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these individuals. In contrast, ghrelin levels in PWS subjects were unrelated to BMI and were uniformly above the regression line for non-PWS individuals. Thus, while obesity *per se* is associated with low ghrelin levels, that caused by PWS is associated with elevated ghrelin.

Ghrelin levels in PWS subjects are comparable to or higher than those reported to stimulate appetite and food intake during peripheral ghrelin administration in humans[10] and rodents[17]. Thus, our findings are consistent with a role for hyperghrelinemia in the pathogenesis of hyperphagia in PWS. If elevated ghrelin participates in the GH deficiency of PWS, the effect might be an example of paradoxical override inhibition, which has been described with continuous GH-releasing hormone stimulation of GH[18]. Interventions that lower plasma ghrelin levels, such as gastric bypass surgery[9], warrant consideration in the treatment of obesity from PWS.

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Next steps on ART

To the editor—Your news article "Can WHO provide guidance on HIV drugs for developing countries" (*Nature Med.* **8**, 429; 2002) provided an excellent exegesis of the dilemma facing the World Health Organization (WHO) as it prepared guidelines for the use of antiretroviral therapy (ART) in the developing world.

With the draft of the new guidelines now publicly available (http://www.who.int/HIV_AIDS/first.html), it is clear that the WHO has taken the more difficult and necessary path of creating a set of parameters for scaling-up ART in developing countries. This was a considerable undertaking, and the new guidelines are an important step forward in making ART available more widely. The next step for the WHO is to develop operational models to assist member countries in constructing their own national policies on ART. Providing this technical assistance will require more resources than are currently devoted to HIV/AIDS by WHO.

Of course, helping countries to put these guidelines into practice will require the assistance of more than just the WHO: donor nations and foundations must now support the establishment of AIDS treatment programs as part of a comprehensive response to the global epidemic; drug companies and diagnostic manufacturers must continue to reduce their prices; and the AIDS research community must move to begin operational research on AIDS care in the developing world.

As Justice Edwin Cameron of the Supreme Court of Appeal of South Africa said in a speech at Gay Men's Health Crisis last summer, "This is not a time for indecision and prevarication. It is not a time for preoccupation with supposedly insuperable difficulties. Nor is it a time for indefinite plan-making. It is—especially—not a time for grandiose schemes designed to attain perfection. It is unlikely that in our lifetimes we will attain perfection in Africa. Let us attain something less than perfection in the lives of enough Africans to save them from death by AIDS." (http://www.thebody.com/gmhc/issues/jun01/cameron.html)

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