



General data

POPULATION, 2023
80,856
PHYSICIANS / 1,000 INH, 2021
-

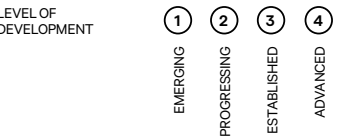
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
46,818
HEALTH EXPENDITURE (% GDP), 2021
8.33
UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



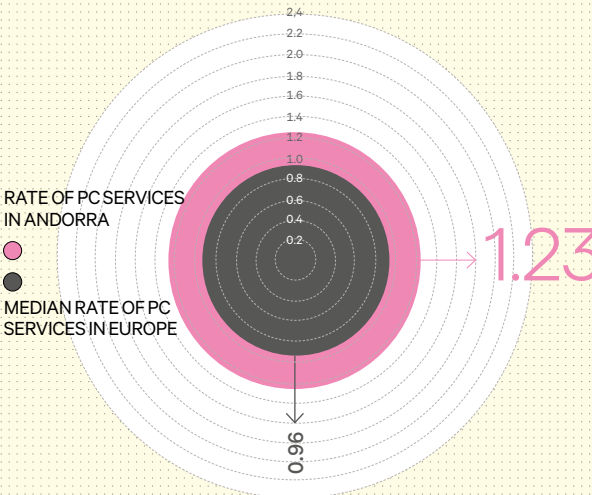
Consultants: Marc Pascual
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Andorra

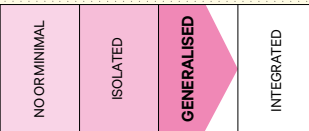
F Provision of PC (Specialised Services)

Total number of Specialised PC services
1
Rate of PC services per 100,000 inhabitants
1.23

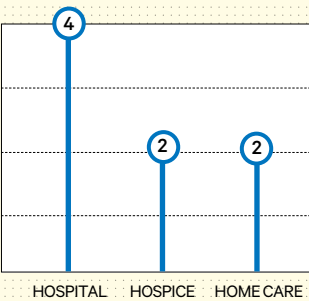
Andorra in the context of European region



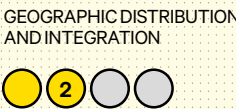
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER

0

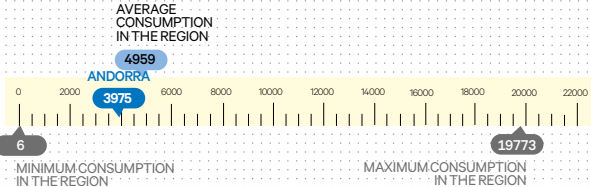


Andorra

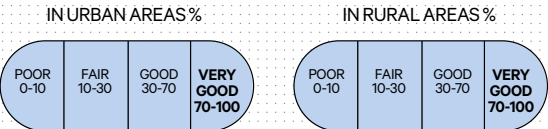
D Use of essential medicines

Opioids consumption (excluding methadone)
3,975
S-DDD/MILL INHABITANTS/DAY

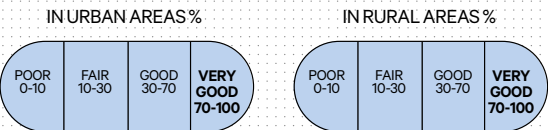
Andorra in the context of European region



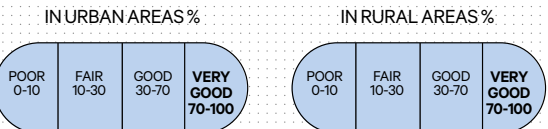
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
0/0

Nursing schools with mandatory PC teaching
1/1

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
3

A Empowerment of people and communities





Groups promoting the rights of PC patients
1

Advanced care planning-related policies
3

EU Andorra

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	Some sporadic activities towards sensitization to palliative care such as the workshop organized by the SAAS (Andorra Health-care System) to enhancing home care and empowering patients and families in healthcare decision-making, or the conference by the Crèdit Andorrà Foundation on palliative care and support for the families of the sick.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	An advance care directive law was issued in 2019 (<i>Decret del 6-03-2019 d'aprovació del Reglament que regula el funcionament del Registre Nacional de Voluntats Anticipades.</i>) This came along with a registry of advance directives or living wills in the Health Ministry, which is available from the Electronic Patient Record. The general population has the right to issue and register their living will, which will be automatically available for healthcare professionals nationwide. Advance care planning is embedded in the Electronic Patient Record, although its use is scarce. Currently (2024), a Chronic Complex Patient and High Complexity Patient programme is underway, and this should implement a systematic advance care planning system to encourage the included patients to discuss the advance care planning.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  Not known or does not exist neither standalone nor is included in another national plan.	There is scarce mention of palliative care in health-related legislation, and there is no specific palliative care plan. The general health law does not contain specific reference to palliative care.

EU Andorra

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	There is mention of the palliative care role of primary care healthcare professionals included in the essential list of services recognised by a governmental decrees but not in the General Health Law.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.)	There is no specific coordinating authority for palliative care at the Ministry of Health.

EU

Andorra



<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div>	<div>In 2023, the First National Palliative Care Congress was held in Andorra (<i>I Jornada de Cures Pal·liatives d'Andorra</i>). The second congress is scheduled to take place in 2025.</div>
<div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Minimal or non-existent number of articles published on the subject.</div></div>	<div>No peer-reviewed articles on palliative care over the past five years.</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div>	<div>No evidence found.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div><div>3,975</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>ANDORRA</div><div>3975</div><div>0200040006000800010000120001400016000180002000022000</div><div>619773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div>	<div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div></div>

EU

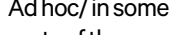
Andorra

Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand.

EU Andorra

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p>	<p>0/0</p> <p>0/0</p> <p>1/1</p> <p>0/1</p> <p>0</p> <p>No</p>	<p></p> <p>There is only one nursing school in Andorra. Palliative care is part of the formal training, with a specialised teacher (nurse specialist in palliative care). However, no module or subject was identified with the term “palliative care” and there are not full professors, but one specialised nurse with Master degree in Palliative care.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>There are neither medical school nor medical specialty processes in Andorra.</p>

EU Andorra

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>Andorra has one specialised palliative care team, comprising a full-time doctor, a part-time doctor, two nurses, a part-time social worker, and a part-time oncology psychologist. This hospital-based team provides comprehensive palliative care services to inpatients, through an outpatient clinic, and home visits across most of the country, excluding a remote rural area. While Andorra lacks a dedicated hospice, a residential care facility has allocated several beds for end-of-life palliative care. These beds are managed by non-specialised medical staff but operate under the guidance of the hospital's palliative care team. In total, Andorra has one palliative care service, equating to 1.18 services per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ANDORRA</p> <p>1.23</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>1 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p>	<p>Andorra lacks a specialised children's palliative care team within its borders. Instead, the country's general palliative care team collaborates closely with a specialised children's palliative care service in neighboring Catalonia, Spain, to provide comprehensive care for pediatric patients. When hospitalization is necessary, children receive care from the adult palliative care team in coordination with the hospital's pediatric service and the Catalan children's palliative care experts. While Andorra has no dedicated children's hospice, an agreement with Spain allows referrals to a pediatric hospice in Catalonia when needed. The Andorran palliative care team offers home-based care for children throughout most of the country, excluding a remote rural area.</p>