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Health Systems in Action (HSiA) Insights

Andorra

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This edition of the Health Systems in Action Insight for Andorra was written by Yulia Litvinova and Bernd Rechel.

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- provide core information and data on health systems succinctly and accessibly;
- outline the country health system context in which WHO Europe's Programme of Work is set;
- flag key concerns, progress and challenges; and
- build a baseline for comparisons, so that Member States can see how their health systems develop over time and in relation to other countries.

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HEALTH SYSTEMS IN ACTION INSIGHTS: ANDORRA

Key points

- The Ministry of Health is responsible for the planning, regulation and management of the health system. The Andorran National Health Service (*Servei Andorrà d'Atenció Sanitària*, or SAAS) manages the only hospital in Andorra, 12 primary care centres, emergency care services, institutional mental health care, and residential long-term care in one of four nursing homes.
- General practitioners (GPs), some specialists and some allied health professionals (such as physiotherapists, speech therapists and clinical analysts) operate as self-employed providers and sign agreements with the Andorran Social Security Fund (*Caixa Andorrana de Seguretat Social*, or CASS)
- The CASS is responsible for the public funding of health services. It pools public funds centrally, provides social and sickness benefits, and pays health care providers for their services based on signed agreements.
- Population coverage of the social health insurance scheme is extensive, covering over 98% of residents in 2023.
- The benefits basket is comprehensive and includes some cross-border care in France and Spain (based on agreements with these countries), but there are substantial co-payments (such as 10% of hospital care costs). Nevertheless, Andorra has one of the lowest shares of health spending derived from out-of-pocket (OOP) payments in the WHO European Region, amounting to 11.0% in 2023.
- This low share is due to the very high share of current health spending that is derived from voluntary health insurance (VHI), amounting to 17.9% in 2023, higher than in any other country in the WHO European Region. Private health insurance is largely complementary, covering the cost-sharing required in the social health insurance system.
- In 2023 (the latest year with available data), 2.1% of households experienced catastrophic spending, placing Andorra in the lower range of countries in the WHO European Region.
- The Andorran health system has fewer nurses but more doctors per population than the WHO European Region on average. In 2023, all doctors working in Andorra were trained abroad, a share that was 42.2% for nurses.
- Between 2016 and 2023 life expectancy at birth in Andorra increased from 83.4 to 84.6 years, one of the highest in the WHO European Region.

1 ORGANIZING THE HEALTH SYSTEM

Andorra's unique historical and geographic development is also reflected in the organization of its health system

The Principality of Andorra is a landlocked country spanning 468 km², nestled in the Pyrenees mountain range between Spain and France. Home to approximately 85 000 people as of 2023, Andorra has a unique history and governance structure that shapes its health system. While the country's first constitution was only ratified in 1993 – enshrining health care rights for its population – Andorra had already established a functional health system by the 1960s.

Executive power is vested in the Executive Council (Government), which consists of eleven ministers, including the Minister of Health (*Ministeri de Salut*), who is responsible for the planning, regulation and management of the health system. Legislative power is vested in the 28-member General Council (Parliament), which is elected by popular vote and includes representatives of political parties from each of Andorra's seven parishes (*Canillo*, *Encamp*, *Ordino*, *la Massana*, *Andorra la Vella*, *Sant Julià de Lòria* and *Escaldes-Engordany*). All health-related legislation must be approved by the General Council.

The public financing of health care is managed by the CASS. Provision of a major part of health services in the country is situated within the SAAS, established in 1986, which manages the only hospital in Andorra, 12 primary care centres, emergency care services, institutional mental health care, and residential long-term care in one of four nursing homes. In contrast, GPs, independent (not employed by the SAAS) specialists and some allied health professionals (such as physiotherapists, speech therapists and clinical analysts) operate as self-employed providers and sign agreements with the CASS. Additionally, some specialist and tertiary care services are provided outside Andorra by providers in other countries, also through agreements with the CASS. Both the CASS and the SAAS are autonomous semi-public institutions that operate at the national level.

Population coverage in Andorra is high

Andorra ensures the health and well-being of its residents through a system rooted in social and health insurance principles. The CASS pools public funds centrally, provides sickness benefits and pays health care providers for their services based on signed agreements. In 2023, the CASS covered over 98% of residents. Entitlement is based on payment of contributions for employed and self-employed people and their dependents (spouse, children and dependents under the age of 25 years). The state covers the contributions for unemployed people, minors under Government guardianship, persons with a disability greater than 60% who receive a solidarity pension and individuals who have been granted the health protection benefit. Salaried employees contribute 22% of their salary to social security, shared between the employer (15.5% for both health insurance and pension) and the employee (6.5% for both health insurance and pension). Self-employed individuals pay between 25% and 137.5% of the average salary depending on their net profits (in 2025, the average salary was defined at €2561 per month). "Passive residents" (those who have obtained residency in the country, benefiting from tax benefits but potentially performing most of their economic activities outside of it) must obtain private health insurance, as they are not covered by the mandatory social health insurance scheme.

The CASS offers a comprehensive benefits basket which includes specialized care (mostly in tertiary care hospitals) in France and Spain (based on agreements with these countries that provide mutual medical coverage for their residents), as well as urgent care in Portugal. Co-payments are common for health services in Andorra, with patients paying 10% of hospital care costs, 25% for outpatient primary and specialist care, dental services and prescription medicines, and 35% for rehabilitation services, although many of these co-payments are then covered by VHI which accounts for a substantial share of health spending **(see below)**. However, no co-payment applies to individuals with limited financial resources (those with an income equal to or lower than the monthly minimum wage), as well as for health services related to work-related injuries, childbirth or certain severe diseases (for example cancer or HIV). The CASS also reimburses non-contracted providers approximately 20% of the fee that a contracted provider would have received from the CASS. The benefits basket is updated periodically.

Efforts are under way to strengthen the health system through improved inter-governmental collaboration

On 8 July 2024, 42 entities, including the Parliament, the Government, health care organizations, NGOs and professional associations, signed the National Pact for the Quality, Efficiency, and Sustainability of the Health System (Ministry of Health, 2024). This Pact, developed through extensive consultation, outlines priorities to enhance Andorra's health system.

The National Pact emphasizes strengthening health promotion and disease prevention, improving access to quality care through workforce planning and coordination, ensuring health system sustainability through efficient financing and monitoring, and fostering research and innovation. The Pact addresses workforce challenges with a 20-year plan to meet future needs, access to continuing education and partnerships with neighbouring countries. In primary care, it aims to modernize clinical records to better support health professionals. Hospital improvements include new infrastructure and reorganization of existing facilities. Specific focus areas include mental health, oncology and chronic diseases, with a commitment to comprehensive care strategies. Legislative reforms outlined in the Pact include a revised law on the regulation of the pharmaceutical sector. With its clear roadmap, the Pact aims to build a more resilient, equitable and innovative health system for Andorra.

2 FINANCING AND ENSURING FINANCIAL PROTECTION

Health spending per capita is comparable to other high-income countries, but a much greater share comes from VHI

Andorra spent 7.9% of its GDP on health in 2023, which was below the EU average (10.4% in 2022). Per capita spending on health amounted to US$ 5641 in 2023, when adjusted for purchasing power (WHO, 2025a). This was slightly higher than the EU average (US$ 5216), but slightly lower than the average for high-income countries in the WHO European Region (US$ 5791). A unique feature of the Andorran health system is the very high share of current health spending that is derived from VHI, amounting to 17.9% of current health spending in 2023, equivalent to US$ 1010 **(Fig. 1)**. Private health insurance is largely complementary, covering the cost-sharing required in the social health insurance system.

Public spending on health as a share of GDP was steadily increasing even before the COVID-19 pandemic

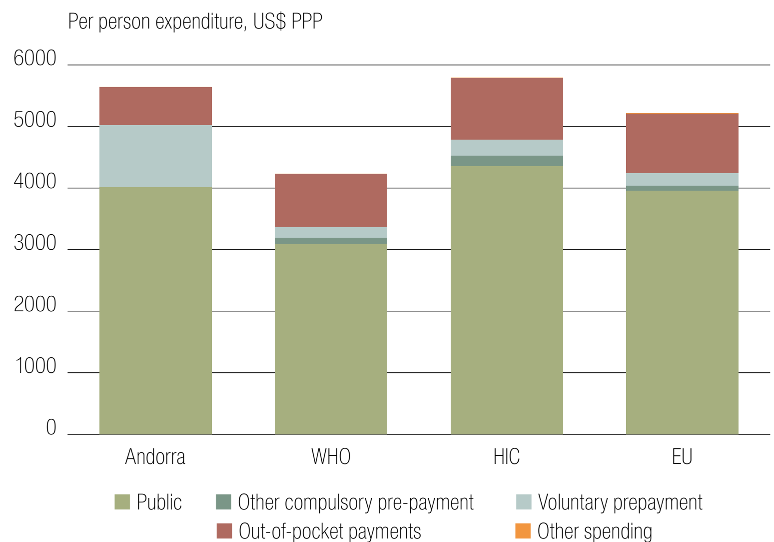
The largest source of health spending in Andorra in 2023 was public funds, amounting to 71% of current spending on health **(Fig. 1)**. As a share of GDP, public spending on health in Andorra peaked in 2020 at 6.4% (WHO, 2025a), which was due to an increase in public spending on health during the pandemic, the concurrent economic contraction, and increased rates of reimbursement by the CASS and higher centralized capital transfers for infrastructure development, the latter two not related to COVID-19 (National Office of Statistics, 2022). Public spending on health as a share of GDP then declined to 5.5% in 2022 and slightly increased to 5.6% in 2023 (WHO, 2025a), levels that were below the averages in the EU and high-income countries **(Fig. 2)**. However, when seen in the context of overall public spending, Andorra compares favourably with many other European countries, with public spending on health representing 18.3% of general government expenditure in 2023, indicating a high priority given to health.

OOP spending in Andorra is comparatively low, partly because of a high reliance on VHI

OOP spending on health accounted for 11.0% of health spending in Andorra in 2023, a substantial decrease from 15.4% in 2000. This placed Andorra among the European countries with the lowest levels of OOP spending on health and was substantially below the averages in 2022 for the EU (19.2%), European high-income countries (17.5%) and the WHO European Region as a whole (26.8%) **(Fig. 3)**.

Fig.1

Per capita spending on health is higher than the EU average and comprises a substantial share of VHI

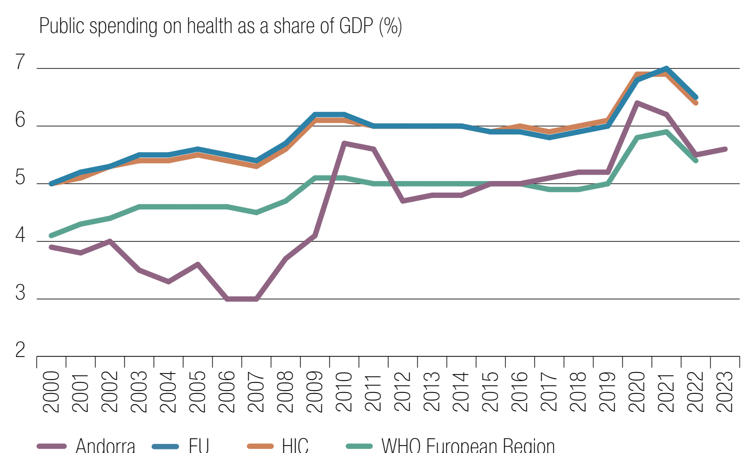


Source: WHO, 2025a.

Notes: 2022 data. Andorra and Luxembourg 2023 data. Ukraine 2021 data. Public refers to transfers from government budgets and social health insurance contributions. Other compulsory pre-payment refers to premiums for mandatory health insurance schemes in Belgium, Finland, France, Germany, the Netherlands[1] and Switzerland. Other spending includes external funding and some other marginal spending. HIC: high-income countries in the WHO European Region; PPP: purchasing power parity.

Fig.2

Despite fluctuations, Andorra's public spending on health as a share of GDP has increased notably over the last two decades



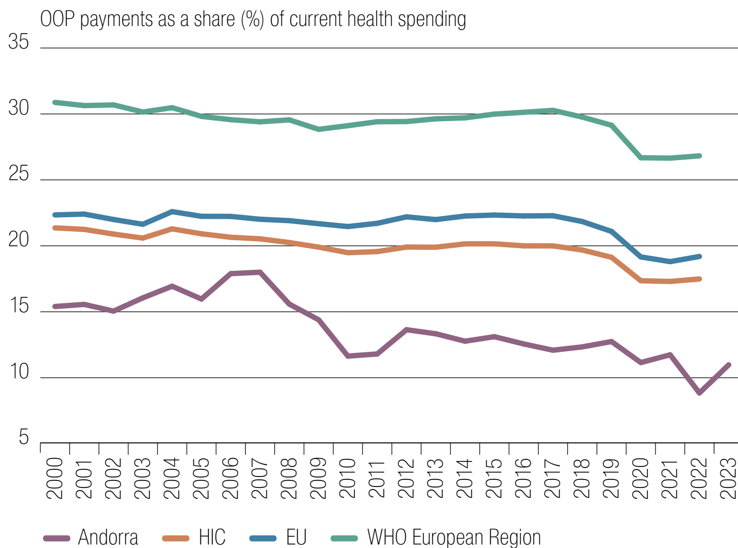
Source: WHO, 2025a.

Notes: HIC: high-income countries in the WHO European Region; averages are unweighted.

1 Note that Netherlands (Kingdom of the) comprises six overseas countries and territories and the European mainland area. As data for this Insight refers only to the latter, the Insight refers to it as the Netherlands throughout.

Fig.3

OOP spending in Andorra is lower than in most other countries in Europe and has decreased further over the last two decades

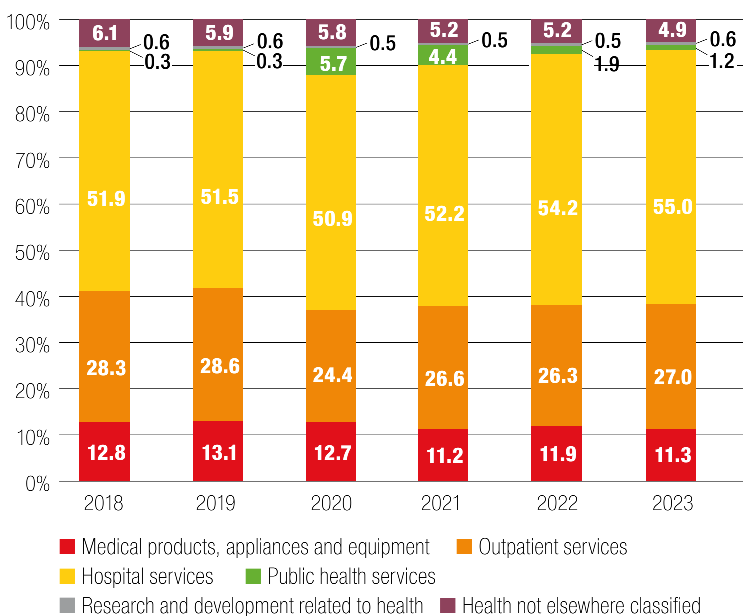


Source: WHO, 2025a.

Notes: HIC: high-income countries in the WHO European Region; averages are unweighted.

Fig. 4

Public spending on health is dominated by hospital services, but spending on public health services was stepped up during the first two years of the COVID-19 pandemic



Source: National Office of Statistics, 2024a.

Note: Medical products, appliances and equipment includes pharmaceuticals, therapeutic devices and equipment; outpatient services include general medical services, specialized medical services, dental and paramedic services; hospital services include general hospital services, specialized hospital services, and nursing and convalescent home services.

Up to 90% of medical expenses in Andorra (in the case of hospital care) are covered by the social security system (CASS) **(see Section 1)**, with the remaining costs paid privately by patients. Despite this, OOP spending on health remains relatively low as a share of current health spending, suggesting that the gap is filled to a large degree by VHI, which contributed a sizeable 17.9% to current health spending in 2023, the highest share of any country in the WHO European Region **(Fig. 1)**. VHI in Andorra encompasses both the mandatory private insurance required for “passive residents” and complementary plans designed to bridge gaps in public coverage (such as the large co-payments). In 2023, it was estimated that 73.2% of the population had complementary VHI coverage.

Levels of catastrophic health spending are comparatively low. In 2023 (the latest year with available data), 2.1% of households experienced catastrophic spending, placing Andorra in the lower range of countries in the WHO European Region. Household budget survey data indicate that households in 2023 spent on average 3% of their budget on VHI premiums, compared to 1.8% on OOP payments for health services (UHC watch, 2025).

Inpatient care accounts for the largest share of public spending on health in Andorra

Public spending on health in Andorra is largely allocated to hospital services, which consistently accounted for more than half of public spending on health in 2018–2023 **(Fig. 4)**. In 2023, over 60% of public spending on hospitals went to general hospital services, roughly one third to specialized hospital services and just over 9% to nursing and convalescent home services. This distribution remained relatively stable between 2018 and 2023. However, overall hospital care utilization surged following the COVID-19 pandemic, as delayed elective procedures and surgeries were finally carried out. In outpatient services, roughly two thirds of public spending in 2023 was allocated to general medical services. Specialized medical services accounted for roughly one fifth (or 5.3% of public spending on health), followed by paramedical services (15% of outpatient spending) and dental services (10% of outpatient spending or 2.7% of public spending on health). Shifting more specialized care from hospital settings to outpatient care could potentially improve efficiency. However, Andorra's limited health care resources may hinder the feasibility of such a shift **(see Section 3)**. To partially address these limitations and improve both allocative efficiency and integration of care, in 2020 Andorra introduced the “preferred route” for accessing specialized care, which promotes better coordination and optimized use of resources **(Box 1)**.

Spending on public health services saw a substantial increase during the COVID-19 pandemic, rising 19-fold from 0.3% of public spending on health in 2019 to 5.7% in 2020. This share declined to 1.2% of public spending on health in 2023, still above pre-pandemic levels **(Fig. 4)**.

Box 1

Implementing the "preferred route" aims to strengthen gatekeeping and improve the efficiency of spending

The Andorran health system aims to strengthen the role of GPs through the introduction of a "preferred route" for accessing specialist care. Since 2020, the "preferred route" has been established and promoted, positioning primary care doctors (GPs or, for children, paediatricians) as the main entry point to the health system **(see Section 3)**, although nurses in primary care centres are also part of the "preferred pathway" (Ministry of Health, 2025a). This pathway emphasizes quality, person-centred care and efficiency, offering patients lower co-payments compared to accessing specialist care directly. For instance, without a GP referral, co-payments for outpatient specialist visits are 67%, compared to just 25% with a referral. Similarly, diagnostic tests incur a 40% co-payment without a referral (25% with a referral), while rehabilitation services require 40% without a referral (35% with a referral). Complementary VHI plans, designed to bridge gaps in public coverage, do not necessarily adhere to the "preferred" pathway conditions.

3 GENERATING RESOURCES, PROVIDING SERVICES AND ENSURING ACCESS

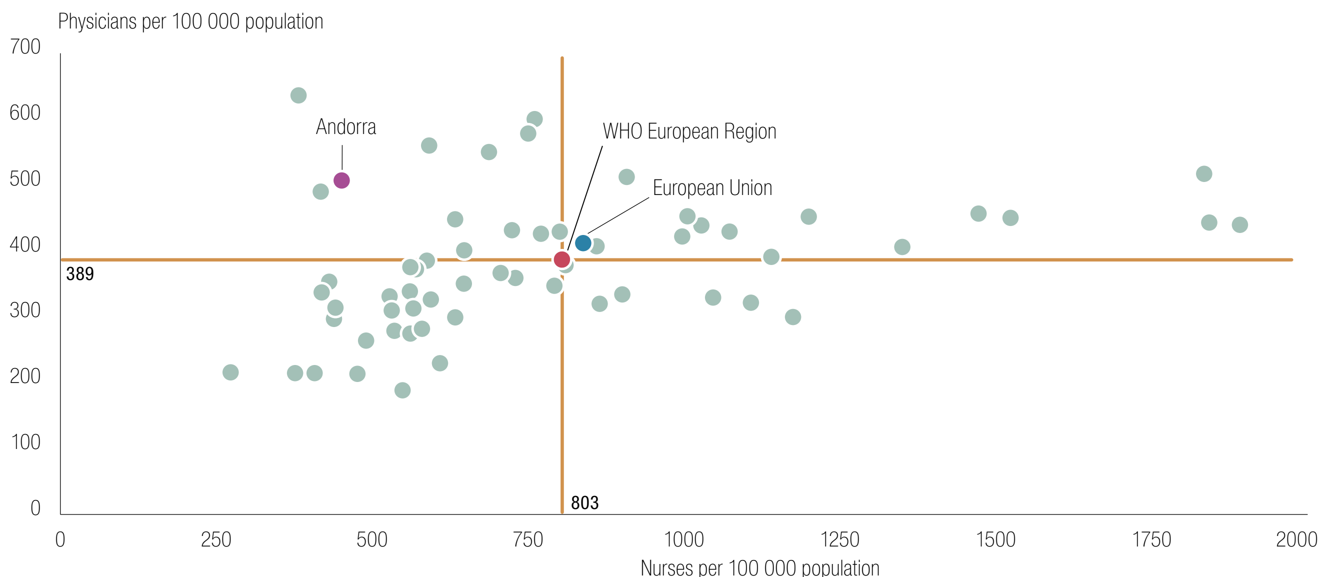
Andorra has a higher number of doctors but a lower number of nurses per population than the WHO European Region on average

The Andorran public health care delivery system comprises a single hospital, *L'Hospital Nostra Senyora de Meritxell*, with 180 beds, 12 primary care centres and a geriatric care centre (*El Cedre*). All these facilities are organized and managed by the SAAS. In addition, in 2023 the system included 57 pharmacies and three privately managed long-term care facilities. Ambulatory care, including primary and outpatient secondary care, is primarily provided by private office-based physicians who sign reimbursement agreements with the CASS. Due to the (specialized) health services delivered outside Andorra in France and Spain, it is challenging to determine the exact number of physicians and nurses serving Andorran residents.

Based on internationally comparable data, Andorra had 507 doctors and 451 nurses per 100 000 population in 2023, which was a higher density of doctors but a lower density of nurses than in the EU and the WHO European Region as a whole **(Fig. 5)**. Workforce planning in Andorra faces challenges due to many health workers being trained abroad. Nevertheless, the numbers of physicians

Fig.5

The Andorran health system has fewer nurses but more doctors per population than the WHO European Region overall



Source: WHO, 2025b.

Note: Data for Andorra refer to 2023. Averages are based on latest available years. Densities were multiplied by 10 to calculate the density per 100 000 population.

and nurses have been increasing over time. The Ministry of Health, in collaboration with the SAAS, the CASS and professional associations, has been developing strategies for the retention and attraction of health professionals.

Thanks to electronic health records, the role of GPs in coordinating care has been strengthened

Patients can access primary care services through GPs or at one of 12 primary care centres (*Centres d'Atenció Primària* or CAP). However, these consultations require a co-payment of 25%. Insured individuals have the freedom to choose a GP (also called "referring doctor") affiliated with CASS and can change their GP if needed either through the CASS website or in its offices. In primary care centres care is provided by nurses who collaborate with GPs, specialists and other health professionals. These nurses deliver a wide range of services, including managing acute or chronic illnesses, monitoring conditions, administering treatments and providing wound care (although some of these services require a medical prescription by a doctor). In addition, they support individuals seeking to improve their health by offering information on disease prevention and health promotion measures.

GPs play a crucial gatekeeping role, coordinating care with specialists and, since 2020, serving as the entry point for the "preferred" patient pathway (although nurses in primary care centres are also part of the "preferred pathway") **(see Box 1)**. This pathway, supported by the use of an electronic patient record system available through the Shared Clinical History of Andorra within the publicly financed system, has facilitated the development of an integrated and coordinated care model across different levels of the system **(see Box 2)**.

Patients can also access specialist care via emergency pathways, hospital or specialist referrals (following an initial GP referral), or abroad, if local options are unavailable. Direct access to specialists in gynaecology, obstetrics, ophthalmology and dental care is also permitted, provided patients are registered with a GP.

Andorra's only hospital is the country's centre for specialist care

The delivery of inpatient specialist care in Andorra is centralized in the only hospital in the country – *L'Hospital Nostra Senyora de Meritxell*. The hospital's 180 beds were divided in 2023 into the following departments: 40 for internal medicine and palliative care, 26 for day care (including day oncological treatments), 20 for general surgery, 20 for trauma and orthopaedic surgery, 20 for short stays, 15 for gynaecology/obstetrics and paediatrics, 12 for adult mental health care, 4 for children and youth mental health care, 12 intensive care units (ICUs) and 11 beds for neonatal care (SAAS, 2024b). In addition, outpatient specialist consultations are provided on the premises of the hospital, including for paediatrics, orthopaedics, oncology, dermatology, urology, vascular surgery, internal medicine and gastroenterology.

The number of acute care beds in Andorra peaked at 226 beds per 100 000 population (192 beds in total) in 2015–2016. By 2019, it had decreased to 194 beds per 100 000 population, but in 2021, in response to the COVID-19 pandemic, additional ICU and critical care beds were organized. In the area of mental health care, Andorra recognized an increased need in the aftermath of the pandemic and focused on strengthening the provision of care away from inpatient care and towards community-based settings **(see Box 3)**.

The accessibility of health services has improved but some gaps remain

The Universal Health Coverage (UHC) Service Coverage Index provides a measure of access to essential health services across countries. In Andorra, this index has

Box 2

Andorra's e-health project aims to build a comprehensive telemedical ecosystem, building on its established electronic health records

The digital health system in Andorra has seen substantial progress. Launched in October 2017, the Shared Clinical History of Andorra (*Història Clínica Compartida d'Andorra*, or HCCA) project aims to integrate all health data generated when in contact with health care providers and consolidate them into a single, comprehensive platform accessible by health workers and patients. This initiative is a joint effort between the Ministry of Health, the State Secretariat for Digital Transition and Strategic Projects and the SAAS.

One of the results of these efforts is the *Andorra Salut App*, which aims to give citizens control over their health data (SAAS, 2024a). Currently, the application provides functionalities such as viewing medical reports and test results, requesting appointments, viewing vaccination records and accessing other health information. Future updates are anticipated to include electronic prescriptions, telemedicine consultations and the ability for patients to complete questionnaires required by health care providers.

In line with the expansion of the app, Andorra has implemented telemedicine systems, including obstetric monitoring with fetal telemetry. This system enables continuous fetal monitoring from multiple locations, improving safety and optimizing health care for obstetric patients (SAAS, 2024b). These initiatives illustrate Andorra's attempts to use digital tools to improve health care delivery, increase resource efficiency and empower citizens to manage their health.

Box 3

Andorra is developing comprehensive policies to strengthen mental health

TIn February 2022, the Government of Andorra approved the Comprehensive Plan for Mental Health and Addictions (P*la Integral de Salut Mental i Addiccions*, or PISMA), initiating large-scale projects to address the growing needs in mental health care (Ministry of Health, 2022). PISMA adopts a pyramid model of care to establish a comprehensive, intersectoral and multi-level mental health system. This model begins with self-care and self-help, progresses to community-based support services and primary care, and extends to outpatient psychiatric care, counselling and hospital psychiatric services.

The plan aligns with international standards (for example, the WHO Mental Health Action Plan 2013–2030) and emphasizes strengthening governance, training professionals (particularly in primary care) and shifting resources towards community-based care, prevention and promotion. The goal is to transition from a hospital-centric system to a more balanced, coordinated model that emphasizes holistic, community-focused care. This approach aims to meet care needs at the most appropriate level, empowering individuals and supporting their autonomy and independence.

In 2023, outpatient psychology was included in the benefits package and in 2024, a suicide prevention hotline (the "Green Line") was launched, a chat service providing emotional support to adolescents and young people.

A remaining gap is the lack of a sub-acute unit or residential resources to facilitate discharges from hospital units and prevent unnecessary admissions. In 2025, there were about 30 citizens admitted to facilities outside Andorra, and about 20 individuals with mental health and addiction issues reside in nursing homes. In an example of cross-border cooperation, a residential mental health centre is being developed in La Seu d'Urgell in Spain (10 km from Andorra), where Andorran patients requiring long-term care and convalescence are envisaged to be treated.

steadily improved from 67 (out of 100) in 2000 to 79 in 2021, close to the WHO European average of 81 **(Fig. 6)**.

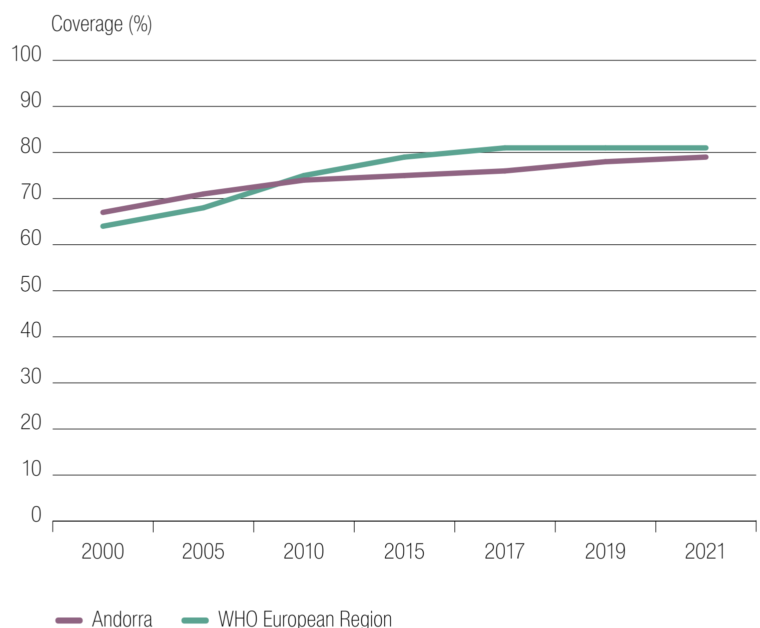
Similarly, the Healthcare Access and Quality (HAQ) Index, which assesses access to and quality of health care based on 32 causes of amenable mortality, placed Andorra at 89.1 out of 100 in 2019. This score placed Andorra ninth in Europe and eleventh in the world, according to the analysis of the GBD 2019 Healthcare Access and Quality Collaborators. Andorra achieved a particularly high HAQ score of 94.5 for the youngest age group (0–14 years), but the older age group (65–74 years) scored substantially lower at 79.3, potentially highlighting a greater vulnerability of older people (GBD 2019 Healthcare Access and Quality Collaborators, 2022).

Andorra has made progress in tuberculosis (TB) surveillance and treatment

Andorra has a relatively low incidence of TB. Although absolute numbers are small and can fluctuate, the number of new cases per 100 000 population declined from about 8 per year in 2009–2013 to about 4 per year in 2019–2023, falling below the rates seen in France, Spain and Portugal **(see Fig. 7)** (ECDC & WHO Regional Office for Europe, 2025). Andorra has long implemented a Tuberculosis Prevention and Control Programme (PPCT), led by the Ministry of Health. This programme brings together various health care stakeholders who play a crucial role in the surveillance and management of TB, addressing both active disease cases and latent TB infections. In 2023, the Ministry joined the WHO campaign "Yes, we can end tuberculosis!", to strengthen awareness among the population and highlight the fragility of successes in fighting TB (Ministry of Health, 2023).

Fig.6

The UHC service coverage index gradually increased in Andorra and is close to the regional average

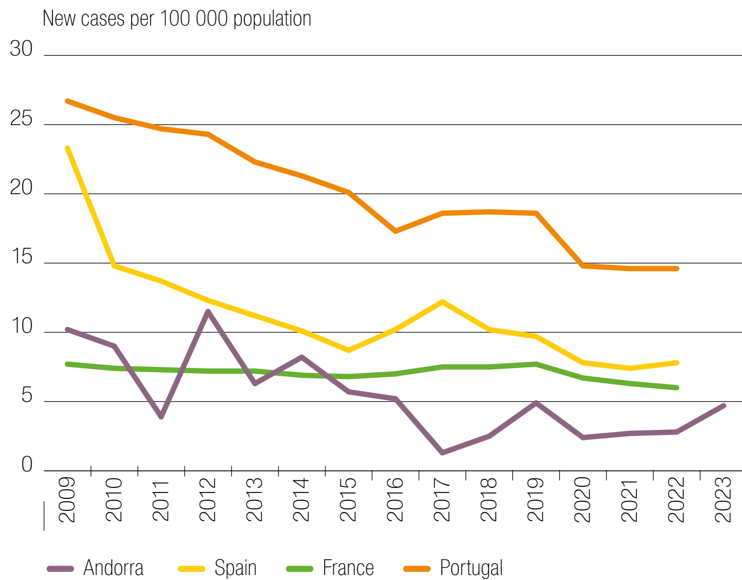


Source: WHO, 2025c.

Note: UHC service coverage index, defined as the average estimated coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access; among the general and the most disadvantaged populations.

Fig.7

New cases of TB have decreased substantially in Andorra



Source: ECDC & WHO Regional Office for Europe, 2025.

Routine immunization coverage is stable and reaches almost the entire eligible population

Andorra has maintained high rates of routine immunization for infants, with stable coverage of nearly 99% for the first dose of the measles vaccine (MCV1) and the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) since 2017. Coverage for the second dose of the measles vaccine varied between 94% and 97% from 2017 to 2022, reaching 96% in 2022, which was higher than the average of 91% in the WHO European Region. In Andorra vaccines can be administered at paediatrician offices, through the School Health Service or at primary care centres.

4 IMPROVING THE HEALTH OF THE POPULATION

Life expectancy has recovered from a setback during the COVID-19 pandemic

Between 2016 and 2023 life expectancy at birth in Andorra increased from 83.4 to 84.6 years, one of the highest in the WHO European Region **(Fig. 8)**. However, it fluctuated considerably during the years of the COVID-19 pandemic, with a decrease of 1.6 years between 2019 and 2020, from 84.1 to 82.5 years. The difference in life expectancy at birth between the sexes was 5.8 years before the pandemic in 2019 and 4.8 years in 2023, with male life expectancy at 82.1 years and female life expectancy at 86.9 years in 2023 (National Office of Statistics, 2024b).

The COVID-19 pandemic affected life expectancy and mortality trends in Andorra considerably. Between 2020 and 2023 the country recorded a cumulative COVID-19 death rate of 206 per 100 000 population, lower than neighbouring France (258 deaths per 100 000) and Spain (257 deaths per 100 000). The peak in COVID-19 deaths occurred in spring 2020 (WHO, 2024).

In 2020, Andorra's excess mortality – deaths directly caused by COVID-19 and deaths indirectly related to the pandemic – was substantially higher than the average of the WHO European Region, with 220 excess deaths per 100 000 population compared with the regional average of 137 **(Fig. 9)**. In 2021, however, this trend was reversed, with Andorra reporting an excess mortality rate of 119 deaths per 100 000 population, compared with 207 in the WHO European Region.

Maternal and infant mortality remain low

Between 2017 and 2021 Andorra recorded an infant mortality rate of 1.5 deaths per 1000 live births annually (with a total of four infant deaths), substantially lower than the average of the WHO European Region of 6.3 deaths per 1000 live births in 2021.

Maternal and child health services in Andorra are provided primarily through the Maternal and Child Programme (Programa Materno Infantil, or PMI), which is available in primary care centres. The PMI provides comprehensive care for women of childbearing age, covering antenatal, postnatal and family support. Midwives play a central role, providing hospital and primary care, conducting home visits for first-time mothers or those seeking additional support, and leading childbirth preparation workshops.

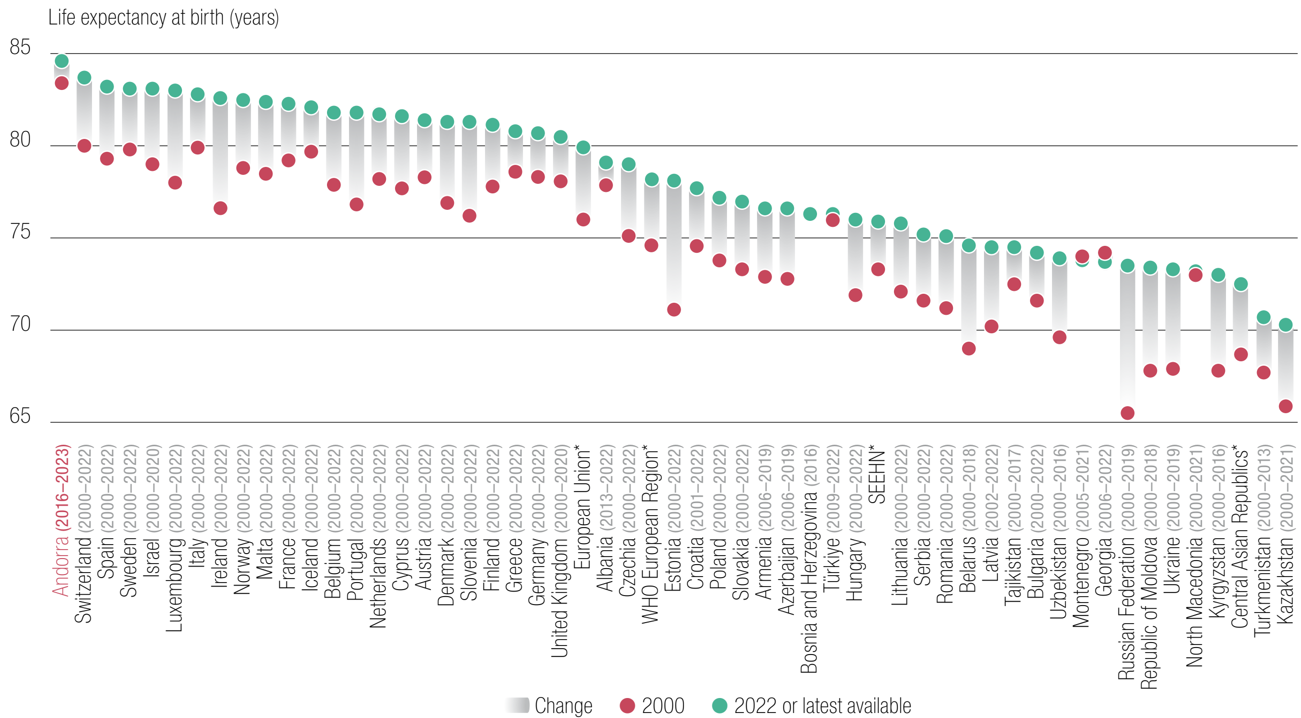
Noncommunicable diseases drive overall mortality patterns

The high burden of noncommunicable diseases shapes the overall pattern of mortality, with cancers and cardiovascular diseases being the leading groups of causes of death between 2017 and 2021 **(Fig. 10)**. During this period, the total annual mortality rate in Andorra was 457 deaths per 100 000 population, with 142 deaths per 100 000 population due to malignant diseases (led by lung cancer among both men and women) and 112 deaths per 100 000 population due to diseases of the circulatory system (led by ischaemic heart disease for men and ischaemic heart disease and stroke in similar shares for women).

Andorra calculates statistics on avoidable deaths in under 65-year-olds, which include amenable mortality (deaths that can be avoided in presence of timely and quality health care) and preventable mortality (those deaths

Fig.8

Life expectancy at birth in Andorra is among the highest in Europe



Sources: Eurostat, 2025, for EU/EEA countries, Albania, Montenegro, North Macedonia, Serbia, Armenia, Azerbaijan, Georgia and Türkiye; National Office of Statistics, 2024b, for Andorra; WHO Regional Office for Europe, 2024, for all others.

Note: * averages are based on years with data available. The South-Eastern Europe Health Network (SEEHN) includes Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, North Macedonia, the Republic of Moldova, Romania and Serbia.

Fig.9

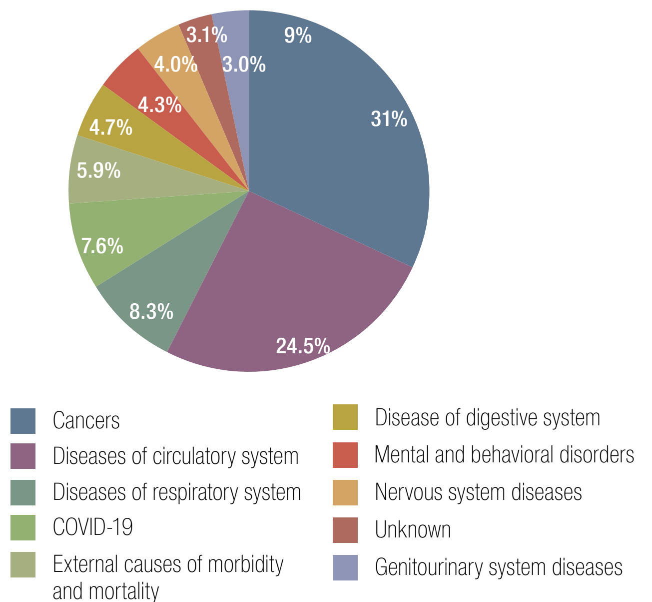
The number of excess deaths in Andorra declined markedly in the second year of the COVID-19 pandemic

Source: WHO, 2023a.

Note: Excess mortality from all causes of death, defined as the difference between the total number of deaths and the number that would have been expected in the absence of a crisis (for example, the COVID-19 pandemic). This difference is assumed to include deaths attributable directly to COVID-19 as well as deaths indirectly associated with COVID-19 through impacts on health systems and society.

Fig.10

Cancers accounted for more than 30% of all deaths in Andorra in 2017–2021



Source: National Statistics of Andorra, 2024d.

Note: Overview of the distribution of causes of total deaths grouped by ICD-10 groups (in %). Data are cumulative for 2017–2021 in view of the low annual numbers of deaths.

avoidable through public health interventions). Between 2017 and 2021 lung cancer was the leading preventable cause of death, followed by diseases of the circulatory system. For amenable mortality, the main cause of death was a joint group of stroke and hypertension.

The burden of disease in Andorra was dominated in 2021 by COVID-19

The burden of disease in Andorra, measured in disability-adjusted life years (DALYs), is relatively low compared with other countries in the WHO European Region. DALYs quantify the overall impact of diseases, representing a combination of years of life lost due to premature death and years lived with a disability due to ill-health. In 2021, COVID-19 alone was estimated to account for 1789 DALYs per 100 000 population **(Fig. 11)**. However, the increasing burden of mental health issues, particularly depressive disorders (926 DALYs per 100 000 population) and anxiety disorders (814 DALYs per 100 000 population), has given rise to policy action **(see Box 3)**.

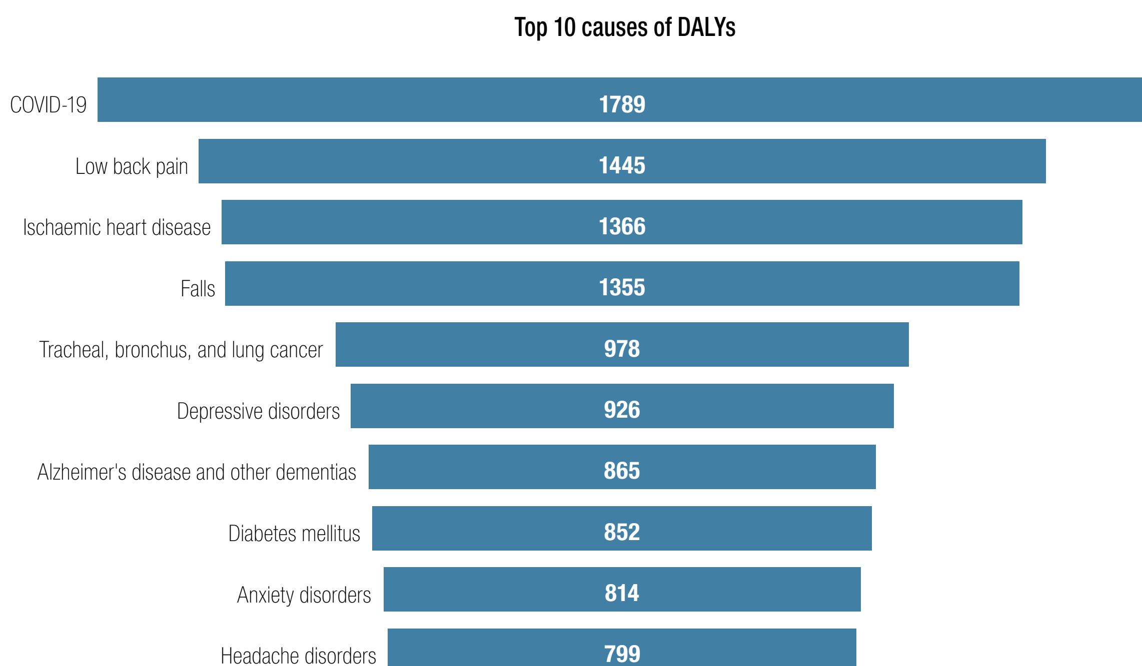
Unhealthy behaviours such as smoking and poor diet are major risk factors for mortality

High blood pressure, tobacco use and poor diet are the main immediate risk factors for mortality in Andorra. Hypertension was estimated to account for more than 13% of all deaths in 2021, tobacco use for more than 11% and poor diet for 9% **(see Fig. 12)**.

According to the 2024 National Health Survey, the prevalence of current tobacco use among people aged 15 years and over in Andorra in 2024 was 24.9% (23.0% among females and 30.0% among males) (Ministry of Health, 2025b). This was lower than 2023 estimates by the WHO Regional Office for Europe (WHO Regional Office for Europe, 2025) for France (28.3%), but higher than in Spain (23.1%) and Portugal (20.7%). The prevalence of tobacco use in Andorra has declined steadily from almost 34% in 2000, due to efforts and improvements in tobacco control policies. In 2020, Andorra acceded to the WHO Framework Convention on Tobacco Control. By 2022, the country had increased tobacco taxes to 78.3% of the price of a pack of cigarettes. Andorra has also started to regulate the sale and use of electronic nicotine delivery systems (WHO, 2023b).

Fig.11

COVID-19, low-back pain and ischaemic heart disease were the leading causes of ill-health and premature mortality in 2021



Source: IHME, 2024.

Notes: Top 10 causes of DALYs per 100 000 population for both sexes and all ages. DALY: disability-adjusted life year. Data refer to 2021.

Low physical activity, overweight and obesity are major challenges

The National Strategy for Nutrition, Sport and Health (ENNES) was approved by the government in November 2007. Under ENNES, several preventive initiatives have been implemented, focusing on information and education. These include the publication of guides on nutrition and physical activity, the organization of conferences for different audiences, and awareness campaigns such as the annual "Sports Day for All". Despite these efforts, survey data suggest that there is substantial room for improvement in the areas of nutrition and physical activity (WHO Regional Office for Europe, 2017).

In 2024, Andorra had a lower prevalence rate of overweight among people aged 15 years and more (32.4%) (Ministry of Health, 2025b) than countries in the WHO European Region on average in 2022 (55.9% among adults). Obesity rates in Andorra were also lower than the regional average (22.6% among adults in 2022), with 13.0% of females and 13.0% of males aged 15 years and more obese in 2024. However, the prevalence of insufficient physical activity among adults in Andorra was estimated at 27.2% in 2022, above the regional average of 25.0% (WHO, 2025c).

Results from the 2024 National Health Survey showed relatively high vegetable consumption, with 76.4% of male respondents and 85.3% of female respondents consuming vegetables at least three times a week, and 37.6% of males and 52.7% of females reporting daily vegetable consumption (Ministry of Health, 2025b). These results highlight both the progress and the ongoing challenges in promoting healthier lifestyles in Andorra.

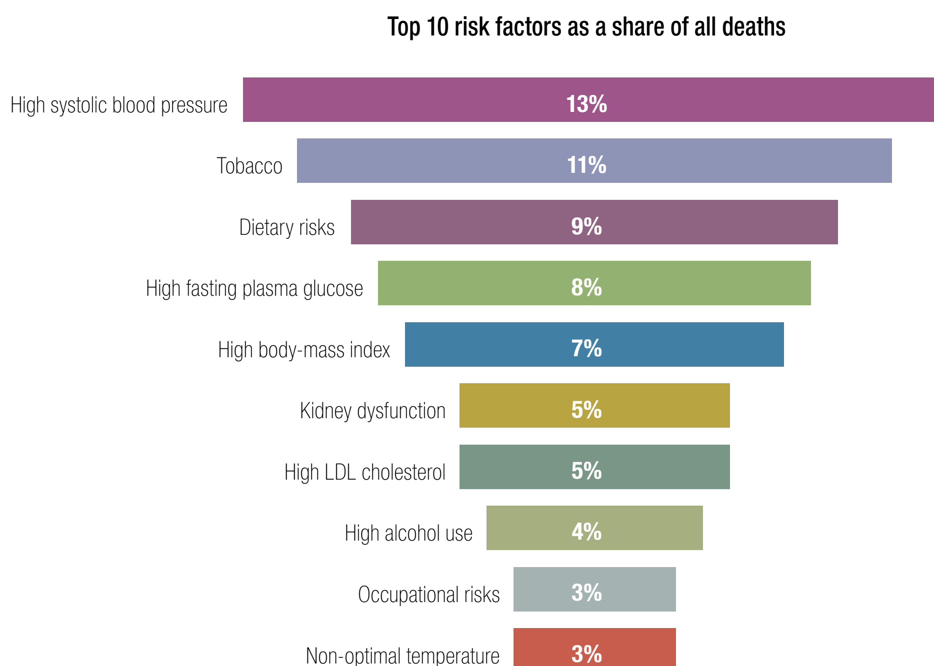
5 SPOTLIGHT ON HEALTH WORKFORCE TRENDS

Rates of nurses and physicians in Andorra have increased at different speeds

Since 2010, the number of health professionals per population has increased in Andorra, although at varying pace. The number of physicians per 100 000 population increased substantially between 2010 and 2023, from 295 to 507, surpassing the

Fig.12

Hypertension, smoking and poor diet are estimated to be the greatest immediate risk factors for mortality in Andorra

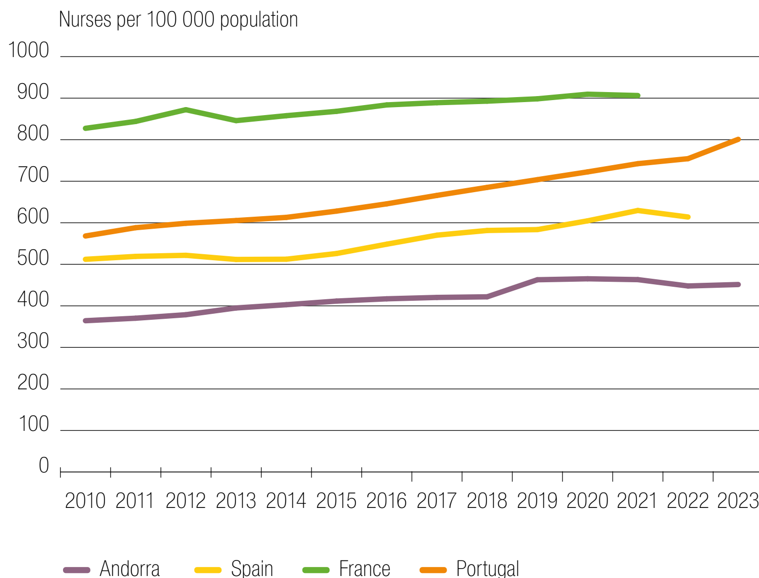


Source: IHME, 2024.

Note: Percentage of all deaths attributable to risk factors for both sexes and all ages. Shares overlap and therefore add up to more than 100%.

Fig.13

The ratio of nurses per 100 000 population in Andorra is lower than in neighbouring countries

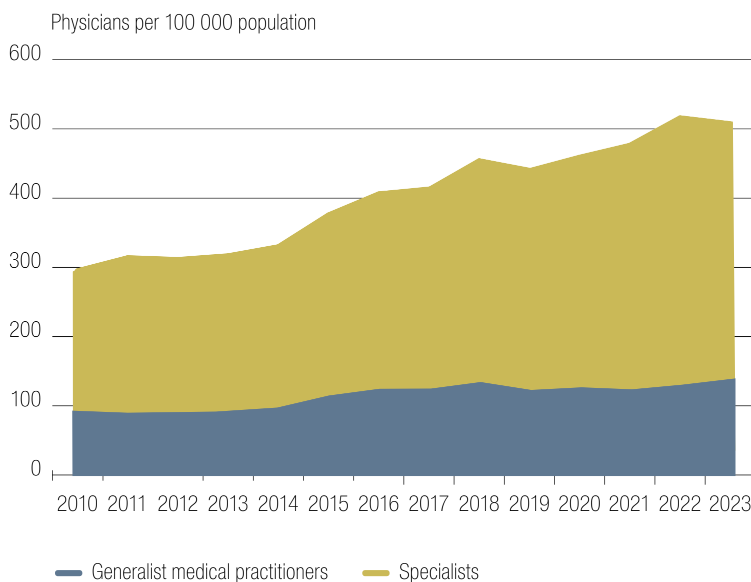


Source: WHO, 2025b.

Note: Densities were multiplied by 10 to calculate the density per 100 000 population.

Fig.14

In Andorra, about every fourth doctor is a generalist medical practitioner



Source: WHO, 2025b.

Note: Densities were multiplied by 10 to calculate the density per 100 000 population.

numbers in neighbouring France and Spain. In contrast, the ratio of nurses per 100 000 population increased at a slower pace, from 364 in 2010 to 451 in 2023 **(Fig. 13)**, which was much lower than the WHO European Region average of 808 per 100 000 population (in 2019). Consequently, in 2023, the nurse-to-doctor ratio in Andorra was below 0.9. While in 2023, 100% of doctors in Andorra were foreign-trained, this percentage stood at 42.2% for nurses (WHO, 2025b).

The number of generalists has increased, but their share of all physicians has stagnated

According to data from the WHO National Health Workforce Accounts database, the number of generalist medical practitioners in Andorra increased from 89 per 100 000 population in 2010 to 135 per 100 000 population in 2023 **(see Fig. 14)**. However, as a proportion of the total number of medical doctors, this figure remained relatively stable, fluctuating between 25% and 30% over the last decade and reaching 27% in 2023, as the number of specialists also increased between 2010 and 2023.

The number of physicians aged 55 years and older has increased substantially in Andorra

As in many other European countries, the health workforce in Andorra is ageing, particularly physicians **(see Fig. 15)**. Between 2011 and 2021 the share of medical doctors aged 55 years and older increased from 22.1% to 36.2%. In contrast, the proportion of nurses aged 55 years and older remained much lower, at 13.8% in 2021, but it had nearly doubled from 7.3% in 2011.

6 EUROPEAN PROGRAMME OF WORK (EPW)

Moving towards universal health coverage (UHC)

Andorra's health system performs well in ensuring that nearly all residents have access to health care, supported by broad insurance eligibility criteria and efforts to strengthen primary care. Social health insurance is guaranteed for all employed residents, border workers and self-employed, and is funded through social contributions. Although cost-sharing applies, Andorra has mechanisms in place to ensure the financial protection of the population while making efficient use of resources. Current efforts are aimed at improving the efficiency and quality of care in order to create a more person-centred and sustainable system.

Protecting against health emergencies

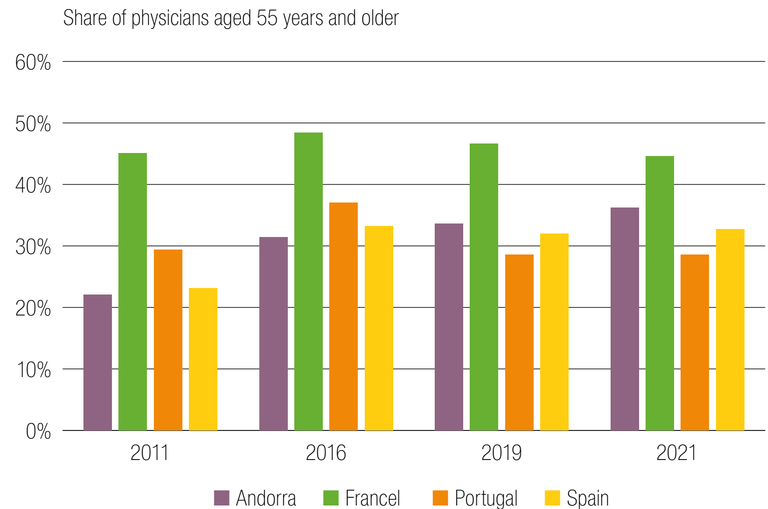
Andorra's health emergency preparedness was tested during the COVID-19 pandemic, which highlighted several challenges. In response, the country strengthened its health security by implementing a robust system that emphasizes accessible and transparent surveillance data and a reliable communications infrastructure to support emergency response. In addition, Andorra demonstrates strong compliance with the International Health Regulations (IHR) in disaster risk reduction and benefits from robust cross-border agreements on public health emergency response, which have significantly strengthened its capacity (Bell & Nuzzo, 2021). To further improve preparedness, increased training for health care providers and emergency services is essential to effectively manage different scenarios.

Promoting the health and well-being of the population

The adoption of the National Pact for the Quality, Efficiency, and Sustainability of the Health System reflects a commitment to person-centred care through an approach that emphasizes stronger primary prevention and the enhancement of primary care services, including the expansion of community-based mental health care. Additionally, Andorra is dedicated to leveraging information and communication technologies, such as telemedicine and remote monitoring solutions, to further extend the outreach of health care services and ensure continuity of care. These efforts are key in promoting the well-being of the population.

Fig. 15

The physician workforce in Andorra is ageing



Source: WHO, 2025b.

COUNTRY DATA SUMMARY

	Andorra	WHO European Region	European Union
Life expectancy at birth, both sexes combined (years)	84.6 [b] (2023)	78.2 [a] (2022)	79.9 [a] (2022)
Estimated maternal mortality per 100 000 live births	0 (2021)	12.6 (2020)	6.4 (2020)
Estimated infant mortality per 1 000 live births (2021)	1.5	6.3	3.2
Population size, in millions (2022)	0.085	929.1	512.7
GDP per capita, PPP$ (2021)	43 048	38 936	48 615
Poverty rate at national poverty lines, % of population	13.6 [c] (2023)	14.9 (2018)	17.0 (2018)

Sources: WHO Regional Office for Europe, 2025;

a Eurostat, 2025, for EU/EEA countries, Albania, Montenegro, North Macedonia, Serbia, Armenia, Azerbaijan, Georgia and Türkiye; b National Office of Statistics, 2024b;

c National Office of Statistics, 2024c.

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WHO Regional Office for Europe

WHO is the authority responsible for public health within the United Nations system. The WHO Regional Office for Europe covers 53 countries, from the Atlantic to the Pacific oceans.

To support countries, the Regional Office seeks to deliver a new vision for health, building a pan-European culture of health, where health and well-being goals guide public and private decision-making, and everyone can make healthy choices. The Regional Office aims to inspire and support all its Member States to improve the health of their populations at all ages. The Regional Office does this by providing a roadmap for the Region's future to better health; ensuring health security in the face of emergencies and other threats to health; empowering people and increasing health behaviour insights; supporting health transformation at all levels of health systems; and by leveraging strategic partnerships for better health.

European Programme of Work 'United Action for Better Health'

The European Programme of Work (EPW) sets out a vision of how the WHO Regional Office for Europe can better support countries in our region in meeting citizens' expectations about health.

The social, political, economic and health landscape in the WHO European Region is changing. United action for better health is the new vision that aims to support countries in these changing times. "United", because partnership is an ethical duty and essential for success, and "action" because countries have stressed their wish to see WHO move from the "what" to the "how", exchanging knowledge to solve real problems. The WHO European Region's solidarity is a precious asset to be nurtured and preserved and, through the EPW, the Regional Office supports countries as they work together to serve their citizens, learning from their challenges and successes.

The European Observatory on Health Systems and Policies

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making so that countries can take more informed decisions to improve the health of their populations. It brings together a wide range of policy-makers, academics and practitioners, drawing on their knowledge and experience to offer comprehensive and rigorous analysis of health systems in Europe. The Observatory is a partnership hosted by the Regional Office. Partners include the governments of Austria, Belgium, Finland, Ireland, Norway, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, and the Veneto Region of Italy (with Agenas); the European Commission; the French National Union of Health Insurance Funds (UNCAM), the Health Foundation; the London School of Economics and Political Science (LSE) and the London School of Hygiene & Tropical Medicine (LSHTM). The Observatory is based in Brussels with hubs in London (at LSE and LSHTM) and at the Berlin University of Technology.

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