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Spinal cord injury (SCI) is a rare chronic health condition with highly variable consequences on functional ability that depend on lesion characteristics and are strongly shaped by the surrounding health and social environment. Although SCI is rare, it represents a high and growing burden due to increasing prevalence, extended life expectancy, and the compounded effects of ageing with disability, all of which intensify long-term care (LTC) needs. LTC systems are therefore central to maintaining functional ability and dignity for persons with SCI. The objective of this doctoral dissertation is to assess the extent to which healthcare providers are able to deliver the necessary care to people with SCI within the current Swiss LTC system. This dissertation comprises three studies and employs a mixed-methods approach to meet the objective.

Switzerland's LTC system has high out-of-pocket (OOP) expenditure, a high demand for and supply of formal LTC services, compared to other countries. However, the system struggles to provide the necessary care to individuals living with a SCI, leaving this population at risk of hospitalizations and complications. The LTC system has missing infrastructure (e.g., specialized facilities, respite beds, accessible housing, transportation), insufficient integration of social assistance and psychological support, inadequate personnel resources, a lack of SCI-specific knowledge in the workforce, fragmented care, fragmented financing, high OOP costs, and administrative inefficiency that hinders the adequate care of persons with SCI. This dissertation highlights the urgent need for reform in the LTC system to ensure that people with complex health conditions receive appropriate care. Although focused on SCI, the findings point to the need for systemic change to make the Swiss LTC system more equitable and sustainable. Future research should identify key leverage points for implementing realistic and lasting improvements.