THE HICD FORWARD PERFORMANCE LEADERSHIP SERIES
From Ambition To Operating Reality | Article 2 of 8

The Danger of Solving Symptoms Instead of Systems

Institutions often respond to symptoms with more activity, but activity can deepen the problem when it does not address the conditions producing the performance gap.

> Organizations rarely ignore problems.

When performance weakens, leaders usually act. A service is delayed. A system is underused. A reform effort is losing momentum. Staff are frustrated. A dashboard shows mixed results. A review highlights slow decisions, weak accountability, or inconsistent follow-through. The pressure to respond appears quickly, and often publicly.

That response is understandable.

Leaders are expected to move. Donors expect delivery. Boards expect reassurance. Executive teams expect traction. Ministries expect progress. Clients expect action. In that environment, visible symptoms become magnets for attention. They are easier to name, easier to explain, and often easier to act on than the deeper conditions that produced them.

So the institution responds.

It schedules training. It creates a committee. It launches a communication effort. It introduces a dashboard. It approves a revised procedure. It installs a new system. It issues new guidance. It asks for more reporting. Each action looks productive. Each creates the appearance of movement. Each may even be defended, as necessary.

But visible activity is not always the same as meaningful improvement.

That is where many reform, modernization, and organizational change efforts begin to drift. Institutions respond to symptoms with solutions that are visible, immediate, and politically manageable, yet those solutions may leave the underlying system unchanged.

Sometimes they do more than that.

Sometimes they deepen the problem.

The solution first pattern

Many institutions fall into what might be called the solution first pattern.

A problem appears. Concern rises. A familiar remedy is selected. The organization mobilizes around the remedy before it has clarified the performance gap, examined the evidence, or understood the conditions producing the current result.

This happens because symptoms are persuasive.

They are visible. They are urgent. They are emotionally compelling. They create pressure to be seen doing something. And in institutional life, doing something often feels safer than slowing down long enough to ask whether the response fits the actual problem.

A team notices weak performance and asks for training. A leadership group sees inconsistent reporting and requests a dashboard. A department experiences coordination problems and forms a committee. A reform office sees delays and adds a new process. A sponsor sees weak adoption and asks for more communication. A technical team sees implementation friction and recommends a new tool.

Each response may appear logical when viewed at the level of the symptom.

But that is exactly the danger.

A response that fits the symptom may not fit the system.

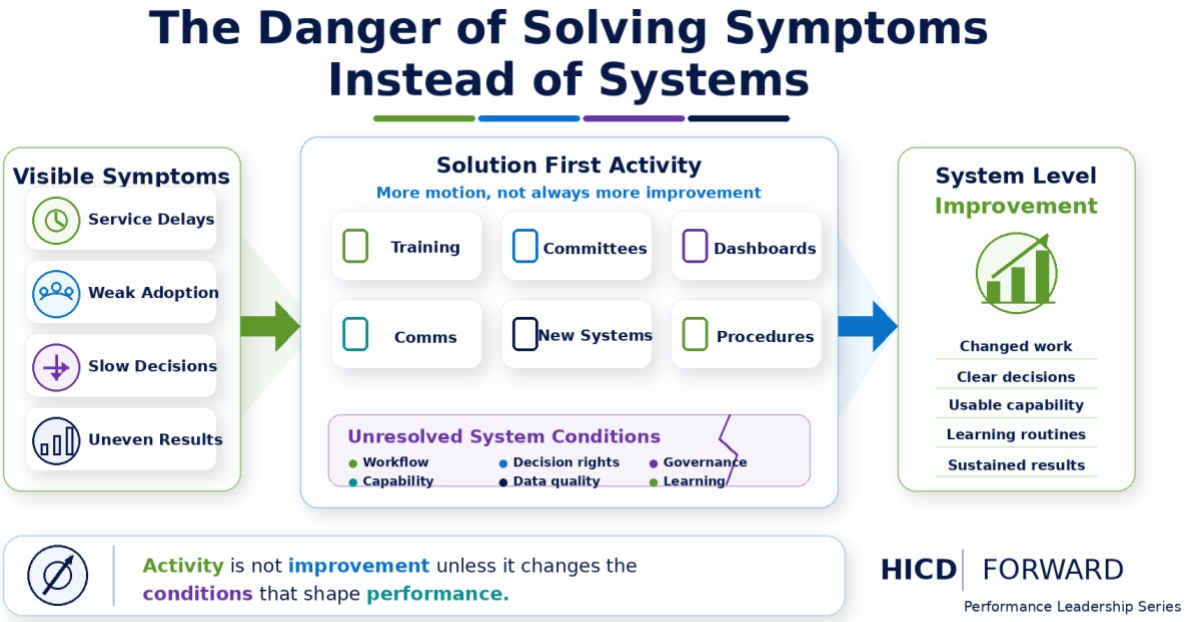

Figure 1. Activity can look productive while leaving deeper system conditions unresolved.

Why symptoms are seductive

Symptoms are seductive because they simplify a messy reality.

They make it possible to say the problem is poor capability, weak communication, poor compliance, or an inadequate system.

Those explanations are attractive because they reduce complexity and allow the institution to act quickly. They also often shift attention toward a manageable intervention: training, communication, enforcement, reporting, software, or structure.

Yet institutional performance problems rarely sit in a single visible category.

What looks like a capability issue may actually be a workflow issue. What looks like a communication issue may really be a decision rights issue. What looks like resistance may actually be a trust issue. What looks like a reporting gap may really be a learning gap. What looks like a technology problem may really be a governance or adoption problem.

Symptoms are real, but they are not reliable guides to root cause.

That matters because institutions can become highly active in response to symptoms while still leaving the performance gap in place.

Sometimes the result is worse than inaction. The institution adds more burden to an already strained system. Staff must attend the training while the workflow remains broken. Managers must review the dashboard while the underlying data remains unreliable. Teams must comply with the new reporting process while roles remain unclear. Another committee is added while decision ownership remains unresolved. A new system is installed while the daily work still happens somewhere else.

The symptom has been addressed performatively, but the system has not been improved.

Activity can deepen the problem

This is one of the hardest messages for leaders to accept because activity often feels like progress.

But more activity can deepen institutional problems in several ways.

First, it can consume time and credibility. People are asked to invest energy in solutions that do not change the real conditions shaping performance. After repeated cycles of this, confidence declines.

Second, it can create additional complexity. New procedures, reporting layers, governance groups, or tools are added on top of existing structures. Instead of clarifying work, they make the operating environment heavier.

Third, it can distort diagnosis. Once a solution is underway, the institution may become invested in defending it rather than questioning whether it was the right intervention in the first place.

Fourth, it can confuse delivery with improvement. The training took place. The dashboard was launched. The committee met. The tool went live. The communications were sent. The procedure was issued. All of that may be true, while performance remains fundamentally unchanged.

This is why the distinction from the HICD Forward white paper matters so much.

A launch is not the same as adoption.

Training is not the same as capability.

Reporting is not the same as learning.

A new system is not the same as changed work.

These are not semantic distinctions. They are leadership disciplines.

They help institutions resist the temptation to treat visible activity as evidence that the underlying performance problem has been addressed.

Delivery and improvement are not the same thing

Institutions often reward delivery because delivery is easier to count.

It is easier to confirm that a platform has been deployed than to determine whether it has changed decision quality. It is easier to show that people attended training than to determine whether they can perform differently under real conditions. It is easier to report that a committee has been formed than to determine whether governance has become clearer. It is easier to measure communication outputs than to determine whether adoption behavior has improved.

This creates a subtle but important risk.

The institution begins to manage implementation as an activity stream rather than as a performance challenge.

Once that happens, the questions shift in the wrong direction. Leaders ask whether the initiative has been launched, rather than whether the work has changed. They ask whether the tool has been introduced, rather than whether the operating environment can absorb it. They ask whether the training occurred, rather than whether capability now exists at the point of work. They ask whether reports are being produced, rather than whether the institution is learning from them.

HICD Forward protects against this drift by forcing a more disciplined sequence.

It asks leaders to begin with the performance gap, test the evidence, examine the system conditions producing the result, and only then design interventions that match the problem.

That sequence matters because it slows down premature certainty.

It protects institutions from acting on symptoms alone.

A familiar example

Consider an organization that is struggling with slow cross functional decision making. Important approvals are delayed, escalations get stuck, and teams complain that too many issues sit unresolved for too long. Senior leaders see the symptom clearly: decisions are too slow.

The immediate response might be to create a coordination committee.

At first this seems sensible. If decisions are slow, create a forum where people can meet more often. A new committee is formed. Terms of reference are drafted. Meetings are scheduled. Attendance is monitored. Minutes are circulated. Action items are recorded.

Yet after several months, decision speed does not improve meaningfully.

Why not?

Because the visible symptom, slow decisions, was treated as though it were mainly a meeting problem. A deeper look might show something else. Decision rights may be unclear across functions. The information required to make decisions may arrive late or in inconsistent form. Escalation criteria may be ambiguous. Managers may avoid ownership because consequences are unclear. The committee may review issues, but not actually hold the authority needed to resolve them. Staff may still route issues informally because they do not trust the formal process.

In that situation, the committee does not solve the system. It adds another layer to it.

The same pattern can appear when institutions respond to weak service performance with training, weak adoption with communication, or weak reporting with more templates, even though the deeper issue sits in workflow, decision ownership, incentives, data quality, or management practice.

The organization has solved for the symptom, not the system.

What HICD Forward does differently

HICD Forward changes the discipline of response.

It does not assume that the most visible problem points directly to the right intervention. Instead, it asks leaders to hold four questions together.

> **What performance gap are we actually trying to close?**
>
> **What evidence confirms that gap?**
>
> **What conditions are producing the current result?**
>
> **What operating change would need to occur for improvement to hold?**

These questions may sound straightforward, but they fundamentally change the quality of the conversation.

They force the institution to distinguish between the appearance of action and the likelihood of improvement.

They also reduce the risk of overcorrecting in the wrong place. If a workflow problem is treated as a communication problem, the institution will invest in the wrong solution. If a governance problem is treated as a capability problem, the same thing happens. If an adoption problem is treated as a technology problem, the organization may buy more functionality while trust and use remain weak.

HICD Forward helps leaders interrupt that pattern.

It does not begin by asking what activity should be launched. It begins by asking what must improve and what conditions are shaping the current result.

Only then does intervention design become credible.

What leaders should do differently

The practical leadership lesson is not to avoid action. It is to avoid premature action.

Before approving a solution, leaders should require a short statement that answers four things clearly.

> **First, what is the performance gap?**
>
> **Second, what evidence demonstrates the gap?**
>
> **Third, what root conditions appear to be producing it?**
>
> **Fourth, what operating change is expected if the proposed solution works?**

That final question is especially important. It forces the institution to define what will actually be different in the way work happens, decisions are made, roles are performed, governance is exercised, data is used, or learning occurs.

Without that clarity, even well-intentioned interventions can become symbolic.

And symbolic solutions are expensive. They consume time, money, leadership attention, and organizational trust.

Institutions do not improve because they respond visibly. They improve because they respond accurately.

HICD Forward lens

> When a symptom appears, do not ask only what action looks appropriate. Ask what condition is making the symptom possible. If training seems necessary, ask whether the real issue is capability, workflow, supervision, incentives, or decision clarity. If communication seems necessary, ask whether people actually lack information, or whether they lack trust, ownership, or practical support. If a new system seems necessary, ask whether the institution has redesigned the work, roles, data flow, and review routines around it. If reporting seems necessary, ask whether the institution is prepared to learn from what it reports. Symptoms invite action. Systems require diagnosis. That is why strong leadership must resist the comfort of the quick answer. The better discipline is to ask what must change in the institution for the intended improvement to become real.

Practical leadership test

Before approving training, a committee, a dashboard, a communications campaign, a revised procedure, a reporting layer, or a new system, ask:

Leadership questions before approving the solution	
1	What performance gap is this intended to close?
2	What evidence confirms that the gap is real?
3	What root conditions are producing the current result?
4	What operating change should occur if this intervention works?

If the institution cannot answer those questions clearly, it may be preparing to solve a symptom rather than improve a system.

Closing bridge to Article 3

The next article turns to the question of alignment, and why reform activity should not begin until leaders have agreed on what performance must improve, what value is at stake, and what problem they are actually trying to solve.

Source foundation: adapted from the HICD Forward white paper, Turning Reform Ambition, Modernization Pressure, and Future Change into Real Operating Capability.