



საქართველოს შრომის, ჯანმრთელობისა
და სოციალური დაცვის მინისტრი
MINISTER OF LABOUR, HEALTH AND SOCIAL
AFFAIRS OF GEORGIA



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10 / July / 2017

H.E. Mr. Valery Malashko
Minister of Health of the Republic of Belarus

Your Excellency,

I avail myself of this opportunity to renew to you the assurance of my highest consideration.

First of all I would like to underline the importance of our continued partnership under the “Memorandum of Understanding on Donation and Cooperation between the Government of Georgia and the Government of the Republic of Belarus” which will make a significant contribution to eliminate HCV burden in the Republic of Belarus.

With this letter I would like to kindly ask you to provide us with the monthly report and questionnaire on drug traceability from the date of signing of the contract in accordance with the articles 2.1.4 and 2.2.8 of the Contract between the Ministry of Labour, Health and Social Affairs of Georgia and RUP “BELPHARMATSIYA” on donation of pharmaceutical product envisaged under the abovementioned Memorandum of Understanding.

I look forward to a positive outcome.

Sincerely,

Minister

David Sergeenko



Drug (Sovaldi) Traceability Special Report Form

<u>RESPONSIBLE BODY (Organization):</u>	
Contact Person (Full Name)	
Position:	
Tel:	
e-mail:	
Date of Completion of the Form	

Drug/Beneficiaries Details

2017	Number of beneficiaries selected for treatment	Number of beneficiaries involved in treatment	Number of distributed medicines	Number of beneficiaries who stopped treatment	Note (reasons for cessation of treatment)	Number of beneficiaries who have completed treatment	Treatment outcome
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							

Questions:

1. Do you have the elaborated safety mechanism of medications (for example, dispensing medicines and drinking the first pill under video surveillance, recounting the amount of tablets once in two weeks, the procedure of returning empty bottles in order to get another one and etc.);

2. Do you conduct clinical monitoring of the beneficiaries (for example, HCV RNA tests in the fourth week of treatment and by the end of the treatment course, ALT, AST tests and etc.)

3. Do you have the elaborated treatment mechanism for beneficiaries, in case of interruption of treatment procedure (for example, in Georgia, in case of arbitrary treatment cessation by patients themselves, the patients cannot receive medication repeatedly for at least a year, whereas in case of treatment cessation due to their health condition, the patients may be allowed to be included into the treatment procedure again)