_h$  is a non-monotonic function of human population density assuming  
465 either a source infection in a human (Figure 2, solid lines) or a source infection in a non-human primate (Fig-  
466 ure 2, dotted lines). As with dengue, these patterns are due to the combined transmission by all mosquitoes  
467 involved; for yellow fever these mosquitoes include *Ae. aegypti*, *Ae. albopictus*, and *Haemagogus* spp. How-  
468 ever, unlike for dengue (where *Ae. aegypti* begins to dominate transmission at relatively low population  
469 densities: Figure 3), an overall higher relative contribution by *Ae. albopictus* to transmission paired with an  
470 overall declining importance with increasing human population density (except at the very lowest human  
471 population densities) makes yellow fever  $FOI_h$  peak at a low human population density (Figure S11). As-  
472 suming a human source infection, yellow fever  $FOI_h$  is higher in regions of higher forest cover because it  
473 is transmitted by two forest-dwelling mosquitoes, while dengue increases with increasing urban intensity  
474 (Figure S12).

475 The number of spillover yellow fever infections from a source primate infection into humans is smaller  
476 than from a human infection (Figure 2), as spillover requires an initial blood feeding event by a mosquito  
477 on the infected primate followed by a blood feeding event on a susceptible human, which is rare for  
478 mosquitoes that feed preferentially on either humans (*Ae. aegypti* and *Ae. albopictus*) or non-humans (*Haem-*  
479 *agogus* spp.). Similar to human-to-human yellow fever transmission, our model estimates that spillover

480 FOI<sub>h</sub> increases with decreasing human population density (though the effect size is quite small: [Figure 2](#)).  
481 Unlike for human-to-human transmission, increasing spillover transmission with decreasing human pop-  
482 ulation density is driven by a higher probability of an initial feeding event by *Ae. aegypti* and *Ae. albopictus*  
483 on the infected primate when humans are rare. The effect size is small because most transmission from  
484 primates to humans is driven by *Haemagogus* spp., for which this relationship does not hold. Spillover  
485 transmission is mostly independent of landscape heterogeneity because spillover tends to occur within  
486 landscape cells with low to moderate tree cover and population density, which is approximately constant  
487 among the simulated landscapes. Although analyses based on  $\mathcal{R}_0$  (including our FOI<sub>h</sub> calculation) that do  
488 not consider the impact of vaccination predict that human-originating infections have a larger FOI<sub>h</sub>, in pop-  
489 ulations with high yellow fever vaccination rates, spillover infections are likely to be the more important  
490 driver of infections in humans.

## 491 **Malaria**

492 Across all simulated landscapes we find a non-linear (and non-monotonic) relationship between land-  
493 scape heterogeneity and average malaria FOI<sub>h</sub>, such that average malaria FOI<sub>h</sub> is minimized at a high but  
494 sub-maximum spatial auto-correlation ( $\sim 0.70$ , see [Figure 2](#)). On individual landscapes we also find non-  
495 monotonic relationships between tree cover and malaria FOI<sub>h</sub>, and the shape of this relationship depends  
496 on the degree of landscape feature spatial auto-correlation ([Figure 5D](#)). On all landscapes, malaria FOI<sub>h</sub>  
497 is maximized in areas of higher urban intensity within or adjacent to a region of patchy tree cover (as *Ny.*  
498 *darlingi* abundance is driven strongly by forest edge: *Methods: Mosquito abundance*, [Figure S6](#)). However, the  
499 composition and spatial structure of this interface changes with landscape feature spatial auto-correlation.  
500 On landscapes with moderate or high spatial auto-correlation (moderate or large contiguous patches of tree  
501 cover and urban area), high tree cover occurs in large patches that are distant from urban areas, while low  
502 tree cover occurs in large patches of urban area; in both cases FOI<sub>h</sub> is low ([Figure 5D](#)). It is within the tran-  
503 sition zone between dense tree cover and low tree cover that “forest edge” near high urban intensity exists,  
504 and thus where FOI<sub>h</sub> is maximized. In contrast, on landscapes with low spatial auto-correlation (highly  
505 spatially integrated landscapes), which are characterized by small patchy urban areas and tree cover, small  
506 regions (even single cells) of high urban intensity can occur directly next to small patches of forest cover.  
507 First, this leads to an overall higher average malaria FOI<sub>h</sub> across the landscape ([Figure 5C](#)) because of the  
508 larger number of humans within the flight radius of suitable *Ny. darlingi* habitat. Second, it causes FOI<sub>h</sub> to  
509 be maximized in landscape cells with low tree cover and high urban intensity ([Figure 5D](#)). On highly het-  
510 erogeneous landscapes ([Figure 5, left column](#)) these cells are commonly found within a broader region of

511 mixed tree cover, which increases *Ny. darlingi* abundance in the area. Within the local region of suitable *Ny.*  
512 *darlingi* habitat, human infections will be concentrated in cells with low tree cover and high urban intensity  
513 as infectious bites on humans by dispersing *Ny. darlingi* will be the highest where the ratio of humans to  
514 other potential blood meal sources is maximized. These cells can be seen as red pixels in **Figure 5 (Panel C,**  
515 **left column)** and the small cluster of data points in the top left of **Figure 5 (Panel D, left column)**. Finally,  
516 given that a higher human population density leads to a higher proportion of infectious bites on humans  
517 on any landscape, average malaria FOI<sub>h</sub> (starting with a source infection in a human) is a monotonically  
518 increasing function of human population density (**Figure 2, Figure 5D**).



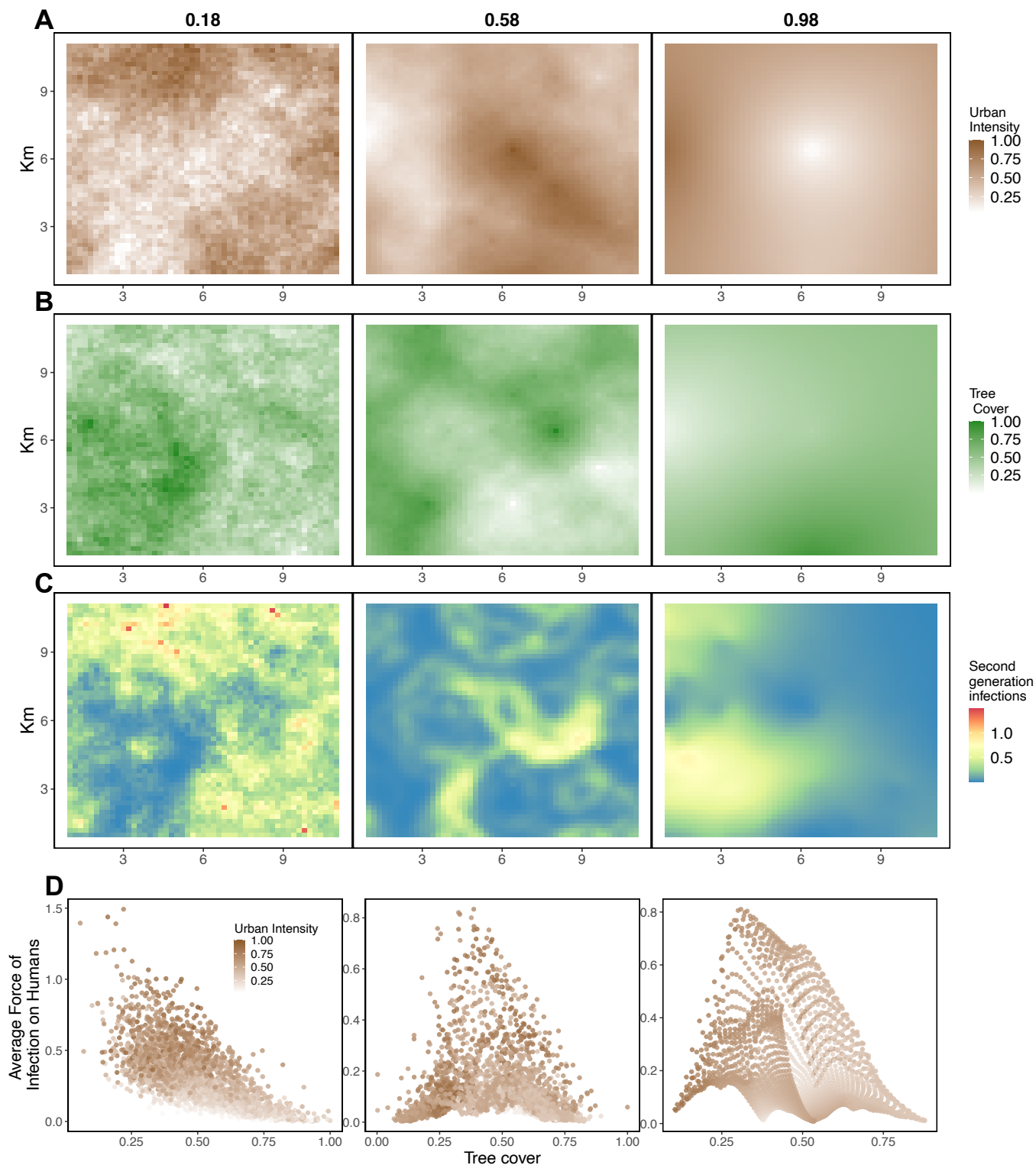


Figure 5: Malaria FOI<sub>h</sub> (Panel C) on simulated landscapes with low (0.18) medium (0.58) or high (0.98) spatial autocorrelation for urban area (Panel A) and tree cover (Panel B). The relationship between urban intensity (point color), tree cover (x-axis), and malaria FOI<sub>h</sub> (y-axis) for all landscape cells across the three simulated landscapes are shown in Panel D. The relationship between tree cover and malaria FOI<sub>h</sub> changes with the spatial autocorrelation, from monotonically negative in very patchy (low autocorrelation) landscapes to unimodal in moderate to high autocorrelation landscapes. The landscapes pictured here have an average population density of 250 people per sq. km<sub>21</sub>

## 519 Tradeoffs and synergies among diseases

520 Considered together, the FOI<sub>h</sub> of dengue is positively correlated with malaria FOI<sub>h</sub> across landscapes,  
521 though the strength of this correlation depends on the degree of spatial auto-correlation of landscape fea-  
522 tures and on the amount of forest cover and urban intensity (Figure 6). On highly heterogeneous land-  
523 scapes (low spatial auto-correlation in Figure 6), dengue and malaria FOI<sub>h</sub> are strongly positively corre-  
524 lated, though this correlation decreases with decreasing heterogeneity (Figure 6). The correlation tends  
525 to be slightly weaker in regions of the landscape with lower tree cover. Alternatively, the FOI<sub>h</sub> of yellow  
526 fever and malaria is always moderately negatively correlated; decreasing heterogeneity reduces the size  
527 of this negative correlation only marginally, and subsetting to landscape regions with high or low urban  
528 intensity or tree cover has little effect (Figure 6). Finally, the correlation in FOI<sub>h</sub> between dengue and yel-  
529 low fever is often negative, but can be positive on landscapes of high spatial heterogeneity (low landscape  
530 feature spatial auto-correlation) in landscape cells with higher urban intensity and lower tree cover (Fig-  
531 ure 6, Figure S12). On highly heterogeneous landscapes, individual cells with high urban intensity and low  
532 tree cover are commonly found within a broader region of higher tree cover; these cells experience higher  
533 dengue FOI<sub>h</sub> because of larger *Ae. aegypti* populations and more yellow fever because of the dispersing *Ae.*  
534 *albopictus* and *Haemagogus* spp. from the surrounding area.

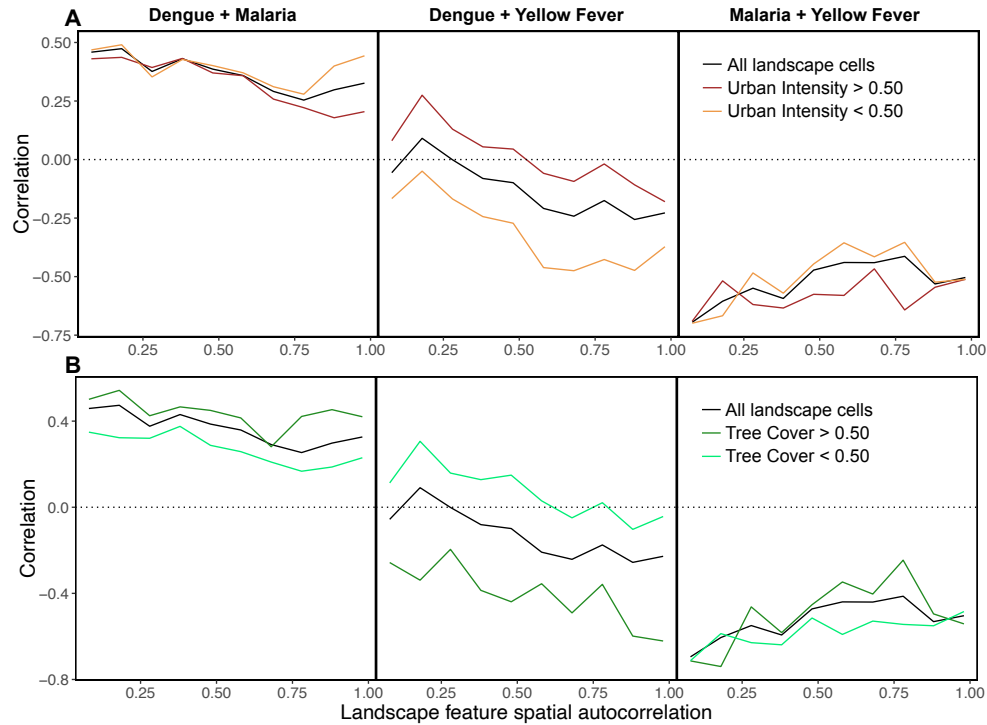


Figure 6: **Malaria tends to be positively correlated with dengue and negatively correlated with yellow fever, while the correlation between dengue and yellow fever varies across urban and forested landscapes.** Black lines in all panels show correlations across all cells on the landscape, while the darker brown and green lines in panels A and B show correlations between each disease in landscape cells with greater than 0.50 urban intensity and tree cover, respectively. Similarly, lighter colored brown and green lines in panels A and B show correlations between each disease in landscape cells with less than 0.50 urban intensity and tree cover, respectively. All results pictured here are for landscapes with average human population density of 250 people per sq.km. (Correlations are identical across densities; not pictured.)

535 While it is more difficult to parse the quantitative relationships among  $FOI_h$  when viewed in the form  
536 of map layers, stacked map layers are useful to illustrate that each disease has its own spatial pattern and  
537 that single local regions of a heterogeneous landscape are unlikely to have a high  $FOI_h$  for all diseases  
538 (Figure 7). For landscapes with either moderate (e.g., Figure 7), low, or high spatial heterogeneity, total  
539 disease risk (sum of  $FOI_h$  values for each disease) is maximized at intermediate to high values of urban  
540 intensity and tree cover because of positive correlations between both dengue and yellow fever  $FOI_h$  and  
541 urban intensity and tree cover (Figure S13). Though malaria is maximized at intermediate values of both  
542 landscape features (Figure S13), malaria has an overall smaller estimated  $FOI_h$  and thus contributes less to  
543 total  $FOI_h$  (Figure S14).

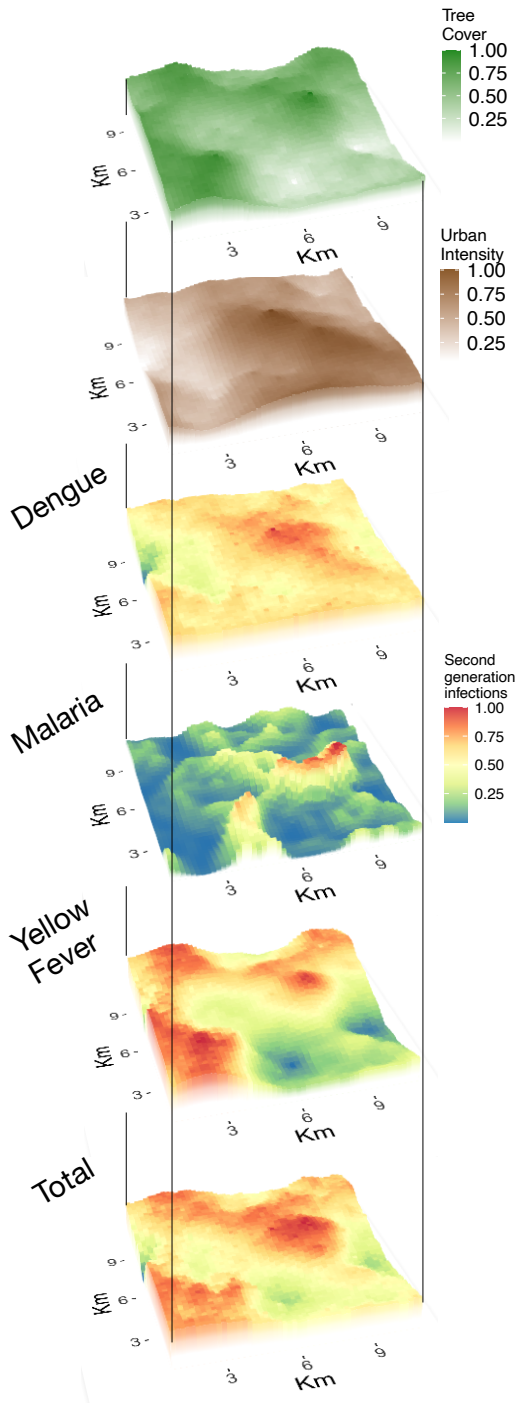


Figure 7: Simulated landscape features and estimated  $FOI_h$  of each disease, aligned and stacked to aid visualization of the overlap of features with high-risk and low-risk regions of the landscape.  $FOI_h$  values for each disease are on a relative scale (0, 1) to focus on the spatial patterns in disease risk (absolute  $FOI_h$  values are shown in Figure S14). This simulated landscape is the same as that with medium spatial autocorrelation among landscape features (0.58) shown in Figure 5, which has an average human population density of 250 people per sq.km.

## 544 Reforestation Scenarios on a Real Landscape

545 While estimates of  $FOI_h$  on simulated landscapes can help to reveal general patterns in disease risk, it  
546 is unclear how well such patterns translate to real landscapes. To connect our model more strongly to a  
547 real-world scenario, we estimated the  $FOI_h$  of each disease on a 23km x 18km landscape to the northwest of  
548 Bogotá, Colombia that is a heterogeneous mixture of urban area and farmland, and has some, but an overall  
549 low average tree cover (average LAI across the landscape of 0.18). From this baseline we calculated disease  
550 risk as a function of three reforestation scenarios: “Flat” increases tree cover evenly across the landscape  
551 (which serves as a null model), “Congtiguous” simulates the planting of a single large patch of forest (e.g.,  
552 a regional conservation effort), and “Patchy” simulates the planting of many small patches (e.g., subsidies  
553 to individual farms to replant trees).

554 For both dengue and yellow fever we predict a small increase in  $FOI_h$  under all reforestation scenarios  
555 (Figure 8), though we predict the largest increase in risk under patchy reforestation because of increased  
556 contacts between humans and *Ae. albopictus* and *Haemagogus* spp. All reforestation scenarios have a rela-  
557 tively small impact on average malaria  $FOI_h$  across the whole landscape (because of large regions of low  
558  $FOI_h$ : Figure 8, Panel C, blue regions), though the “Flat” and “Patchy” scenarios do introduce a series of  
559 new risky host-spots (Figure 8C). For example, under a “Flat” scenario, these areas are concentrated in the  
560 southeastern and western part of the landscape, which are areas that at baseline are urban edges near sparse  
561 forests.

562 As an alternative to the somewhat contrived assumption of infections arising on each landscape cell,  
563  $FOI_h$  can alternatively be modeled assuming that only a *single* infection of each disease were to appear  
564 somewhere on the landscape (where infection emergence is weighted by, for example, human population  
565 density). Assuming this alternative definition for  $FOI_h$  produced qualitatively similar results (Figure S15)  
566 to those presented here.

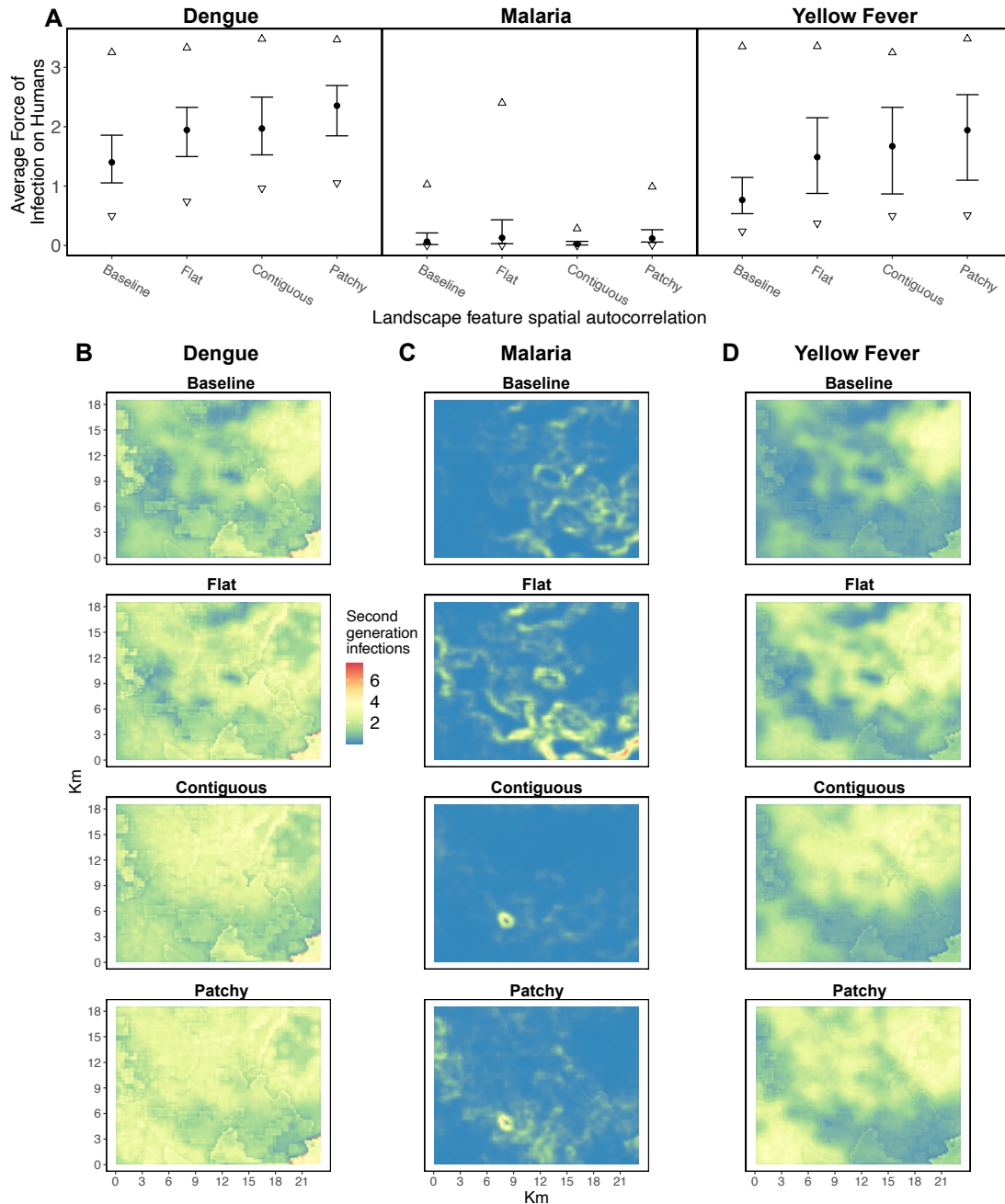


Figure 8: Estimated  $FOI_h$  of each disease on a 23km x 18km landscape to the northwest of Bogotá, Colombia for three potential scenarios of reforestation. Panel A shows the estimated average  $FOI_h$  of each disease (error bars show the central 50% of values while triangles show central 95% of values) on the landscape as it appears (“Baseline”) (see the online supplement for details about the data and [Figure S9](#) for a map of the region) and for three reforestation scenarios: “Flat” increased tree cover evenly across the landscape (which serves as a null-model), “Contiguous” simulated the planting of a single large patch of forest (e.g., a regional conservation effort), and “Patchy” simulated the planting of many small patches (e.g., subsidies to individual farms to replant trees). For all scenarios the average tree cover on the landscape is simulated to be brought up from 0.14 (as measured by LAI; see supplemental methods) at baseline to 0.50. Panels B-D show maps of the estimated  $FOI_h$  of dengue, malaria, and yellow fever, respectively, for baseline and each reforestation scenario; the shape in bottom right faintly outlined in red in panel B is the northwest corner of Bogotá (see [Figure S9](#)).



## 567 Discussion

568 With high rates of land-use change globally (Seto et al., 2013, Runyan and D’Odorico, 2016, Dinerstein  
569 et al., 2019, UN, 2019) and mounting evidence that land-use change affects the transmission of infectious  
570 diseases (Sharma, 2002, Ward and Brown, 2004, Vanwambeke et al., 2007, Hahn et al., 2014, Sheela et al.,  
571 2017, Ziemann et al., 2018, MacDonald and Mordecai, 2019), it is important to seek a stronger mechanistic  
572 understanding of the link between land-use patterns and disease risk. The ability to predict how future  
573 land-use change will affect human health would help to inform interventions (e.g., where to apply mosquito  
574 control) and to design restoration strategies that minimize risk. Here, we designed and analyzed a spatially  
575 explicit model of disease transmission to predict how the spatial configuration and density of tree cover  
576 alongside urban area and human population density affects the potential for disease transmission (using  
577  $\mathcal{R}_0$ ) and where human risk of disease ( $\text{FOI}_h$ ) is highest.

578 This model was intended, first and foremost, to provide a road map for how the multifaceted impacts of  
579 land-use on disease transmission can be mechanistically modeled to understand and predict changes in dis-  
580 ease risk in response to land-use change, including both degradation and restoration. Our analysis sought  
581 to conceptualize how different types of diseases with different transmission strategies—parameterized to  
582 represent dengue, malaria, and yellow fever—would respond to different landscape configurations and  
583 land-use change scenarios. At the broadest level, our results serve as a valuable proof of concept that  
584 different, human-important diseases depend on the biophysical landscape in different nonlinear ways (Fig-  
585 ure 2, Figure 5, Figure S13), leading to correlations among diseases that are themselves not constant across  
586 the landscape (Figure 6, Figure 7). This complexity and nuance suggests that relying on simple “rules of  
587 thumb” for the relationship between land-use and disease could lead to sub-optimal or even dangerous  
588 planning/restoration decisions; a model that incorporates these nonlinear mechanisms, such as the one  
589 presented here, will be a prerequisite for applied research on ecosystem services for health. We found, for  
590 example, that both dengue and yellow fever were highly dependent on human population abundance and  
591 less so on the spatial configuration of the landscape, though dengue  $\text{FOI}_h$  increases with urban intensity  
592 while yellow fever  $\text{FOI}_h$  is maximized in areas of moderate urban intensity and high tree cover (Figure S13).  
593 In contrast, we estimated that malaria was highly dependent on the spatial configuration of urban area and  
594 tree cover, and that human risk of malaria peaked at the interface of urban areas and forest when there was  
595 a high variance in tree cover (forest edge and not large, high density swaths of forest).

596 While we found that different forest restoration strategies can have different impacts on disease risk  
597 in a spatially heterogeneous way, we did also find similarities in how patchy vs contiguous reforestation  
598 impacted the landscape-level average risk for each disease (Figure 8). For example, we estimated that

599 patchy reforestation, akin to a “land-sharing” strategy, on a small landscape to the northwest of Bogotá,  
600 Colombia could increase the risk of all three diseases on average, though much of the increased risk would  
601 be borne by individuals living in small urban areas adjacent to the increased tree cover who would be  
602 expected to experience higher rates of infection from *Ae. albopictus* and *Ny. darlingi*. Alternatively, we  
603 showed that a single large contiguous patch of increased tree cover, akin to a “land-sparing” strategy, would  
604 decrease average malaria risk, reduce the number of high risk malaria hotspots (Figure 8), and lead to a  
605 smaller increase in dengue and yellow fever risk. While we have strong empirical evidence for increased  
606 forest fragmentation leading to increased malaria (Vittor et al., 2006, Hahn et al., 2014, MacDonald and  
607 Mordecai, 2019), our results suggest it will also be important to monitor the reverse of this trend.

608 As with any model, a number of our underlying assumptions influenced model predictions: in particu-  
609 lar, the structure of the functional forms we assumed and the parameter values we used for those functional  
610 forms. Though we conducted an extensive literature search for each model parameter, we often failed to  
611 find quantitative estimates that would allow us to parameterize relationships between urban intensity or  
612 tree cover and transmission-related quantities like mosquito abundance. For example, in the absence of  
613 direct empirical data, we translated a qualitative understanding that *Ny. darlingi* prefer forest edge habitat  
614 into a quantitative link between spatial heterogeneity in tree cover and *Ny. darlingi* abundance. Even for  
615 *Ae. aegypti*, which is extensively studied because of its importance in transmitting dengue, Zika, chikun-  
616 gunya, and yellow fever, we still know little about the quantitative relationship between its abundance and  
617 human abundance (Romeo-Aznar et al., 2018). Given the strong dependence of dengue on the relationship  
618 between human abundance and *Ae. aegypti* abundance we find here (Figure 4), this is a priority area for  
619 future empirical work. Further, given a lack of sufficiently detailed mosquito blood meal data, we used a  
620 simplified representation of mosquito feeding behavior. Because mosquito feeding behavior affects both  
621 host-to-mosquito transmission and mosquito-to-host transmission, it has a large impact on results; further  
622 empirical work on the feeding preferences of these mosquitoes would help to improve model estimates.

623 Given the uncertainty in functional forms and parameter values governing relationships between land  
624 use and disease, these assumptions should be refined within a local context before applying this approach  
625 directly to decision-making. In the meantime, we suggest that the model could be used as a tool for analyz-  
626 ing uncertain phenomena and forming hypotheses for future testing (Baker et al., 2018). For example, we  
627 have shown that the model can provide an early expectation for the broad range of effect sizes that various  
628 reforestation strategies could have (Figure 8). It can also be used to examine more nuanced patterns, such  
629 as the prediction that in the presence of both an urban-breeding mosquito and a forest-breeding mosquito  
630 that both prefer biting a host that dwells primarily in one landscape area (which are represented here by *Ae.*  
631 *aegypti*, *Ae. albopictus*, and humans), the  $FOI_h$  attributable to each mosquito will be inverses of one another

632 leading to a peak in infection risk at intermediate host population density. However, it may also be possible  
633 to circumvent these data limitations if a time series of spatially explicit human disease incidence data is  
634 available (e.g., from health centers spread across the focal landscape). With these data, unknown model  
635 parameters could be calibrated by matching predictions to the spatial health records. Optimally, calibration  
636 would happen over time by running the model from some time in the past until the present using a time  
637 series of land-use snapshots (e.g., using remote sensing derived LAI). Following this calibration, the model  
638 could then be run into the future with various scenarios of potential land-use change.

639 To realize this use, however, two roadblocks would need to be overcome. First, any parameter calibra-  
640 tion would require human disease notifications recorded spatially over time, such as from a detailed health  
641 surveillance system. Second, even with these data in hand, a modification may have to be made to link  
642 reported cases to  $\mathcal{R}_0$  and FOI. Further, a few additional model caveats will be important to keep in mind.  
643 First, we assumed a simple Gaussian spatial pattern of movement of the infected host around a “home”  
644 landscape cell. If movement of the infected host or vector is more complicated (such as an infected human  
645 moving long distances along a road, between a few specific focal points of interest, or alternatively a sick  
646 individual not moving at all; e.g., see [Stoddard et al. 2013](#), [Kennedy et al. 2016](#)), spatial FOI patterns could  
647 look very different (e.g., much flatter across the landscape if movement is much wider, or more patchy if  
648 movement is lower). We also assumed that the infected individual’s availability to mosquito feeding is  
649 constant over their infectious period, which is a simplified version of infection dynamics. For example,  
650 humans can transmit dengue to people inside or outside their households, and a varying proportion of  
651 transmission occurs before versus after symptom onset depending on how illness modifies behavior ([Sch-](#)  
652 [aber et al., 2021](#)). Finally, because the model is designed to calculate snapshots of risk on static landscapes,  
653 it assumes instantaneous ecological succession; that is, all that determines host and mosquito abundance  
654 on the landscape is the features of the current landscape and not the past history of the landscape. Real  
655 landscapes are more dynamic and can change over longer time scales.

656 Given the ultimate goal of integrating disease outcomes into land-use planning and management de-  
657 cisions, the model presented here would optimally be run alongside other models in order to estimate  
658 tradeoffs between disease risk and ecosystem services that also vary spatially (e.g., see [Kennedy et al.,](#)  
659 [2016](#)). Doing so would allow planned restoration projects to simultaneously optimize over ecosystem ser-  
660 vices, disease transmission, and other priorities, hopefully helping to avoid a scenario of decreased human  
661 health. While data gaps may currently preclude this model’s use directly for decision-making in systems  
662 with many hosts and vector species or any understudied systems, its ability to model any number of host  
663 and vector species (a strength of the Next Generation Framework generally, which this model draws upon:  
664 [Schenzle 1984](#), [Anderson and May 1985](#), [Dobson 2004](#)) allows it to be used to predict metrics of disease risk

665 ( $\mathcal{R}_0$  and FOI) in virtually any location where ecosystem services are also of interest or have already been  
666 modeled, and extended to land use types beyond urban areas and forest.

667 It is clear and robust that different infectious diseases will respond differently to land-use changes. It  
668 is also highly unlikely that at a landscape scale a given change in tree cover or urban area will lead to  
669 an increase or decrease in all relevant infectious diseases. Thus, for any planned restoration project or  
670 intervention to combat disease transmission on a changing landscape, it will be paramount to identify  
671 which diseases are the most important human health priorities in a given area, as well as which diseases  
672 could possibly expand in a changing landscape. Doing so will not only allow public health resources to be  
673 targeted proactively as landscapes change, but also allow land-use decision-making to incorporate realistic  
674 estimates of the costs and benefits of different scenarios for human health and well-being.

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## 682 **Competing Interests**

683 The authors declare no competing interests.

## 684 **Open Research statement**

685 All data and code used in this study are available in the online supplemental material. Code and data are  
686 also hosted at: [https://github.com/morgankain/Land-Use\\_Disease\\_Model](https://github.com/morgankain/Land-Use_Disease_Model).

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