

ABSTRAK

Capaian target Standar Pelayanan Minimal (SPM) pelayanan kesehatan hipertensi di Puskesmas secara nasional masih belum optimal. Penelitian ini mengevaluasi dinamika pelaksanaan kebijakan menggunakan teori implementasi George C. Edwards III, fungsi manajemen, serta model *Collaborative Governance*. Metode yang digunakan adalah *scoping review* dengan kerangka metodologis Arksey & O'Malley dan PRISMA-ScR. Strategi penggalan data melibatkan pencarian literatur komprehensif pada empat database elektronik, menghasilkan 14 artikel ilmiah yang memenuhi kriteria inklusi. Temuan menunjukkan implementasi SPM hipertensi terhambat oleh keterbatasan kuantitas dan kualitas SDM (beban kerja ganda), minimnya media KIE, anggaran operasional yang tidak mencukupi, serta rendahnya kepatuhan skrining masyarakat. Sebaliknya, faktor pendukung utama meliputi komitmen tenaga kesehatan, kejelasan SOP internal, integrasi teknologi informasi (sistem *mHealth*), dan efektivitas model tata kelola kolaboratif *Pentahelix*. Rendahnya capaian SPM merupakan tantangan sistemik kesehatan. Optimalisasi target memerlukan evaluasi alokasi anggaran, peningkatan kapasitas SDM, dan penguatan komitmen kolaboratif lintas sektor secara berkelanjutan.

Kata Kunci: Puskesmas, Standar Pelayanan Minimal, Hipertensi, Scoping Review, Implementasi Kebijakan.

ABSTRACT

The national achievement of Minimum Service Standards (MSS) for hypertension health services in community health centers (Puskesmas) remains suboptimal. This study evaluates policy execution dynamics using George C. Edwards III's implementation theory, management functions, and the Collaborative Governance model. The method applied was a scoping review based on the Arksey & O'Malley framework and PRISMA-ScR guidelines. Data gathering involved comprehensive literature searching across four electronic databases, retrieving 14 scholarly articles that met the inclusion criteria. Findings reveal that hypertension MSS implementation is hindered by limited healthcare staff quantity and quality (double burden), lack of IEC media, insufficient operational funding, and low community screening compliance. Conversely, major supporting factors include healthcare workers' commitment, clear internal SOPs, information technology integration (mHealth), and the effectiveness of the Pentahelix collaborative model. Low MSS achievement represents a systemic healthcare challenge. Reaching targets requires budget reallocation evaluation, human resource capacity building, and strengthening sustainable multi-sectoral collaborative commitment.

Keywords: *Puskesmas, Minimum Service Standards, Hypertension, Scoping Review, Policy Implementation.*