LUMEN ET VIRTUS
ISSN: 2177-2789

SOCIAL WORK AND THE DIALOGUE BETWEEN HEALTH AND SOCIAL PROTECTION OF THE ELDERLY IN ANGOLA

https://doi.org/10.56238/levv15n41-059

Submission date: 09/18/2024 **Publication date:** 10/18/2024

Zurema Domingos Mutange[1], José Dias Mateus[2], Isaías Francisco Gaspar Issenguele[3], Fernanda de Oliveira Sarreta[4], Nanci Soares[5].

ABSTRACT

This article aims to analyze the interloculation between health and social protection in which Social Work operates, and its repercussions on the processes of access to the basic rights of the elderly in Angola. It is a debate that results from bibiographical and documentary research, guided by Marx's social theory. The results demonstrate that health and social protection policies and related services are expressions of the validity of contemporary bourgeois society, whose reflections in Angola were realized from the second half of the twentieth century, in the process of implantation of dependent capitalism. In this context,

[1] Graduated in Social Work
Master's student in the Graduate Program in Social Work, São Paulo State University (UNESP)
Faculty of Human and Social Sciences, Franca/SP, Brazil
CAPES bag holder
Member of the Study and Research Group on Aging, Public Policies and Society (GEPEPPS); Study and Research Group on Health Policy and Social Work (QUAVISSS) and the Study and Research Group on Labor and Capital (GEPT)
E-mail: z.mutange@unesp.br
[2] Master in Social Work and Social Policy
Doctorate student in the Graduate Program in Social Work, São Paulo State University (UNESP)
Faculty of Human and Social Sciences, Franca/SP, Brazil
CAPES bag holder
Member of the Research Group on Socio-Environmental Management and the Interface with the Social Question (GESTA), Marxist Study and Research Group (GEPEM), Study and Research Group in Philosophy, Art and Politics (FIAPO); Study and Research Group on Health Policy and Social Work (QUAVISSS)
E-mail: dias.mateus@unesp.br
[3] Graduated in Social Work
Master's student in the Graduate Program in Social Work, São Paulo State University (UNESP)
Faculty of Human and Social Sciences, Franca/SP, Brazil
CAPES bag holder
Member of the Research Group on Socio-Environmental Management and the Interface with the Social Issue (GESTA)
E-mail: isaias.issenguele@unesp.br
[4] Social Worker
Professor, Universidade Estadual Paulista (UNESP), Faculty of Human and Social Sciences, Graduate Program in Social Work, Franca/SP, Brazil
Leader of the Studies and Research Group on Health Policy and Social Work (QUAVISSS)
E-mail: fernanda.sarreta@unesp.br
[5] Social Worker
Professor, Universidade Estadual Paulista (UNESP), Faculty of Human and Social Sciences, Graduate Program in Social Work, Franca/SP, Brazil
Leader of the Study and Research Group on Aging, Public Policies and Society (GEPEPPS)
Email: nanci.soares@unesp.br

marked by contradictions and challenges, it is considered that Social Work is a profession that contributes to the struggle for the quality of access to their rights of the elderly.

Keywords: Social Work, Social Protection, Health, Elderly Person.

INTRODUCTION

The debate on the social protection of the elderly in Angolan society, through health and social assistance policies, constitutes an urgent scientific requirement in the various spaces of debates around social policies, whose presence of Social Work is requested to a certain ideopolitical demarcation (which is not exempt from its contradictions), which is not exempt from its contradictions, in the social, technical and intellectual division of labor, and therefore, the class situation of professionals must be analyzed in the light of the dynamics of the current political economy, which forms and formalizes, in the words of Marx (2013) the "anatomy of modern bourgeois society", where both health and social assistance are part of the expressions of the social question as contradictions that do not stem only from the economy, nor of politics, but of "political economy".

For the apprehension of the phenomenon that we have proposed to analyze, we will resort to social theory as a scientific-philosophical standard created by Marx, being the most appropriate to ideally reproduce the movement of reality, which is dialectical. Therefore, we agree with Kosik (1976), when he states that dialectics deals with the "thing in itself". But the "thing-in-itself" does not immediately manifest itself to man. To achieve its apprehension, it is necessary to make not only a certain effort, but also a détour. Thus, according to Lukács (1974, p. 41) apud Campelo and Paiva (2014, p. 33), the "[...] dialectical method in Marx aims at the knowledge of society as a whole".

We understand that in order to arrive at the historical-ontological complexes of social protection policies through the particularity of social assistance in its relationship with health policy, we need to go beyond the way in which these refractions of the social question are manifested, that is, the way they are presented in reality and here in a particular way in the Angolan reality, a society whose economic, political and social systems explain capitalism, but a peripheral capitalism. Thus, we infer that only an analytical-reflective act always keeping in mind the fundamental categories will make us apprehend the essence of these policies.

On this analytical basis, we ask: What are the historical foundations of social protection and health policies in Angola? How are these policies produced and reproduced within the classes located in the complexes of subalternity, dialectically manifested in the traces of the structures and processes of hegemony? What is the nature of Social Work in the spaces that make up the largest class locality of the elderly in Angola?

These are the questions that will lead the debate, realizing in advance, that they will not be exhausted, but will present paths for the construction of a critical horizon that Angolan researchers give rise to in subsequent studies. The debate results from a

bibliographic and documentary research, through consultations with books and scientific articles by several authors from the humanities and social sciences that discuss the theme of social policy and Social Work as well as contemporary capitalism.

HISTORICAL FOUNDATIONS OF SOCIAL PROTECTION AND HEALTH POLICIES IN ANGOLA

What is the foundation of social protection and health policies in Angola is the expansion of modern capital, which, through its accumulation, elaborates the bases of the capitalist mode of production, as Marx (2013, p, 849) explains, "with the accumulation of capital, the specifically capitalist mode of production develops, and with it, the accumulation of capital", whose particularity in Angola is manifested in the installation by the Portuguese colonial route, a phase in which compulsory labor must be replaced by free labor, since capitalism as a modern civilization is only compatible with free social subjects that are realized by the complexes of universal citizenship and that only these hegemonically make the new political and economic forms of capital hegemonically viable.

The age of capital (Hobsbawn, 1976) that greatly expanded in the second half of the nineteenth century, from the United Kingdom, carried with it the mature elaborative bases of Western civilization – capitalism – which, through the American and French revolutions, universalized the rights of equality and freedom, a freedom that was based on free labor (Monteiro, 2020), from which social policies strongly influenced by the experiences of Otto Von Bismarck's England and Germany derive.

It is a civilization that imposed in Angola the figure of the formally free worker through the Portuguese colonial state, the one (worker) who was enslaved, but who, due to the new objective and subjective requisitions of capital, the same worker with archaic qualities no longer fits into the new pattern of exploitation, and therefore must be a formally free worker (even if this freedom is not realized in terms of effectiveness). An imposition that will also be a reflection of Angolan resistance against the Portuguese order in the 1960s.

The installation of free labor in the early 1960s has no other synonym than the installation of salaried labor (Mendes, 1966; Monteiro, 2016). This salaried labor, which arises within the parameters of the super-exploitation of the labor force, gains this concreteness due to the need for Angola to be compulsively integrated into the world market, marking its presence and importance, as long as it is content with its position of "dependent" on the capitalist centers. So Portugal, as an intermediary of the capitalist centers, must play its role.

Dependent capitalism is strongly in force with the presence of the Portuguese State in Angola. The Portuguese Overseas Policy in Angola outlined the ideological complexes for which various social programs should express mechanisms to increase the productivity of the workforce. Mendes (1966) subdivides them into two:

1) Mechanisms for increasing the productivity of rural labor: length of the working day, housing, food, vacation, clothing, medical care, social action, social security;
2) Mechanisms for increasing the productivity of "specialized labor**:** definition of wages, qualification or professional training, social security, social action at work.

As can be seen here, social action and medical assistance are founded at this stage, as mechanisms of control and production of the workforce, which ultimately must be translated into an increase in the productivity of the labor force of Angolans, social policies that must create bases for the production of the minimum living conditions of workers, to be exploited as formally free workers and no longer as slaves.

These bases, which were not only an expression of Portuguese colonization, but of capitalist installation, crossed all the processes of post-independent Angola, because the modern State founded after the end of Portuguese colonization, is a State whose molds realize the political dimension of capital, even though in the first republic, since 1975, an Angolan Socialist State was proclaimed. In this republic, social protection and health policies call for a universal character, with strong intervention by the State, being a socialist State.

From 1992 to 2009, the phase in which the second republic was in force, the dynamics of social policies revealed the class struggle in Angola and the country's position in world capital, through financial capitalism, through the relations that Angola is building with the West and the East, therefore, it is a phase that declares the abandonment of the socialist project, formally assuming the political, economic and social forms of (neo)liberalism that are the basis for the financialization of Angolan public policies, by foreign financial capital, for better or for worse, but that the consequences do not alter the gravity of the forms of domination and therefore, political, economic, social and technological exploitation of the capitalist centers in relation to Angola.

In 2010, the third republic began, which is still current, whose Constitution (of 2010), in its article no. 77, establishes the interlocution between *health and social protection*, as well as establishes the bases of social protection for the elderly, which will be materialized by the national policy for the elderly, through presidential decree no. 180/12 of 15 August,

and Presidential Decree No. 179/12 of 15 August, on the national strategy for the implementation of the policy for the elderly.

The social rights of individuals that are configured here as social policies are historical social constructions, as they arise at a certain time in society, with a given objective. Furthermore, it is imperative to emphasize that these rights are the result of "struggles waged" between antagonistic social classes.

According to Behring and Boschetti (2016, p. 51-52),

> Social policies and the formation of social protection standards are developments and even responses and forms of confrontation – generally sectorialized and fragmented – to the multifaceted expressions of the social question in capitalism, whose foundation is found in the relations of exploitation of capital over labor. [...] However, its genesis lies in the way in which men organized themselves to reproduce in a certain historical moment, as we have seen, the constitution of capitalist social relations – and which has continuity in the sphere of social reproduction.

For further clarification, Tonet (2015, p. 2) considers that,

> This struggle between capital and labor was also responsible for the emergence of actions, on the part of the State and other institutions, to alleviate the social inequality that necessarily arises from the exploitation of capital over labor. It is important to note that these social policies will not be simple concessions of the bourgeois state, but will always result, to a greater or lesser degree, from the struggle between capital and labor. In this way, they will be able to contribute more to the reproduction of the interests of capital or to the defense of the interests of workers. Everything will depend on the state of the struggle between the forces in confrontation (Tonet, 2015, p. 2)

The articulation or interlocution that appears in the current Constitution of the Republic of Angola, in its article no. 77 between *health and social protection*, is detailed in three points:

> 1. The State shall promote and guarantee the necessary measures to ensure the right to medical and health care for all, as well as the right to care in childhood, maternity, disability, disability, old age and any situation of incapacity for work, in accordance with the law.
> 2. In order to guarantee the right to medical and health care, it is incumbent upon the State: a) To develop and ensure the functionality of a health service throughout the national territory; b) To regulate the production, distribution, trade and use of chemical, biological, pharmaceutical and other means of treatment and diagnosis; c) To encourage the development of medical-surgical education and medical and health research.
> 3. Private and cooperative initiative in the fields of health, social security and social security is supervised by the State and is exercised under the conditions provided for by law (ANGOLA, 2010).

Based on the research of Behring and Boschetti (2016), and even on the first point of this article mentioned in the Constitution of Angola, we can affirm that salaried work is the criterion for social protection policy. If this is true, what about those people who have not

been able to access the labor market, those whose economic system has prevented them and even prevents them from making their labor force available in exchange for wages?

SOCIAL PROTECTION FOR THE ELDERLY AND THE INTERFACE WITH HEALTH SERVICES

We have already pointed out in the first session that social protection as a policy in Angola, emerged in the colonial period with the Portuguese capitalist government, as one of the forms of mechanism to increase the productivity of the Angolan workforce, made up of those who are gaining the status of free workers and those who will continue in the condition of compulsory labor.

Between the 1960s and 1970s in Angola, struggles between social classes were evident, on the one hand there was the need for Angolans to free themselves from the Portuguese colony and on the other hand, the need for the Portuguese government to keep colonizing Angolans.

Among the demands, they included the struggle for the human rights once proclaimed in the Universal Declaration of Human Rights (UDHR) in 1948, by the United Nations (UN), which is why, as a response and to establish the continuation of relations of dependence and subordination, the Portuguese capitalist government installed in Angola a "set of mechanisms" that would soon be configured as social policies, for the maintenance and capture of the Angolan working class, even though this process also meant the conquest of rights for Angolan workers, when they become formally free workers, that is, a necessity for the new configuration of modern/or contemporary capital by industrial capitalism.

According to Monteiro (2016, p. 95),

> [...] In order to guarantee the colonial capitalist exploitation by wage labor in the face of the various internal and external pressures tending to the expansion of the rights of the working class and the political emancipation of Angolans, the government and colonialist capital institutionalized Social Work in Angola. And they have implemented a set of mechanisms to increase productivity and exploitation that at the same time will also mean a small achievement of the rights of Angolan workers.

It was this heritage that was configured in the three republics of Angola, in independent Angola, that in the movement of rupture and continuity, the social protection system was built, by the Basic Law of social protection, together with the Basic Law of the Health System. It is only possible to locate social protection for the elderly in Angola, by understanding how these policies are articulated to fit that specific group both in the Basic

Law of social protection and the Basic Law of the Health System that has been configured since independence until today.

With salaried work as a criterion of social protection, we have in the history of Angola, 3 (three) provisions of the Basic Law of social protection, which are:

1. Basic social protection;
2. Mandatory social protection;
3. Complementary social protection.

For the sake of brevity, we will only analyze the situation of the elderly in the basic social protection device and their relationship with health services, in the same way (and evaluate later) the involvement of Social Work in this process.

However, we have already pointed out that access to health services is one of the forms of social protection for the elderly. We cannot talk about social protection for the elderly if the necessary conditions are not created for access to services to be effective. We understand that it is from access that it will be possible to adhere to the services.

This premise is supported by the basis according to which, the understanding that the State in the capitalist system reconciles its responsibilities with the promotion of private initiative in health services and legitimizes the market in the sphere of social relations. In this way, health services that should be free for the elderly population of the country become commodities whose access is selective based on the purchasing power of the elderly person.

Although it is conventional, we disagree with the definition expressed in the Declaration of Alma-Ata (1978, p. 1), which defines health as "a state of complete physical, mental and social well-being, and not simply the absence of disease or infirmity". Considering that reality is a synthesis of multiple determinations, which are complex, contradictory and constantly changing, we cannot consider health as a "state", as if it were static and had nothing to do with the material and objective conditions for the existence of the elderly person (the one that makes them exist, in our opinion), therefore, this definition is very abstract and does not dialogue with the concrete reality of Angola.

After all, what does it mean to be well physically, mentally and socially? And, what does it mean to be socially well in the capitalist system? How to understand health as a "state" in a class society, whose interests are antagonistic and in constant dispute? In this way, we understand health as a complex and articulated totality between material conditions, whether social, economic, cultural, political, ideological, whose particularities find their ways of being in each concrete reality.

With these questions, when facing the WHO definition of health (1978) (since social protection is also based on the control of salaried labor through access to health services), it can be concluded that health, in the official concept, is an ideological complex to maintain the workforce that suffers from disease to be cured and return to the productive or reproductive process.

In societies of antagonistic social classes, access to these services is contradictory. In this way, Angola, an African country whose capitalist system is dependent, will be crossed by the conditions that are imposed for its production and reproduction. Therefore, access to health services is conditioned, above all, by the class condition to which the subject belongs and by age (whether or not he is a producer of surplus value). Since the elderly person is no longer a producer of added value, due to their aging condition, is it important to debate how social protection materializes in this reality?

Under the terms of Presidential Decree No. 180/12 of 15 August 2012, an elderly person is understood to be all individuals of both sexes, over 60 years of age, regardless of their socio-economic condition (Angola, 2012). And, in order to materialize health care for the elderly, it is necessary to follow the parameters of coordination, organization and management of the policy for the elderly (Angola, 2012), a policy that is dynamized in the light of the basic law of social protection, by the basic social protection device.

The National Strategy for the implementation of the policy for the elderly, through the actions of the ministerial department of health, highlights the following:

> a) Conduct studies to determine the epidemiological character of certain diseases in the elderly, with a view to prevention, treatment and rehabilitation;
> b) Create legal instruments that prioritize the access of elderly people to health establishments;
> c) To regulate the form of subsidy for medical and drug assistance to the elderly;
> d) Ensure the access of the elderly to the public health system, in order to allow adequate prevention, diagnosis, rehabilitation and treatment, promoting and developing the following actions:
> - To guarantee medical and medication assistance to users of institutions for the elderly;
> - Create geriatric reference units, with specialized personnel in the areas of geriatrics and social gerontology;
> - Provide specialized care to the elderly with disabilities;
> - Promote a training program for doctors and nurses specialized in geriatrics and other health professionals in gerontology;
> - Increase awareness and information campaigns for the elderly about HIV/AIDS, alcohol, smoking and other diseases such as diabetes, hypertension, malaria and others;
> - Promote interconnection programs between modern medicine and traditional medicine in order to ensure complementarity in health care for the elderly (ANGOLA, 2012).

It is therefore up to us to analyze the parameters for the materialization of care for the elderly in health services in Angola. It is imperative to point out that the health system

itself in the country is deficient, and access to services, taking into account its selective nature, is also precarious.

As regulated by the legislation, for example, the national strategy mentions the creation of "legal instruments that prioritize the access of elderly people to health facilities". But how can we talk about access to health services if, in most locations in Angola, there is not even a public reference hospital, and to enter these establishments the elderly need to travel long kilometers?

Likewise, as a Strategy, the State has the responsibility to "regulate the form of subsidies for medical and drug assistance to the elderly"; in other words, the State here is assuming that it alone will not be responsible for the care of the elderly, and therefore, calls for the participation of the subjects in the materialization of care that should be universal and without distinction in the forms of access.

The whole ideology that "health is a state of complete physical, mental and social well-being, and not simply the absence of disease or infirmity" falls into disrepute, after all, in a society of social classes, where the foundation is wage labor – whose essence is the exploitation of the worker through work for the generation of wealth – it is not possible to achieve this "state" of complete well-being. since human needs and even man's own labor power are seen as commodities. Therefore, social policies, of which health is a part, are seen as a commodity, which justifies the fact that their access is restricted, so they are used to maintain the workforce necessary for the generation of profits. In the case of the elderly, as they are no longer producers of surplus value, these policies only serve to give them the minimum conditions for survival.

From these elements, it is up to us to analyze the responsibility of the State when it says that: "it promotes and guarantees the necessary measures to ensure the right to medical and health care for all". The verb used – promotes – refers to the act or effect of executing, thus, this same act makes it explicit that the materialization of this right is not the exclusive task of the State, or that it does not have the duty to materialize this policy. Therefore, it can give the idea that these actions are already carried out, although in practice this may not be the reality, nor does it indicate who actually develops them. Therefore, we consider that, in this case, there is an attempt by the Angolan State to hold civil society accountable for the materialization of this policy.

SOCIAL WORK, HEALTH CARE AND ACCESS TO SOCIAL ACTION BY THE ELDERLY

In Angola, Social Work emerged in 1962 by the Portuguese colonial State and the Catholic Church, with the objective of maintaining the state of order of the Angolan colony, but also and more importantly, contributing to the process of establishing capitalist structures, not by chance the flagrant mechanisms of increasing the productivity of the workforce, which include the policies of social assistance (action) and health assistance.

It is a turbulent phase of the 1960s, whose interests of the Portuguese colonial State and those of the Catholic Church will dialogue to maintain their hegemony, and if the Portuguese State does not intend to lose Angola as a colony, the Catholic Church does not want to lose dominion over the people who until then have been evangelizing for centuries. In fact, the revolutionary Angolans of the 1960s not only resisted against the Portuguese bourgeois order, but also by identifying themselves with Protestantism and even more complexly, with communism (through Marxism of Leninist character) they were building resistance either against the Catholic Christian faith or even against any religious form (Monteiro, 2016).

In this way, on the one hand, the mediations that contribute so much to the elaboration and implementation of social policies at this stage, will be fundamentally crossed by the Portuguese overseas policy that aims to maintain the already established order, even if this time it better qualifies the Angolan worker, and the profession that emerges in this context is moved by these mediations. On the other hand, what characterizes the Catholic Church, which intends to rescue its hegemony, interprets the social question according to its worldview, also contributing to a certain way of thinking and doing professionally of the social worker.

> The Catholic Church, moved by the evangelical principles condensed in the Social Doctrine of the Church, interprets the "social question" as a moral problem and in collaboration with the colonial government creates the School that trains the necessary technicians for the implementation of the set of social services with the exploited. Thus, the Church can offer the Bible in the form of services, not only through catechists and missionaries, but also through professionals who, combining contributions from the social sciences of a positivist character, with a structural-functional focus, with a moral and doctrinal basis, with a neo-Thomistic flavor expressed in the social doctrine of the Church, could intervene in the burning expressions of the "Social Question" (Monteiro, 2016).

Thus, the origin of the profession is based on the internal and external factors of the Angolan context that elaborate salaried labor - in its peculiar form of super-exploitation, therefore, the consolidation of capitalist society with its peripheral nuances.

The profession was in force from 1962 to 1977, and with the independence of Angola, inspired by a project of socialist society, abolishing the profession meant abolishing

any remnant of the colonial order. Since 1977, it only resurfaced in 2005, in a regime in which (neo)liberalism is already in force in the country. In this phase, social policies and the profession are governed by mediations that explain in a certain way the new structure of colonization, neocolonialism, and the destiny of the nation is fundamentally traced from the United Nations, the International Monetary Fund and the World Bank.

In the most recent research by Monteiro (2020, p. 278), the author explains the following mediations:

- The 2030 Agenda for Sustainable Development;
- The Africa 2063 Agenda – The Africa we want. Common Strategic Framework for Inclusive Growth and Sustainable Development for the First Decade (2014-2023);
- The Millennium Development Goals;
- The 2015 Millennium Development Goals Report;
- The National Development Plan 2013-2017 and 2018-2022;
- The 2015-2019 Framework for Partnerships between the Government of Angola and the United Nations System;
- The MPLA's 2017-2022 Government Programme[6]
- The speeches given by the President of the Republic

It is in this new context that we locate the dialogue between Social Work, social protection policies (basic social protection that is carried out by the National Social Action Policy), together with health policies.

In all occupational spaces, social workers are mostly framed in health policy. The other policy that welcomes social workers is social protection. Although the latter is not very explicit in the following table, but is carried out by the various subsectors that comprise the same policy.

Table 1 Distribution of Social Workers in the Different Socio-occupational Spaces

Work Sector	Public	Private	NGOs	Autonomous	No Response	Total
Social Protection and Human Rights	8	1	2	0	2	13
Social and community development	11	2	1	0	0	14
Early childhood education	18	4	0	1	0	23
Health and Disease Prevention (HIV)	20	3	1	0	1	25
Public administration	16	0	0	0	0	16
Order, Security and Defense (Police, Angolan Armed Forces)	19	0	0	0	1	20
Other	38	33	0	2	35	108
Total	130	43	4	5	39	221

Source: Report of the Survey Carried Out by AAS-ANGOLA in 2018

[6] MPLA - Popular Movement for the Liberation of Angola, the party that governs the Angolan state.

In this space, we bring a concrete case of the presence of the assistant in social protection in his/her relationship with health in a State institution, the Home for Assistance to the Elderly - Beiral, which was founded by the Portuguese colonial government under the tutelage of the former Institute of Social Assistance of the Province of Luanda, on May 13, 1953, with the purpose of housing Portuguese elderly people who were public administration employees in Angola, in the colonial period, and who were in a situation of retirement so that their subsidies could be given in favor of the institution. We are faced here with one of the cases of rupture and continuity between the colonialist phase and the phase of Angola's independence.

The Home is a social response that aims to protect and provide permanent or temporary services to the elderly, who are in a situation of social unprotection, being socially, economically, physically and mentally incapable of self-support. It receives people over 55 years of age for females and 60 years of age for males, and has the capacity to house one hundred and fifty (150) elderly people, but due to the political, economic and social instability in the country, above all, there were times when it housed more than its capacity.

The Home for Assistance to the Elderly – Beiral (Angola, 2024), has an organizational structure of 64 workers, with the following functions:

1. The director has the functions of directing, coordinating and guiding the services and ensuring their good name and efficient functioning;
2. The Social Worker provides counseling and social monitoring to users and tries to promote the participation and autonomy of users;
3. The psychologist carries out regular psychological monitoring of all elderly people who are emotionally vulnerable, depressed, memory loss and in all situations that justify it;
4. The doctor must carry out consultations with users (users) at home, keeping the user's clinical file organized and updated, and must also liaise with specialty doctors in case of need;
5. The nurse manages and controls the users' medication;
6. The security guards monitor the users at home and take care of their hygiene and daily comfort, collecting, distributing and arranging the users' clothes, administering to the users the medication prescribed by the doctor, always making sure that it is effectively taken;
7. The treasurer receives and checks the material, as well as the respective inventory and the organization of the pantry/warehouse area according to the type of products;

8. The cooks prepare and cook the meals, distributing them to the users, cleaning the kitchen and its dependencies;
9. The laundry workers collect, wash, treat and deliver the clothes; the cleaning workers carry out the cleaning, hygiene and tidiness of the entire institution;
10. The gardener promotes the creation and treatment of green areas.

This is one of the expressions of the social issue in which the social worker is imbued, contributing to the implementation of the social action policy as well as access to health services for the elderly.

The challenges that are imposed in this context present a complexity that is difficult to analyze, and the very place that Angola occupies in globalized capital creates material conditions, productive forces and production relations that are very specific to the overexploitation of the workforce in its objective and subjective dimension.

In the objective dimension, we are faced, for example, with one of the most absurd minimum wages on the planet (a value below 100 usd), a fact that leads us not to imagine workers who are outside any production circuit without the same possibilities of fitting into the informal work circuits. From this material basis arise a whole form of social barbarism.

In the subjective dimension, we are faced with a complex of subjectivities that are quite affected by the dynamics of continuity and discontinuity of the structure of capital between colonialism and the political independence of the nation, an independence only at the formal level, not by chance, the precarious political dimension of the working class, by a belated internal/modern bourgeois revolution that has not even been completed – and it is doubtful that it will be completed – whose peculiarities have made it possible to capture the subjectivity of the subalternized.

FINAL CONSIDERATIONS

Our intention is to draw attention to our debate, which was driven by the following questions: What are the historical foundations of social protection and health policies in Angola? How are these policies produced and reproduced within the classes located in the complexes of subalternity, dialectically manifested in the traces of the structures and processes of hegemony? What is the nature of Social Work in the spaces that make up the largest class locality of the elderly in Angola?

It is also our intention not to present answers to all these questions, as it is a complex, contradictory and moving reality. These are issues that are related, thus, we bring the analogy made by Pereira and Santos (2021, p. 86) stressing that "both Social Work and

Social Policy are children of the modern capitalist urban-industrial era. This movement, which took place since the end of the nineteenth century in Europe, had its reflection in Angola in the second half of the twentieth century.

Both social policies and Social Work as a profession are related and united by their contradictions, therefore, they present a dialectical path that had a reason for being in the 1960s, which coincides with the same reason for being in the (neo)liberal phase of the country, which is called Angola.

We find some clues according to which, "Hegel comments that all the great facts and all the great characters of world history are staged, so to speak, twice. He forgot to add: the first time as a tragedy, the second as a farce" (Marx, 2011, p. 25).

In Angola, both in the colonial and post-independent era, social policy and the profession moved and are moving through the implementation of dependent capitalism, generating a complex of material conditions that touches on the place that the country occupies in the globalization of capital.

Social protection policies, which appear in the form of social action policies in Angola, in their relationship with health policies for the elderly, as such are presented by the nature of this target group. It means that, in the Angolan particularity, the fact that work is the criterion of social protection for groups that no longer have the capacity to sell their labor power, policies that only aim to maintain minimum living conditions, and not conditions for quality of life, are intended.

Therefore, in order for health to be a human-generic condition in Angola, which includes the elderly, it is necessary to go beyond social protection, Article 77 of the Angolan Constitution, an ideological expression of capitalist society. This only form is based on denying the very capitalist system in which the whole world currently lives, since its foundation – wage labor – is the basis on which all forms of social inequality that exist today are produced.

We believe, therefore, that Social Work as a historical-social profession, by committing itself to this direction, must ally itself with the entire working class and together think – at least think – about emancipatory possibilities beyond salaried work, denying itself and overcoming any social form that alienates work.

REFERENCES

1. Angola, Lar de Assistência à Pessoa Idosa – Beiral, Luanda. (2024).

2. Angola, República Popular de. (1975). Lei Constitucional. Edição INA.

3. Angola, República de. (1992). Lei de Revisão Constitucional. Luanda.

4. Angola, República de. (2022). Constituição da República de Angola. Edição especial atualizada. Promulgada em fevereiro de 2022 (1st ed.). Luanda: Tribunal Constitucional, Lexdata.

5. Angola, República de. (2012, August 15). Decreto Presidencial nº 179/12 sobre a Estratégia Nacional para a implementação da política para a pessoa idosa. Diário da República: Órgão Oficial da República de Angola, I Série, n. 157, p. 3541.

6. Angola, República de. (2012, August 15). Decreto Presidencial nº 180/12 sobre a Política Para a Pessoa Idosa. Diário da República: Órgão Oficial da República de Angola, I Série, n. 157, p. 3544.

7. Associação dos Assistentes Sociais de Angola. (2017). Relatório do Inquérito Aplicado aos Assistentes Sociais de Angola. Luanda: AAS-Angola.

8. Behring, E. R., & Boschetti, I. (2016). Política social: Fundamentos e história (Vol. 2). São Paulo: Cortez.

9. Hobsbawm, E. J. (1977). Era do Capital: 1848-1875 (L. C. Neto, Trans.). Digitalização: Argo.

10. Kosik, K. (1976). Dialética do concreto (C. Neves & A. Toríbio, Trans., 2nd ed.). Rio de Janeiro: Paz e Terra.

11. Lukács, G. (2018). Para uma ontologia do ser social. Maceió: Coletivo Veredas.

12. Marx, K. (2013). O capital: Crítica da economia política: Livro I: O processo de produção do capital. São Paulo: Boitempo.

13. Marx, K. (2011). O 18 de brumário de Luís Bonaparte (N. Schneider, Trans.; H. Marcuse, Prologue). São Paulo: Boitempo.

14. Mendes, A. (1966). O trabalho assalariado em Angola. Instituto Superior de Ciências Sociais e Política Ultramarina, Lisboa: Companhia Nacional Editora.

15. Monteiro, A. A. (2016). Natureza do serviço social em Angola. São Paulo: Cortez.

16. Monteiro, A. A. (2020). Serviço social, Estado e políticas sociais em Angola: Mediações teórico-metodológicas. Manaus: Alexa Cultural.

17. Organização Mundial da Saúde (OMS). (1978). Declaração de Alma Ata sobre Cuidados Primários. Alma-Ata, URSS.

18. Paiva, S. O. C. (2014). Envelhecimento, saúde e trabalho no tempo do capital. São Paulo: Cortez.

19. Pereira, P. A. P., & Santos, L. d. R. S. (2021). Relação entre serviço social e política social no Brasil. In E. J. da Silva Tomé Marques & A. R. Vettorazzi Schmitt (Eds.), Serviço social nos países de língua portuguesa: Interculturalidade e desafios (pp. 47-62). São Paulo: Pimenta Cultural.

20. Tonet, I. (2015). Qual política social para qual emancipação? Revista Serviço Social, 17(37), 25-43.