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Integrating human resource policy and universal health coverage: a conceptual analysis for inclusive governance in South Africa

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Abstract

This conceptual paper formulates a theoretical model that connects the capacity for human resource management (HRM) implementation to equity outcomes in Universal Health Coverage (UHC) within the context of South Africa. Utilizing a focused narrative synthesis of two key areas of scholarship—social exclusion in health governance and the implementation of HR policies in municipalities—the paper merges the Social Exclusion Knowledge Network (SEKN) framework with the Ability–Motivation–Opportunity (AMO) model. Instead of presenting empirical results, this study offers a conceptual understanding of how inclusive policy frameworks, HR capacity, and the institutional context interact to influence the effectiveness of implementation and the equity of service outcomes. The combined SEKN–AMO model identifies HRM implementation capacity as a vital mechanism through which inclusive UHC reforms can be either achieved or compromised. The paper concludes by proposing theoretically informed propositions aimed at directing future empirical investigations into governance and public-sector reform in South Africa.

Keywords: Ability–Motivation–Opportunity (AMO) Theory; Governance; Human Resource Policies; Inclusion; Migrants; Municipalities; Policy Implementation; Social Exclusion, Universal Health Coverage (UHC)

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1. Introduction

South Africa's public service system continues to encounter ongoing difficulties in achieving inclusive and equitable development. Despite possessing one of the most progressive constitutions globally, the execution of its social and economic rights has been inconsistent, particularly in the areas of health and local governance. This study formulates a conceptual framework that situates the capacity for HRM implementation as a fundamental mechanism for attaining equitable UHC outcomes in South Africa. It refrains from offering an empirical assessment of migrant health access or the effectiveness of municipal reforms. Rather, it synthesizes the SEKN and AMO frameworks to elucidate how HR policy implementation capacity influences the success of inclusive health reforms. Consequently, the exclusion of migrants and the deficiencies in municipal HR are regarded as contextual examples that bolster a broader theoretical claim: that the reform of UHC is contingent upon a human-centered implementation capacity within public institutions.

Numerous public institutions still grapple with capacity limitations, fragmented policy execution, and political interference, which compromise effective service delivery (Masuku and Jili, 2019). In both the health and municipal sectors, these issues have led to inefficiency, inequality, and the marginalisation of vulnerable groups. For example, migrants and refugees frequently face restricted access to healthcare services despite constitutional assurances of universal access, while local municipalities often struggle to deliver essential services fairly due to weak administrative frameworks and inadequate HR governance (Makapela and Mtshelwane, 2021; White and Rispel, 2021).

The quest for UHC and effective HRM has become pivotal to South Africa's overarching agenda for sustainable development and social justice. UHC, as outlined in the National Health Insurance (NHI) Bill, aims to guarantee that all individuals can access quality healthcare without incurring financial burdens (Fusheini and Eyles, 2016). However, the realisation of this objective is heavily reliant on institutional efficiency, equitable HR practices, and inclusive governance mechanisms that promote fairness and accountability across various sectors.

Likewise, municipal HR reforms are designed to bolster recruitment, learning and development, and performance management systems to enhance employee capacity and improve service delivery outcomes (Makapela and Mtshelwane, 2021). Nevertheless, the effectiveness of both health and HRM reforms continues to be obstructed by fragmented implementation processes and insufficient alignment between policy frameworks and human capital strategies (Van Ryneveld et al., 2020)

Furthermore, the historical and structural remnants of inequality persist in influencing governance outcomes. For instance, the health sector is marked by disparities between private and public systems, with the latter catering to the majority of the population yet suffering from chronic underfunding and workforce shortages (De Villiers, 2021). Likewise, local government structures, which are tasked with essential service delivery, frequently encounter issues such as political interference, inadequate training, and a lack of interdepartmental coordination (Masuku and Jili, 2019). These systemic deficiencies not only hinder efficiency but also perpetuate social exclusion, as marginalised communities are disproportionately impacted by inadequate service delivery. Tackling these issues necessitates a comprehensive governance strategy that enhances both human and institutional capacities within the public sector.

Inclusive governance has surfaced as a crucial framework for addressing these issues and fostering equity in public service delivery. It underscores the importance of participatory decision-making, social accountability, and the empowerment of marginalised groups to close the gaps in governance and inequality (Sánchez-Soriano et al., 2024). In this regard, the amalgamation of HRM systems and inclusive policy frameworks is vital. HR policies that emphasize training, ethical leadership, and equitable employment practices can cultivate a public workforce capable of delivering services with compassion and fairness.

Similarly, initiatives such as the NHI can only thrive when backed by motivated and skilled public servants who embrace the principles of inclusion and justice (White and Rispel, 2021). Consequently, this paper conceptualises the intersection of HRM systems and inclusive policy frameworks as a means to advance UHC and social cohesion in South Africa, positing that sustainable and equitable governance hinges on the human capacity to implement policies effectively and inclusively.

2. Literature review

2.1. Universal health coverage and social exclusion

Universal health coverage (UHC) signifies a worldwide pledge to guarantee that every individual, irrespective of their background or socio-economic standing, can obtain quality health services without encountering financial difficulties (World Health Organization, 2019). In South Africa, however, this objective is hindered by structural inequalities and inconsistencies in policy. White and Rispel (2021) contend that although the South African Constitution affirms the right to healthcare for everyone, legislative measures such as the Immigration Act, the Refugees Act, and the National Health Insurance (NHI) Bill collectively limit access for migrants and refugees based on their legal status. This results in a legislative disjunction—a disparity between the inclusive constitutional framework and the exclusionary realities of policy execution. These inconsistencies within the health system not only compromise the inclusivity of UHC but also sustain the marginalisation of non-citizen groups who frequently depend on overstretched public health services.

The ongoing disparities in healthcare access are rooted in both socio-economic and systemic elements. Gordon et al. (2020) discovered that healthcare access in South Africa remains divided across various dimensions—income, geography, and social identity—mirroring entrenched inequalities within the health system. Historical disparities from the apartheid period continue to shape healthcare distribution, where affluent citizens enjoy superior access to private health services, while the impoverished rely on underfunded public facilities. Harris et al. (2011) similarly observed that despite considerable policy reforms post-1994, healthcare inequities persist due to insufficient funding, inadequate service delivery capabilities, and uneven resource distribution. These structural obstacles not only hinder equitable access for South African citizens but also intensify exclusion for migrant populations, who often lack the requisite documentation to receive care.

Migration has emerged as a pivotal yet controversial element in the landscape of Universal Health Coverage (UHC) in South Africa. As noted by Manji et al. (2023), national policies have inadequately addressed the health requirements of migrants, with prevailing frameworks often perceiving migration predominantly as a security challenge rather than a public health issue. This policy perspective perpetuates exclusionary practices, as access to health services becomes contingent upon legal status and bureaucratic consent. Empirical studies indicate that migrants in South Africa face discrimination, bureaucratic obstacles, and a lack of awareness regarding available services (Thulo et al., 2025). These impediments frequently lead to delays in seeking healthcare and poorer health outcomes, thereby undermining the inclusive objectives of UHC. The convergence of migration, legal vulnerability, and health access illustrates how structural exclusion functions within public institutions.

Moreover, the viability of South Africa's UHC initiative hinges on tackling the fundamental governance and human resource issues that sustain inequity. Insufficient investment in the public health workforce, along with the uneven distribution of health professionals between rural and urban settings, has limited the provision of quality healthcare (Balkrishnan et al., 2025). White and Rispel (2021) highlight that the attitudes and behaviours of frontline health workers, influenced by systemic pressures and inadequate support, frequently

result in discriminatory practices against migrants—a phenomenon they term "medical xenophobia." This emphasizes that UHC is not merely a matter of financial or structural reform but also involves institutional culture and human values. Consequently, achieving true universality in health coverage necessitates the incorporation of social inclusion, equity, and accountability into both policy formulation and practical implementation.

2.2. Human resource policies and organisational performance in municipalities

Human resource management (HRM) is crucial for ensuring effective governance and service delivery at the local government level. Municipalities act as the primary interface between the state and its citizens; thus, the quality of HRM practices has a direct impact on the efficiency of public service delivery (Makapela and Mtshelwane, 2021). In their research on South African municipalities, Makapela and Mtshelwane (2021) discovered that HR policies—especially those related to recruitment and selection, learning and development (L&D), and performance management—were frequently poorly communicated and inconsistently executed. HR managers often lacked clear guidance on interpreting draft policy documents, leaving employees uncertain about their roles and performance expectations. This ambiguity undermines accountability and leads to decreased employee morale. The authors contend that without effective implementation of HR policies, municipalities struggle to convert policy objectives into concrete service outcomes, which exacerbates inefficiency and erodes public trust in local governance systems.

The research conducted by Makapela and Mtshelwane (2021) utilised the Ability-Motivation-Opportunity (AMO) theoretical framework, which posits that employee performance is contingent upon their ability to perform tasks, their motivation to exert effort, and the opportunities afforded by the organisation to engage and contribute meaningfully. However, in South African municipalities, deficient HR systems restrict all three elements of this model. Numerous employees lack sufficient training and support to develop their competencies, while ineffective communication and political interference diminish intrinsic motivation. Additionally, rigid hierarchies and the absence of participatory mechanisms limit employees' opportunities to innovate or make decisions that could improve service delivery. As a result, inadequate HRM practices are reflected in low productivity, poor client orientation, and diminished organisational performance, ultimately obstructing the municipalities' effectiveness.

The effectiveness of Human Resource Management (HRM) in the public sector is further complicated by political dynamics and administrative inefficiencies. According to Makapela and Mtshelwane (2021), the practices of cadre deployment and political patronage often disrupt merit-based recruitment and promotion processes, thereby undermining professionalism and accountability in performance. Similar patterns have been noted in other sectors, including public health, where the quality-of-service delivery is influenced by institutional culture and leadership (Dreyer and Rispel, 2021; Teffo and Rispel, 2017). In both scenarios, HR managers frequently find themselves in environments characterised by conflicting priorities, inadequate resources, and ineffective oversight mechanisms. The lack of a coherent HR policy framework leads to institutional fragmentation, resulting in employees being unclear about goals, standards, and expected outcomes. Consequently, service delivery is often hindered by disorganisation, mismanagement, and a disconnect between human capital policies and institutional objectives.

The broader consequences of ineffective HRM extend beyond local governance. As noted by White and Rispel (2021) and Rispel (2021) in the health sector, effective service delivery necessitates robust HR systems that are founded on accountability, leadership, and collaborative governance. Likewise, Hlongwa and Rispel (2021) stress that interprofessional collaboration and communication are vital for integrated service delivery—a principle that is equally applicable to municipal administration. In the absence of functional HR frameworks that foster staff capacity, motivation, and collaboration, both municipal and health systems will

persist in facing challenges related to inefficiency and inequity. Therefore, it is essential to align HRM practices with broader social inclusion objectives and institutional reform to enhance the quality-of-service delivery, strengthen accountability, and promote South Africa's developmental goals.

2.3. Governance, institutional coherence, and inclusion

Both Universal Health Coverage (UHC) and Human Resource Management (HRM) reform are fundamentally reliant on coherent governance systems that effectively translate policy intentions into practice. Governance acts as the foundation for aligning institutional frameworks, human resources, and accountability mechanisms (Khatri et al., 2025). In South Africa, the presence of fragmented bureaucratic processes, overlapping responsibilities, and insufficient inter-departmental coordination has consistently hindered the execution of well-meaning reforms. These structural inefficiencies result in duplicated efforts, wasted resources, and inconsistent policy implementation across various administrative tiers.

Williams and Sundewall (2025) contend that the realisation of UHC necessitates not only the formulation of policies but also a governance structure that guarantees coherence between political pledges and operational execution. Likewise, municipal HR reforms frequently struggle due to inadequate institutional coordination and a deficiency in accountability systems that connect HR practices with broader developmental objectives (Makapela and Mtshelwane, 2021).

Inclusive governance transcends mere administrative efficiency—it aims to harmonise the human, structural, and policy aspects of public administration in ways that foster equity and citizen engagement. The incorporation of HRM practices within governance frameworks is crucial to ensure that service delivery is centered on people and responsive to their needs. Cometto et al. (2019) emphasize that a functional health system necessitates a well-trained, motivated, and equitably distributed workforce to achieve UHC. Nevertheless, South Africa's health and local government systems continue to face challenges related to workforce shortages, weak accountability, and ineffective policy communication (White and Rispel, 2021). The lack of inclusive governance structures intensifies these issues, restricting frontline workers' and administrators' ability to provide services equitably and efficiently.

Van De Pas et al. (2017) observe that numerous governments undertake global and national commitments aimed at enhancing their human resources for health and service delivery; however, the execution of these commitments frequently suffers from inconsistency due to conflicting priorities and a lack of sufficient political will. This situation reflects the experience in South Africa, where decentralisation and bureaucratic fragmentation undermine oversight and accountability mechanisms.

Therefore, effective governance for both Human Resource Management (HRM) and Universal Health Coverage (UHC) necessitates ongoing political commitment, adequate financial resources, and strong monitoring frameworks to assess implementation progress. Furthermore, enhancing intersectoral collaboration among health, labour, and local government departments can facilitate policy alignment and shared accountability, ensuring that reforms are interconnected and mutually supportive.

Ultimately, inclusive governance requires prioritizing the human aspect of administration. By bolstering the capabilities of managers, policymakers, and frontline workers through training and effective communication, it is possible to foster empathy, responsiveness, and ethical leadership—qualities essential for providing equitable services (Doshmangir et al., 2021). In both municipal and health sectors, well-articulated HR policies that incorporate inclusivity and social justice can nurture an institutional culture characterised by accountability and compassion. By aligning governance frameworks with human capacity and ethical standards, South Africa can progress in both UHC and HRM reforms in ways that enhance equity, minimise inefficiencies, and build trust between the state and its citizens.

3. Conceptual framework

3.1. Integrating SEKN and AMO frameworks

The combination of the Social Exclusion Knowledge Network (SEKN) framework and the Ability–Motivation–Opportunity (AMO) model offers a robust theoretical basis for comprehending how inclusive governance can be realized through the interplay of human, institutional, and structural factors. The SEKN framework, as articulated by Rispel et al. (2009), conceptualises social exclusion as a multifaceted process influenced by imbalanced power dynamics that limit individuals' access to resources, opportunities, and rights.

This perspective emphasizes that exclusion is not solely a consequence of poverty or marginalisation, but rather a dynamic phenomenon perpetuated by institutional frameworks and societal norms. Adam and Potvin (2016) further enhance this perspective by investigating exclusionary practices at the individual level, illustrating how systemic disparities and social hierarchies influence behaviours and opportunities within institutions. When applied to governance and policy execution, the SEKN framework underscores the necessity of recognising and addressing structural and cultural obstacles that hinder equitable participation in service delivery systems.

Conversely, the AMO framework centres on individual and organisational performance by highlighting three essential components: employees' ability, motivation, and opportunity to perform effectively (Bos-Nehles et al., 2023). In the public sector, these elements collectively influence the efficiency, responsiveness, and inclusiveness of service delivery. Ability pertains to the skills, knowledge, and competencies that employees possess to carry out their responsibilities; motivation concerns the willingness and dedication to perform at a high level; and opportunity encompasses the institutional context that allows employees to make meaningful contributions to organisational objectives. In South African municipalities and health institutions, these dimensions frequently interact with systemic challenges such as political interference, inadequate training, and insufficient accountability structures.

The combination of the SEKN and AMO frameworks facilitates a more comprehensive understanding of inclusion within governance. While SEKN sheds light on the structural and social aspects of exclusion, AMO elucidates the behavioural and operational factors that affect employee performance. Collectively, these frameworks illustrate that achieving equitable service delivery necessitates both institutional reform and the empowerment of individuals.

According to Kruyen and Sowa (2023), research and practice in Human Resource Management (HRM) should not solely concentrate on policy elites but must also encompass lower-level or 'blue-collar' government employees, who are essential in providing frontline services. Neglecting these workers perpetuates structural exclusion in the public sector and hinders the achievement of inclusive governance. Thus, the integration of SEKN and AMO highlights the imperative to enhance both systemic inclusivity and human capability to ensure that public institutions function efficiently, ethically, and equitably.

This integrated methodology is particularly relevant to South Africa’s dual objectives of advancing Universal Health Coverage (UHC) and reinforcing Human Resource Management (HRM) within the public sector. By employing SEKN to pinpoint structural inequities and AMO to formulate effective HR interventions, policymakers can establish governance systems that are both inclusive and focused on performance. Ultimately, the amalgamation of these two frameworks positions inclusivity not merely as a moral or legal obligation but as a strategic tool for improving policy implementation, workforce performance, and equitable service delivery.

3.2. The proposed conceptual model

The proposed conceptual model is based on the integration of the SEKN and AMO frameworks, demonstrating how inclusive governance can be effectively implemented within South Africa's public institutions. The model articulates that:

- Inclusive Policy Frameworks (such as the National Health Insurance and HR policies) lay the normative groundwork for equality and non-discrimination, acting as the fundamental basis for inclusive service delivery.
- Human Resource Capacity—shaped by AMO principles—ensures that employees have the requisite ability (skills and competence), motivation (commitment and engagement), and opportunity (empowerment and participation) essential for the effective implementation of inclusive policies.
- Social and Institutional Context—as delineated by the SEKN framework—mediates the impact of structural inequalities, organizational cultures, and power dynamics on both individual and institutional behavior.
- The interplay among these dimensions dictates the overall efficacy of policy implementation and the fairness of service delivery outcomes.

This conceptual model suggests that the attainment of inclusive governance necessitates the alignment of policy frameworks such as UHC and HRM with the human and structural mechanisms that facilitate equitable implementation. Consequently, institutional reform should concentrate not only on crafting progressive policies but also on fostering organisational environments that empower employees to act inclusively and responsively. By integrating SEKN's structural perspective with AMO's behavioural emphasis, the model underscores that inclusive governance is realised through a synthesis of policy coherence, human empowerment, and institutional accountability—all of which are vital for sustainable and equitable service delivery in South Africa. The conceptual model is depicted in Figure 1.

The model illustrates directional relationships between inclusive policy frameworks and social/institutional context, HR capacity (ability, motivation, opportunity), implementation effectiveness, and service equity outcomes. Arrows represent causal pathways through which institutional structures and human-resource mechanisms shape equitable policy implementation.

3.2.1. Definition of core constructs

For conceptual clarity, the core constructs of the model are defined as follows:

- **Inclusive Policy Frameworks** refer to formal legislative and institutional instruments (e.g., the National Health Insurance Bill and municipal HR policies) that articulate commitments to equity, non-discrimination, and universal access.
- **HR Capacity (AMO-based)** refers to the extent to which public-sector employees possess the ability (skills and knowledge), motivation (commitment and ethical orientation), and opportunity (empowerment and discretion) to implement policies effectively.
- **Social and Institutional Context (SEKN-based)** refers to structural power relations, exclusionary mechanisms, institutional norms, and resource distributions that shape organisational behaviour.
- **Implementation Effectiveness** refers to the degree to which policy intent is translated into consistent and coherent frontline administrative practice.
- **Service Equity Outcomes** refer to the extent to which public services are delivered fairly and without discrimination across socio-economic groups, including migrants and vulnerable populations.

3.3. Causal pathways in the integrated model

- **Inclusive Policy Frameworks → HR Capacity -** Inclusive policy frameworks play a crucial role in shaping HR systems by influencing recruitment criteria, training priorities, performance indicators,

and accountability mechanisms. When policies explicitly incorporate equity principles, HR practices are more inclined to cultivate competencies that align with inclusive service delivery.

- **Social and Institutional Context → HR Capacity -** The dynamics of structural power relations, exclusionary norms, and political interference significantly impact employees' perceived opportunities and motivation. In environments where discretion is limited or sanctions are unclear, frontline workers may resort to risk-averse or exclusionary behaviors.

Table 1. Mapping SEKN Constructs to AMO Mechanisms in South African Public Institutions

SEKN CONSTRUCT	INFLUENCE ON AMO DIMENSION	MECHANISM IN PUBLIC-SECTOR CONTEXT
Power relations	Opportunity	Hierarchical control and political interference limit frontline discretion
Exclusion mechanisms	Motivation	Fear of sanction and bureaucratic ambiguity encourage gatekeeping behaviour
Institutional norms	Ability & Motivation	Organisational culture shapes attitudes toward migrants and marginalised groups
Resource scarcity	Ability	Underinvestment constrains training, staffing, and professional development

Note: [a] Refers to political interference and bureaucratic hierarchy within municipal and health institutions. [b] Refers to discretionary practices influenced by legal uncertainty and risk aversion.

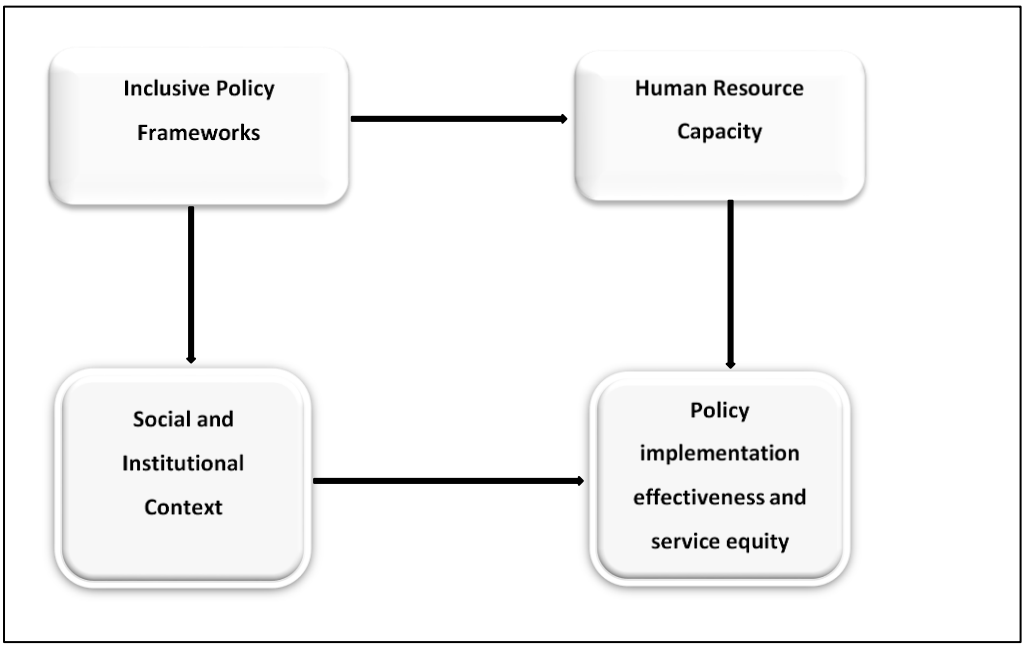


Figure 1. Integrated SEKN–AMO model of HRM implementation capacity and UHC equity outcomes in South Africa.

- **HR Capacity → Implementation Effectiveness -** Employees who possess strong abilities, high motivation, and meaningful opportunities are more likely to interpret and apply policies consistently. Insufficient HR capacity results in fragmented implementation and discretionary gatekeeping.
- **Implementation Effectiveness → Service Equity Outcomes -** When implementation processes are coherent and aligned with equity objectives, there is a reduction in discriminatory practices, leading to more consistent access across various population groups.

- **Social and Institutional Context → Implementation Effectiveness (Moderating Effect) -** The culture within institutions and the dynamics of power can either facilitate or hinder the effective translation of HR capacity into successful implementation.

3.4. Propositions

- ***P1:*** The inconsistency between the National Health Insurance framework and immigration laws diminishes the capacity to provide equitable care at the frontline, primarily due to administrative uncertainties and a tendency towards risk aversion.
- ***P2:*** Insufficient communication regarding HR policies within municipalities leads to decreased employee motivation and fosters bureaucratic gatekeeping behaviors.
- ***P3:*** Institutional norms that permit political interference diminish employee capabilities by compromising merit-based recruitment and professional growth opportunities.
- ***P4:*** Elevated levels of HR capacity aligned with AMO principles are positively correlated with the effectiveness of implementation in reforms aimed at equity.
- ***P5:*** The effectiveness of implementation serves as a mediator in the relationship between HR capacity and outcomes related to service equity.
- ***P6:*** Mechanisms of social exclusion act as moderators in the relationship between HR capacity and the effectiveness of implementation within public institutions in South Africa.

4. Discussion

The intersection of Universal Health Coverage (UHC) implementation and human resource (HR) policy reform highlights the importance of human-centred governance in facilitating equitable and effective service delivery. In South Africa, the persistent issues of exclusion within the health sector are mirrored by inefficiencies in municipal HR systems, both of which are influenced by weak coordination, insufficient policy communication, and inadequate accountability frameworks (Makapela and Mtshelwane, 2021; White and Rispel, 2021). As noted by Van Rensburg (2014), the historical inequities in the country continue to affect the allocation of healthcare resources and services, while analogous patterns of misalignment and inequity are evident in local government HR practices.

The disjointed nature of governance systems thus compromises the inclusivity and responsiveness of service delivery, exposing a continuous gap between policy aspirations and operational realities. To realise sustainable enhancements, both sectors necessitate a governance framework that prioritises transparency, communication, and the development of human capacity as essential components of institutional effectiveness.

Human capability and motivation are identified as crucial factors influencing inclusion and equity within public institutions. When HR systems do not empower employees through focused training, transparent performance management, and equitable treatment, cultures of discrimination, low morale, and inefficiency are likely to flourish (Makapela and Mtshelwane, 2021; Dzansi and Dzansi, 2010). In contrast, when employees perceive themselves as valued, motivated, and sufficiently supported, they exhibit greater levels of empathy and commitment, which leads to more equitable and compassionate service delivery—an essential prerequisite for achieving UHC (White and Rispel, 2021; Nkgapele, 2025).

This perspective is supported by the research of Mofolo et al. (2019), who contend that aligning HR strategies with the objectives of national health insurance reforms can cultivate a workforce that is more attuned to community needs. In a similar vein, Malakoane et al. (2022) underscore the critical importance of workforce motivation and skill enhancement in elevating the performance of the public health sector. These findings collectively highlight that human-centered governance necessitates investment in both the technical and emotional competencies of employees to foster inclusive service outcomes.

Both studies conducted by Makapela and Mtshelwane (2021) as well as White and Rispel (2021) illustrate that coherence in policy is vital for institutional effectiveness. The legislative disconnect between South Africa's health and immigration regulations, which limit migrants' access to healthcare, reflects the fragmentation observed in the implementation of human resource policies within municipalities. Van Ryneveld et al. (2020) point out that the governance of human resources for health in South Africa has historically been hindered by a lack of strategic alignment among policy, planning, and workforce management.

Similarly, Dzansi and Dzansi (2010) demonstrate that inconsistent human resource management practices undermine perceptions of organisational justice, leading to diminished employee morale and subpar service quality in municipalities. Therefore, enhancing both horizontal coordination (across various departments and agencies) and vertical coordination (between national, provincial, and local levels) can effectively bridge these gaps and ensure cohesive governance structures. This alignment is crucial for not only enhancing the efficiency of service delivery but also for fostering inclusivity in policy outcomes across diverse sectors.

Ultimately, the attainment of inclusive governance necessitates a profound cultural transformation within public institutions. Beyond mere technical reforms, it requires the cultivation of environments that foster empathy, fairness, and responsiveness at all levels of administration. Taderera (2025) underscores that reforms in health system governance must extend beyond structural modifications to incorporate values of justice and ethical leadership.

Similarly, Sanogo et al. (2019) contend that equitable access to healthcare in Africa hinges on social inclusion and community engagement. Integrating principles of inclusion into human resource training, recruitment, and performance evaluation processes can significantly alter organisational cultures to promote diversity, mitigate discrimination, and reinforce equity (Walker et al., 2025). Consequently, the integration of inclusive practices is essential.

5. Conclusion

This conceptual paper illustrates that the attainment of universal and inclusive service delivery in South Africa is contingent upon the strategic alignment of Human Resource Management (HRM) systems with the principles of social inclusion. The persistent challenges faced by the country, including inequality, fragmented policies, and inadequate institutional coordination, highlight the necessity for human-centred governance approaches that prioritise individuals—rather than merely institutional structures—at the core of public sector reform.

By synthesizing the Social Exclusion Knowledge Network (SEKN) and Ability–Motivation–Opportunity (AMO) frameworks, this paper establishes a theoretical basis for comprehending how individual capabilities, motivation, and institutional culture jointly influence policy implementation and equity outcomes. The SEKN framework emphasizes the structural and social origins of exclusion, whereas the AMO model concentrates on enhancing human capacity and organisational performance. When these frameworks are integrated, they demonstrate that inclusive governance necessitates both systemic reform and the empowerment of motivated employees who are capable of executing policies with fairness, empathy, and accountability.

In summary, the realisation of inclusive governance and service delivery cannot be accomplished solely through legislation or policy formulation. It necessitates intentional efforts to cultivate institutional environments that empower employees and eradicate exclusionary practices within municipal and health systems. The equitable implementation of Universal Health Coverage (UHC) and effective HRM policies relies on the harmonisation of institutional frameworks, human resource strategies, and social inclusion objectives.

6. Recommendations

To promote inclusive governance and equitable service delivery in South Africa, a series of strategic interventions is essential. Firstly, it is imperative to enhance the communication of HR policies, training, and performance management within public institutions to ensure that employees have a clear understanding of their roles and are equipped to effectively implement inclusive practices. Transparent and consistent communication can help bridge policy gaps and improve accountability at all levels of administration.

Secondly, the principles of social inclusion and equity should be thoroughly integrated into HR and health policy frameworks to guarantee that all individuals, including migrants, vulnerable groups, and frontline workers, have fair and equitable access to opportunities and services. Thirdly, there is a need for improved interdepartmental coordination between HRM and health authorities to align the goals of Universal Health Coverage (UHC) and human capital development, thereby facilitating coherent planning and shared accountability.

Finally, it is crucial to foster institutional cultures that reward inclusive behavior, encourage ethical leadership, and prevent discrimination or exclusionary practices. Establishing such a culture not only boosts employee motivation and performance but also enhances public trust and reinforces the legitimacy of governance systems. Ultimately, the success of inclusive governance relies on empowering public servants who are motivated, capable, and dedicated to providing services that uphold social justice and human dignity.

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Conflicts of Interest

The author declares no conflict of interest.

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