REVISTA INVECOM
ISSN en línea: 2739-0063

Government management and the quality of dental services for children: a structured narrative review

Gestión gubernamental y calidad de los servicios odontológicos en infantes: una revisión narrativa estructurada

Received: 26/04/2026 - **Accepted:** 22/07/2026

Shiriam Alejandra Araujo Rossel
https://orcid.org/0009-0008-0698-1715
saaraujor@ucvvirtual.edu.pe
Universidad César Vallejo. Lima, Peru

Vladimir Lennin Guerrero Zárate
https://orcid.org/0000-0002-8984-6082
vguerreroz@ucvvirtual.edu.pe
Universidad César Vallejo. Lima, Peru

Abstract

The quality of dental services for children depends on multiple factors: public policies, financial protection, effective access, organization, and the system's capacity to maintain adequate care. This review analyzed and synthesized the evidence on the relationship between government management and the quality of children's dental care, integrating the dimensions of public policy and financial protection; access and utilization; organization and continuity; experience and satisfaction; and institutional capacity (human resources and infrastructure). A structured narrative review with categorical synthesis of 25 articles was conducted. The studies were grouped into five analytical categories and, based on their proximity to the child population, were classified as 13 with direct evidence, 4 with partial evidence, and 8 with indirect evidence. The findings show that the existence of policies, programs, or financial benefits does not guarantee the effective use of services. Access and utilization vary according to socioeconomic, territorial, functional, and institutional conditions. The organization and continuity of care are implemented through heterogeneous programmatic and operational mechanisms. Perceived quality, satisfaction, experience, and intention to return are related but not equivalent constructs. Institutional capacity reveals inequalities in the availability and distribution of human resources, support staff, infrastructure, equipment, and diagnostic capacity. It is concluded that the relationship between government management and the quality of pediatric dental care is multidimensional and heterogeneous; therefore, its analysis requires addressing the aforementioned dimensions together and distinguishing directly pediatric evidence from partial or contextual evidence.

Keywords: government management, dental services, quality of care, access to health services, children's health.

Resumen

La calidad de los servicios odontológicos dirigidos a la población infantil depende de múltiples factores: políticas públicas, protección financiera, acceso efectivo, organización y capacidad del sistema para mantener una atención adecuada. Esta revisión analizó y sintetizó la evidencia sobre la relación entre la gestión gubernamental y la calidad de la atención dental infantil, integrando las dimensiones de política pública y protección financiera; acceso y utilización; organización y continuidad; experiencia y satisfacción; y capacidad institucional (recursos humanos e infraestructura). Se realizó una revisión narrativa estructurada con síntesis categorial de 25 artículos. Los estudios se agruparon en cinco categorías analíticas y, según su proximidad a la población infantil, se clasificaron como 13 de evidencia directa, 4 de evidencia parcial y 8 de evidencia no directa. Los hallazgos muestran que la existencia de políticas, programas o beneficios financieros no garantiza la utilización efectiva de los servicios. El acceso y la utilización varían según condiciones socioeconómicas, territoriales, funcionales e institucionales. La organización y continuidad de la atención se materializan en mecanismos programáticos y operativos heterogéneos. Calidad percibida, satisfacción, experiencia e intención de retorno son constructos relacionados, pero no equivalentes. La capacidad institucional revela desigualdades en disponibilidad y distribución de recursos humanos, personal

auxiliar, infraestructura, equipamiento y capacidad diagnóstica. Se concluye que la relación entre gestión gubernamental y calidad de la atención odontológica infantil es multidimensional y heterogénea, por lo que su análisis requiere abordar conjuntamente las dimensiones mencionadas y distinguir evidencia directamente infantil de evidencia parcial o contextual.

Palabras clave: gestión gubernamental, servicios odontológicos, calidad de la atención, acceso a los servicios de salud, salud infantil.

Introduction

Children's oral health is a core component of public health, given its bearing on growth, development, nutrition, school performance, and quality of life across the lifespan. In early childhood, oral health is inseparable from overall well-being and development, which calls for services able to respond promptly, continuously, and adequately from the earliest years. Meeting that need cannot rest on clinical interventions alone; it requires policies, programs, financing mechanisms, monitoring systems, and organizational capacities capable of translating health guidelines into services that are genuinely accessible.

Recent literature points to considerable variation across countries and health systems in the existence of national policies, the degree of explicit attention paid to early childhood, the reach of public programs, and the resources allocated to their implementation (Araujo et al., 2026; Farfán et al., 2026). A number of studies further note that widening access takes more than adding infrastructure and staff: what is needed are management models that bring together prevention, continuity of care, and interinstitutional coordination if persistent gaps are to be narrowed (Albán, 2025; Estrada, 2025; Chate, 2025).

Supply, access, and utilization are worth distinguishing from one another: availability reflects supply; access, the real possibility of receiving care; and utilization, the use that is actually reported or recorded. Although interrelated, these dimensions are not interchangeable, and each can be constrained by economic, territorial, organizational, family-related, and social barriers. Within the pediatric population, the corpus documents socioeconomic and spatial inequalities, obstacles facing children with disabilities, and associations between socioeconomic position and dental care use (Sobarzo, 2026; Pérez, 2026).

Government management plays a strategic role within this framework, steering policy, resource allocation, and service organization toward timely, quality pediatric dental care. Formal policies, the inclusion of dental benefits within coverage schemes, or the creation of public entitlements can all broaden opportunity, yet none of them guarantees equitable utilization on its own. The studies reviewed distinguished among political commitment, regulatory coverage, administrative reach, continuity of insurance, and actual use (Gaffar et al., 2024; Herrera et al., 2024; Luan et al., 2024; Schroth et al., 2025), making clear that management should be understood as a multilevel process of planning, coordination, implementation, financing, organization, monitoring, and adaptation, one that cannot be reduced to the day-to-day administration of a single facility, nor treated as though it implies causal relationships that remain unproven.

Institutional capacity forms the operational backbone of service delivery: human resources, support staff, infrastructure, equipment, supplies, diagnostic capability, and the actual range of procedures offered. The evidence points to territorial disparities in workforce size and professional density, along with shortfalls in auxiliary staff and equipment at the primary-care level (Vega et al., 2025; Reyes, 2026). These conditions shape a system's potential capacity to respond, but they do not automatically translate into individual access, utilization, or quality of care.

With respect to the experiential and quality dimension, the studies examined perceived quality, satisfaction, patient experience, institutional quality-management processes, safety, intention to return, and importance–performance analysis. These constructs are related, but not interchangeable, and each calls for its own definitions and units of analysis (Crisan et al., 2021; Fabian-Sánchez et al., 2022; Keikavoosi-Arani & Moghadasi, 2024; Sharka et al., 2024).

Given this heterogeneity of levels, designs, and populations, an integrative synthesis was called for. The review organized the evidence into five analytical categories: (1) public policy, governance, and financial protection; (2) access, utilization, equity, and vulnerability; (3) organization, continuity, and resilience of services; (4) quality, experience, and satisfaction; and (5) institutional capacity, human resources, and infrastructure.

While the literature documents progress in public policy, coverage, utilization, and the quality of dental care, the evidence remains scattered across levels of analysis, populations, and institutional settings. This dispersion stands in the way of an integrated understanding of how government management relates to the quality of services aimed at children, and it limits the identification of convergent factors capable of guiding policy formulation and evaluation.

The aim of this study was to analyze and synthesize the available evidence on the relationship between government management and the quality of dental services provided to children, drawing together the dimensions outlined above: public policy and financial protection; access and utilization; organization and continuity; experience and satisfaction; and institutional capacity, including human resources and infrastructure.

Methodology

A structured narrative review of the scientific literature was conducted (Ferrari, 2015; Grant & Booth, 2009; Green et al., 2006), following a category-based approach aimed at bringing together the available evidence on the relationship between government management and the quality of dental services provided to children. The unit of analysis consisted of the scientific articles making up the definitive corpus, selected for their thematic relevance and their contribution to the study's objective. Given the diversity of methodological designs, populations, units of analysis, indicators, and outcomes reported across the studies, a meta-analysis or statistical pooling of results was not methodologically appropriate; a qualitative integration of the evidence was pursued instead.

The question guiding the review was the following: What scientific evidence exists on the relationship between government management and the quality of dental services provided to children, and how does that relationship manifest across the dimensions of public policy and financial protection, access and utilization, organization and continuity of services, experience and satisfaction, and institutional capacity? Framed this way, the question made it possible to draw together evidence from different levels of health systems without presupposing uniform causal relationships among the variables under analysis.

The review process rested on a definitive corpus of 25 scientific articles, arrived at through documentary review, bibliographic screening, and verification of thematic relevance. This strategy allowed the bibliographic accuracy of each study to be checked (authorship, year of publication, journal, DOI, and document availability were all reviewed) thereby ensuring the consistency of the body of evidence ultimately analyzed.

The initial documentary records yielded a preliminary matrix of 35 studies, which was then narrowed down through a screening process until the definitive corpus of 25 articles was reached. The search covered literature published between 2021 and 2025, with the aim of synthesizing the most recent scientific evidence on government management, quality of dental services, children's oral health, access to services, public policy, governance, financial protection, and institutional capacity. Combinations of Spanish- and English-language terms related to these themes were used, linked through the Boolean operators AND and OR and adapted as needed throughout the documentary identification process. This strategy made it possible to verify the relevance of the final corpus, although retrospectively reconstructing every specific search string used for each documentary source was not possible, given the nature of the historical records that had been kept.

Table 1

Inclusion and exclusion criteria for the studies considered in the review

Inclusion criteria	Exclusion criteria
Scientific articles related to government management, public policy, or the quality of dental services.	Duplicate documents or documents with inconsistent bibliographic information.
Studies published between 2021 and 2025.	Publications outside the study period.
Research addressing one or more of the analytical dimensions: public policy, financial protection, access, utilization, organization of services, continuity of care, quality, satisfaction, experience, human resources, or infrastructure.	Studies whose content bore no relation to the dimensions under analysis.
Quantitative, qualitative, and mixed-methods studies; literature reviews; secondary analyses; or programmatic evaluations.	Editorials, letters to the editor, conference abstracts, commentaries, and documents lacking sufficient methodological information.
Research offering direct, partial, or contextual evidence relevant to understanding pediatric dental care.	Studies without sufficient information for documentary analysis or narrative synthesis.

Articles with full-text availability and verifiable authorship, journal, year, and other bibliographic data.	Publications whose full text could not be verified or that presented insufficient documentary information.

Note. The criteria were defined according to the research question and the methodological relevance of the studies included in the definitive corpus.

Information from each study was organized in a structured extraction matrix that brought together bibliographic, methodological, contextual, and analytical variables. Data recorded included study design, population, setting, objectives, the management and quality dimensions assessed, main findings, limitations, conclusions, and relevance to the narrative synthesis. The articles were then sorted according to the five previously defined analytical categories: public policy, governance, and financial protection; access, utilization, equity, and vulnerability; organization and continuity of services; quality, experience, and satisfaction; and institutional capacity, human resources, and infrastructure.

Evidence was integrated through a narrative, category-based synthesis that prioritized the critical comparison of findings and the identification of convergences and differences across the included studies. A single article could contribute evidence to more than one analytical category without altering the total number of studies considered. Throughout the analysis, care was taken to preserve the conceptual distinction among availability, coverage, access, utilization, procedure output, perceived quality, satisfaction, experience, and intention to return, so that these constructs were never treated as equivalent.

Interpretive consistency criteria were also applied to studies with potentially shared data sources or particular methodological features. Articles drawing in part on the 2021 ENDES survey were accordingly treated as complementary evidence rather than as independent populations, whereas studies based on administrative records or aggregated procedure counts were analyzed with attention to their respective units of observation. Given the methodological heterogeneity of the corpus and the integrative nature of the review, no standardized tool for assessing risk of bias was applied; instead, a critical appraisal was carried out of methodological consistency, the limitations reported by the original authors, and the precautions warranted when interpreting the results, an approach intended to strengthen the robustness and coherence of the final synthesis.

Results

The corpus analyzed comprised 25 scientific articles published between 2021 and 2025, drawn from international, national, and institutional settings, which made it possible to bring together evidence on public policies, government programs, health systems, dental facilities, and service-delivery experiences aimed at children. The studies were methodologically diverse, encompassing quantitative and qualitative research, systematic reviews, scoping reviews, longitudinal studies, secondary analyses, and mixed-methods designs. To facilitate the integration of the evidence, findings were organized into the five previously defined analytical categories: public policy, governance, and financial protection; access, utilization, equity, and vulnerability; organization, continuity, and resilience of services; quality, experience, and satisfaction; and institutional capacity, human resources, and infrastructure. This organization allowed the main patterns identified to be synthesized without losing sight of the methodological and contextual particularities of each study.

Table 2, below, summarizes the main findings identified across the review's five analytical categories.

Table 2

Summary of the analytical categories identified in the structured narrative review

Analytical category	Convergent findings	Main implication
Public policy, governance, and financial protection	Policies and financial mechanisms favor coverage but do not guarantee uniform implementation or equitable access.	Public policies need to be paired with management strategies that ensure their effective application.
Access, utilization, equity, and vulnerability	Access to services remains shaped by socioeconomic, territorial, family, and institutional factors.	Health coverage alone does not ensure the effective use of dental services.

Organization, continuity, and resilience of services	Continuity depends on institutional coordination, ongoing evaluation, and programs' capacity to adapt.	Service organization is a determining factor in ensuring sustainable care.
Quality, experience, and satisfaction	Quality spans clinical, organizational, and perceptual dimensions, assessed through a range of indicators.	User satisfaction is a complementary dimension of service quality, but not an equivalent to it.
Institutional capacity, human resources, and infrastructure	The availability of professionals, equipment, and infrastructure shapes health systems' capacity to respond.	Institutional strengthening is essential to improving the delivery of pediatric dental services.

Note. Authors' own elaboration based on the synthesis of the 25 studies included in the review.

The first category showed government management to be a decisive factor in steering the planning, financing, and implementation of pediatric dental services. International studies indicated that, although many countries have folded oral health into their broader health and universal-coverage policies, the existence of regulatory frameworks does not by itself guarantee the availability of programs specifically targeting early childhood, nor does it ensure uniform implementation across territories (Chen et al., 2021; Gaffar et al., 2024; Luan et al., 2024). National experiences likewise showed that public programs built on ongoing evaluation and monitoring processes are better able to adapt their interventions and strengthen decision-making, while insurance and financial-protection mechanisms expand opportunities for utilization even as they continue to coexist with inequalities tied to socioeconomic and territorial context (Galvão & Roncalli, 2021; Herrera et al., 2024; Ross et al., 2023; Schroth et al., 2025). Taken together, the evidence suggests that formulating public policy represents only the first level of intervention, and that its effectiveness hinges on well-articulated processes of implementation, monitoring, and institutional management.

On access, utilization, and equity, the studies agreed that pediatric dental care remains shaped by multiple social and institutional determinants. Socioeconomic differences, caregivers' educational level, geographic location, continuity of insurance coverage, and conditions of vulnerability were all shown to significantly influence the use of dental services (Azañedo et al., 2023; Senavirathna et al., 2025). Research focused on children with disabilities and rare diseases likewise identified barriers tied to the availability of specialists, coordination among services, financial constraints, and infrastructure that is not adequately adapted to specific needs (Alwadi et al., 2024; Kim et al., 2025). Other studies added to these findings by showing that organizational limitations and disruptions caused by extraordinary circumstances, the COVID-19 pandemic chief among them, altered both utilization and service output, and did so unevenly across the population (Arabulan et al., 2025; Figueiredo dos Santos et al., 2024; Panditi et al., 2025). The review thus demonstrates that coverage, availability, access, and utilization are related but conceptually distinct dimensions, whose interplay depends on both public policy and the operational capacities of health systems.

The studies also showed that the organization and continuity of dental services hinge on evaluation processes, interinstitutional coordination, and the capacity to adapt to a changing environment. The experiences reviewed indicated that programs built on continuous monitoring, sustained participation, and institutional management are better positioned to deliver services, whereas operational limitations and disruptions to the health system undermine both the timeliness and continuity of care (Figueiredo dos Santos et al., 2024; Goff et al., 2025; Lima et al., 2024; Moncada et al., 2021; Park et al., 2024; Ross et al., 2023).

Regarding service quality, the evidence agreed that the concept brings together user satisfaction, care experience, and continuous process improvement, though the studies drew on heterogeneous indicators that rule out any single measure. Institutional capacity, in turn, was found to depend on the availability of human resources, infrastructure, equipment, and service organization, factors that bear directly on how the health system responds. Taken as a whole, the findings show that government management calls for public policies that are aligned with mechanisms of organization, institutional strengthening, and continuous improvement if timely, accessible, quality pediatric dental services are to be secured (Crisan et al., 2021; Fabian-Sánchez et al., 2022; Gupta & Miah, 2024; Keikavoosi-Arani & Moghadasi, 2024; Panditi et al., 2025; Sharka et al., 2024).

Discussion

The evidence reviewed confirms that the relationship between government management and the quality of dental services for children is a multidimensional phenomenon, in which public policy, financial protection, service organization, institutional capacity, and care experience interact in complementary ways. The studies converge on the view that national policies or dedicated programs are a necessary condition for strengthening children's oral health, yet regulatory implementation on its own does not guarantee improvements in access, utilization, or quality of care. International analyses reveal substantial cross-country differences in how oral health has been folded into universal-coverage policies and in the availability of programs aimed specifically at early childhood, underscoring that policy formulation is only the first step in a much broader process of implementation and evaluation (Chen et al., 2021; Gaffar et al., 2024). Complementing this picture, Scotland's Childsmile program shows that continuous evaluation, grounded in logic models and drawing on multiple data sources, strengthens the adaptation of public programs and supports evidence-based decision-making, while international reviews of universal coverage show that regulatory integration falls short whenever financing constraints, low utilization, and workforce shortages persist (Ross et al., 2023; Luan et al., 2024). Along similar lines, both the Canadian dental benefit and the longitudinal tracking of insurance coverage in Peru indicate that financial protection expands opportunities for utilization, though its effect hinges on continuity of coverage, territorial implementation, and the socioeconomic profile of the population served (Herrera et al., 2024; Schroth et al., 2025).

A second important convergence concerns effective access and utilization of dental services. The evidence shows that these concepts should not be equated with the mere availability of facilities, financial coverage, or the existence of public programs. Studies from Brazil and Peru found that expanded services can still coexist with persistent inequalities tied to caregivers' educational level, territorial distribution, and families' socioeconomic conditions, suggesting that achieving equity requires additional interventions targeted at the most vulnerable groups (Azañedo et al., 2023; Galvão & Roncalli, 2021). This interpretation is reinforced by an international meta-analysis identifying a consistent association between socioeconomic status and dental-service utilization, though it also flags considerable heterogeneity across national contexts and methodological designs (Senavirathna et al., 2025). The review on children with disabilities and the study conducted amid COVID-19 restrictions likewise agree that barriers to dental care include organizational, economic, geographic, and professional factors that weigh disproportionately on children with the greatest care needs (Alwadi et al., 2024; Arabulan et al., 2025). Along the same lines, Peruvian research on toothbrushing practices shows that contact with dental services is associated with better preventive behaviors, though that relationship should not be read as causal, given the inherent limitations of a cross-sectional design (Hadad-Arrascue et al., 2023). Children with rare diseases stand out as a particularly vulnerable group in this respect, requiring greater care coordination, trained specialists, adequate infrastructure, and insurance mechanisms capable of ensuring continuity of care (Kim et al., 2025).

On the organization and continuity of services, the studies show that the quality of care depends on the interplay among administrative processes, institutional organization, and operational capacity. Sustained participation in preventive programs is associated with better oral-health indicators, although the available evidence does not support direct causal claims, given the predominance of observational designs (Park et al., 2024). Qualitative research, meanwhile, highlights professional training, the integration of medical and dental services, and institutional coordination as indispensable conditions for strengthening early prevention in childhood (Goff et al., 2025). An analysis of pediatric dental output in Brazil, for its part, points to a high volume of clinical activity concentrated mainly in low-complexity procedures, while institutional accreditation experiences show that the sustained implementation of quality-management systems strengthens process traceability and improves organizational coordination (Lima et al., 2024; Moncada et al., 2021). The decline observed in certain procedures during the pandemic period, however, reflects how sensitive these services are to extraordinary circumstances, underscoring the need for health systems with greater capacity to adapt and maintain operational continuity (Figueiredo dos Santos et al., 2024).

The concept of dental-service quality is likewise multidimensional. Patient and caregiver satisfaction is a relevant indicator, but it does not by itself capture the overall quality of services. Research reports high satisfaction levels in both specialized services and general dental clinics; these results, however, correspond to specific contexts and cannot be extrapolated directly to other health systems (Fabian-Sánchez et al., 2022; Špiljak et al., 2022). Similarly, a review of international quality initiatives shows that continuous-improvement processes encompass dimensions related to satisfaction, institutional management, patient safety, and process optimization, dimensions that should be read as complementary components rather than as equivalent indicators (Crisan et al., 2021).

This same distinction emerges in studies examining intention to return and the importance–performance model, where perceived quality, responsiveness, reliability, and cost-effectiveness represent separate constructs

that inform managerial decision-making without amounting to direct measures of utilization or overall satisfaction (Keikavoosi-Arani & Moghadasi, 2024; Sharka et al., 2024).

Lastly, evidence on the dental workforce and infrastructure confirms that institutional capacity remains one of the main determinants of how dental services function. Territorial inequalities in the distribution of professionals and the constraints observed in rural facilities show that the nominal availability of human resources or infrastructure does not automatically translate into effective access or quality care; it must instead be accompanied by processes of organization, coordination, and institutional strengthening capable of responding efficiently to children's needs (Gupta & Miah, 2024; Panditi et al., 2025). Taken together, the evidence reviewed supports the case for strengthening comprehensive public policies that bring together governance, financing, access, organization, quality, and institutional capacity, in favor of pediatric oral health systems that are more equitable, efficient, and sustainable.

Conclusions

The evidence synthesized here shows that the relationship between government management and the quality of dental services for children is multidimensional and heterogeneous. The results reveal connections among public policy, financial protection, implementation capacity, access, service organization, continuity, perceived quality, experience, and institutional capacity, but they do not support a single, uniform causal relationship among these components.

The existence of policies, programs, insurance schemes, or financial benefits does not on its own guarantee effective service utilization; real access also depends on socioeconomic, territorial, family, functional, and institutional conditions. Continuity and organization of care are shaped by heterogeneous programmatic and operational mechanisms. Human resources, infrastructure, equipment, diagnostic capacity, and coordination together constitute a system's potential capacity to respond, but their presence does not guarantee automatic results. Perceived quality, satisfaction, experience, and intention to return, likewise, are related to one another yet remain conceptually distinct and cannot be used interchangeably.

Interpreting this evidence requires keeping a clear focus on the pediatric population, distinguishing directly pediatric evidence from partial or contextual evidence. Taken together, the findings suggest that planning and evaluating dental services for children would benefit from a comprehensive approach bringing together child-focused public policy, financial protection, effective access, continuity of care, service quality and experience, and institutional capacity, encompassing human resources, infrastructure, and organization.

References

Albán Saltos, B. I. (2025). *Plan de Gestión Gerencial para la implementación de un consultorio odontológico integral, accesible y preventivo en Quito, Ecuador en el 2025* [Tesis de maestría, Universidad de las Américas]. Repositorio Digital Universidad de las Américas. https://dspace.udla.edu.ec/handle/33000/18265

Alwadi, M. A., AlJameel, A. H., Baker, S. R., & Owens, J. (2024). Access to oral health care services for children with disabilities: A mixed methods systematic review. *BMC Oral Health, 24*, Artículo 1002. https://doi.org/10.1186/s12903-024-04767-9

Arabulan, S., Önçağ, R. Ö., & Öcek, Z. A. (2025). Access to oral healthcare for children during the COVID-19 pandemic: A mixed-methods study in the Aegean region of Türkiye. *BMC Oral Health, 25*, Artículo 680. https://doi.org/10.1186/s12903-025-06053-8

Araujo Rossel, S. A., Cabezas Torres, N. M., Acevedo Carrillo, M., & La Serna La Rosa, P. A. (2026). Políticas públicas en salud bucal en América Latina: avances, desafíos y perspectivas a partir de una revisión sistemática. *Revista InveCom*, *6*(1), 1-9. https://www.revistainvecom.org/index.php/invecom/article/view/3854

Azañedo, D., Hernández-Vásquez, A., Visconti-Lopez, F. J., & Turpo Cayo, E. Y. (2023). Frequency, inequalities and spatial distribution of oral health services utilization in Peruvian children under twelve years of age: A population-based comparative analysis of the years 2017 and 2021. *BMC Oral Health, 23*, Artículo 778. https://doi.org/10.1186/s12903-023-03528-4

Chate Agama, R. (2025). *Acceso a los servicios de salud dental en pacientes que acuden a la Ciudadela de Salud Infantil Virgen de Vidawasi, 2025* [Tesis de licenciatura, Universidad Privada Norbert Wiener]. https://hdl.handle.net/20.500.13053/14751

Chen, J., Duangthip, D., Gao, S. S., Huang, F., Anthonappa, R., Oliveira, B. H., Turton, B., Durward, C., El Tantawi, M., Attia, D., Heima, M., Muthu, M. S., Maharani, D. A., Folayan, M. O., Phantumvanit, P., Sitthisettapong, T., Innes, N., Crystal, Y. O., Ramos-Gomez, F., … Chu, C. H. (2021). Oral health policies to tackle the

burden of early childhood caries: A review of 14 countries/regions. *Frontiers in Oral Health, 2*, Artículo 670154. https://doi.org/10.3389/froh.2021.670154

Crisan, E. L., Covaliu, B. F., & Chis, D. M. (2021). A systematic literature review of quality management initiatives in dental clinics. *International Journal of Environmental Research and Public Health, 18(21)*, Artículo 11084. https://doi.org/10.3390/ijerph182111084

Estrada Torres, S. F. (2025). *Modelo de gestión para mejorar la accesibilidad al tratamiento de lesiones cariosas en la parroquia de Pururuma* [Tesis de maestría, Universidad de las Américas]. Repositorio Digital Universidad de las Américas. https://dspace.udla.edu.ec/handle/33000/17613

Fabian-Sánchez, A. C., Podestá-Gavilano, L. E., & Ruiz-Arias, R. A. (2022). Calidad de atención y satisfacción del paciente atendido en una cadena de clínicas odontológicas. Lima-Perú, 2019-2020. *Horizonte Médico, 22(1)*, e1589. https://doi.org/10.24265/horizmed.2022.v22n1.02

Farfán Martínez, J. M., Rivera Ynoñan, J. L., Villegas Alvarez, A. M., & Ruiz Villavicencio, G. E. (2026). Análisis sistemático de las políticas públicas sobre salud bucal en América Latina: enfoques, retos y propuestas entre 2020 y 2025. *Revista InveCom*, *6*(1), 1-9. https://revistainvecom.org/index.php/invecom/article/view/3885

Ferrari, R. (2015). Writing narrative style literature reviews. *Medical Writing, 24*(4), 230–235. https://doi.org/10.1179/2047480615Z.000000000329

Figueiredo dos Santos, R. V., Bado, F. M. R., da Cunha, I. P., & de Castro Meneghim, M. (2024). Impact of COVID-19 pandemic on pediatric dental procedures in primary healthcare settings in Piracicaba, Brazil: An ecological study. *BMC Primary Care, 25*, Artículo 71. https://doi.org/10.1186/s12875-024-02315-6

Gaffar, B., Schroth, R. J., Foláyan, M. O., Ramos-Gomez, F., & Virtanen, J. I. (2024). A global survey of national oral health policies and its coverage for young children. *Frontiers in Oral Health, 5*, Artículo 1362647. https://doi.org/10.3389/froh.2024.1362647

Galvão, M. H. R., & Roncalli, A. G. (2021). Does the implementation of a national oral health policy reduce inequalities in oral health services utilization? The Brazilian experience. *BMC Public Health, 21*, Artículo 541. https://doi.org/10.1186/s12889-021-10586-2

Goff, S. L., Gilson, C. F., DaCosta, M., DeCou, E., & Kranz, A. M. (2025). Barriers and facilitators to providing preventive dental care for young children in dental settings. *Journal of Public Health Dentistry, 85(3)*, 309–321. https://doi.org/10.1111/jphd.12678

Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal, 26*(2), 91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of chiropractic medicine, 5*(3), 101–117. https://pubmed.ncbi.nlm.nih.gov/19674681/

Gupta, N., & Miah, P. (2024). Imbalances in the oral health workforce: A Canadian population-based study. *BMC Health Services Research, 24*, Artículo 1191. https://doi.org/10.1186/s12913-024-11677-7

Hadad-Arrascue, N., Garcés-Elías, M. C., & Chirinos, J. L. (2023). Toothbrushing and access to dental services in Peruvian children. *Global Pediatric Health, 10*, 2333794X231209672. https://doi.org/10.1177/2333794X231209672

Herrera Ruiz, J. A., Pisfil-Benites, N., Azañedo, D., & Hernández-Vásquez, A. (2024). Impact of health insurance on the use of oral health services in the Peruvian population 2015–2019. *BMC Oral Health, 24*, Artículo 684. https://doi.org/10.1186/s12903-024-04441-0

Keikavoosi-Arani, L., & Moghadasi, J. (2024). Evaluation of the quality of safe dental services based on the perception of patients with the IPA approach: A powerful diagnostic tool for managers. *BMC Health Services Research, 24*, Artículo 1647. https://doi.org/10.1186/s12913-024-11955-4

Kim, Y.-H., Yang, Y., Shin, J., Lee, J., & Kang, C.-M. (2025). Assessing dental care utilization status and caregiver satisfaction with dental treatment for pediatric patients with rare diseases. *Journal of the Korean Academy of Pediatric Dentistry, 52(2)*, 221–238. https://doi.org/10.5933/JKAPD.2025.52.2.221

Lima, R. B., Gomes e Moura, A. P., Nelson-Filho, P., Assed Bezerra da Silva, L., Lucisano, M. P., & Assed Bezerra da Silva, R. (2024). Outpatient dental procedures carried out by pediatric dentists within Brazil's public healthcare system. *Brazilian Oral Research, 38*, e047. https://doi.org/10.1590/1807-3107bor-2024.vol38.0047

Luan, Y., Sardana, D., Jivraj, A., Liu, D., Abeyweera, N., Zhao, Y., Cellini, J., Bass, M., Wang, J., Lu, X., Cao, Z., & Lu, C. (2024). Universal coverage for oral health care in 27 low-income countries: A scoping review. *Global Health Research and Policy, 9*, Artículo 34. https://doi.org/10.1186/s41256-024-00376-9

Moncada, G., Córdova, C., Vera-Vega, R., Osses-Mendez, Y., & Casanova, R. (2021). Experiencia en la implementación de sistemas de gestión de calidad para la atención odontológica en un centro docente asistencial universitario. *International Journal of Interdisciplinary Dentistry, 14(1)*, 11–16. https://doi.org/10.4067/S2452-55882021000100011

Panditi, M., K., A., Palle, E., & Kodali, P. B. (2025). Availability and utilization of oral healthcare services at rural community health centers in South India: A mixed methods study. *BMC Oral Health, 25*, Artículo 977. https://doi.org/10.1186/s12903-025-06327-1

Park, S.-A., Lim, J.-N., & Lee, J.-Y. (2024). Evaluation of the effectiveness of children's dental care programs: A retrospective study. *Healthcare, 12(7)*, Artículo 721. https://doi.org/10.3390/healthcare12070721

Pérez Cabrera, F. A. (2026). *Acceso a salud oral de niños, niñas, y adolescentes institucionalizados en la Región Metropolitana de Chile; una mirada desde los equipos técnicos y profesionales intraresidenciales* [Tesis de postgrado, Universidad de Chile]. Biblioteca Digital de la Universidad de Chile. https://repositorio.uchile.cl/handle/2250/213629

Reyes Lara, R. E. (2026). *Salud bucodental infantil y adolescente en contextos de vulnerabilidad social: Estudio Transversal para la evaluación de determinantes clínicos y sociales en Sevilla (España)* [Tesis doctoral, Universidad de Salamanca]. Repositorio Documental CREDOS. https://gredos.usal.es/handle/10366/170622

Ross, A. J., Sherriff, A., Kidd, J., Deas, L., Eaves, J., Blokland, A., Wright, B., King, P., McMahon, A. D., Conway, D. I., & Macpherson, L. M. D. (2023). Evaluating childsmile, Scotland's National Oral Health Improvement Programme for children. *Community Dentistry and Oral Epidemiology, 51(1)*, 133–138. https://doi.org/10.1111/cdoe.12790

Schroth, R. J., Youssef, C., Cruz de Jesus, V., Olatosi, O. O., Lee, V. H. K., Goubran, S., Khan, E., & Menon, A. (2025). An investigation of the reach of the interim Canada dental benefit for children under 12 years of age. *Frontiers in Oral Health, 6*, Artículo 1611815. https://doi.org/10.3389/froh.2025.1611815

Senavirathna, N., Kabir, E., Abebe, A. M., & Khanam, R. (2025). Socioeconomic status and dental service utilization among children and adolescents: Systematic reviews and meta analysis. *BMC Oral Health, 25*, Artículo 1370. https://doi.org/10.1186/s12903-025-06742-4

Sharka, R., Sedayo, L., Morad, M., & Abuljadayel, J. (2024). Measuring the impact of dental service quality on revisit intention using an extended SERVQUAL model. *Frontiers in Oral Health, 5*, Artículo 1362659. https://doi.org/10.3389/froh.2024.1362659

Sobarzo Opazo, Y. D. (2026). Policy Brief. Recomendaciones de intervención de salud oral en la primera en infancia en niños y niñas con discapacidad [Tesis de postgrado, Universidad de Chile]. Biblioteca Digital de la Universidad de Chile. https://repositorio.uchile.cl/handle/2250/208518

Špiljak, B., Brailo, V., Janković, B., Gabrić, D., Lozić, M., Stambolija, V., Vidović Juras, D., Karlović, Z., & Verzak, Ž. (2022). Satisfaction of parents and caregivers with dental treatment of children under general anesthesia in a day care surgery setting. *Acta Stomatologica Croatica, 56(4)*, 376–386. https://doi.org/10.15644/asc56/4/4

Vega, R. K., Sánchez, M., Basilio, M., & Seminario, R. J. (2025). Calidad del servicio de salud bucal en instituciones de salud. *Revista Espacios*, *46*(3). https://www.revistaespacios.com/a25v46n03/a25v46n03p01.pdf

DECLARATION ON THE USE OF ARTIFICIAL INTELLIGENCE

The authors declare that generative artificial intelligence tools (Perplexity AI) were used solely to support grammar checking, refine the writing, and polish the academic style. AI was not used to generate results, analyze evidence, interpret findings, or formulate conclusions. The authors carried out and fully supervised the literature search, methodological design, analysis of the literature, and preparation of the manuscript, and they assume full responsibility for its content. This declaration is presented in accordance with the principles of transparency and integrity promoted by the Committee on Publication Ethics (COPE).