

Brussels, 13 November 2018

COST 105/18

## DECISION

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Subject: **Memorandum of Understanding for the implementation of the COST Action  
“European Sexual Medicine Network” (ESMN) CA18124**

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The COST Member Countries and/or the COST Cooperating State will find attached the Memorandum of Understanding for the COST Action European Sexual Medicine Network approved by the Committee of Senior Officials through written procedure on 13 November 2018.

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## MEMORANDUM OF UNDERSTANDING

For the implementation of a COST Action designated as

### **COST Action CA18124 EUROPEAN SEXUAL MEDICINE NETWORK (ESMN)**

The COST Member Countries and/or the COST Cooperating State, accepting the present Memorandum of Understanding (MoU) wish to undertake joint activities of mutual interest and declare their common intention to participate in the COST Action (the Action), referred to above and described in the Technical Annex of this MoU.

The Action will be carried out in accordance with the set of COST Implementation Rules approved by the Committee of Senior Officials (CSO), or any new document amending or replacing them:

- a. "Rules for Participation in and Implementation of COST Activities" (COST 132/14 REV2);
- b. "COST Action Proposal Submission, Evaluation, Selection and Approval" (COST 133/14 REV);
- c. "COST Action Management, Monitoring and Final Assessment" (COST 134/14 REV2);
- d. "COST International Cooperation and Specific Organisations Participation" (COST 135/14 REV).

The main aim and objective of the Action is to establish an international multidisciplinary network consisting of researchers, specialists and professionals in sexual medicine. The fields include: medicine, psychology, sociology, pedagogy and other health sciences. The ESMN overarching goal is to introduce and advance sexual medicine at every level of education, and in clinical and public health research and practice. This will be achieved through the specific objectives detailed in the Technical Annex.

The economic dimension of the activities carried out under the Action has been estimated, on the basis of information available during the planning of the Action, at EUR 72 million in 2018.

The MoU will enter into force once at least seven (7) COST Member Countries and/or COST Cooperating State have accepted it, and the corresponding Management Committee Members have been appointed, as described in the CSO Decision COST 134/14 REV2.

The COST Action will start from the date of the first Management Committee meeting and shall be implemented for a period of four (4) years, unless an extension is approved by the CSO following the procedure described in the CSO Decision COST 134/14 REV2.

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**OVERVIEW**

**Summary**

Sexual medicine is an immense field that deals with disorders of sexual health of individuals throughout the course of life. Due to its broad scope, a comprehensive approach to the subject is largely non-existent: research is in short supply and few medical educators are qualified to teach the subject. Different clinical, biological and psychosocial disciplines deal with the treatment of sexual disorders, but they often do this only partially due to the particular discipline. Clinical, technological and socioeconomic progress, along with societal changes, have caused general interest in sexual health to increase and change. Sexual medicine also has to pay more attention to modern-day developments. Incidents of mass sexual violence amplify the need for novel research on sexually deviant behaviour. Mass media, including social media, have an immense impact on contemporary viewpoints on sexuality by younger generations. Research on prevalence, pathophysiology, and optimal treatment of sexual dysfunction associated with chronic illness, including cancer, becomes more important. Importantly, too, the aging population compels medical and psychosocial sciences to deal increasingly with sexual health of older people.

The Action aims to exchange research results produced by different disciplines in order to find commonalities in concepts and approaches to sexual medicine. This will serve as the foundation for identifying shared concepts and definitions, and the start of joint interdisciplinary research, with a particular focus on including young researchers. It will also form the conceptual groundwork for developing interdisciplinary outlines and curricula for further university education at a European standard of qualification and recognition.

<p><b>Areas of Expertise Relevant for the Action</b></p> <ul style="list-style-type: none"> <li>● Health Sciences: Social biomedical sciences (including family planning, sexual health, psycho-oncology, political and social effects of biomedical research)</li> <li>● Health Sciences: Public and environmental health</li> <li>● Clinical medicine: Andrology</li> <li>● Clinical medicine: Obstetrics and gynaecology</li> <li>● Clinical medicine: Oncology</li> </ul>	<p><b>Keywords</b></p> <ul style="list-style-type: none"> <li>● Model of education in sexual medicine</li> <li>● Science of sexual medicine</li> <li>● Integrated sexual medicine</li> <li>● Sexuality in clinical and public health</li> <li>● Sexual wellbeing of the population</li> </ul>
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**Specific Objectives**

To achieve the main objective described in this MoU, the following specific objectives shall be accomplished:

Research Coordination

- By the end of year 1: the COST Research Network has exchanged and synthesised discipline-oriented research results and has identified mutual interests and fields related to basic issues (epidemiology ethics, pathology, diagnosis, therapy, prevention, etc.) of sexual medicine, establishing a coherent scientific discourse on sexual medicine for further collaborative research;
- By the end of year 2: the COST Research Network has developed new or improved interdisciplinary conceptual frameworks (including concepts and definitions) and network participants have agreed to start joint interdisciplinary research to be undertaken in the following years;
- By the end of year 3: on the basis of ongoing joint research work as well as discipline-oriented research, the Network has provided the outline for a basic modular curriculum or a set of curricula on sexual medicine for university education;
- By the end of the Action, a consensus agenda for interdisciplinary cross-border research on sexual medicine has been developed and the Network has drafted the outline and decided on the contents of the university curricula, and has initiated pilot testing in summer schools.

Capacity Building

- By the end of year 1: the COST Research Network has included participants from all major medical and

health disciplines (clinical, psychosocial, etc.) involved in sexual health and the treatment of sexual disorders;

- By the end of year 2: the establishment of the COST Network has stimulated new interdisciplinary research on sexual medicine, particularly by Early Career Investigators (ECIs);
- By the end of year 2: the COST Research Network has expanded through the wide inclusion of less research-intensive countries (Inclusiveness Target Countries), whereas the inclusion of participants from Near Neighbour Countries and International Partner Countries has also been pursued;
- By the end of year 2: the COST Network has expanded with the inclusion of university policy makers, education specialists and representatives from patient organisations;

## TECHNICAL ANNEX

### 1. S&T EXCELLENCE

#### 1.1. CHALLENGE

##### 1.1.1. DESCRIPTION OF THE CHALLENGE (MAIN AIM)

This Action is focused on sexual health, which according to the World Health Organisation's definition is „a state of physical, emotional, mental and social well-being in relation to sexuality” (WHO 2006a). Good and satisfactory sexual health is a basic need for any individual during the course of life and plays an important role in every individual's physical comfort, personal security and mental stability.

The Network's intention is to introduce sexual medicine to help people adjust to their own sexuality. Sexual adjustment depends on psychological as well as physical factors. “Sexuality is a central aspect of being human throughout life; it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction....” (WHO, 2006a). The Network will address all of these elements of sexuality.

Sexual medicine is the newest discipline to study and treat its disorders holistically. It takes both a pathogenetic and salutogenic approach to treatment. It aims to improve sexual health through the prevention, diagnosis, treatment, and rehabilitation of conditions or diseases that involve sexual function, sexual and/or partnership experience and behaviour, sexual preferences and gender identity. In sum, the field of sexual medicine incorporates information from multiple medical, biological, psychological, and social sciences.

The small number of European physicians graduating today as sexual health specialists demonstrates that sexual medicine is struggling to obtain an independent position in universities. One of the reasons is that sexual medicine is an extremely complex science. Many specific medical disciplines, such as urology, andrology, gynecology, endocrinology, psychiatry, as well as public health disciplines, e.g. psychology and medical sociology, deal with sexual disorders. However, they do not incorporate all the topics involved in sexual medicine such as sexual well-being, sexual orientation, social and psychological influences. The topic of sexual health demands research results from a wide variety of medical and social sciences. There is a consequence for this. Specialists regularly overlook existing sexual disorders since they are related to illnesses not belonging to their specific domain.

Another reason for the marginal position of sexual medicine as a scientific discipline that embraces different fields might be that the types of sexual disorders often change in kind and degree through the course of life. Sexual health problems vary in different age groups and between the sexes, e.g. sexual desire, sexual activity and partner selection. Because age groups and sexes require different types of attention, this suggests that the practice of sexual medicine is complex.

Additionally, societal developments and changes are defining a new role for sexual medicine. Recent high-profile sexual violence and mass sexual assaults have highlighted an important sociocultural problem.

Intimate partner violence (IPV) presents an important public health problem that comes with serious consequences. There exist disparities in IPV as well as in mental health among the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) youth. LGBTQ youth struggle with an exceptional amount of pervasive disapproval from society, family and friends. In general, the burden of

STIs, especially HIV Infection among the LGBTQ population, is significantly higher than among other reproductive-age adults. Better access to health service and reduction of the stigma will benefit LGBTQ people greatly when researchers and professionals in fields connected to sexual medicine can use their experience and knowledge to help bring change to both public health and clinical practice.

Another key issue is mass communication. Social media, broadcast news programming and the Internet are overflowing with sexually related material that is treated as entertainment. Mass media often convey particular messages that lead to stereotyping views and opinions, e.g., what constitutes a healthy sexual life. In this regard, today's social media play an important role in influencing young people's views of the role of sex and the ways it can be expressed. These influences negatively change their youthful views of "what is good-looking" or "what is a good sex life", for example. Furthermore, serious psychological and psychosomatic disorders sometimes result such as disturbed sexual identification and bulimia. All of these influences add urgency for new and innovative research in sexual medicine.

One important characteristic of modern societal changes involves older people: science says that they are able, and want to, enjoy a healthy sexual life. Since the relative size of the older population is ever-increasing, practitioners and researchers in sexual medicine should begin to pay more-attention to their needs.

The above factors stand as evidence that sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families thus, ultimately, to the social and economic development of communities and nations (see WHO sexual health, human rights, and the law, 2015).

These points above also point out a need to establish sexual medicine as an independent, identifiable discipline in medical science that specialises in sexual health and related disorders in all their facets in a coherent, interdisciplinary manner.

The main purpose of the COST Action is to elaborate on this point and to find long-term, sustainable answers and approaches. It will accomplish this by establishing a network of researchers, specialists and professionals of all disciplines who deal with sexually related disorders. The goal is to anchor sexual medicine more firmly as a comprehensive multi- and interdisciplinary field in clinical and public health research and practice, and to make advances in these areas.

This COST Action also takes the different realities governing the position of sexual medicine in research and practice in European countries into account. Specifically, it aims to: 1) enable exchange on research and research results among medical, psychological, medical sociological and pedagogical fields, 2) to recognise mutual interests and fields to promote collaboration, and 3) to undertake joint cross-country interdisciplinary research in Europe as well as to establish a consensus agenda for its continuation. The ultimate goal of the Action is to prepare the foundations for a basic (modular) sexual medical curriculum (or a set of curricula) for university education at a European standard of qualification and recognition. These curricula will provide for improved knowledge on ethics, epidemiology, symptoms, diagnosis, therapy and prevention of sexual disorders, and will create educational curricula for a new generation of physicians with a broad knowledge of sexual medicine.

### 1.1.2. RELEVANCE AND TIMELINESS

Although many diseases and their treatments impair sexual function, medical doctors and publications often disregard sexual issues, yet clinical studies from many countries confirm that most men and women regard sexual wellbeing as centrally important in their lives.

In 2015, a nationwide survey of Dutch surgical oncologists analysed the management of sexual side effects in the surgical oncology practice. The majority of 165 responding surgical oncologists (85.5%) stated that they are responsible for discussing sexual function with their patients while 13.0% thought it to be someone else's responsibility. In the same study, 36.6% of the surgeons mention sexual side effects during the informed consent of a planned surgical procedure in more than half of the cases. 9.2% of the surgeons counselled the patient in more than half of the cases in sexual function. Older surgeons ( $\geq 46$  y) and male surgeons discuss sexual concerns more often than their younger and also their female colleagues. The barriers to such discussions most mentioned by the surgeons included: advanced age of the patient (50.6%), not relevant talking point for all types of cancers (43.8%), lack of time (39.9%) and no reason to ask (35.2%). According to 46,3% of the surgeons surveyed, additional training on counselling patients for sexual concerns was required (Krouwel, 2015).

Clinicians often do not routinely inquire about their patients' sexual concerns, particularly in the context of psychotic illness. However careful assessment, diagnosis and explanation of their situation is necessary and in keeping with patients' wishes. Despite their frequent sexual problems women with psychiatric illness consider sexuality to be an important aspect of their quality of life (Basson, 2018). A recent survey found that 43% of 1200 American women, including those with poor mental health, confirmed that sexual health is important to their quality of life, rating it as 4 or 5 on a 5- point Likert-type scale (Flynn et al., 2016). The majority of 480 male paraplegics confirmed that regaining sexual function was their major priority (Anderson, 2004).

The results of these studies, which establish a relationship between sexual disorders through illness and injuries and its treatments, are a mirror for other clinical disciplines. Cardiovascular and metabolic diseases, arthritis, neurological, gynecological and urogenital illnesses, etc. often show similar relationships. It is general knowledge in psychoneuroendocrinology that emotions greatly modulate immunological, neurological, and endocrinological systems. Emotional and sexual intimacy has been associated with creativity, productivity, emotional regulation, contentment, and well-being (Hook et al., 2003). Sternberg (1986) defined intimacy as the experience of strong feelings of closeness, connectedness and bonding in loving relationships. Intimacy and satisfaction with the sexual relationship are related to both partners' quality of life and psychological and physiological health during the course of life (Hinchliff, Gott 2004).

The above cited studies indicate that the absence of a satisfactory sexual health can be a significant stress factor that hinders well-being. Hence, sexual health must become a vitally important field for medicine. This statement is confirmed by a report written in 1975, in which the World Health Organization (WHO) recognized the importance of sexual health and wellbeing as a key life domain. At that time, it underlined the need for specialists' education (WHO, 1975). Later, in 2006, WHO and the World Association for Sexology (WAS) developed a working definition of sexual health. "...Sexual health is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a) The Human Reproduction Annual Report (2017) of the WHO Department of Reproductive Health and Research defines its vision as the attainment of the highest possible level of sexual and reproductive health for every single person across the globe.

So far in medical research, insufficient mutual agreement has been reached on basic cross- disciplinary concepts and notions regarding sexual health and well-being on the one hand, and how to deal with sexual disorders on the other. Sharing research results as well as agreements on joint cross-discipline research are first steps to overcome this shortage. A formal Research Network as proposed by this COST Action will coordinate available expertise and work synergistically, thus encouraging breakthroughs in how this issue is dealt with and discussed at a European level.

## **1.2. OBJECTIVES**

The research coordination objectives as well as the capacity building objectives both possess three main characteristics, which are key to the further development of the theme. These characteristics respond to the challenges of the Action and are as follows:

- Knowledge sharing by the exchange of research initiatives and existing research results in Europe and beyond,
- Knowledge creation by capitalising on knowledge obtained and initiating new interdisciplinary research,
- Finally, the advancements in research will be applied by developing new curricula for university education and their piloting.

### **1.2.1. RESEARCH COORDINATION OBJECTIVES**

- By the end of year 1: the COST Research Network has exchanged and synthesised discipline-oriented research results and has identified mutual interests and fields related to basic issues (epidemiology ethics, pathology, diagnosis, therapy, prevention, etc.) of sexual medicine, establishing a coherent scientific discourse on sexual medicine for further collaborative research;

- By the end of year 2: the COST Research Network has developed new or improved interdisciplinary conceptual frameworks (including concepts and definitions) and network participants have agreed to start joint interdisciplinary research to be undertaken in the following years;
- By the end of year 3: on the basis of ongoing joint research work as well as discipline-oriented research, the Network has provided the outline for a basic modular curriculum or a set of curricula on sexual medicine for university education;
- By the end of the Action, a consensus agenda for interdisciplinary cross-border research on sexual medicine has been developed and the Network has drafted the outline and decided on the contents of the university curricula, and has initiated pilot testing in summer schools.

### 1.2.2. CAPACITY-BUILDING OBJECTIVES

- By the end of year 1: the COST Research Network has included participants from all major medical and health disciplines (clinical, psychosocial, etc.) involved in sexual health and the treatment of sexual disorders;
- By the end of year 2: the establishment of the COST Network has stimulated new interdisciplinary research on sexual medicine, particularly by Early Career Investigators (ECIs);
- By the end of year 2: the COST Research Network has expanded through the wide inclusion of less research-intensive countries (Inclusiveness Target Countries), whereas the inclusion of participants from Near Neighbour Countries and International Partner Countries has also been pursued;
- By the end of year 2: the COST Network has expanded with the inclusion of university policy makers, education specialists and representatives from patient organisations;
- By the end of the Action: initial cohorts of students have participated in pilot events (summer schools) with the use of a basic curriculum on sexual medicine.

## 1.3. PROGRESS BEYOND THE STATE-OF-THE-ART AND INNOVATION POTENTIAL

### 1.3.1. DESCRIPTION OF THE STATE-OF-THE-ART

The broadness of the field has led to a situation in which sexual medicine is scattered over many clinical and psychosocial disciplines. It lacks a comprehensive approach and many specialized disciplines deal with sexual disorders. The subject of the respective discipline is mostly not sexual dysfunction itself, but rather the diagnosis and treatment of diseases. It is often just an additional consequence of a clinical disorder, and thus recognised only partially.

Research on sexual disorders is discipline-oriented: pockets of excellence are available in many different clinical and psychosocial fields. In the context of other illnesses, there is a tendency to overlook the fact that sexual health is more than dealing with and treating sexual disorders. Physicians are too often lacking the knowledge and know-how relating to basic epidemiology data and pathological patterns. Therefore, their diagnosis is often partial and incomplete.

Studies have shown that sexual dysfunctions are widespread and that they cannot be neglected. McCabe et al. (2015) presented an overview of studies on the prevalence of women's sexual dysfunctions on the Fourth International Consultation on Sexual Dysfunction. Their findings indicate that there appears to be reasonable consensus that the prevalence of women who report at least one manifest sexual dysfunction is approximately 40% to 50%, irrespective of age.

On the subject of men's sexual dysfunctions, studies report wide ranges of prevalence of erectile and ejaculation dysfunction. From all reviewed studies, McCabe et al. (2015) estimated that: in those under 40 years of age, the prevalence of ED is 1% to 10% and from 40 to 49, prevalence of ED ranges from 2% to 15%. The 50- to 59-year-olds showed the greatest range: their average prevalence of ED fell between the rates for 40 to 60-year old men. Finally, most studies show rates from 20% to 40% for 60 to 69-year-old men and 50% to 100% for men in their 70s and 80s. Different studies have demonstrated the negative effects of functional sexual disorders on relationships for both sexes and quality of life (e.g. Rosen et al., 2004).

Sexual disorders can cause other diseases and stress situations. They can influence the aspect of a couple's attachment, i.e. not only a disturbed sexual function but also the degree of a partner's comfort.



Studies reported by Hook et al (2003) show that individuals who have difficulty forming intimate relationships suffer from higher levels of stress, illness, depression, and greater mortality rates than those who successfully develop intimate relationships, and that sexual disorders can also be the consequence of other diseases and their treatments. Alterations in sexuality due to the dysfunction and the loss of sexual well-being can seriously impact on the quality of life of individuals with chronic disease. For instance, chronic illness and/or its treatment sometimes alter relationship dynamics, and existing relationship problems can be exacerbated by the stress of the illness. Thus, chronic illness and/or its treatment also can negatively affect sexual satisfaction of both patients and partners.

Psychological effects often appear as well. Women who have had breast cancer, for example, often struggle with increased emotional vulnerability. The anxiety, loss of self-esteem, grief and depression often associated with chronic illness can impair sexual fulfilment. An increased rate of suicide among women with cosmetic breast implants has been consistently reported in literature; this suggests significant underlying psychiatric morbidity among these women (Lipworth et al., 2007).

Depression, rather than the burden of physical disease or severe complications, is the independent factor determining presence or absence of sexual dysfunction in women living with chronic complaints like diabetes, multiple sclerosis, renal failure or rheumatic disease and also those with a history of past childhood sexual abuse (Basson, 2018). A study demonstrated, that sexual function was significantly impaired in diabetic women on multiple daily injections. Depression and the mental health status were independent predictors for female sexual dysfunction in diabetic women (Maiorino et al., 2016).

Sexual medicine also has to deal with non-clinical conditions that disturb sexual health, e.g. social norms, education levels, influence of mass media etc. Young people's self-perceptions, sexual attitudes, understanding of sexuality and gender role are influenced every day by mass media and social media, which present stereotyped and stigmatizing images. Pornographic material impacts the minds and ideas of all ages, including illicit images of sexual violence, child sexual abuse, etc.; these are cause for grave concern. These images, which can be found through simple online search, might help exacerbate sexual preference disorders of future generations (Beier, Loewit, 2013). Social media are also often the reason for adverse effects such as "cyber bullying" and "online grooming" - just two of the main negative effects.

Recent incidents related to sexual violence, in particular rape have shown that it is important to look at sexual health and sexual deviant behaviour in a multicultural context, and to relate this theme to phenomenological analysis, theories of the body and sexual difference, philosophy and different cultural thought patterns.

Social conditions differ during the life course. Research on sexual health and disorders is often cohort-oriented and targets the sexual problems and dysfunctions of young people and of older people separately and not with a life-course perspective. Given the fact that the proportion of Europe's population over the age of 65 will grow immensely (e.g. according to Eurostat share of those aged 80 years or above in the EU-28's population is projected to more than double between 2016 and 2080, from 5.4 % to 12.7 %), research on sexuality and ageing is urgent now. Sexual needs and interests remain unchanged in advanced age, about half of the elderly population suffers from sexual dysfunctions and non-functional sexual problems.

In summary, issues of sexual medicine are manifold, and the concentration on narrower-focused research in specific disciplines can be well understood in view of this broadness. The adverse effect is that the exchange of information and research results across the various disciplines is limited, leading to specific disciplines "overseeing" the available knowledge (produced by other disciplines) that could be potentially advantageous for them. This is a reason why sexual medical research urgently needs integrated action across all disciplines. It also explains why sexual medicine as a discipline, spanning the complete spectrum of sexual disorders, is only scarcely found in ordinary university education and only as postdoctoral topic, like the accredited national sexual medicine course in Berlin, not in other federal states of Germany. In collaboration with the Multidisciplinary Committee of Sexual Medicine (MJCSM) the ESSM offer a post-graduate program of ten days duration for clinicians preparing for the Fellowship of the European Committee of Sexual Medicine (FECSM) examination on a yearly basis.

### 1.3.2. PROGRESS BEYOND THE STATE-OF-THE-ART

The COST Action has the potential to make a great contribution to overcoming the above problems. The starting point can be summarised as "the whole is greater than its parts" and that "diversity is a chance rather than an obstacle", i.e. the added value that sexual medicine itself can provide to the field. The main starting point, however, is the fact that excellent research, technical know-how and physical

resources do exist, but these mostly develop and are focused on specific disorders within specific disciplines.

The COST Framework makes it possible to bring existing knowledge and know-how together, and to exchange research results, which are potentially useful for other fields. This exchange, which is already based on high-quality know-how, also provides possibilities for discussing and agreeing on mutual (new) concepts and definitions for sexual medicine as a discipline that embraces various areas. New concepts and definitions as well as increased attention to recent societal trends and changes provide the impetus for the development of new cross-border, interdisciplinary research. This research can and should also take the glaring differences in sexual and reproductive health in the individual countries in Europe into account. Related themes concern inequalities in self-determined family planning, STI/HIV controls, sexual abuse and violence, and the sexual and reproductive health of young people, for example. This clearly has a capacity building effect, from which particularly ECIs as well as researchers from less intensive research countries can profit.

The Action also seeks to have an effect on the longer term by providing comprehensive programs of study at university level by producing innovative concepts and approaches, along with comprehensive outlines for sexual medicine programs at the university level. The Action's vision is to meet the European standards of excellence for all sexual medical studies at the university level. Therefore, the COST Network will adopt the academic models and standards established by the European Association for Quality Assurance in Higher Education (ENQA). Good practices in the USA will also be consulted for the design of these curricula. In South Africa interesting interdisciplinary approaches such as feminist legal theory and transitional justice to counteract rape exist. COST Action will therefore partner with representatives of universities and institutions from International Partner Countries, which have developed successful interdisciplinary programs.

### 1.3.3. INNOVATION IN TACKLING THE CHALLENGE

The COST Action will advocate heavily for innovation through research and treatment in sexual medicine. It will be a bottom-up initiative in the field of sexual medicine that will close the knowledge gap among medical, biological and psychosocial disciplines. It has the potential to overcome old barriers between disciplines and also to consider sexual medicine as a subject in a holistic way. It will concentrate on sharing knowledge establishing a research agenda, developing joint research and creating an interdisciplinary approach.

One of the major challenges in sexual medicine is the daunting number of scientific arenas involved. The list is long and falls into four categories: research, collaboration, public services, standards and guidelines. The list below illustrates how the COST network's members will bring innovative ideas and programs to each category.

**Research:** Sexual medicine, Psychology & Social sciences. Members of the Network will research: effects of somatic disease and drugs on sexual functioning; iatrogenic sexual dysfunctions after medical interventions (radiotherapy, chemotherapy, etc); infertility treatments; treatment alternatives for premature ejaculation; new directions for erectile dysfunction therapies; hypersexuality; healthy sexual aging; sexual health for young people including adolescents with special needs; LGBTQ health; the epidemiology of mental and sexual health disparities; structural HIV prevention concepts; syndemic science approaches; resilience; paraphilias; the role of sexualized media particularly internet pornography; self-produced sexual images; prevention of online sexual offending; sexual health of vulnerable migrants; vulnerable groups and re-victimization, and minority stress. Pharmaceutical products, such as sexually neutral antidepressants.

**Technologies:** Members of the Network will help develop improvements of brain imaging techniques to be applied to sexual medical diagnostics like assessment of sexual responses and of radiation techniques to minimize side effects of radiation therapy for genitourinary malignancies. These and other technologies related to sexual dysfunction treatment will be made available for medical industries including research-driven pharma.

**Collaboration:** Exchange of information and research results among clinical and public health disciplines. COST Action's shared knowledge and know-how will be used to design up-to-date curricula for university education: it will reflect current and anticipated future societal trends. In Europe, such curricula are currently available only to a limited extent. Being an international interdisciplinary body, the Action has the natural potential to stimulate innovations quickly and with more immediate effects.

Inter-professional cooperation. Members of the Network will do inter-, multi- and transdisciplinary research in cooperation with professionals in medical, health, social, behavioural and pedagogical sciences. For instance, the team will exchange results concerning LGBT health and health disparities among LGBTQ youth, how these can be exacerbated or diminished by social environmental factors, the role of school policies and programs can be examined. Thus, new educational programs can be designed. This applies to all issues of sexual health of children and adolescents. The Action will guide comprehensive and appropriate sexuality education for children and adolescents and expand public awareness.

Services: Health services and advocacy. Network members will introduce health services some of which can be tailored to mitigate stigma and facilitate health care access to promote the health of LGBTQ people. The Action also will design and service thought-provoking websites focused on reproductive rights and sexual health advocacy including anti-sexual violence, safe-dating programs and parenthood. The times call for responsible programming in new media developing clips, videos and commentaries involving personal safety, self-help and educating children, for example internet- based psychological interventions for special patient groups to cope with their disease and for sexual minority adolescents.

Standards and Guidelines: Significantly improve conditions for sexual health care. The COST Action recognizes that sexual medicine is a relatively unknown specialized field in medicine. The Network, therefore, sees itself as a standard bearer for the field anyplace its members are active – whether lecturing in distinguished institutions or the rowdy public arena, in conducting far-reaching research or treating anxious individuals, in company of trailblazers or innocent children's classrooms. In sum, COST Stakeholder and their work will lead the field with strength and conviction while advancing it wherever possible.

## **1.4. ADDED VALUE OF NETWORKING**

### **1.4.1. IN RELATION TO THE CHALLENGE**

The establishment of a multi-disciplinary and cross-border COST Network will lead to an environment in which knowledge and expertise can be shared and harmonised, and scientific understanding improved. This Network will synchronise and expand research activities through the achievements of four Working Groups, arranged to focus on the development of joint research in the key life domain of sexual health and well-being, and later on convened to engage and impact clinical practice, university education and policy. The Network will focus special attention to the distribution of scientific results to governments, science and health ministries, boards of education, scientific medical compartment companies and societies through internal information sources and general media. The anticipated outcome of this wide distribution is that the results will find their way into scientific, pedagogical and educational standards. The Network will improve the challenge because it is an international interactive system that provides information on a constant basis to all the individuals and groups who are associated with it. It will connect a wide spectrum of disciplines across national borders including e.g., medical and social welfare professionals, researchers, educators, patient groups as the largest European cancer patients' umbrella organisation European Cancer Patient Coalition (ECPC), government and religious and private advocacy organisations, as e.g. the international Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). The COST Network differs from other networks because its database of members and published information always will be available for the members to reference when they want to collaborate on research, organise large and small programs for colleagues and the public, find speakers, seek advice about specific concerns.

To capitalise on its different geographical and cultural backgrounds and to stimulate considerable involvement of ECIs from different European countries, as well as by researchers from less-intensive research countries (Inclusiveness Target Countries), network meetings and activities (e.g. Working Group meetings, workshops, Training Schools, STSM, conferences) will be held across all regions in the network, but particularly in the inclusiveness countries.

After the four years of EU-support, the Action will be promoted and sustained firstly, by building a Consensus of Europeans to continue interdisciplinary research on sexual health, and secondly, by establishing research protocols and research partnerships. In addition, the cooperation within the four Working Groups will enable the identification of a common research agenda and relevant Calls for funding in H2020 and Horizon Europe or other potential funding sources. Most important to sustainability, however, is the focus on the joint preparation of outlines for university education curricula and establishing pilot-programs in summer schools. Other resources developed by the network (e.g.

joint publications) will be hosted on a bespoke website, and will be available throughout the full duration of the COST Action.

#### 1.4.2. IN RELATION TO EXISTING EFFORTS AT EUROPEAN AND/OR INTERNATIONAL LEVEL

The COST Action will reach out to existing national and/or international professional societies of relevance to its objectives, such as multinational networks working to promote sexual health, for instance: the European Society for Sexual Medicine (ESSM), International Society for Sexual Medicine (ISSM), the International Academy for Sex Research (IASR), the International Society for Sexuality and Cancer (ISSC), the European Society of Endocrinology (ESE), the European Network of the International Planned Parenthood Federation (IPPF), the European Civil Society Forum on HIV/AIDS, and the Academic Network for SRHR Policy (ANSER).

Those stakeholders of the designed Network who have links to the named societies participate in establishing contacts to these societies and activating them. A clear step program will be developed to achieve an integrated approach. The societies will be invited to collaborate and will be included in the database. In this way, the Action will try to build bridges with these organisations, which will have an important empowering effect. The Action will be well placed to link with medical industry and pharma in dialogue with national and European policy stakeholders at the highest level.

To design a basic curriculum for university education on sexual medicine the Action will e.g. contact the responsible representatives of the professional societies and they will be invited to co-create. The societies will benefit from the transfer of knowledge into their own curricula relevant to the topic. The Action will certainly cooperate with the ESSM, as it is presently the major umbrella organisation in Europe, which deals inter alia with sexual medical education. The ESSM will give definitive input for the COST Action, whereas the Action will also present its work during ESSM Conferences. The Network will also reach out to the European Association for Quality Assurance in higher education (ENQA), the European Students' Union (ESU), the European Association of Institutions in Higher Education (EURASHE) and the European University Association (EUA) to meet the highest European standards for the Curriculum. In the USA, valuable interdisciplinary research and training programs on sexual medicine are installed at several universities. A research program, which is focused on sexual violence in armed conflicts and on links between AIDS and rape culture exists at the University of Stellenbosch / Cape Town. Several stakeholders already have close ties with and benefit from the information shared with these institutions.

## 2. IMPACT

### 2.1. EXPECTED IMPACT

#### 2.1.1. SHORT-TERM AND LONG-TERM SCIENTIFIC, TECHNOLOGICAL, AND/OR SOCIOECONOMIC IMPACTS

Impact at a scientific level: The systematically organised exchange of well-developed, high-quality research which is undertaken and achieved on specific levels of discipline (thus connecting the disciplines' "pockets of excellence") will lead to an increased knowledge and understanding of the contributions that these disciplines may give to establish a robust and tangible basis for an all-inclusive approach to sexual medicine. The synthesis of research results with its focus on identifying cross-discipline and cross-border commonalities will lead to shared concepts and definitions of sexual medicine. This is important in order to enable research and practice to remain up-to-date in relation to changes in society which have an impact on the subject matter, like the ageing population and the increasing influence of (social) media on views and perceptions of sexual health. The improved collaboration has great potential for enabling new evidence-based research. The quality of the content of sexual medicine as a discipline will also benefit from taking account of and possibly involving existing good practices from outside Europe. Finally, the focus of the COST Action of providing the basis for a specific university curriculum (or a set of curricula) on sexual medicine with a European standard of qualification and recognition, i.e., a concretization of interdisciplinary research input to build capacity over a mid- and longer term, will reinforce the status of sexual medicine as a key input for diagnosis and later on for the treatment and care of patients with sexual disorders.

Technological impact: The COST Action pursues technological impact through its own activities over the longer term, since increased interdisciplinary knowledge and know-how could lead to specific

patient-oriented technological innovations, e.g., as new pharmaceutical products. From this perspective, innovations can contribute to improved general diagnoses of sexual disorders that can be used by specific clinical disciplines. Furthermore, the interdisciplinary approach will impact the development and use of communication tools within the healthcare system and its different disciplines.

Within the various fields of sexual science research focal points will be determined by the highly specialised stakeholders and allocated to three main research areas: prophylaxis, diagnosis and therapy. They will add sexual health questionnaires to as many clinical studies as possible so that the effects of drugs on sexuality will be evaluated, e.g. after chemotherapy. In this regard they will contact the pharmaceutical industry engaged in research and also regulatory agencies such as the European Medicines Agency (EMA). The development of comprehensive assessment and sexological questionnaires for clinical sexology and sexological research would have a substantial technological impact. A comprehensive assessment of sexual experience and behaviour including all non dysfunctional aspects is essential for an accurate diagnosis and sufficient treatment planning.

Socioeconomic impact: "Individuals and communities who experience well-being are better positioned to contribute to the eradication of individual and societal poverty. By nurturing individual and social responsibility and equitable social interactions, promotion of sexual health fosters quality of life and the realisation of peace" (WHO, 2008). Sexuality and sexual health have an enormous salutogenic effect. Sexual health covers many areas of sexuality, i.e. sexual satisfaction in all stages of life, the sexual health of adolescents, unwanted pregnancies and safe abortions, sexual dysfunctions, reproductive health, sexual violence, HIV/STI, the influence of chronic diseases and handicaps, sexual orientation, sexual identity, psychological health, the support of safe, sensual sexual experiences and psychological health.

The Action will have a significant socioeconomic influence on heterogeneous political frameworks and social determinants such as strategies, concepts, legal regulations, guidelines and on an improved access to family planning, reproductive health, STD-diagnostics and therapy, sex education and care for victims of sexual violence. The benefit for the healthcare system will be enormous, although it will not be possible to quantify results for several years. At present, formal analyses of cost effectiveness are not possible in view of the broad reach of sexual medicine. Due to different cultures, traditions, doctrines and established expectations within Europe, women's choice for birth control is to a greater or lesser extent limited within the network countries. There is still a region to-region unmet need for contraception in Europe. According to the „European Contraception Atlas 2018 (<https://www.contraceptioninfo.eu/>)“ Europe is faced with diverse contraceptive prevalence rates (range from 66% in Southern to 77% in Northern Europe). There also does not exist a single abortion policy in the network countries. Their governments legislate women's reproductive choices in both progressive and restrictive ways. Although the world is committed to making universal access to safe and reliable family planning methods a reality (UN Programme of Action of the International Conference on Population and Development 1994 & Sustainable Development Goals 3.7) the road to law reform is long and difficult. The Action will have to discuss, what is possible to achieve and will stand for upgraded public education about birth control methods and also for access to birth control.

The socioeconomic impact of the Action can be identified at different levels. Firstly, identifying commonalities in concepts and definitions will lead to a more robust and shared understanding of the position of sexual medicine in medical science. Secondly, this will impact the education of physicians who will be better equipped to identify sexual disorders. There will be a new pool of competent researchers: this will also have a positive effect on clinical practice.

## **2.2. MEASURES TO MAXIMISE IMPACT**

### **2.2.1. PLAN FOR INVOLVING THE MOST RELEVANT STAKEHOLDERS**

The COST Network will grow steadily. Professionals from different medical, biological, psychological and social areas will gradually join the network. The COST Actions mission is to develop dynamic cross-cultural interactions with patient organisations, health policy specialists and education experts. The Action will thus conduct a number of consultations and awareness initiatives in which interested researchers, medical university policy planners, education specialists, healthcare professionals, patient organizations and other parties can contribute to the complete Network. The Action will cooperate with HIV/AIDS Organisations such as International AIDS Society (IAS) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to meet the needs of MSM, HIV-infected pregnant women, etc. They will keep the Network up-to-date about the most pressing educational needs in the HIV/AIDS

community, share ideas for innovative research and also help build bridges for the Network to representatives from politics, science, medicine and culture. The Action will reach out for ILGA, which supports LGBTI civil society worldwide through advocacy and research projects and for the international network End Child Prostitution, Pornography and Trafficking of Children for Sexual Purposes (ECPAT) to be a powerful voice for the Action's research on internet abuse images in international collaboration with government and non-government agencies. The Action intends to cooperate with Medica Mondiale, an NGO which supports women in war and crisis zones having experienced sexualised violence. It will seek the contact to Reaching Out Romania (ROR) and to Face to Face Bulgaria both NGOs whose primary mission is to prevent cases of forced prostitution and human trafficking. The Action will reach out to UNESCO Chairs, which promote international inter- university cooperation and networking to enhance institutional capacities through knowledge sharing and collaborative work and serve as bridge builders between academia, civil society, local communities, research and policy-making.

The Action's website will provide a communication platform for the entire network as well as potential stakeholders. The Action will attract attention of key audiences through every reasonable form of communication – mass media, social media, videos, blogs, etc. To expand the network the Action's stakeholders will participate in broader fora.

### 2.2.2. DISSEMINATION AND/OR EXPLOITATION PLAN

In its first year, the members of WG 4 will prepare a communication and dissemination plan, a communication strategy and will plan specific actions to target the identified key players. WG4 will overview and assess the achievement of communication and information dissemination goals.

The dissemination plan will be initially drawn up as an overall plan; however, right from the outset, the steps to be undertaken to focus a needs-specific and highly targeted communication and dissemination at more decentralised (national) levels will also be detailed and worked out. This is needed in view of the different realities governing the position of sexual medicine in research and practice in European countries, as well as its embedment in current educational university practice.

For dissemination purposes, different players and stakeholders will be approached in different manners, according to their roles and interests. In the first instance, the main target groups will be researchers and experts from those specialist disciplines who are engaged in sexual medicine in their research and practical work. These already include a variety of medical, biological and psychosocial disciplines. Network members will involve their respective universities in the dissemination process. During the project, another group that will be targeted are those who are involved in university education, in view of the ultimate goal of preparing the basis for a robust and realistic curriculum on sexual health and medicine at university level. This group will therefore include education specialists (including educational media) on the one hand, and experts from both general and discipline-oriented sexual medicine on the other. A third group is made up of the national and European policy-making level, patient organisations and civil society organisations. The Action will build strategic partnerships with organisations working on sexual health studies and policies. It will seek the support of the general public, authorities, lobbies and policy makers, as National Ministries of health and National Ministries for Social, Community and Family Affairs. The ESSM, and the ISSM, appropriate UNESCO Chairs and NGOs involved in the network will disseminate COST information.

The Action's website will be a vital meeting point for stakeholders to post information about their research, invite discussions, and review new books and publications. A database will be freely available for the stakeholders (member-login). This database will have contact information of members and target groups and a separate section of publications. Publications, articles, videos from congresses, summer schools, conventions and also annually project reports will be posted for the press and general public.

## 2.3. POTENTIAL FOR INNOVATION VERSUS RISK LEVEL

### 2.3.1. POTENTIAL FOR SCIENTIFIC, TECHNOLOGICAL AND/OR SOCIOECONOMIC INNOVATION BREAKTHROUGHS

The potential for scientific, socio-economic and technological innovation breakthroughs depends on the Action meeting its named objectives and the constructive 'take up' of activities by Network members and cooperation partners, as well as goodwill in sharing knowledge, skills and data within and outside the Network. To ensure success, the Action will create a Network of enormous breadth and depth with a strong established track record of collaborative working in the field of sexual medicine, thus

contributing to the realisation of the Millennium Goals (WAS, 2008). The Action foresees a conceptual innovation in producing this common all-inclusive framework and basic definitions on sexual medicine for further interdisciplinary research in the first place. A new coherent scientific understanding concerning sexual medicine across disciplines as well as newly defining existing cohort orientation into research over the life course is included in this concept. This common framework and the concepts will guide further general and specific research and have the potential to provide a roadmap for scientific innovation in relation to sexual health and wellbeing.

A second innovation is the development of modular university curricula on sexual medicine at a European standard of qualification and recognition, which will boost knowledge at scientific levels, adding to the creation of critical mass for further development in both university education and research. The breakthroughs described will be reached by establishing a structured, transparent, accountable and open network, composed of specialists and experts from multiple professional disciplines and countries.

Risks in achieving these breakthroughs include the potential challenges of achieving consensus between diverse participants, such as university representatives or NGOs, who may have different interests and views, e.g. on matters such as definitions or what concepts should be considered as basic elements. Established consensus-finding methodologies will therefore be deployed. The fact that a bottom-up approach is adopted as an operational perspective, building on existing knowledge and know-how produced by discipline-based systems and the will to cooperate demonstrated by the participants, will however counterbalance the risk of non-realisation associated with this potential breakthrough.

COST Action will test new curricular concepts: these will provide valuable information to ensure that any curriculum meets the highest standard. The attempts to close any gap between science and policy makers could fail, for example, if national health departments reject the possibility of adding outlines on sexual medicine to ordinary university studies. In this case, a general plan will be changed into an individual plan and the stakeholders would address single universities and institutions.

## 3. IMPLEMENTATION

### 3.1. DESCRIPTION OF THE WORK PLAN

#### 3.1.1. DESCRIPTION OF WORKING GROUPS

Working Groups (WG) will report directly to the Management Committee (MC) and Core Group (CG). Each WG will have a Leader and a Deputy Leader. Each WG will have given timescales for answering specific research questions. Subgroups, in accordance with the focus of research will also be created.

Working Group 1: Sexual medicine research in specific disciplines: finding commonalities and develop joint concepts and interdisciplinary research areas.

Objectives	Exchange research results on sexual disorders and dysfunctions from specific disciplinary clinical and psychosocial domains Synthesise existing knowledge in order to extract commonalities in research Define main issues and components (ethics, epidemiology, pathology etc.) for interdisciplinary research Develop a common strategic research agenda on sexual medicine to be presented to policy makers and funding agencies. Contribute to establishing a cross-border interdisciplinary research agenda
Expertise required	All clinical and psychosocial disciplines, which deal with sexual health and its disorders (andrology, oncology, psychiatry, urology, gynecology, surgery, psychology, sociology, etc.) Specialists on sexual health and medicine
Tasks	The exchange of research results and its synthesis will draw on international literature and on research undertaken by Action members Define concepts and definitions Development of joint concepts and interdisciplinary research areas
Milestones	All relevant disciplines are included in the COST Action Network
Deliverables	D1. List of components to be taken into account in joint interdisciplinary research (Month 30)

	D2. Strategic research agenda and research protocols for interdisciplinary research areas available (Month 48)
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#### Working Group 2: Joint interdisciplinary research on sexual medicine

Objectives	Initiate joint interdisciplinary research collaboration among participants and provide initial results Achieve strong involvement of ECIs in joint research actions Contribute to establishing a cross-border interdisciplinary research agenda
Expertise required	Specialist disciplinary knowledge on sexual medicine as well as “generalists” on sexual medicine (clinical, psychosocial, etc.) ECIs with interest and knowledge of sexual medicine
Tasks	On the basis of deliverables from WG1: define concepts, outline joint draft for interdisciplinary, international research collaboration on topics like: 1.) Gynecology, UroD3. logy, Endocrinology; 2.) Chronic illness and Oncosexology; 3.) Sexuality during the life span; 4.) LGBTQ Health; 5.) Violent behaviours; 6.) Education, etc... Draft research agenda; Cooperation structure for ECIs
Milestones	Lists and protocols on concepts for sexual medicine, and definitions of contents Group members have developed research proposals
Deliverables	D3. Lists and protocols on concepts for sexual medicine, and definitions of contents (Month 48) D4. Initial research results of joint collaborations initiated by the Action (publications, reports) (Month 48)

#### Working Group 3: Towards a basic curriculum for university education on sexual medicine

Objectives	At the end of the COST Action, a (modular) basic curriculum or a set of curricula for university education is available Components of the curriculum have been tested (e.g. in summer schools) Recommend outlines on sexual medicine education to be included in ordinary university education
Expertise required	Experts on sexual medicine (disciplinary and interdisciplinary) Curriculum development by specialists and planners Policy makers (particularly for university education) Representatives from civil society organisations (e.g. patient organisations) ECIs
Tasks	Develop different modalities for a university curriculum, which will include issues on epidemiology, ethics, pathology, diagnosis, therapy, prevention: outlines and contents Test components of the agreed basic curriculum
Milestones	All relevant expertise required for successful development of curricula included in the network Summer schools held Negotiations with interested universities have started
Deliverables	D5. Outline(s) of curricula for sexual medicine university education, filled with content. (Month 42) D6. Reach agreements on university curricula between research community and stakeholders (university policy makers, etc). (Month39)

#### Working Group 4: Communication, evaluation and dissemination

Objectives	Ensure the Action closes the gap between science, policy makers and society Achieve high participation of COST Inclusiveness Target Countries, as well as Early Career Investigators, with a focus on excellence and inclusiveness Achieve involvement of representatives of NNC and IPC
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	Oversee the wide dissemination of project deliverables at international level Evaluate if objectives of WGs and the overall project have been achieved
Expertise required	Sexual medicine specialists, patient organisations, media experts, policy representatives (university education)
Tasks	High-profile public launch of the COST Action Communication strategy including website, social media and online networking Dissemination of Action results at international and national conferences Ensure that all publications and presentations acknowledge the COST Action Ensure progress reports are regularly completed and widely circulated
Milestones	Data bank including Mail lists for continuous dissemination to all target audiences is maintained Production of print materials introducing the COST Action to all audiences Website explaining the COST Action, participation opportunities and outcomes exists
Deliverables	D7. Communication strategy developed - including website, data bank (mail list) and printed materials (Month 12) D8. Successful implementation of the communication strategy with involvement of all relevant stakeholders (Month 48)

### 3.1.2. GANTT DIAGRAM

Task	Year 1				Year 2				Year 3				Year 4			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<b>Management Committee</b>																
1st Meeting		x														
Meetings				x	x	x	x	x	x				X		x	
Annual review				x			x			x						x
<b>Core Group</b>																
Meetings		x		x	x	x	x	x	x				X		x	
<b>Working Group 1</b>																
Exchange research results										D1						D2
<b>Working Group 2</b>																
Develop interdisciplinary research collaborations																D3 D4
<b>Working Group 3</b>																
Establish outline and content for university education														D6	D5	
Organise and hold summer schools				x				x				x				x
<b>Working Group 4</b>																
High-profile launch of COST Action		x														
Develop communication strategy. Website and social media development; Data bank (Mail list). Printed materials				D7												
Implementation of Communication Strategy																D8

D = Deliverable

### 3.1.4. RISK AND CONTINGENCY PLANS

The Action will constantly monitor and manage risks. As an agenda item at all meetings risks will be identified, evaluated and prioritized. Risks will have a named risk owner, and potential mitigation strategies will be discussed, ranked and monitored in an ongoing manner. One of the most important challenges for the Action will be to have a consensus on which programs to undertake. The Action will adopt bylaws to protect the members and guide it's work.

Summary of the main risks in relation to the work plan and the ways to minimize them:

A lack of interdisciplinary working and lack of connection between WGs: to foster interdisciplinary work, careful consideration will be given to the make-up of the WGs. The WG membership will reflect as many different disciplines as possible in order to balance all input. Each WG also has to include experts with

a general knowledge of sexual medicine. Each WG will design its own organization, priority of objectives and methods for reaching the expected results. The Management Committee will approve additional meetings that the WGs organise. Action participants can join more than one WG. In the case of WG3, medical expertise will be rounded off by expertise on curricula development and university education, whereby input from patient organisations is also foreseen. This will ensure adherence to the Action's conceptual approach and high-quality interdisciplinary output.

Delayed or unaccomplished deliverables: It will be especially the task of the WG Leaders and their Deputies to monitor timely accomplishment of deliverables. They will therefore prepare a monitoring and evaluation system in cooperation with the other Management Committee members, and provide follow-up information.

Not achieving critical mass: it will be particularly the task of the Chair and Vice-Chair to monitor the inclusion of all types of players to make the Action a success in achieving its foreseen objectives and results, while keeping the network manageable with regard to its size. They will report on this matter in each MC meeting and implement the suggested measures.

Time constraints in developing and testing curricula: in the end, much of the synthesised work of WG1 and WG 2 will provide input for the development and possible testing of the developed curricula. The MC will be responsible for the monitoring of progress made in each WG as a priority in his/her management tasks, WG Leaders will report on possible delays and constraints in the interests of arriving at foreseen results and deliverables, and if needed, actions will be undertaken to mitigate adverse consequences.

## **3.2. MANAGEMENT STRUCTURES AND PROCEDURES**

To ensure the effective management of the COST Action, a Management Committee (MC), a Core Group (CG) and four Working Groups (WGs) will be established.

The MC will hold responsibility for the strategic oversight and scrutiny of the Action Network, monitoring the implementation of aims and objectives, gender balance, inclusiveness of researchers from less research-intensive countries and involvement of ECIs. It also pursues the goal of including experts from Near Neighbour Countries (NNC) and International Partner Countries (IPC). The MC will normally meet twice per year. The MC can also meet on an ad-hoc basis if important decisions necessitate this and/or in accordance with COST rules.

The Core Group will consist of the MC Chair and Vice-Chair, the Grant Holder Scientific Representative, all WG Leaders and Deputy Leaders, and the STSM Coordinator. A balance will be sought to include representatives from Inclusiveness Target Countries as well as Early Career Investigators. If these should be underrepresented, additional members will be invited to take part in the CG. In general, the CG will meet in advance of MC meetings, to prepare for the input to this meeting.

The main Action activities are organised into four WGs, each with an appointed Leader and her/his Deputy. The WG Leaders and Deputies will be elected by the MC based on professional background, leadership and experience in interdisciplinary and international research cooperation in the field. Patient representatives will play an important role by sharing their experiences and contributing to output.

The MC will appoint a Short-Term Scientific Mission (STSM) Coordinator and a STSM Committee. The Committee is responsible for the definition of evaluation criteria for STSM applications in line with COST rules and will observe transparency. Furthermore, the STSM Committee is charged with the evaluation of STSM applications, the selection of successful candidates and the approval of the scientific report submitted by the STSM Grantee.

Ad hoc participants might be invited to contribute to the COST Action activities when their expertise is considered of ultimate importance for the achievement of the Action Objectives. This may be the case, for example, for experts from IPC who are responsible for implementation of sexual medicine at universities, being speakers at COST Action Workshops and/or Conferences.

## **3.3. NETWORK AS A WHOLE**

The Action will bring together a rich and diverse network of researchers and stakeholders from multiple disciplines dealing with sexual medicine: from professionals from medical fields, curriculum planners at

university level, sexual medicine “generalists” as psychologists, sexologists, sociologists, to representatives from national and international patient advocacy groups and LGBT-rights-organisations. International federations, global networks and other organisations previously mentioned in this proposal will strengthen the network.

At present the Network deals with sexual medicine, including the subject itself and more specialised discipline orientated fields. The Action will strive for a fuller understanding of the dynamics and diversity of the field of sexual health and its disorders. Over the four years, these disciplines combined will provide the critical mass of the services required to carry sexual medicine into general medical services and studies in the public sphere. The Action will focus on geographical distribution first, throughout European health systems and then expand to other nations and continents. The mutual benefit for different stakeholders will be in the teaching, learning and also professional practices as they develop in the emergent field.

As to the benefits, it is recognised that further expertise should be achieved, broadening the area of disciplines through teaching and learning. There are non-European countries where sexual medicine is included in university education and interdisciplinary research is more developed. Extensive Education and research into sexual medicine and related disorders are practised at the University of Minnesota and the Institute for Advanced Study of Human Sexuality in the USA. The University of Stellenbosch in South Africa has an interdisciplinary program on sexual violence in armed conflicts and on links between AIDS and rape culture: sexual medicine is extremely important to understanding these behaviours. The Archives of the Kinsey Institute for Research in Sex, Gender and Reproduction at Indiana University offer relevant invaluable historical resources and will precisely record the Action’s development as a worldwide model for promotion in sexual health.

Several stakeholders already have close ties with and benefit from the information shared with these institutions. In the near future, the Action will invite these institutions, and others like them, such as WHO, to join COST as international partners thus to increase interaction for all stakeholders. These institutions are fine examples of established practices teaching and learning that will be highly valuable contributions to the network as it makes its way into the medical sciences and public services internationally. One research fellow with the School of Population and Public Health, University of British Columbia, British Columbia Centre for Disease Control in Canada, an IPC, will participate in the Action. The focus of his outstanding work lies on epidemiology of mental and sexual health disparities that differentially affect sexual minorities.

In order to establish sexual medicine as a known quantity in civil society, it calls for representation in European and national government policies. Because this should happen soon, the Action will begin to work alongside such policymakers on these matters as quickly as possible.

The Action will always respect the sexual rights postulated by the WHO. Finally, the COST Action will aim to increase public education about sexual medicine and related topics by creating programs and interviews distributed via general media including social media.

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