A strong body of scientific evidence supports the benefits of physical activity for health, the economy, and the environment. Physical activity promotes physical health, improves wellbeing, and prevents many chronic diseases.\textsuperscript{1,2} In addition, an active lifestyle also improves social connectedness and quality of life, can provide economic benefits, and contributes to environmental sustainability.\textsuperscript{3} An ‘active living’ approach to promoting physical activity involves multiple domains and settings, including activity at home, work, in active transport, and in leisure time. In addition, efforts to reduce sedentary activities and sitting time will be required at the population level.\textsuperscript{4} Much is known about the actions and strategies required at national, regional, and local level to support ‘active living.’

Physical activity is recognized as a major risk factor for non-communicable disease (NCD) by the World Health Organization\textsuperscript{3} and is being recognized in other international health promotion work and by international agencies. Further, in 2009, inactivity was identified as the fourth leading cause of chronic diseases mortality globally and contributes to more than 3 million preventable deaths worldwide.\textsuperscript{5} Despite this, in most countries physical activity is given less attention than other established NCD risk factors and conditions, such as smoking, unhealthy nutrition, and obesity. For this reason, there is a need for greater engagement in advocacy to promote the importance of physical activity, develop physical activity relevant policy, and implement actions to support physical activity at the population level. Few countries have national plans for physical activity. In countries that do have plans, implementation is often under-resourced, or the plan is of lesser priority than other health issues.

Lessons can be learned from the successful public health efforts to reduce tobacco use: there is ‘sufficient evidence to act,’ but the actions required must be strong and include partnership and collaboration with many other sectors and agencies.\textsuperscript{6} Physical activity can also provide nonhealth benefits in other sectors. For example effective promotion of walking and cycling can reduce traffic congestion and contribute to cleaner air. Notably, progress in tobacco control required “high level, sustained advocacy, and political acumen,” and progress on reducing physical inactivity will require the same.

There is a substantial history in public health, disease prevention, and health promotion in the development of international ‘charters’ and declarations to advocate for prevention, develop approaches and strategies, and plan frameworks of global interest. These included the 1986 Ottawa Charter for Health Promotion.\textsuperscript{7} Subsequent WHO charts in Sundsvall, Jakarta, and Bangkok developed and extended frameworks for prevention into considering public-private partnerships, the role of not-for-profit organizations, and the role of civil society. These globally-relevant Charters, and their content and approach, guided the conceptual development of health promotion as a field and provide a model for a physical activity specific charter.

In 2009, the Global Advocacy Council for Physical Activity (GAPA) of the International Society for Physical Activity and Health (ISPAH) in conjunction with the 3rd International Congress on Physical Activity and Public Health commenced the development of a global call to action in the form of a physical activity charter. Guided by a writing group, the development process used a stepped approach involving initial consultation with defined ‘expert colleagues and stakeholders’ within and outside physical activity and health, and in a wide variety of countries. After incorporating the valuable feedback from these first-line experts, the second draft of the Charter was translated into French and Spanish and posted for an open, global, Web-based consultation with a wide range of agencies, governments, and individuals. The consultation sought commentary and indications of support for the content, structure, and its potential usefulness. The last phase of consultation was completed in April 2010. Feedback was received from more than 450 individuals or organisations from across 55 countries and all regions of the world. More than 2000 individual comments were
provided. Such a response indicates the latent demand for the Charter as a ‘driver’ or advocacy tool specific to physical activity at the global level. Comments endorsed the need for a document that articulates a legitimate international consensus on the common actions that should take priority to promote physical activity.

The last phase of consultation occurred during the 3rd International Congress on Physical Activity and Public Health in Toronto, May 2010. During the first two days of the congress, more than 1200 delegates had the opportunity to make additional comments on the Charter. Finally, the methods and results of the consultation process and final version of the Charter were presented on the closing day of the Congress.

The Toronto Charter for Physical Activity\(^8\) provides a clear framework, relevant to all countries, on how to initiate or continue national population-based approaches aimed at increasing levels of health-enhancing physical activity. It defines a set of priority areas for action relevant to all countries. It aims to speak to all relevant sectors and provide a unifying focus for building partnerships and taking joint action. The Charter should be a useful advocacy tool for use by all involved in physical activity at the local, regional, and national level, with political leaders, decisions makers, and colleagues. The Charter, endorsed by the wider scientific and professional communities across different sectors, provides a focus for global action. It is that action that is urgently needed to make meaningful improvements in physical activity participation around the world.

References