Universal Health Coverage (UHC) and developments thereof, notably the political declaration, has been disseminated to community members to not only understand global level policy development, but to explore how best to approach the Botswana Government in fulfilling its commitment. Success Capital Organisation engaged Debate without Boarders, a student collective from the Botswana Accountancy College, to stimulate dialogue and gauge young people's understanding of UHC. Two debates were held with opposing position statements, with discussions thereafter. Two further exercises were carried out to gauge understanding of concepts reflected in deliberations. Youth participants were then requested to make recommendations on how to move forward with recommendations for future engagement with the state. Youth under the age of 28 years old, with a majority (85%) were younger than 25 years old. Media had been invited, however none attended.

Motion: This house as the United Nations will impose universal health coverage on its member states. Main position points below:

Government (Princess, Katlego)	Opposition (Refilwe, Bakang)
• Benefit over cost (people will access health care without being charged) • Increased efficiency (as they want to push lines) • Allows for innovation	• Cost over benefit analysis (health care is expensive) • Increased Doctor patient ratio (once health care is free everyone will want to access it) • Integrity of the private clinics/hospitals will be lost.

Adjudicators: Elson, Kagiso and Tlotlo (chief adjudicator)

Winning side: Government

Motion: Toxic masculinity exasperates gender-based violence, poverty and the inability for partners to access, uptake and adhere to/for UHC

Position (Audrey, Austin)	Opposition (Princess, Bakang)
• Stereotypes prevent people from accessing medical care. • Gender norms exasperate vulnerabilities • Harmful traditional practices should have no place in society in 2019 • There is positive masculinity	• There is no direct link with regards to how masculinity affects people from accessing medical care. • Staying in a toxic environment is a matter of choice. • A form of altruism

Adjudicators: Kagiso, Elson (chief adjudicator)

Winning side: Opposition

The outcomes of the debates reflect just how strong debate technique, narratives and framing can make a difference. This reflects wider societal perspectives where support is needed for policy making in Botswana. The right kinds of words, said in the right way on the wrong side of marginalized communities can advance more impactfully than the same words and way with the side affirmative of marginalized communities. This gave insight in the need to ensure effective advocacy measures beyond just messaging, science and human rights.

Gauging Knowledge sessions

How best can the 'U' in UHC be articulated/understood?
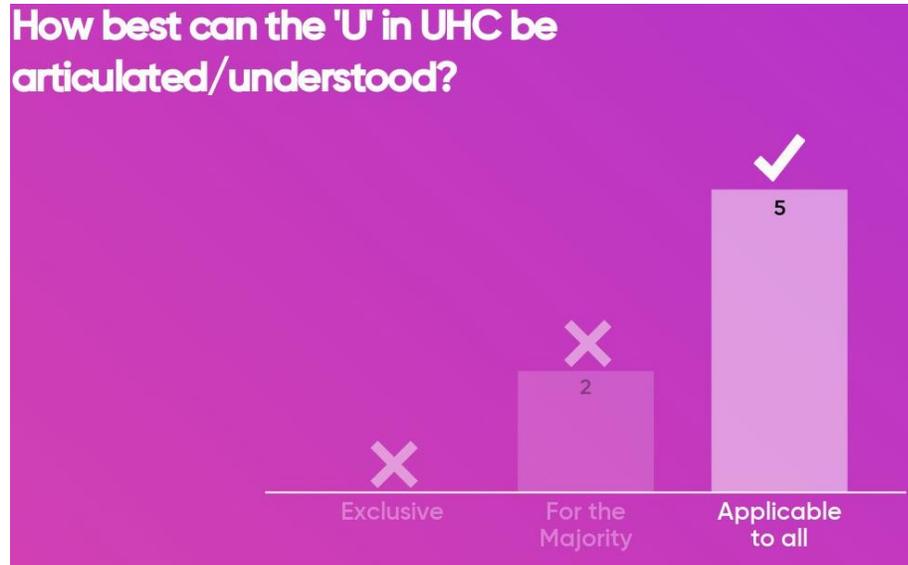
A few of the participants engaged with the first question, discussions revealed just how simple concepts or definitions can be interpreted differently. This gave good insight into how policy makers may understand or articulate policy positions. In addition, insight into how ambiguity and differences in perspective can lead to misunderstanding or a lack of accountability.

Do you think the Botswana Government fulfills its commitments?
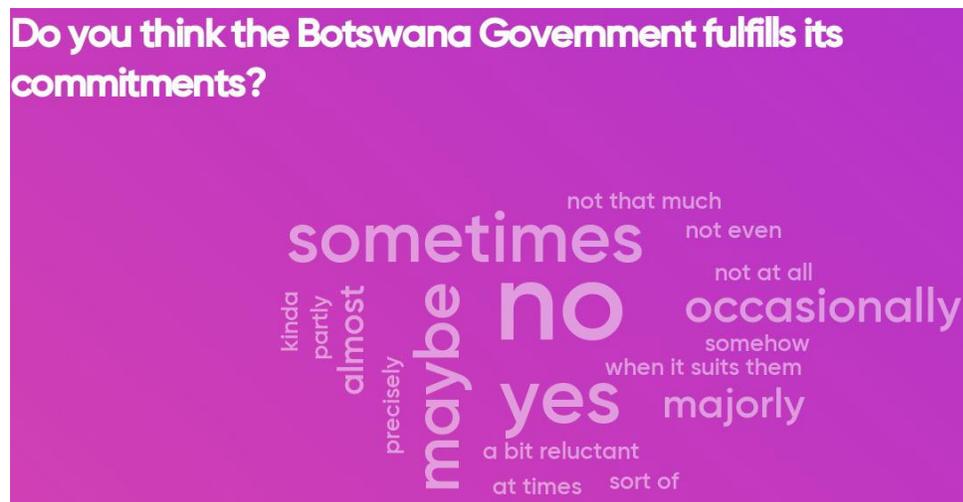
There is an overall mix of perspectives in how effective government is in respect of policy commitments. Deliberations revealed how corruption, maladministration and even ethnicity can influence policy implementation. Youth participants delved into the possible life of a bureaucrat to understand the complexities of decision making within limited resource settings and competing life threatening illnesses. They gauged experiences in remote locations and health referral systems that include civil society organizations.

Who do you think the Botswana Government has failed the most in UHC?
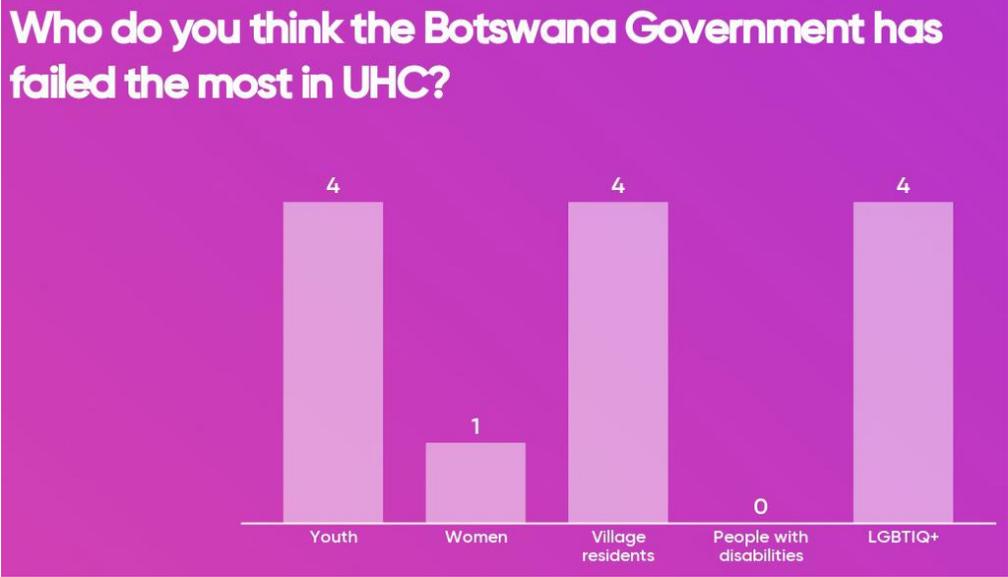
The groups diversity reflected just how each would advocate in accordance to top priority and no other alternative. Despite there being a majority of LGBTIQ+ youth, the results reflect just how intersecting identities and affiliation may be in the context of policy advocacy. It further cements just how diverse a cohort of experiences may be in a community. Participants were clear in young people being a majority and there being intersections with other demographics. Yet these demographics are often deemed outliers in health responses and policy shaping. Even more glaring is how disabilities remain underrepresented even at a community level.

One word to describe what you understand about UHC today

Youth participants left with more knowledge on UHC and an understanding of possible complexities to decision making in resource limited and political environments. This helped shape recommendations for engagement with decision makers in government. There were difficult discussions held on competing needs and vulnerabilities, however, it was clear that participants expected respect and dignity for all lives in Botswana.

Scale which you think is most important to achieve UHC

	Highly Irrelevant		Very Relevant
Reducing the cost to accessing & adhering health services		4.3	
Comprehensive prevention, screening & treatment of reproductive health		4.1	
Decriminalising sex work and safe abortion		3.3	
Strengthening behavioural communication interventions for communities		3.9	
Better jobs for better disposable income		3.5	
			(3.8)

Cost Is the biggest aspect that became evident from young people engaged. Even with private medical aid, there were cost implications as a standard practice. Affordability is a clear social determinant on how speedy and effective health services could be for many. Prevention was a clear approach many participants were inclined to, with notable feminist participants believing in the need for safe abortion as a part of UHC. The most taboo being sex work, came evident not necessarily from a public health perspective, but from a legal viewpoint.

Deliberations also led to consensus on value being pegged according to one's contribution to society. Where adults would have been perceived as more valuable or worth saving or providing for because they paid taxes and could contribute to a country's development. This meant that young people felt they were burdens to the state. Risk assessments were needed to manage stakeholders, this was a clear aspect on how to best address leadership challenges at different levels.

Key recommendations include: 1) community representation to inform and influence at all levels of health management, 2) a regulatory body for monitoring and reviewing policy implementation of the state's commitments, 3) reviewing statistical frameworks for better representation in evidence building aimed at informing policy making priorities.