

In 2004, close to 5 million people were newly infected with human immunodeficiency virus, bringing to nearly 78 million the total number of HIV infections since the first AIDS cases were identified in 1981.<sup>1</sup> (See Figure 1.) Cumulative deaths from HIV-related illness grew by more than 3 million, to 34 million.<sup>2</sup> (See Figure 2.)

No disease in human experience debilitates and kills as AIDS does. Nearly 90 percent of fatalities occur among people of working age, making AIDS the leading cause of death worldwide for people ages 15 to 49.<sup>3</sup> The seven most seriously AIDS-affected countries—all in sub-Saharan Africa (see Figure 3)—now lose as much as 10–18 percent of their working-age adults every five years, mainly to this disease.<sup>4</sup> (Industrial countries, in comparison, typically lose about 1 percent of this age group to death in five years.)<sup>5</sup>

Largely because of this rising pandemic, death rates have actually reversed their decline in more than 30 countries worldwide.<sup>6</sup> At least 13 of the 53 countries now considered AIDS-affected have suffered measurable reversals in human development since 1990; in 7, life expectancy is less than 40 years.<sup>7</sup> Several of these countries could even see population declines soon as AIDS deaths overtake births.<sup>8</sup>

Where the epidemic is most advanced, the disease is widespread—affecting government, the armed forces, schools, factories, farms, and health care facilities.<sup>9</sup> Botswana and Zimbabwe, where more than a third of reproductive-age adults are HIV-positive, are among the hardest hit.<sup>10</sup> Botswana's largest diamond company, Debswana, suffered a tripling in AIDS deaths between 1996 and 1999.<sup>11</sup>

In perhaps 20 developing countries—nearly all of them in sub-Saharan Africa—more than 15 percent of the total military force is thought to be HIV-positive.<sup>12</sup> Some countries are experiencing military HIV infection rates that far exceed those among civilians: in Zimbabwe, an estimated three quarters of all soldiers now die of AIDS within a year of leaving the army.<sup>13</sup>

The International Labour Organization predicts that in the absence of treatment, as many as 74 million workers worldwide could die

from AIDS-related causes by 2015.<sup>14</sup> Employers in South Africa, home to the largest infected population, now face what economists term an AIDS “tax”—added expenditures for frequent sick leave, providing health care benefits and burial fees, and training new employees.<sup>15</sup> Between 1992 and 2002, the country's economy lost an estimated \$7 billion annually due to declines in its labor force.<sup>16</sup>

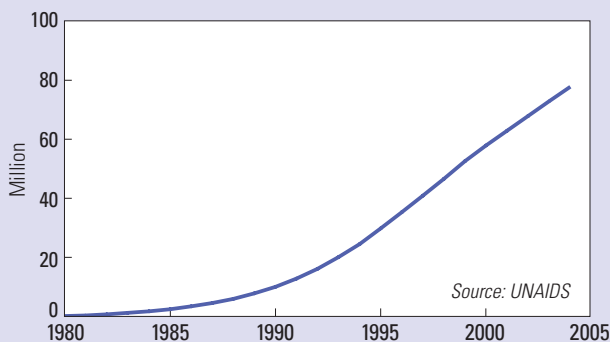
Women and girls increasingly bear the HIV burden, as many become victims of their partners' high-risk behaviors. In 2004, the number of women living with AIDS worldwide reached 17.6 million, 45 percent of the world total.<sup>17</sup> Meanwhile, the number of children orphaned by the disease—the vast majority of them in Africa—increased from 11.5 million to 15 million between 2001 and 2003.<sup>18</sup>

A big wild card is how the disease will play out in China and India, where two fifths of the world lives and where HIV/AIDS surveillance efforts remain inadequate.<sup>19</sup> Although only about 1 percent of India's reproductive-age population is infected, some 5.1 million Indians now live with the disease, making it the second largest infected population in the world.<sup>20</sup> And because of China's mounting epidemic, the number of people living with HIV in East Asia jumped nearly 50 percent between 2002 and 2004, to 1.1 million.<sup>21</sup>

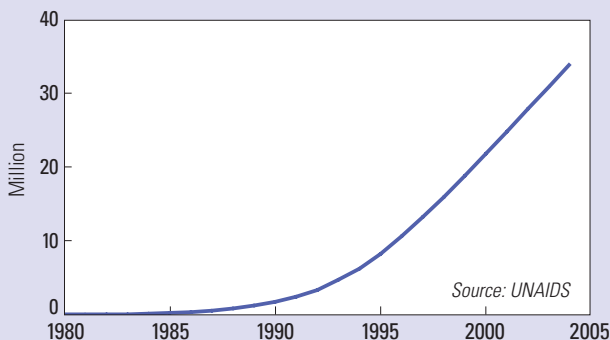
In Russia, rising intravenous drug use is contributing to the disease's rapid spread.<sup>22</sup> Without adequate prevention programs, according to the World Bank, as many as 650,000 Russians could be dying from HIV/AIDS annually by 2010—more people than have died of AIDS in the United States since 1981.<sup>23</sup>

Global funding for HIV/AIDS increased from some \$2.1 billion to an estimated \$6.1 billion between 2001 and 2004, and access to AIDS education and vital prevention and care services has improved greatly.<sup>24</sup> The number of people receiving antiretroviral therapy has jumped 56 percent since 2001, according to a survey of 73 developing countries.<sup>25</sup> Yet in many of the most affected countries, inadequate resources and a failure of political leadership continue to hamper progress.

**Figure 1. Estimates of Cumulative HIV Infections Worldwide, 1980–2004**



**Figure 2. Estimates of Cumulative AIDS Deaths Worldwide, 1980–2004**

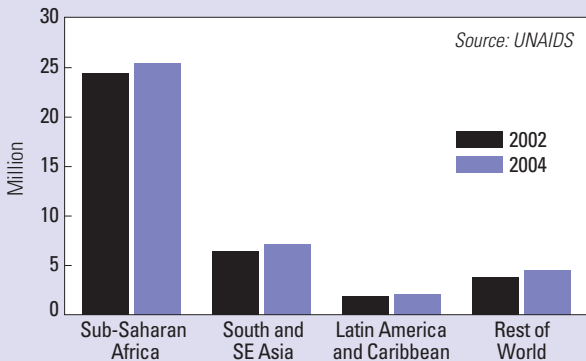


**Cumulative HIV Infections and AIDS Deaths Worldwide, 1980–2004**

Year	HIV Infections	AIDS Deaths
	(million)	
1980	0.1	0.0
1981	0.3	0.0
1982	0.7	0.0
1983	1.2	0.0
1984	1.7	0.1
1985	2.4	0.2
1986	3.4	0.3
1987	4.5	0.5
1988	5.9	0.8
1989	7.8	1.2
1990	10.0	1.7
1991	12.8	2.4
1992	16.1	3.3
1993	20.1	4.7
1994	24.5	6.2
1995	29.8	8.2
1996	35.3	10.6
1997	40.9	13.2
1998	46.6	15.9
1999	52.6	18.8
2000	57.9	21.8
2001	62.9	24.8
2002	67.9	27.9
2003	72.9	30.9
2004 (prel)	77.8	34.0

Source: UNAIDS.

**Figure 3. People Living With HIV, by Region, 2002 and 2004**



## Notes

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- Institute, *State of the World 2004* (New York: W.W. Norton & Company, 2004).
10. *Ibid.*, p. 5.
  11. *Ibid.*
  12. U.N. Population Division, *World Urbanization Prospects: The 2003 Revision* (New York: 2004).
  13. *Ibid.*
  14. *Ibid.*
  15. U.N. Population Division, *op. cit.* note 4.
  16. *Ibid.*
  17. *Ibid.*
  18. U.N. Population Fund (UNFPA), *State of World Population 2004* (New York: 2004).
  19. *Ibid.*
  20. *Ibid.*
  21. World Health Organization (WHO), UNICEF, and UNFPA, *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA* (Geneva: WHO, 2003).

### NUMBER OF REFUGEES DECLINES (pages 66–67)

1. U.N. High Commissioner for Refugees (UNHCR), *Refugees by Numbers 2004* (Geneva: 2004) and earlier editions.
2. United Nations Relief and Works Agency for Palestine Refugees in the Near East, “UNRWA in Figures” and other documents available at [www.unrwa.org](http://www.unrwa.org).
3. UNHCR, *op. cit.* note 1, p. 14.
4. *Ibid.*
5. “Hundreds of Thousands of Afghan Refugees Likely to Return Home this Year—UN,” *UN News Service*, 17 January 2005.
6. All numbers, except for Myanmar, from UNHCR, *2003 Global Refugee Trends* (Geneva: 2004), p. 3; Myanmar from U.S. Committee for Refugees, *World Refugee Survey 2004* (Washington, DC: 2004), Table 6.
7. UNHCR, *op. cit.* note 6, p. 3.
8. *Ibid.*
9. UNHCR, *op. cit.* note 1, pp. 6, 13.
10. *Ibid.*, p. 5.
11. The Global IDP Project, *Internal Displacement: A Global Overview of Trends and Developments in 2003* (Geneva: February 2004), p. 4.
12. UNHCR, *op. cit.* note 1, p. 6.
13. International Federation of Red Cross and Red Crescent Societies, *World Disaster Report 2004* (Bloomfield, CT: Kumarian Press, 2004), Table 16; time series from *ibid.* and from U.S. Committee for Refugees, *op. cit.* note 6, and earlier editions.
14. *Ibid.*
15. *Ibid.*
16. The Global IDP Project, *op. cit.* note 11, p. 4.
17. Rhoda Margesson, “Environmental Refugees,” in Worldwatch Institute, *State of the World 2005* (New York: W.W. Norton & Company, 2005), p. 40.
18. “Creeping Desertification: The Cause and Consequence of Poverty,” *Environment News Service*, 18 June 2004.
19. The figure of 70 million is the sum of the international refugees (including Palestinian refugee communities), asylum seekers, internally displaced people, and El-Hinnawi’s estimate for environmental refugees.

### HIV/AIDS CRISIS WORSENING WORLDWIDE (pages 68–69)

1. Estimates based on Joint United Nations Programme on HIV/AIDS (UNAIDS), *AIDS Epidemic Update* (Geneva: various years).
2. UNAIDS, *AIDS Epidemic Update: December 2004* (Geneva: December 2004), p. 1; UNAIDS, *op. cit.* note 1.
3. UNAIDS, *2004 Report on the Global AIDS Epidemic* (Geneva: 2004).
4. Richard P. Cincotta, Robert Engelman, and Daniele Anastasion, *The Security Demographic: Population and Civil Conflict After the Cold War* (Washington, DC: Population Action International (PAI), 2003).
5. *Ibid.*
6. *Ibid.*
7. Estimate of 53 includes 49 countries with HIV prevalence at 1 percent or greater, plus Russia, United States, India, and China, per U.N. Population Division, *World Population Prospects: The 2002 Revision (Highlights)* (New York: United Nations, 2003); U.N. Development Programme, “HIV/AIDS Crisis Drives Down Life Expectancy, Human Development Rankings in Sub-Saharan Africa,” press release (Bangkok: 14 July 2004).
8. U.N. Population Division, *op. cit.* note 7.
9. UNAIDS, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections* (Geneva: 2002); R. Greener, “AIDS and Macroeconomic Impact,” in S. Fortsythe, ed., *State of the Art: AIDS and Economics* (Washington, DC: International AIDS-Economics Network, 2002), pp. 49–54.
10. UNAIDS, *op. cit.* note 1.

11. Laure Belot, "Le Sida, Un Risque Croissant Pour Les Entreprises En Afrique," *Le Monde*, 22 May 2004.
12. Estimate of 15 percent is from PAI and is based on the following: T. Butcher, "HIV and Lack of Funds Paralyse S. Africa's Army," at news.telegraph.co.uk, 16 July 2002; L. Heineken, "Strategic Implications of HIV/AIDS in South Africa," *Conflict, Security and Development*, vol. 1, no. 1 (2001), pp. 109–15; UNAIDS, *AIDS and the Military: UNAIDS Point of View* (Geneva: May 1998); International Crisis Group, *HIV/AIDS as a Security Issue* (Washington, DC: June 2001); "AIDS: An Intelligence Issue," *The Namibian*, 13 February 2001; and Armed Forces Medical Intelligence Center, *Impact of HIV/AIDS on Military Forces: Sub-Saharan Africa* (Washington, DC: Defense Intelligence Agency, 2000).
13. Exceeding civilian rates from Ugboaga Adaji Nwokoji and Ademola J Ajuwon, "Knowledge of AIDS and HIV Risk-Related Sexual Behavior Among Nigerian Naval Personnel," *BMC Public Health*, 21 June 2004; Poverty Reduction Forum, *Zimbabwe Human Development Report 2003* (Mt. Pleasant, Zimbabwe: Institute of Development Studies, University of Zimbabwe, 2004), p. 17.
14. International Labour Organization (ILO), *HIV/AIDS and Work: Global Estimates, Impact and Response* (Geneva: July 2004).
15. Cincotta, Engelman, and Anastasion, op. cit. note 4.
16. ILO, op. cit. note 14, p. 13.
17. UNAIDS, op. cit. note 2.
18. By definition, an AIDS orphan is under 15 years of age and has lost his or her mother or both parents from an AIDS-related cause, per UNAIDS, *Children and Young People in a World of AIDS* (Geneva: 2001); UNICEF, UNAIDS, and USAID, *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action* (New York: July 2004).
19. U.N. Population Division, op. cit. note 7.
20. Barbara Crossette, "AIDS Catastrophe Looms in India," *U.N. Wire*, 14 July 2004; UNAIDS, op. cit. note 3.
21. UNAIDS, op. cit. note 2, p. 2.
22. Peter Baken, "Russia Sees an AIDS 'Explosion'," *Washington Post*, 13 June 2004.
23. C. Ruhl et al., *Computer-based Model: The Economic Consequences of HIV in Russia* (Moscow: World Bank Group in Russia, June 2002); Cincotta, Engelman, and Anastasion, op. cit. note 4.
24. UNAIDS, op. cit. note 2, p. 5.
25. Ibid.

#### CIGARETTE PRODUCTION DROPS (pages 70–71)

1. U.S. Department of Agriculture (USDA), *Production, Supply, and Distribution*, electronic database, updated 30 September 2004.
2. Ibid.; population data from U.S. Bureau of the Census, *International Data Base*, electronic database, Suitland, MD, updated 30 September 2004.
3. USDA, op. cit. note 1; Census Bureau, op. cit. note 2.
4. USDA, op. cit. note 1.
5. Ibid.
6. Ibid.
7. Ibid.
8. Ibid. Consumption of cigarettes is a residual number based on total production plus imports minus exports. Thus, this number includes stockpiled cigarettes and cannot factor in discrepancies due to smuggling.
9. USDA, op. cit. note 1.
10. Ibid.
11. Ibid.; Census Bureau, op. cit. note 2. Japan imported 83 billion cigarettes and exported 20 billion in 2004.
12. Figure of 30 percent from Masaoki Nagahama, "Japan: Tobacco and Products Annual 2004," *Global Agriculture Information Network Report* (Washington, DC: USDA, Foreign Agricultural Service, 1 May 2004).
13. Majid Ezzati and Alan Lopez, "Estimates of Global Mortality Attributable to Smoking in 2000," *The Lancet*, 13 September 2003, pp. 847–52.
14. Population from Judith Mackay and Michael Erikson, *The Tobacco Atlas* (Geneva: World Health Organization (WHO), 2002), p. 36; aggressive marketing from Pan American Health Organization, *Profits Over People: Tobacco Industry Activities to Market Cigarettes and Undermine Public Health in Latin America and the Caribbean* (Washington, DC: November 2002).
15. Ezzati and Lopez, op. cit. note 13.
16. Ibid.
17. Deaths in 2030 from Richard Peto and Alan D. Lopez, "Future Worldwide Health Effects of Current Smoking Patterns," in C. Everett Koop, Clarence E. Pearson, and M. Roy Schwarz, eds., *Critical Issues in Global Health* (San Francisco, CA: Jossey-Bass, 2001), pp. 154–61; 7 in 10 from C. K. Gajalakshmi et al., "Global Patterns of Smoking and Smoking-attributable Mortality," in Prabhat Jha and Frank