



Hidden Burdens in Motion: STI and HIV Surveillance Gaps in Nomadic Populations, Puntland, Somalia (2023-2025)

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In fragile, conflict-affected settings with highly mobile populations, STIs and HIV persist well beneath the threshold of conventional surveillance. Puntland, a semi-autonomous region of 5.17 million in northeast Somalia and home to the country's largest nomadic population, represents an extreme case: crossborder movement is continuous, healthcare delivery is structurally disrupted, and testing infrastructure is sparse. We analysed routine Ministry of Health data from 420 reporting facilities across Puntland for 2023–2025. Undifferentiated STIs were recorded syndromically via clinical algorithm; HIV was diagnosed by lateral flow assay at six testing sites. Over three years, 156,378 syndromic STI cases were recorded (2023: $n=53,445$; 2024: $n=55,037$; 2025: $n=47,896$). The 13.0% decline in 2025 most plausibly reflects a surveillance gap rather than genuine epidemiological improvement. HIV positivity across 145,634 tests rose from 0.16% to 0.19%, with a notable Q4 2024 spike of 65 cases. TB–HIV co-infection was recorded at 13% of HIV-positive individuals. Despite these signals, only 681 individuals were enrolled on ART region-wide, and no etiological STI confirmation was captured across the entire period. These findings demonstrate that Puntland faces a likely underestimated burden of STIs and HIV. Reliance on syndromic diagnosis and limited testing continues to leave major gaps in understanding disease dynamics, particularly among nomadic communities. In populations where patients may move across borders within days, conventional laboratory-dependent models are insufficient. Expanding rapid point-of-care diagnostics and mobile testing services is essential to improve early detection, treatment linkage, and surveillance coverage, ensuring that nomadic and displaced populations are not left behind.

