**Why GAO Did This Study**

For over 50 years, the federal government has supported the use of chimpanzees in research; however, NIH recently suspended the use of chimpanzees in agency-supported invasive research. As of January 15, 2016, NIH owned or supported 561 chimpanzees in four facilities, including Chimp Haven, which was established as a federal chimpanzee retirement sanctuary in accordance with the Chimpanzee Health Improvement, Maintenance, and Protection Act. In late 2015, NIH announced that all NIH-owned chimpanzees were eligible for retirement to Chimp Haven.

In 2013, Congress amended the Act authorizing appropriations for NIH’s Chimpanzee Management Program through FY2018, with a provision for GAO to evaluate certain aspects of this program. In this report GAO examines: (1) the research and retirement status of chimpanzees owned or supported by NIH; (2) the costs for their care and transfers; and (3) potential cost savings associated with NIH’s goal to transfer chimpanzees to Chimp Haven. GAO analyzed laws, regulations, and agency and facility policies, procedures, and data. GAO also visited the facilities, interviewed NIH and facility officials, and reviewed federal internal control standards.

**What GAO Recommends**

GAO recommends that the Secretary of Health of Human Services direct NIH to develop a clear implementation plan to meet its goal for the transfer of chimpanzees to Chimp Haven that considers both costs and chimpanzee welfare. In commenting on a draft of this report, HHS concurred with GAO’s recommendation.

View GAO-16-392. For more information, contact John E. Dicken at (202) 512-7114 or dickenj@gao.gov.

**What GAO Found**

NIH-owned and NIH-supported chimpanzees are no longer used in invasive biomedical research, which is research that involves medical treatment outside of normal veterinary care. However, all NIH-owned and NIH-supported chimpanzees are eligible for use in non-invasive research, such as observational and behavioral research, even at the federal chimpanzee retirement sanctuary, Chimp Haven. Most of the 561 chimpanzees that NIH owned or supported as of January 15, 2016, had not been retired to Chimp Haven, which housed 179 NIH-owned chimpanzees at that time.

The costs NIH incurred to care for these chimpanzees varied among the facilities. For example, for the care provided from federal fiscal year 2013 through 2015, the average cost per-chimpanzee per-day incurred by NIH at the four facilities ranged from a low of $41 to a high of $61. The characteristics of each facility contributed to cost variations. For example, NIH’s costs were lowest at Chimp Haven, which was likely attributable to matching fund requirements Chimp Haven must meet as defined in federal statute. Since FY2013, NIH has transferred 121 chimpanzees to Chimp Haven and incurred a total of $49,760 (or $411 per transferred chimpanzee) for those transfers.

NIH’s goal to consolidate chimpanzees to Chimp Haven should result in savings, but the lack of long-term planning could diminish savings potential. Savings should occur largely because NIH’s costs are lowest at Chimp Haven. NIH has communicated short-term plans to transfer to Chimp Haven 19 of the 382 chimpanzees that continue to be housed at other facilities, but according to agency officials, it has not developed or communicated a clear implementation plan to transfer the remaining chimpanzees, in part because of uncertainties about the available space at Chimp Haven. However, NIH has information about Chimp Haven’s current capacity and about anticipated space that will become available as a result of chimpanzee mortality. Absent a clear implementation plan, the four facilities that care for NIH-owned or NIH-supported chimpanzees may not have the information they need to care for the chimpanzees in the most cost-effective way that considers the timing of the transfers and the welfare needs of the chimpanzees. For example, if facility officials have estimates of the number of chimpanzees that are expected to be transferred into or out of their facility within a given timeframe, they can then plan for appropriate increases or decreases in staffing levels. Moreover, the absence of such a plan is inconsistent with federal internal control standards that call for effective communication of quality information.