

From “Angels” to “Role Models of the Times”: A Discourse-Historical Analysis of Ningxia’s Media Coverage of Medical Aid to Benin (2006–2024)

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Abstract: China’s foreign medical aid teams are vital to health diplomacy, with local governments playing a pivotal role in discursive mediation. This study analyzes official reports on Ningxia Hui Autonomous Region’s medical aid teams to Benin from 2006 to 2024, employing Discourse-Historical Analysis (DHA) to examine how local media construct legitimacy narratives. Diachronic analysis reveals a shift from emotionally charged “humanitarian redemption” to strategic narratives of “technological empowerment” and “global governance partnership.” Through referential, predicational, and argumentation strategies, local media utilize the “recontextualization” mechanism to translate national diplomatic strategies into localized practices. The study highlights “technological governance” as an emerging soft power resource and provides empirical insights into vertical narrative transmission at the sub-national level.

Keywords: Foreign medical aid; Discourse-Historical Analysis (DHA); Recontextualization; Local narrative; China-Africa relations

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1. Introduction

Since 1963, China’s foreign medical aid teams have been central to its health diplomacy and global image. Provincial governments, as implementing actors, bear responsibility for discursive mediation in this “paired assistance” process. Yet, the discursive translation between national narratives and local practices remains underexplored. Existing research emphasizes macro-level diplomatic strategies or quantitative evaluations, overlooking how local actors mediate national will through discourse.

First, Critical Discourse Analysis (CDA) often exhibits “structural determinism,” neglecting localized discursive practices. Mainstream research excessively focuses on macro-level authoritative texts such as those from states and international organizations, while largely overlooking discourse as a “social practice” in its micro-

level realization ^[1-2]. While global health research increasingly emphasizes local policy translation, it focuses largely on bottom-up responses by non-state actors. Systematic examination of how provincial media like Ningxi’s actively recontextualize national strategies remains scarce.

Second, strategic narrative research in international relations tends to remain at the macro level, failing to unpack internal narrative production. In China, it is unclear whether local media are passive channels or active producers of national narratives. This study shifts the analytical lens from interstate to intra-state narrative transmission.

Third, traditional studies often treat media coverage as transparent records, ignoring its constructed nature. Mediatization theory reminds us that all narratives involve selection and framing. Re-examining aid reports from a discursive construction perspective is essential to understanding China’s soft power micro-mechanisms.

Addressing these theoretical gaps, this study uses news reports on the Ningxia medical aid team to Benin (2006–2024) as a corpus and employs the Discourse-Historical Approach (DHA) for diachronic analysis. This paper will explore:

How do local media translate national strategies into localized legitimizing narratives through specific discursive strategies (referential, predicational, argumentative, etc.)?

How has this narrative shifted from “moral appeal” to “technical governance” over 18 years?

How does this discursive “micro-politics” reinforce and naturalize national leadership in global governance?

2. Research design and corpus construction

2.1. Theoretical framework and analytical approach

This study adopts the Discourse-Historical Approach (DHA) to track narrative evolution and deconstruct how national strategies are recontextualized locally. Four core discursive strategies (referential, predicational, argumentation, and perspectivization) are operationalized, as shown in **Table 1** ^[3]. It enables tracking narrative evolution, deconstructing how national strategies are recontextualized locally, and anchoring ideological analysis in observable discursive strategies.

Table 1. Discursive strategies in DHA and realization in Ningxia-Benin medical aid reports

Discursive Strategy	Objectives	Realization Devices in Context
Referential	Construction of in-groups and out-groups	-Metaphors -Institutional titles -Collectivization
Predication	Labelling social actors positively or negatively	-Emotive/Moral evaluation -Epistemic/Competence evaluation
Argumentation	Justification of legitimacy	-Topoi -Causal logic
Perspectivization	Framing narrative perspective	-Military metaphors -Quoting third parties

Source: Adapted from Wodak (2001) ^[4]

As shown in **Table 1**, referential and predication strategies focus on the micro- level construction of identity, while argumentation and perspectivization strategies primarily serve the macro-level establishment of legitimacy, revealing the socio-political logic behind discursive shifts.

Following standard DHA procedures, the analysis proceeds in three distinct steps: micro-strategy identification (close reading for actors' naming, assigned traits, and legitimizing topoi), intertextual clue tracking (examining how local reports adapt national discourse), and historical contextual interpretation (China's foreign policy evolution and Sino-African cooperation).

2.2. Corpus collection and sampling logic

Corpus collection adheres to the principles of “authoritativeness, relevance, and narrativity.” Using keywords like “aid to Benin”, “medical team”, and “Ningxia”, researchers searched the *Ningxia Daily*, Ningxia Health Commission website, and the Chinese Embassy in Benin website, initially establishing a basic corpus of 33 texts. The screening process primarily (1) focuses on narrative texts: excluding news briefs, notices, and other non-narrative texts, while retaining in-depth reports with complete plots, details, and character actions; (2) anchors historical nodes: selecting representative texts based on major diplomatic milestones in Sino-African relations and the evolution of China's discursive system.

This study ultimately selected seven representative texts (S1–S7) as in-depth analysis samples (**Table 2**). Sample selection follows the “typical sampling” principle, aiming to present the full picture of discursive evolution through key cases. Their representativeness is reflected in: (1) complete temporal coverage: samples strategically span 2006 (Beijing Summit of the Forum on China-Africa Cooperation), 2019–2022 (implementation of the “Health Silk Road” and pandemic period), and 2023–2024 (60th anniversary of medical aid and model-building period); (2) information saturation: compared to the initial corpus, these 7 samples exhibit high representativeness in narrative types (humanitarian, technical cooperation, global governance narratives), sufficient to capture the full spectrum of discursive evolution.

Table 2. Corpus selection

Samples	Time	Title	Corresponding Macro Context
S1	2006	“Angels from Ningxia in Benin: Zero Distance from AIDS”	Forum on China-Africa Cooperation Beijing Summit
S2	2019	“Aid to Benin: The First Smart Healthcare in Benin”	“Health Silk Road” Initiative
S3	2020	“Two COVID-19 Cases Confirmed in Benin, Medical Team Holds the Line”	Global COVID-19 Outbreak
S4	2022	“Medical Team Skillfully Uses Traditional Chinese Acupuncture to Treat Newborns”	“Heart-to-Heart Connection in the Belt and Road Initiative”
S5	2023	“The 26th Batch of Medical Aid Team to Benin Successfully Holds Free Clinic Event”	60th Anniversary of Dispatch / Spirit of the Chairman's Reply Letter
S6	2023	“45 Years of Crossing Mountains and Seas to Write Great Love for Humanity”	Awarded the Title of “Role Models of the Times”
S7	2024	“Ningxia Experts Conduct Multidisciplinary Consultation to Treat African Patients”	Deepening Medical Models in the Post-Pandemic Era

3. The strategic evolution of Ningxia's medical aid discourse in Benin

Coding of the seven texts reveals a clear phased progression in reporting from 2006 to 2024 (**Table 3**). Overall, the discourse undergoes a paradigm shift from “emotional redemption” to “technocratic governance”, achieving a deep recontextualization of national strategy.

Table 3. The diachronic evolution of discursive strategies across key periods (2006–2024)

Period / Text	Referential Strategy	Key Predicates	Dominant Topos	Narrative Frame
Early Phase (S1,2006) <i>Beijing Summit</i>	Metaphorical: “Angel” (天使), “Savior” (救星)	Affective/Moral: Sacrifice, Tearful, Hardship	Topos of Humanitarianism: Help due to suffering	De-politicized Charity
Crisis Phase (S3,2020) <i>COVID-19</i>	Military: “Fighter” (战士), “Comrade” (战友)	Intensifying: Stand fast, Emergency, Battle	Topos of Responsibility: Solidarity in crisis	Shared Destiny
Strategic Phase (S6/ S7,2023-24) <i>BRI & Modernization</i>	Institutional: “Models of the times” (时代 楷模), “Expert” (专家)	Epistemic/Technical: Empower, Standardize, Innovate	Topos of Competence/ Technology: Leading via standards	State Capability

3.1. Identity construction: From individual “angels” to national “exemplars”

In discursive practice, the identity of social actors is not a given but is dynamically reconstructed through referential strategies (Referential Strategies) and predicational strategies (Predicational Strategies) over historical processes ^[4]. This study finds that the identity construction of Chinese doctors has undergone a significant “recontextualization” process: transitioning from an early depoliticized “individual moral exemplar” to a highly institutionalized “national political symbol.”

Over 18 years, Chinese doctors transitioned from depoliticized “individual moral exemplars” to highly institutionalized “national political symbols.” In early reports (e.g., S1), local media relied on religious metaphors (“angels”, “saviors”) coupled with emotionally charged predicates (“with tears”, “zero distance from AIDS”) ^[5]. This emotionalized identity construction sidestepped geopolitical narratives, framing transnational aid as pure, borderless benevolence to garner moral recognition ^[6].

Conversely, with the rise of China’s global status, post-2023 reports (e.g., S6) shift to institutionalized political titles (“Model of the Times”, “China Medical Team”) paired with grand historical verbs (“cross”, “write”) spanning abstract timeframes (“45 years”) ^[7]. Through this collectivization, individual bodily experiences are abstracted into national memory, reconstructing doctors not merely as professionals, but as bearers of “national will” and embodied symbols of “China-Africa friendship.” This politicized return of identity marks the final co-optation of foreign medical aid discourse from “folk narratives” to “state narratives.”

3.2. Legitimization logic: From “moral devotion” to “technological empowerment”

Under the framework of Discourse-Historical Analysis (DHA), argumentation strategies justify and legitimize social practices through specific “topoi” (singular: topos) ^[4]. A diachronic examination of Ningxia’s medical aid reports to Benin from 2006 to 2024 reveals a significant paradigm shift in legitimization logic: from the “Topos of Humanitarianism” based on narratives of suffering to the “Topos of Technology and Competence” rooted in modernization narratives (Table 4). This shift profoundly reflects China’s evolving focus on global health governance, moving from “moral image” to “governance capability” as a core component of its soft power.

Table 4. Taxonomy of Topoi used to legitimize medical aid in Ningxia reports

Topos	Underlying Logic	Key Linguistic Markers	Occurring Texts
Topos of Humanitarianism	“They are suffering, so we must help.” (Based on sympathy)	Least developed (最不发达), Scarce (匮乏), Pain (痛苦), Save lives(救命)	S1, S3
Topos of Comparison	“Their technology is old; ours is new.” (Based on the gap)	2G/3G vs. 5G, Backward (落后) vs. Smart(智慧), Gap (空白)	S2, S7
Topos of Authority	“The leader/state endorsed this, so it is right.” (Based on authorization)	Reply spirit (回信精神), Entrustment (嘱托), Models of the times (时代楷模)	S5, S6
Topos of Utility/Benefit	“This brings tangible benefits/health.” (Based on effectiveness)	Cure rate (治愈率), Quick effect (见效快), Fill the gap(填补空白)	S4, S7

Early legitimation relied heavily on the “Topos of Humanitarianism”, establishing moral legitimacy by constructing a binary opposition between “the recipient’s scarcity” and “the provider’s sacrifice.” This legitimation strategy aligns with the “Moral Evaluation” model proposed by Van Leeuwen, which naturalizes power intervention by appealing to universal values such as benevolence and sacrifice ^[6].

Taking the 2006 report “Ningxia Angels in Benin: Zero Distance from AIDS” (S1) as a case study, the text repeatedly emphasizes the extremely scarce material conditions of the recipient country. At the outset, the report identifies Benin as “one of the least developed countries in the world” with “extremely scarce” medical resources ^[5]. This extreme description, or Intensification, of “scarcity” constitutes a typical premise for the Topos of Humanitarianism: because there is profound suffering here, the intervention possesses inherent justification. The text employs numerous emotive verbs and modifiers to reinforce this logic, describing doctors as being “too busy to eat”, “risking infection”, and acting “with tears in their eyes.” Such micro-linguistic choices serve to depoliticize medical aid, reconstructing it as a pure act of charity grounded in individual virtue.

During the COVID-19 outbreak in 2020, this humanitarian topos underwent a variation, transforming into the “Topos of Responsibility.” In the article “The Medical Team Holds the Ground” (S3), facing a global public health crisis, the focus of legitimation was no longer simple compassion, but an ethics of responsibility based on “co-presence” ^[8]. The text utilizes military metaphors to reinforce this sense of responsibility, using terms such as “holding the position”, “activating emergency mechanisms”, and “living up to this white ‘battle robe’.” By positioning the medical team on the anti-epidemic “front-line”, the discourse successfully reconstructs the originally unidirectional “aid” into a combat camaraderie of “shared destiny.” At this juncture, the presence of Chinese doctors is portrayed not merely because Benin requires assistance, but because China, as a major power, is fulfilling its global responsibility of “fearing no hardship.”

In stark contrast, recent reports have shifted significantly toward the “Technology and Competence Topos” based on modernization narratives, emphasizing the efficacy of Chinese solutions and governance standards. With the advancement of the “Health Silk Road”, the argumentative logic of foreign medical aid reports has undergone a disruptive shift. Post-2019 texts increasingly introduce the “Topos of Technology and Competence”, which no longer appeals to sympathy. Instead, it appeals to “efficiency” and “progress”, demonstrating that China possesses advanced solutions for complex medical issues (Solution-oriented). For example, in the 2019 article “The First Smart Healthcare in Benin” (S2), the narrative core shifted from “delivering medicine” to “delivering standards” ^[9]. Through technical terms like “internet + healthcare”, “remote online consultations”, and “leapfrog development”, the text constructs a promise of modernization. It deliberately contrasts Benin’s outdated network, described

as “between 2G and 3G”, with China’s “high-definition image transmission” technology. This comparison not only highlights the technological gap but also subconsciously establishes China’s authority as a “technology leader.” Here, the legitimacy of aid is grounded in the claim: because we possess more advanced productivity and governance tools, we are qualified to guide local medical development. This logic reaches its peak in the 2024 report “Multidisciplinary Consultation Saves African Patients” (S7), which details how Ningxia experts led “MDT (multidisciplinary consultation)” and formulated a “systematic” diagnosis and treatment plan ^[10]. Notably, the verbs in the text shift from earlier emotional ones like “moved” and “persisted” to cognitive/behavioral ones like “formulate”, “guide”, and “empower.” The use of “empower” in particular marks the beginning of a transfer and redistribution of power. As Thompson (2005) points out, this export of technical standards is a key manifestation of China’s soft power, transitioning from the “Beijing Consensus” to governance capabilities in specific fields ^[11].

Thus, the legitimization logic of Ningxia’s medical aid discourse to Benin has undergone a shift from “emotional appeal” to “rational persuasion.” If the “angels” in S1 sought moral identification from readers by showcasing wounds and tears, the “experts” in S7 aimed for rational conviction by presenting MDT flowcharts and digital imaging ^[5, 10]. This transition from a “humanitarian positioning” to a “technical competence positioning” not only successfully recontextualizes the national “high-quality development” strategy into localized medical practices but also signifies China’s attempt to establish a new form of legitimacy in Global South discourse, rooted in “governance performance” and “technical standards.” Notably, beyond the enhancement of technical rationality, later legitimization efforts also incorporated arguments based on political authority (e.g., the “letter spirit” frequently cited in S5 and S6, as seen in **Table 4**’s authoritative positioning), further providing political endorsement for technical governance ^[7, 12].

Narrative Perspective: Constructing the Emotional Space of a “Community of Shared Health for Mankind”

Perspective determines the narrative standpoint of discourse and the framework used to guide readers’ cognition and emotions ^[2]. In reports on Ningxia’s medical aid to Benin, perspectivization not only enhances on-the-ground realism but also serves as an emotional adhesive for constructing the grand vision of a “Community with a Shared Future for Mankind” (**Table 2**).

When addressing global challenges such as the pandemic, the text employs a typical “comrade-in-arms perspective” and military metaphors to dissolve the hierarchical sense of one-way assistance. For instance, in the unique context of the COVID-19 outbreak in 2020, S3 “Medical Team Holds the Line and Responds Actively” adopts classic militarized metaphors to reframe bilateral relations. The text uses terms like “holding the line”, “activating emergency protocols”, and “battle robes” to construct a tense crisis scene ^[8]. This perspectival strategy reinforces an “insider” identity—since both sides are “holding the line” in the same trench, Chinese doctors and the Beninese people are no longer simply “donors” and “recipients” but rather “comrades-in-arms” facing a common enemy (the virus). By directly quoting a doctor’s words about “battle robes” (“We must live up to these white ‘battle robes’”), the text intensifies the emotional impact (Intensification), concretizing the abstract “Health Community” into a life-and-death “Emotional Community.”

Furthermore, local discourse adeptly utilizes a “cultural intermediary perspective” and third-party testimonies to achieve a “soft landing” for national strategies through micro-level cultural practices. In S4 “Using Traditional Chinese Acupuncture to Save a Newborn”, the narrative focus shifts skillfully. Unlike grand diplomatic rhetoric, the text zooms in on a micro-level miracle of life — “a newborn with incomplete intestinal obstruction just three days old”—and introduces third-party perspectives, such as local doctors “clamoring to observe on-site” and the patient’s family “expressing gratitude” ^[13]. This strategy, leveraging the tangible cultural symbol of Traditional

Chinese Medicine, avoids rigid political propaganda. Under the guise of “technical efficacy” and “people-to-people connectivity”, it achieves a form of “De-politicized Politics.” It demonstrates that the most effective soft power is not achieved through forceful preaching but through attraction and empathy, operating subtly and imperceptibly^[14].

4. Conclusion and discussion

Through a diachronic examination of Ningxia’s medical aid reports to Benin, this study reveals how local discourse serves as a crucial mechanism for recontextualizing national strategic objectives. Rather than acting as passive replicators of top-down directives, local media function as active “translators” exercising significant “intermediary agency.” By operationalizing the “glocalization” of grand narratives (Robertson, 1995), the discursive focus has profoundly shifted from affective humanitarianism to technocratic governance. Consequently, abstract frameworks like the “Belt and Road” are grounded in concrete, relatable life experiences—such as rescuing newborns or conducting MDT consultations. This “micro-political” strategy dissolves the alienation often associated with macro-level diplomacy, embedding state power into technical practices and everyday stories to achieve an ideological “soft landing” and structural “naturalization.”

At a deeper geopolitical level, this evolution reflects a major transformation in China’s approach to soft power construction. While long-standing external perceptions of Chinese aid to Africa have been largely confined to narratives of resource exchange or basic moral philanthropy, the findings reveal the crystallization of a new “techno-governance” paradigm. Within this framework, China is no longer merely showcasing its “generosity” as a traditional donor; it is asserting its “modernity” as a sophisticated global governance provider. By prioritizing the export of medical standards and digital infrastructures, the local discourse constructs a new, knowledge-based power dynamic. This effectively integrates recipient countries into a standardized technocratic framework, thereby amplifying China’s institutional discourse power in the broader arena of global health governance.

While this study highlights the distinct agency of sub-national narratives, it is necessary to acknowledge its methodological limitations regarding unidirectional perspectives and multi-modal analysis. The research primarily relies on official texts from the Chinese side (Ningxia), lacking an intertextual analysis of local feedback or media responses from Benin. Additionally, due to space constraints, the current framework omits an in-depth interpretation of visual symbols, such as news photography and digital imagery. Future scholarship would greatly benefit from introducing a “reception analysis” perspective to evaluate the actual dissemination and persuasion effects of these meticulously constructed “capability discourses” within African contexts. Furthermore, decoding the operational mechanisms of “visual politics” through multi-modal analysis could offer a more holistic view of this discursive ecosystem.

Ultimately, the historical trajectory captured in these reports is a microcosm of China’s ongoing reconstruction of its global national identity. This process underscores that foreign medical aid transcends the mere delivery of pharmaceuticals or clinical expertise; it functions as a vital discursive practice concerning “who holds the power to define modernity.” Through nuanced and continuously evolving narrative strategies, provincial media successfully weave the state’s global ambitions into the fabric of localized medical assistance, providing the most solid discursive legitimacy for China’s expanding leadership in global health governance.

Disclosure statement

The authors declare no conflict of interest.

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