Epidemiology of Sexually Transmitted Infections Among Displaced Populations from Conflict Zones: A Systematic Review

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Introduction
Displaced populations from conflict zones face significant barriers to healthcare, including limited access to sexually transmitted infection (STI) prevention, diagnosis, and treatment. Despite the need for reliable data, there remains a significant gap in the literature on STI prevalence, healthcare access, and treatment outcomes among displaced populations, particularly in low-to-middle income countries (LMICs). This systematic review aimed to evaluate the epidemiology of STIs in these vulnerable populations and to highlight the current gaps in care in order to inform the implementation of targeted interventions.

Methods
A literature search of PubMed, MEDLINE, and Cochrane databases was conducted. Our systematic review was subsequently performed according to the PRISMA guidelines. Inclusion criteria focused on studies published in the last decade (2014-2024) that examined STI prevalence, access to care, treatment outcomes, and prevention strategies among displaced populations in LMICs.

Results
Among the 927 articles screened, 19 studies met the inclusion criteria with data from over 35,000 displaced individuals across LMICs. Populations studied included Syrian refugees in Turkey and Lebanon, Venezuelan migrants in Colombia and Peru, Rohingya refugees in Bangladesh, internally displaced persons in Nigeria, and urban refugee youth in Uganda. STI prevalence varied widely across populations and infections. HIV prevalence ranged from 0.9% (95% CI: 0.6–1.4) among Venezuelan refugees in Colombia to 16% (95% CI: 13.8–18.4) among Rohingya refugees in Bangladesh. Chlamydia, gonorrhea, and trichomoniasis prevalence among Syrian refugee women in Lebanon were 7.1% (95% CI: 4.6–9.9), 2.3% (95% CI: 1.2–3.9), and 10.4% (95% CI: 7.7–13.4), respectively. High vulnerability to HIV was noted among youth engaging in transactional sex in Uganda, where testing rates remained suboptimal. In Nigeria, TB-HIV co-infection rates were observed to be 3.1% (95% CI: 2.7–3.5). Access to STI care was significantly hindered by structural barriers, including stigma, lack of healthcare infrastructure, and insufficient provider training. Studies highlighted low linkage to care, with only 35% (95% CI: 27.1–43.5) of HIV-positive Venezuelan refugees in Colombia achieving viral suppression. Treatment interventions included emergency HIV care in Bangladesh, mobile clinics for TB and HIV screening in Nigeria, and HBV vaccination campaigns for Syrian refugee children in Turkey. However, adherence to antiretroviral therapy was suboptimal in several settings, with non-adherence rates of 27.4% (95% CI: 22.9–31.9) among HIV-positive pregnant women in Uganda.

Conclusion
This systematic review demonstrates the high prevalence and unmet healthcare needs for STIs among displaced populations in LMICs. Barriers to care, including stigma, healthcare infrastructure gaps, and lack of follow-up, exacerbate poor outcomes. Future efforts should prioritize interventions to improve prevention, diagnosis, and treatment of STIs in these vulnerable populations.