Port of Spain Declaration for global NCD prevention

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low fat intake (as a percentage of energy) corresponds to high carbohydrate intake and vice versa since individuals eat either one macronutrient or the other. Thus, low fat intake does not correspond to low food intake, but indicates that individuals are consuming increased carbohydrates.

Jacques Rossouw and Ross Prentice cite a subgroup analysis of the Women's Health Initiative trial as evidence for the effectiveness of a low-fat diet, but conclusions drawn from this trial should be based on the main findings, which were null.

Salvatore Carbone and colleagues point out that our findings on unsaturated fats reflect consumption from foods but not from vegetable oils. However, the validated Food Frequency Questionnaire in each country (except China) included mixed dishes, which recorded use of vegetable oils. Excluding China from our analyses did not change the results.

Jin-Tai Yu and coworkers suggest that carbohydrate intake in China is higher in PURE than that reported in the China Health and Nutrition Survey (CHNS). However, PURE assessed diet using validated Food Frequency Questionnaires (commonly used for large epidemiology studies). The CHNS included a younger population than PURE, with little overlap in age; therefore, the two studies are not comparable. People have been found to consume carbohydrate-rich diets in Northern China[5] and PURE included more communities in the north than in the south. Our estimates are consistent with other cohort studies reporting high carbohydrate intakes in China.[5–7]

Boris Hansel and colleagues suggested adjusting for body-mass index (BMI) instead of waist-to-hip ratio (WHR). Our previous study,[8] and unpublished data from PURE, show that WHR was more strongly associated with clinical outcomes than BMI. Replacing WHR with BMI in our multivariable models does not alter our results.

Marcus Kleber and colleagues suggested measuring fatty acids in erythrocytes; this method is feasible and affordable for small studies, but not for large studies such as PURE.

We declare no competing interests.

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Port-of-Spain Declaration for global NCD prevention

As global health researchers who work on non-communicable diseases (NCDs) and global health diplomacy, we were delighted to see the prioritisation of and emphasis on a global commitment to tackle the epidemic of NCDs in the Comment[1] by Sania Nishtar (Oct 21, p 1820). Nishtar suggests excellent strategies, such as a multi stakeholder structure to serve as a holistic platform, to enable transparency and accountability to negotiate policy space for NCDs. Nishtar also highlights that none of the more than 80 disease-specific partnerships that have been created holistically address NCDs, and that this requires a multisectoral, partnership-based solution. However, we would also like to highlight the Port-of-Spain Declaration[2] that was created in September, 2007, at a special regional summit on chronic NCDs. This summit of heads of government of the Caribbean Community, which aimed to discuss the NCDs, was the first of its kind. The declaration focused on the problems and risks associated with NCDs, and gave clear policy directions for an intersectoral approach. The 15-point declaration addresses many key risk factors, including tobacco use, physical activity, diet, health services, surveillance, and mobilisation of society, and addresses the management of Caribbean wellness days. Through successful global health diplomacy and negotiations, this Caribbean declaration was elevated to a global level and resulted in the development of the declaration on the prevention and control of non-communicable diseases by the UN in September, 2011.[3] Therefore, ensuring political commitment and intersectoral collaboration is crucial to form an NCD cooperative through global health diplomacy.

We declare no competing interests.

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