

INTISARI

Tuberkulosis (TB) merupakan permasalahan kesehatan masyarakat yang kompleks sehingga penanggulangannya memerlukan kolaborasi berbagai pemangku kepentingan lintas sektor. Sebagai upaya mempercepat eliminasi tuberkulosis, Pemerintah Kota Surakarta membentuk Tim Percepatan Penanggulangan Tuberkulosis (TP2TB) sebagai wadah koordinasi. Meskipun berbagai upaya kolaboratif telah dilakukan, pelaksanaan penanggulangan tuberkulosis masih menghadapi berbagai tantangan yang menunjukkan belum optimalnya proses kolaborasi.

Penelitian ini menggunakan model *collaborative governance* Ansell dan Gash (2008) sebagai kerangka analisis. Metodologi menggunakan pendekatan kualitatif dengan desain studi kasus. Data diperoleh melalui wawancara mendalam dan studi dokumentasi terhadap pemangku kepentingan yang tergabung dalam TP2TB Kota Surakarta. Analisis data menggunakan model interaktif Miles, Huberman, dan Saldaña (2014) yang meliputi kondensasi data, penyajian data, serta penarikan dan verifikasi kesimpulan.

Hasil penelitian menunjukkan bahwa proses *collaborative governance* dalam TP2TB Kota Surakarta telah berjalan, namun belum optimal. Kondisi awal kolaborasi yang ditandai oleh asimetri kekuasaan, sumber daya, dan pengetahuan serta perbedaan insentif antara Dinas Kesehatan Kota Surakarta dengan pemangku kepentingan. Desain kelembagaan yang belum transparan dan belum optimalnya kepemimpinan fasilitatif di tingkat teknis turut memengaruhi kualitas proses kolaborasi. Keterkaitan antar dimensi tersebut menghasilkan berbagai capaian, seperti penyusunan rencana kerja terpadu, pembagian wilayah pendampingan, pembentukan Kelurahan Peduli TB, serta penguatan jejaring lintas sektor. Namun, dominasi aktor kesehatan, belum optimalnya berbagi informasi, belum berfungsinya kelompok kerja secara efektif, dan partisipasi sektor non kesehatan yang belum merata menyebabkan proses kolaborasi belum sepenuhnya mampu mendukung pencapaian tujuan eliminasi tuberkulosis secara optimal. Oleh karena itu, penguatan mekanisme berbagi informasi, optimalisasi kelompok kerja, peningkatan partisipasi lintas sektor, dan penguatan kepemimpinan fasilitatif menjadi faktor penting untuk meningkatkan efektivitas kolaborasi dalam percepatan eliminasi tuberkulosis di Kota Surakarta.

Kata kunci: *Collaborative Governance*, Tuberkulosis, TP2TB, Kota Surakarta

ABSTRACT

Tuberculosis (TB) is a complex public health problem that requires collaboration among multiple cross-sector stakeholders to achieve effective control. To accelerate TB elimination, the Government of Surakarta City established the Tuberculosis Control Acceleration Team (Tim Percepatan Penanggulangan Tuberkulosis [TP2TB]) as a coordination forum. Although various collaborative efforts have been undertaken, TB control implementation continues to face challenges, indicating that the collaborative process has not yet been fully optimized.

This study employs the collaborative governance model proposed by Ansell and Gash (2008) as its analytical framework. A qualitative approach with a case study design was adopted. Data were collected through in-depth interviews and document analysis involving stakeholders participating in the TP2TB of Surakarta City. Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (2014), which consists of data condensation, data display, and conclusion drawing and verification.

The findings reveal that the collaborative governance process within the TP2TB has been implemented but remains suboptimal. The initial conditions of collaboration, characterized by asymmetries in power, resources, and knowledge, as well as differences in incentives between the Surakarta City Health Office and other stakeholders, have influenced the collaborative process. In addition, institutional arrangements that lack transparency and facilitative leadership that has not been fully optimized at the technical level have affected the quality of collaboration. The interaction among these dimensions has produced several intermediate outcomes, including the development of an integrated work plan, the allocation of assistance areas, the establishment of TB-Aware Villages (Kelurahan Peduli TB), and the strengthening of cross-sectoral networks. However, the dominance of health-sector actors, limited information sharing, ineffective functioning of working groups, and uneven participation of non-health sectors have constrained the collaborative process from fully supporting the achievement of TB elimination goals. Therefore, strengthening information-sharing mechanisms, optimizing the performance of working groups, enhancing cross-sector participation, and reinforcing facilitative leadership are essential to improving the effectiveness of collaborative governance in accelerating tuberculosis elimination in Surakarta City.

Keywords: *Collaborative Governance*, Tuberculosis, TP2TB, Surakarta City.