



**IVASS**  
ISTITUTO PER LA VIGILANZA  
SULLE ASSICURAZIONI



Insurance  
Supervisory  
Authority  
2018 Annual Report

Remarks by the President  
**Fabio Panetta**

Rome, 20 June 2019



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Ladies and Gentlemen,

Welcome to the presentation of the sixth Annual Report of the Insurance Supervisory Authority. It was not without trepidation that I took up the post of President on 10 May, in my capacity as Senior Deputy Governor of the Bank of Italy, mindful of the challenges faced by the insurance sector, which plays such a vital role in supplying households and firms with increasingly effective instruments for the management and transfer of risks.

The first lifecycle of the Institute has just come to a close, having opened in 2013 after transitioning from ISVAP to IVASS under the presidency of Salvatore Rossi.

On my own behalf and on behalf of IVASS, I would like to express my sincere gratitude to Salvatore, Riccardo Cesari and Alberto Corinti, for their hard work, the challenges overcome and the results achieved. I trust that the nominations to the Board of Directors will soon be complete, reestablishing IVASS's fully operational status and allowing the Joint Directorate to fully carry out the decision-making and guidance activities conferred upon it by law and by the Statute.

I would like to start by recalling the issues on which IVASS has worked in recent years. First, the efforts made in helping to draft, transpose and implement the two directives that form the pillars of European insurance law: Solvency II and the Insurance Distribution Directive (IDD). Also thanks to the work done by IVASS, the transition to the new prudential supervision regime did not cause significant problems for firms or consumers. The new IDD broadens consumer rights and strengthens the levers available for supervising the market conduct of firms and intermediaries. Its transposition was an opportunity to introduce two important new instruments, championed by IVASS and strongly supported by the Ministry of Economic Development: the insurance ombudsman and the reform of the sanctions system.

I would now like to turn to the attention given and results achieved on the issues that were most dear to consumers. I will limit myself to citing just two. The first concerns motor vehicle liability insurance: IVASS has helped to make it possible to lower the price of coverage (which has declined by

more than 20 percentage points since 2013) and has introduced a method for reliably gauging its movements (the IPER survey on the actual prices paid for motor vehicle liability insurance). The second concerns 'dormant' life insurance policies: together with the Tax Revenue Agency, we reactivated more than 200,000 policies, giving rise to payments to customers that to date amount to more than €4.5 billion.

Over the past few years, IVASS's governance and organizational structure has evolved, by pursuing closer forms of cooperation with the Bank of Italy on processes, information technology, and operational infrastructure. Thanks to the reform of the career stream and to honest and constructive dialogue with the trade unions, human capital, the true driving force of this institution, has been properly valued.

I would like to sincerely thank all the employees for their energy and enthusiasm when handling the new tasks and responsibilities assumed by IVASS in recent years. I hope that together we can achieve much more in the future, with the same professionalism and dedication, and the same constructive dialogue.

A detailed description of the activities carried out last year is given in the Annual Report which is published today and transmitted to Parliament and the Government.

In these remarks, I will assess the health of the insurance system; I will mention the changes and challenges faced at national and international level both for the industry and for IVASS itself; and I will explain how we intend to address both, building on the indications and the suggestions that emerged in the recent visits of the International Monetary Fund and the European Insurance and Occupational Pension Authority (EIOPA).

### ***The national insurance market: analysis and outlook***

Last year was a very challenging one for the insurance market. This was due to growing digitalization, competitive pressures, the implementation of the IDD rules, and the start of the process - triggered by Solvency II - to adapt national rules on corporate governance.

Nor should we forget the lingering tensions in the bond market.

The price volatility of assets traded on the financial markets and of the spread between Italian government securities and those of other countries affected the statutory balance sheets and the solvency of Italian insurance companies, especially those working in the life sector.



Following the decline recorded at the halfway point last year, at a time of acute market turbulence, the market solvency ratio, measured as the ratio of own funds to the overall capital requirement for companies, stabilized little by little in the quarters that followed. At the end of 2018 this ratio was 222 per cent, almost 20 percentage points less than at the end of 2017 but well above the regulatory minimum of 100 per cent.

From this point of view, we can be comforted by the results of the stress test on the resilience of European insurance markets conducted last year by EIOPA. The four leading Italian insurance groups that took part in the test, among the 42 groups involved overall, were judged to be able to withstand even particularly severe financial or insurance shocks.

For supervision purposes we extended the exercise to cover almost 100 per cent of the total assets of the insurance groups controlled by an Italian firm. It emerged that the market is solid overall, including in a hypothetical scenario of a rise in yields associated with a widening of the spreads (yield curve up scenario) which, of all the various stress scenarios developed by EIOPA, had the biggest impact on the solvency requirement for Italian companies, by virtue of the high volume of Italian government securities that they hold (about €300 billion at the end of 2018).

We have already begun to tackle the weak spots, including those connected to insufficient diversification of the investment portfolio.

The profitability of the sector is declining but it is still positive for the seventh year running.

The fall in profits is significant in the life sector: operating profits were below, though only just, €2 billion last year, compared with €3.5 billion recorded in 2017, mainly due to write-downs on securities. The modest contraction in profits in the non-life sector – about €2.2 billion against €2.4 billion in 2017 – is mostly ascribable to lower sales in motor vehicle liability insurance.

Total premium income in the national market returned to growth, with an increase of around 3 percentage points in relation to 2017.

In the life sector, growth was accompanied by a shift in the composition of the portfolio. Class I products (assurance on the length of human life) grew by 5.5 per cent, after declining for 2 years; Class III products (unit- and index-linked policies) fell by 4.5 per cent.

Premium income in the non-life sector grew in 2018 by 2.3 per cent, building on the positive performance recorded in 2017 (+1.2 per cent). The pick-up in premiums was mainly due to the health and property segments. After six consecutive years of decline, there was a U-turn in the motor vehicle



liability sector (+1.1 per cent on 2017), thanks to an increase in premiums for ancillary covers in a period of substantial stability in motor vehicle liability insurance.

The analysis of some balance sheet items, carried out over time and by international comparison, enables us to pinpoint vulnerabilities but also some clear trends in the sector's development and to focus on the challenges awaiting companies, distributors and supervisors.

In the non-life sector, the question of under-insurance, highlighted on several occasions by IVASS, continues to characterize the Italian market to a greater extent compared with the European average, making Italian citizens and firms more vulnerable when risks materialize.

There are greater signs of interest for these business lines, including from banking and public-sector operators: the role of non-life bancassurance is growing - in recent years it more than doubled its share of the distribution market, rising from 3.3 per cent in 2012 to 6.7 per cent in 2018, and it is now worth more than direct sales. Here we can see the influence of technological innovation, which is one of the driving forces of the changing interactions between insurers and their customers.

The market dynamics of distribution and technology now seem to point towards the development of a broader system of insurance protection in Italy, a process that IVASS will carefully monitor, especially as regards the protection of policyholders. I will return to this point later.

In the life sector, comparison with the rest of Europe shows that there has been a shift in portfolio composition. The technical provisions associated with unit- and index-linked policies, where the investment risk is borne by the policyholders, have come to account for almost one fifth of total liabilities in Italy (19 per cent, against 14 per cent in France and 7 per cent in Germany and Spain).

It is necessary to reflect on this trend, which risks estranging insurance products from their essential purpose, in light of socio-demographic dynamics that will inevitably affect the demand for products for pension purposes and for protecting savings, but also given the growing competition between the largest insurance groups to create and market products on a European scale, governed by the laws of the individual EU countries.

It is our intention to breathe new life into the debate under way with industry and the market, with the aim of revitalizing those segments of life business that are more typically insurance-related.

## ***The international framework***

Important European and international regulatory initiatives are around the corner: the revision of Solvency II, the International Association of Insurance Supervisors' (IAIS) work on systemic risk, and the introduction of the new international accounting regime for insurance contracts (IFRS17).

These are fundamental reforms dealing with product design, choice of investments, how capital requirements are determined, the joint management of assets and liabilities, and the calculation of profits and losses.

The revision of the prudential rules provided under Solvency II is crucial for Italian companies, which benefit less than others from the measures under European law that protect insurance companies' capital from short-term fluctuations of market prices (Long-term measures, LTGs).

For some time now, IVASS has been pointing out that some of these measures are inadequate, in particular the one most used by European and Italian companies, known as 'volatility adjustment'. The current arrangement does not allow our companies to mitigate significant variations in the spreads of their portfolio securities and, when market conditions are volatile as has been the case in the last two years, this mostly benefits EU companies which, given the composition of their investments, are less affected by price fluctuations.

The recent changes introduced by European legislation on the calculation of volatility adjustment go in the right direction but more can be done. Discussion on this point is already under way.

The need to strengthen the convergence and resilience of supervisory practices relating to cross-border insurance activities is equally pressing; the problem areas and risks for customers stemming from the improper, and at times opportunistic, use of single passporting are increasing in scale and frequency, and not only in Italy.

IVASS has supported and welcomed the recent reinforcement of the powers of EIOPA in cross-border dispute resolution. The professional carelessness, scant solidity and degree of moral hazard according to which some foreign insurers operate, call for decisive responses coordinated at European level, which will enable us to overcome the difficulties and limited efficiency of action at the level of individual member states.

IVASS has done much to shape the new approach to systemic risk mitigation in the international fora, the Financial Stability Board (FSB) and IAIS. The results of this work will inform the revision of Solvency II.

The insurance sector is both exposed to systemic shocks and capable of amplifying them, albeit to a lesser degree than the banking sector. The

proposed revision represents a new development in the current system: from an approach based on the identification of systemic firms and the application to them of risk mitigation measures, we are now moving towards a broader application of these measures, in accordance with the principle of proportionality, the monitoring of exposures and systemic trends at national and global level, and incisive powers of intervention.

The imminent conclusion of the works for the EU-wide adoption of IFRS 17, which introduces uniform criteria for the accounting treatment of insurance contracts, calls for a reflection on the impact of the reporting standard but also on how the current accounting rules work in relation to the needs of the market and of the operators themselves.

IVASS has supported the need to carry out further analyses prior to the implementation of IFRS 17 by the European Commission, in order to minimize the risk that the new standard could have a significant impact on how insurance products are designed and managed. It is now essential, however, that we complete the harmonization of the rules at community level to guarantee comparability of balance sheets and a genuine level playing field in the single market.

In Italy we must grasp the opportunity, following the implementation of IFRS 17 and the revision of Solvency II, to simplify and rationalize the three current regimes applied to the insurance sector: the national accounting standards for individual balance sheets, the international standards defined by the IASB for the consolidated balance sheet, and the Solvency II criteria for the individual and consolidated balance sheets drawn up for prudential purposes.

## ***Issues relating to consumer protection***

### ***Motor vehicle liability insurance***

By virtue of its mandatory nature, motor vehicle liability insurance is the sector with the greatest impact on individual citizens and one in which IVASS is constantly active. Primary and secondary legislation, together with the widespread use of new technologies, have made it possible to gradually contain costs and to strengthen competitive mechanisms, with positive effects on prices for policyholders.

Over the last five years, the average premium has fallen by 19.5 per cent, from €515 at the end of 2013 to €415 in December 2018. The spread between the premiums charged in the most costly province (Naples) and those charged in the province that is historically the least costly (Aosta) narrowed from €380 in 2013 to €237 at the end of 2018.

By international comparison, in 2018 net average premiums were still higher than those of the main European countries (France, Germany and Spain) but there was a substantial reduction in the spread: from €202 in 2012 to €97 in 2018.

The use of black boxes continues to rise. At the end of the year they were included in 22.2 per cent of Italian policies; this share is significantly higher in the provinces that are most exposed to the risk of fraud.

Their use has helped to reduce the price of insurance coverage. However, periodic surveys are starting to suggest possible lock-in effects associated with this instrument: policyholders with black boxes are less likely to switch insurers. The rules concerning the portability of black boxes must be finalized in order to avoid the risk that their widespread use has unwanted effects on market competition.

Our analyses show a positive correlation between the fall in prices observed in recent years and the performance of the concentration index, which has declined markedly at national level. In provinces where a smaller number of firms operate, prices have decreased more slowly and the fraud risk indicators are higher on average.

Combating fraudulent behaviour is essential in reducing regional imbalances. We are working to make anti-fraud measures more effective and increasingly less dependent on company size, both in relation to claims settlement and risk underwriting.

We will provide two highly innovative tools to firms and to investigating authorities: a platform for companies to exchange information on claims, and the results of the network analysis on big data in the anti-fraud integrated computer database (*Archivio Integrato Antifrode*, AIA) managed by IVASS. At the same time, the indispensable cooperation with public prosecutors and law enforcement agencies has been stepped up.

There is still room for improvement in firms' management of claims: greater attention is needed in relation to the procedures implementing the CARD Agreement (direct settlement), which remain inefficient due to failures in the checks carried out, at every stage of the process.

### *Supplementary healthcare*

In 2018 we received many complaints and reports – including from consumer associations and medical professionals – on inefficiencies in relation to supplementary healthcare policies: delays in processing requests, insufficient information, and excessively burdensome administrative procedures and requests for medical documentation.

The complaints related to insurance companies, but also often entities not supervised by IVASS, such as supplementary health funds, mutual benefit societies and even healthcare service providers.

Through our activities, it is clear that consumers are often unsure about who is responsible for the healthcare service being provided and, as a result, who is responsible when something goes wrong: be it the fund, mutual benefit society, healthcare service provider or insurance company. Moreover, they are not fully aware of the differences between the various forms of supplementary healthcare in terms of operating rules, technical and financial safeguards, and the checks to which the different operators are subject.

We believe that it is important to increase the transparency and clarity of contracts for the provision of healthcare services, regardless of who the provider is.

This is a delicate issue with serious implications, including for society as a whole.

Insurance companies are called upon to make every effort to avoid uncertainties and to resolve any disputes relating to poor service – it is in their best interest to do so.

### *Conduct risk management*

The IDD introduced the ‘customer best interests rule’ into the insurance regulatory framework of all EU countries. This goes beyond the more traditional approach centered on disclosure and requires insurance companies to adopt robust practices for creating clearly defined products that meet the actual coverage needs of customers (product oversight governance, POG) and to provide distribution networks with sale and post-sale procedures that are appropriate and professional. The goal of putting the customer’s needs first is flanked by the conduct risk that insurance supervisory authorities are called upon to supervise.

The stronger safeguards provided for in the IDD affect product design and distribution processes, relationships between companies, intermediaries and customers, and responsibilities. This requires operators, and supervisory authorities themselves, to rethink their approach and actions.

IVASS is called upon to supervise the correctness and efficacy of the safeguards put in place by insurance companies and insurance intermediaries before and after a new product is launched on the market. To this end, we recently launched a series of meetings with insurance operators bringing together both producers and distributors. The purpose is to get a clear sense of the actions taken to adapt their internal procedures to the new legislation and,

at the same time, to set out the expectations of the supervisory authority. So far, six insurance groups have participated and that number will soon increase.

The challenge is a complex one because supervisory activities are shifting towards increasingly qualitative aspects that are very difficult to intercept.

Market conduct supervision by IVASS will borrow some of the methods used in prudential supervision. We will base our approach on three pillars: the organization and adequacy of governance systems and of the oversight of product design and distribution; the development of tools that analyse conduct risks, based on quantitative indicators capable of detecting potentially risky situations; and market discipline.

The lens of the supervisory authority will be focused on governance and on the key corporate functions, the first and principal 'control centre' including of the distribution network, with particular involvement of the compliance function, which will have to be strengthened accordingly.

The traditional approach taken in the supervision of market conduct by operators in the insurance sector has always been guided by the very close attention paid to consumer complaints, especially in relation to problems encountered in daily interactions with companies and intermediaries. However, due to its very nature, this approach operates *ex post*, that is, it identifies and corrects mistakes once they have already been made.

To improve our ability to intervene *ex ante*, we have developed two models for analysing conduct risk that complement the consumer's 'perspective' in identifying supervisory priorities. The first model analyses products and settlement practices; the second looks at intermediaries' networks – more than 230,000 entities entered in the Single Register of Intermediaries (RUI) – with the goal of identifying anomaly indices in relation to lines of business, distribution channels, and the individual intermediary. Data on the 'close ties' of intermediaries will soon be added to this set of information.

In our experience, the publication of a small amount of simple data, such as rankings of firms in terms of the number of complaints and sanctions, has resulted in positive and timely responses on the part of companies, also given the reputational impact on customers and on public opinion. Data on market conduct are easily understood, and capable of quickly reaching a large number of potentially involved or interested parties.

Accordingly, we intend to continue to fine-tune the tools for sharing comparative information on the conduct of firms in dealings with consumers. Important indicators will come from the data on complaints and decisions of the insurance ombudsman.



To know and investigate firms' actual conduct during the distribution phase, a particularly complex objective even during on-site inspections, we are looking into the possibility, which would benefit from regulatory intervention, of using tools such as mystery surfing and mystery shopping, which are already being utilized by foreign authorities.

One issue at the centre of our attention is the possibility of applying, even in this field, the principle of proportionality to organizational measures to prevent small operators from being excessively penalized. Both supervisors and the industry are called upon to find a point of equilibrium between the need to develop a strong organization and the need to manage costs.

Lastly, mention must be made of 'fake websites' through which actual fraud is being perpetuated to the detriment of consumers, especially in the motor vehicle liability sector.

Last June, during the presentation of the Annual Report, the extent of this phenomenon was addressed, a phenomenon which unfortunately continues to grow: in 2018, some 103 fake sites were identified, compared with 50 in 2017; already in the first few months of 2019, more than 80 cases have been reported. On that occasion we also recalled the support provided to the investigating authorities, the only ones capable of attacking the root of the problem, and the many initiatives to take these sites off-line (today we succeed in 95 per cent of cases).

We were glad to learn that, thanks also to the support provided by IVASS, an important investigation has been launched by the Cyber Fraud Unit of the Finance Police in coordination with the public prosecutor of Milan for the sequestration and blacking-out of more than 100 fake sites and for the identification of the parties responsible.

What I have illustrated is a minimum engagement approach, a fundamental objective for complying with the new legislation: this is in addition to IVASS's traditional way of operating. We must strengthen both offsite monitoring departments and inspection resources.

Driving this strengthening is the scope and complexity of the tasks that we must carry out: from the broadening of supervisory horizons towards greater prevention, requiring a strategic effort and an organizational restructuring, which I will soon address, to the ever closer interrelationship between prudential supervision and the supervision of market conduct. We are assessing whether the resources IVASS has at its disposal are sufficient for it to fully carry out these new and broader tasks.



## ***Technological advances in the insurance sector***

New technologies in the insurance sector pose new challenges to the market and to supervisors.

Revising business models gradually lengthens the value chain and leads to greater fragmentation. Many insurance firms turn directly to the market when seeking new technological skills and resources but they do not fully govern or control them.

No effort must be spared in ensuring that digital innovation and the safeguarding of data and processes go hand in hand.

The growing use of artificial intelligence raises many questions; among these, in the field of consumer protection, is that of the benefits and limits of using increasingly sophisticated and at times opaque algorithms, and the potential impact this has on the application of the principle of mutuality.

Ours is the delicate task of regulating without obstructing. We shall carry it out by following two guiding principles: constant interaction and enhanced cooperation with the institutions involved at national and international level; and open and constructive dialogue with the industry players. Sandbox experiences developed by academic and technological partners have benefited from IVASS's full cooperation on projects that use blockchain technology to support insurance processes.

More automation, the massive use of big data, and a more extensive integration of cloud computing increase exposure to cyber risks and demand new technological and organizational solutions.

In 2018, IVASS issued regulations requiring companies to strengthen their IT systems' security, data quality and resilience to cyber risks. The adjustment plans must be approved by 30 June. Given the importance of this issue we sent out questionnaires to monitor the initiatives taken by individual firms and the development of their strategic plans.

Monitoring cyber risks in the insurance sector was given further impetus recently when IVASS and ANIA became members of the Strategic Committee of the Italian Financial CERT (CERTFin).

In the next few months, we will repeat the survey conducted in 2017 on the cyber security of agents and brokers, to assess the degree of take-up of the measures proposed for risk mitigation and to evaluate any intervening developments.

Supervision too can avail of new technologies (Suptec) to take advantage of the availability of enormous volumes of data and to improve the existing supervisory instruments.

In this respect, the progress made on the digitalization of information, the creation of new integrated databases, and the rationalization of data collection is all to the good. We intend to proceed resolutely down this path in cooperation with the Bank of Italy.

### ***IVASS's activities and its developments***

Already in early 2018, IVASS had clearly perceived that profound changes were on the horizon: the overhaul of user services and internal processes is the common denominator of all the objectives contained in the 2020 Strategic Plan approved by the Joint Directorate.

The plan also identifies new guidelines for development in areas such as the strengthening of risk-based prudential supervision, the review of sanctioning proceedings and the reinforcement of consumer protection with the establishment of the new insurance ombudsman and the adoption of a preventive approach to market conduct supervision.

In the field of prudential supervision, the integrated use of the data held by IVASS has strengthened the tools for analysing governance and risk management systems at firms and insurance groups.

Robust systems of corporate governance are necessary for ensuring a strategic vision, adequate counterweights in firms' administration, and sound and prudent management in risk underwriting, measurement and control.

Again in 2018 priority was given to verifying how technical provisions and solvency capital requirements are calculated. IVASS identified firms where the administrative bodies needed to improve their risk management and internal audit procedures, and which were not always equipped with the right resources and data to correctly assess technical provisions and solvency capital requirements. In firms whose corporate IT systems were not adequately integrated, the quality of the data was often poor.

The need to adjust technical provisions, at times to a significant degree, emerged for some firms and groups, as did the need to considerably improve the analyses underpinning the Own Risk and Solvency Assessment (ORSA). In two cases IVASS intervened by banning the distribution of dividends, in light of the need to preserve sufficient own funds.

The new system of sanctions in place today is stricter and less formal than before. It has reprised its original function, i.e. to strengthen supervisory action to protect customers and the soundness and stability of firms. We are mindful that this is a marked change of direction.

The objective is to encourage, in a gradual manner, a pro-active stance by the supervised entities towards eliminating any anomalies identified and preventing new violations. It follows that the reiteration of the same violations will be dealt with rigorously.

The activities of the new insurance ombudsman will commence soon. We are working in close cooperation with the offices of the Ministry of Economic Development to draft the implementing legislation; staff hiring and training activities are under way as is work on a digital platform for the submission and efficient handling of claims.

To ensure the full and effective regulation of market conduct, we recently launched a restructuring plan for IVASS. As part of the new arrangements a Supervisory Directorate on market conduct will be created, responsible for safeguarding the quality of products and fair behaviour in the distribution and management of insurance contracts and in the provision of services. A new Consumer Protection Directorate will be set up, which will act as the technical secretariat to the insurance ombudsman in charge of complaints and insurance education. Finally, a liaison unit between the various supervisory functions will ensure that all of IVASS's activities are underpinned by a common ethos and shared purpose.

To achieve the objectives we have set ourselves and to fulfil the tasks which have been assigned to us, we will act on various fronts with a view to maximizing and exploiting in full the existing synergies with the Bank of Italy, increasing investment in technology, and boosting human resources. To launch the insurance ombudsman, Parliament has approved the creation of 45 new posts, for a workforce which until now was capped at 355 by the law establishing the Institute. Introduced in 2012, this limit is no longer either consistent or compatible with the progressive and significant increase in the tasks entrusted to IVASS in recent years.

The result will be an increase in operating costs, albeit a modest one. We are aware that our activity draws support from the contributions of supervised entities, bound to us by obligations of transparency that are vital for any supervisory authority that aspires to carefully managing the resources available to it. This is why we have developed new methods of management control, with analytical accounting for each cost centre and by making each department responsible for its own budget.

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Ladies and gentlemen,

In conclusion, the insurance sector is undergoing a radical transformation, reflecting sweeping changes in the macroeconomic environment, in technological progress and in demographic and legislative trends.

The number of insurance firms is shrinking, the concentration of major global players intensifying, and competition between national markets growing, as is the permeability of domestic markets to the entry of new firms and products from other countries, whose standards are not always up to the mark.

These trends strengthen the need to harmonize national supervisory practices, to enhance cooperation between the supervisory authorities of the home and host countries, to avail of regulatory and supervisory tools to anticipate and effectively mitigate the risks to stability of firms, and to protect consumers.

The revision of Solvency II, the launch of the insurance ombudsman, the application of the new sanctioning regime, the new supervisory pole for overseeing market conduct in a forward looking perspective and the attendant internal restructuring, the unceasing pressures towards forms of supervision capable of exploiting new technologies by integrating them into supervisory processes, all lie ahead of us.

The future carries with it a heavy burden, with challenges and opportunities, as well as new tasks and responsibilities for market operators and IVASS alike.

We will face this future with poise, determination, farsightedness and, above all, with careful attention to the public interest, which relies on the insurance sector for protection against adverse life events. The proper functioning of the insurance market is a vital factor in helping to develop the economy and to ensure the wellbeing of all.



