

The 2026 EU–India free trade agreement: why it matters for global health and trade



Astrid Berner-Rodoreda,^{a,*} Pramiti Parwani,^b Chetali Rao,^c Emmanuel André,^d Günter Fröschl,^e Jolene Skordis,^f Sangeeta Sharma,^g Quique Bassat,^h Rifat Atun,ⁱ Milena Vainieri,^j Andrew Farlow,^k Fabrizio Tediosi,^l Raffaella Ravinetto,^m Khaled M. Ismail,ⁿ Elil Renganathan,^o Anniek de Ruijter,^p Tim Taylor,^q Gorik Ooms,^r Eldrid Herrington,^s Gopal Dabade,^t Till Bärnighausen,^u and Katrina Pehudoff^p

^aHeidelberg Institute of Global Health, Heidelberg University, Heidelberg, Germany

^bWarwick Law School, University of Warwick, Warwick, UK

^cThird World Network, Penang, Malaysia

^dLaboratory of Clinical Microbiology, Department of Microbiology, Immunology and Transplantation, KU Leuven, Leuven 3000, Belgium

^eInstitute of Infectious Diseases and Tropical Medicine, University Hospital, LMU Munich, Germany

^fUCL Institute for Global Health, University College London, London, UK

^gDepartment of Neuropsychopharmacology, Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi, India

^hISGlobal, Barcelona, Spain

ⁱDepartment of Global Health and Population, Harvard T.H. Chan School of Public Health, Harvard University, Boston, MA, USA

^jManagement and Healthcare Laboratory, Institute of Management, Sant'Anna School of Advanced Studies, Pisa, Italy

^kNuffield Department of Medicine, University of Oxford, Oxford, UK

^lUniversity of Milan, Milan, Italy

^mPublic Health Department, Institute of Tropical Medicine, Antwerp, Belgium

ⁿFaculty of Medicine in Pilsen Charles University, Plzeň, Czech Republic

^oJeffrey Cheah School of Medicine and Health Sciences, Monash University Malaysia, Sunway City, Malaysia

^pLaw Centre for Health and Life, University of Amsterdam, Amsterdam, Netherlands

^qEuropean Centre for Environment and Human Health, University of Exeter Medical School, Penryn, Cornwall, UK

^rUniversity of Cambridge Judge Business School, University of Cambridge, UK

^sDrug Action Forum - Karnataka, India

Covering a combined population of nearly two billion people and approximately a quarter of the global gross domestic product, the 2026 free trade agreement (FTA) between the EU and India has been described as “the largest trade agreement that both the EU and India have ever concluded”.¹ Geopolitical developments acted as a catalyst, urging closer collaboration to decrease dependency on the USA and China and to bolster trade and collaboration between the world’s two largest democracies.

With trade in health products being central to both parties, we examine key provisions in the FTA that can provide a model for future agreements to better align trade policy with global health priorities (Table 1).^{1–3}

Tariff elimination will likely benefit both trading partners, yet zero-duty imports could undermine India’s fledgling domestic medical devices sector (India imports 70–90% of its devices), potentially working against initiatives such as ‘Make in India’ and the Production Linked Incentive Schemes.⁴ Success for Indian exporters relies on their ability to meet the EU’s stringent regulatory standards. In the EU, where

generics account for 90% of critical medicine use,⁵ this FTA will likely boost the availability of quality-assured, yet scarce and/or unaffordable medicines. While this may counteract self-reliance as set out in the Critical Medicines Act,⁶ it can also be a complementary strategy for a sustainable access to medicines. In addition, European countries will be able to diversify access to health providers and therapeutic approaches.

Heightened intellectual property (IP) protection, such as patent term extensions or data exclusivity, which go beyond the Trade-Related Aspects of IP Rights (TRIPS) agreement, contributed to the failed former EU–India FTA negotiations (2007–2013) but were still part of the EU’s FTA proposal in 2022. The lack of these TRIPS-plus measures in the concluded FTA highlights India’s strong negotiating power as a major producer and supplier of affordable generics to low-and-middle-income countries and supports access to quality-assured medicines globally.⁷ It may also inspire IP reform elsewhere (e.g., India’s anti-evergreening provisions get emulated by Global South countries).⁸ However, strong trade secret protection provisions in this FTA—consistent with the EU’s drive to bolster its biotechnology, innovative medicines and AI-based research environments—risk widening the access-to-medicines-gap in India.

The “most-favoured nation” clause in the FTA ensures that no third party can receive a better trade deal

The Lancet Regional Health - Europe 2026;67: 101794

Published Online xxx
<https://doi.org/10.1016/j.lanepe.2026.101794>

*Corresponding author. Heidelberg Institute of Global Health, Medical Faculty, University of Heidelberg, INF 130.3, Heidelberg 69120, Germany.

E-mail address: astrid.berner-rodoreda@uni-heidelberg.de (A. Berner-Rodoreda).

© 2026 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Trade Context		European Union		India	
Bilateral trade in health products and current tariffs (2024)		Health-product exports to India: €3.4 billion optical/medical/surgical equipment (27.5% tariffs); €1.1 billion pharmaceuticals (11% tariffs).		Pharmaceutical exports to the EU: €3.0 billion (6.7% tariffs).	
FTA provision	State of affairs	Public health outcome	State of affairs	Public health outcome	
Provisions within the free trade agreement					
Reduction/ elimination of tariffs	Applies to 99% of Indian goods.	Likely to make Indian health products cheaper.	Applies to 96.6% of imported EU goods to India.	Likely to make EU health products cheaper.	
Patent provision	EU proposal on TRIPS-plus patent requirements negotiated out of the agreement. ^a	Providing potentially quicker access to Indian generics.	No TRIPS-plus requirements; Doha Declaration upheld.	Providing potentially quicker access to generics, including in Global South countries India exports to.	
Regulatory standards	Remain unchanged.	Ensuring access to quality-assured medicines.	Regulatory standards could be a bottleneck for some Indian pharmaceutical exporters. ^a	Stronger standards help ensure access to quality-assured medicines in India.	
Trade-secret standards	EU asserted position in favour of trade-secret standards.	Benefits for European producers, especially for biologics. May undermine access to Indian biosimilars. ^b	Trade-secret protection may hinder local production and competition. ^a	Will likely undermine affordable access for vaccines and NCD health products in India. ^b	
Most-favoured-nation status (MFN)	MFN for mutually agreed sectors.	Likely beneficial for the EU, with predictable trade in health products.	MFN for mutually agreed sectors.	Likely beneficial for India, with predictable trade in health products. May harm the livelihood and health of textile workers in neighbouring Pakistan and Bangladesh. ^b	
Therapeutic plurality	Access to traditional Indian healing systems (AYUSH).	Diversifying therapeutic approaches for EU residents.	AYUSH is recognized in the FTA.	New job market for AYUSH practitioners.	
Closely related processes					
Horizon Europe expansion	Formal association of India with Horizon Europe negotiated.	Bolstering collaboration in digital-health and AI innovation.	Formal association with Horizon Europe negotiated.	Access to EU funding for health research; bolstering collaboration in digital-health and AI innovation.	
Environmental protection (CBAM, ERA)	Environmental risk assessment and CBAM certificates obligatory.	Positive outcomes for AMR and climate change; possible closer EU-India collaboration against AMR.	Causing additional short-term costs. ^a	Positive outcomes for AMR and climate change; possible closer EU-India collaboration against AMR.	
Outcomes without a symbol are expected to be positive or at least neutral for public health. AMR: antimicrobial resistance; AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy; CBAM: Carbon Border Adjustment Mechanism; ERA: environmental risk assessment; FTA: Free-trade agreement; MFN: Most-favoured nation status; NCD: non-communicable diseases. ^aDenotes a negative negotiation outcome for the party concerned. ^bDenotes an expected negative public health effect.					
Table 1: Public health (PH)-relevant provisions in the EU-India FTA and closely related processes.					

for mutually agreed sectors. It may, however, harm the textile industry of India's neighbours, who currently enjoy tariff-free EU access, with likely revenue and job losses affecting the health and livelihood of their workers.

Beyond this FTA, the cooperation can benefit global health through closely related processes: India is negotiating formal association with Horizon Europe,⁹ the EU's research and innovation programme which is currently planning its Framework Programme for 2028–2034. This would grant Indian researchers direct access to Horizon Europe funding, bolstering collaboration in digital health/AI innovations. True partnership should, however, extend to agenda setting and joint research priorities.

Environmentally, the EU's Carbon Border Adjustment Mechanism (CBAM)—a carbon certificate to be purchased on import and export products such as steel, cement, aluminium, or fertilizers—will uphold environmental considerations. Also, the EU's revised marketing authorisation rules for medicines require obligatory environmental risk assessments (ERAs) including of manufacturing in third countries. Where these rules and mechanisms are not respected, the EU may deny import or market approval, which can potentially strengthen environmental protection in non-EU countries.¹⁰ Both policies may also help combat antimicrobial resistance (AMR). Though both parties face distinct AMR burdens, resistant organisms respect no borders, requiring mobile response tools and joint and effective responses.

The EU and India have thus made concessions in their FTA that will benefit global health, and the FTA's cooperative spirit may carry over into ongoing pandemic preparedness negotiations, notably around compulsory data sharing in Pathogen Access and Benefit Sharing (PABS), to which the EU has so far shown strict opposition despite its commitment to global pandemic preparedness.

While the FTA's text may still evolve through legal revisions, the agreement has real potential to improve health determinants and to expand access to affordable medicines. India's association with Horizon Europe would further enable joint research on shared global health challenges. Potential negative impacts on other health determinants, including spill-overs to India's neighbouring countries, will require careful monitoring

and action. The FTA will need to be judged on its potential to become a blueprint for a new generation of partnerships that strengthen coherence between trade and health policies and bolster global health.

Contributors

Conceptualization: ABR; Data Collection: ABR, PP, CR, KP; Data Analysis: ABR, PP, CR, KP; Writing Original Draft: ABR; Review/Editing/Final Approval: ABR, PP, CR, EA, GF, JS, SS, QB, RA, MV, AF, FT, RR, KI, ER, AR, TT, GO, EH, GD, TB, KP.

Declaration of interests

No conflict of interest is reported by ABR, PP, CR, EA, GF, JS, SS, QB, RA, MV, AF, FT, RR, ER, AR, GO, EH, GD, KI, TB and TT mention EU (Horizon Europe) research funding in the past 36 months and KP serves on the Board of the Pharmaceutical Accountability Foundation.

References

- 1 European Commission. *The EU-India trade agreement*; 2026. https://policy.trade.ec.europa.eu/eu-trade-relationships-country-and-region/countries-and-regions/india/eu-india-agreements_en. Accessed May 5, 2026.
- 2 European Commission. *Trade in goods with India*; 2026. https://webgate.ec.europa.eu/isdb_results/factsheets/country/details_india_en.pdf. Accessed March 3, 2026.
- 3 Ministry of Commerce and Industry, Government of India. *Factsheet - India and European Union Trade Agreement "Mother of all deals" unlocking opportunities*; 2026. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2219146®=3&lang=2>. Accessed June 18, 2026.
- 4 Tripathi V. *What India–EU FTA means for Pharma, medical devices exporters*. Outlook Business; 2026. published online Jan 28. <https://www.outlookbusiness.com/corporate/what-indiaeu-fta-means-for-pharma-medical-devices-exporters>. Accessed May 5, 2026.
- 5 Critical Medicines Alliance. *Strategic report of the critical medicines alliance*. https://health.ec.europa.eu/document/download/3da9dfc0-c5e0-4583-a0f1-1652c7c183c_en?filename=hera_cma_strat-report_en.pdf.
- 6 European Commission. *Regulation of the European Parliament and of the council laying a framework for strengthening the availability and security of supply of critical medicinal products as well as the availability of, and accessibility of, medicinal products of common interest, and amending regulation (EU) 2024/795*; 2025. https://health.ec.europa.eu/document/download/2abe4fc8-059e-47d9-a20a-d9e3bfc5dc2c_en?filename=mp_com2025_102_act_en.pdf.
- 7 Parwani P. *EU–India FTA: tariffs down, TRIPS-Plus provisions out — what does it mean for access to medicines?* [GUEST ESSAY]. Geneva Health Files; 2026. published online June 15. <https://newsletter.genevahealthfiles.com/eu-india-fta-tariffs-down-trips-plus-provisions-out-what-does-it-mean-for-access-to-medicines-guest-essay/>. Accessed June 19, 2026.
- 8 Serrano Oswald OR, Burri M. *India, Brazil, and public health: Rule-making through south–south diffusion in the intellectual property rights regime?* *Regul Govern*. 2021;15:616–633.
- 9 Matthews D. *EU-India deal highlights growing alignment on technology policy*. Science Business; 2026. published online Jan 29. <https://sciencebusiness.net/news/international-news/eu-india-deal-highlights-growing-alignment-technology-policy>. Accessed March 3, 2026.
- 10 Perehudoff SK. *From Brussels to the world: the diffusion of EU pharmaceutical legislation towards developing economies*. *Eur J Risk Regul*. 2025;16:753–769.